



## Original Research Article

## Reproductive health in pre and post menopausal women: A special focus on migrants

Latha Kasaram<sup>1</sup>, K V Sucharitha<sup>1,\*</sup>, K Srinivasulu<sup>2</sup>

<sup>1</sup>Dept. of Home Science, Sri Venkateswara University, Tirupati, Andhra Pradesh, India

<sup>2</sup>Dept. of Forensic Medicine, Panimalar Medical College Hospital & Research Institute, Ponnamalli, Chennai, Tamil Nadu, India



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## ABSTRACT

Reproductive tract infections (RTIs) are extremely common and a major health concern for Indian women especially when they reach middle and later adulthood years. An attempt has been made in this study to examine the prevalence of reproductive tract infections among middle aged and older adult migrant women by using a mixed method approach. The study population consists of 200 middle aged women in pre menopausal (50-55 years) group and older women (55-65 years) group in post menopausal. Along with quantitative data, in-depth interviews and focused group discussions were organized. Results indicated that more than half of the respondents had symptoms of RTIs. The most frequently reported symptoms were abnormal vaginal discharge (48 percent), lower abdominal pain (63.2percent) and minor problems. The food consumption pattern was not satisfactory in almost all the respondents. The outcome of the study highlights a dire need to advance a healthy food system to prevent adverse reproductive health problems and avoid associated health care costs.

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### 1. Introduction

Reproductive health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and process (WHO, 1996).<sup>1</sup>

Reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well being by preventing and solving reproductive health problems. Women are particularly vulnerable to reproductive health problems because of their lack of information and access to relevant services. Adolescent, young women, especially older adults/women have distinct reproductive and sexual health issues which are often inadequately addressed. The effect of globalization, rising age at marriage, rapid urbanization and greater opportunities for socialization have heightened the risk of RTI, STI, and HIV/AIDS.<sup>2</sup>

Migrants are normally exposed to forces and factors, which create an atmosphere of psychological insecurity about their immediate future and social uncertainties about their place and acceptance in the new environment. Several problems are associated with or caused by migration, particularly for the migrants. They have to readjust their family relations and roles. Their caste values and practices have also to be redefined. The modes of social control, the celebrations of significant social events such as the rituals of marriage, birth, consequences on health or health aspects and death are also affected by migration.<sup>3</sup>

It is, therefore, interesting to study how people coming from different socio-economic groups and with varying educational, occupational, familial, political and caste background organize their social life in a new cultural settings.<sup>4</sup>

Against this background, an attempt has been made in this study to know the prevalence of reproductive tract infections among middle aged and older adult migrant women. Older women are less likely to seek appropriate

\* Corresponding author.

E-mail address: [lathakasaram74@gmail.com](mailto:lathakasaram74@gmail.com) (K. V. Sucharitha).

and early care of disease. The issue of women’s health, in general and reproductive health, in particular was neglected area in health care.

There are many religions in India; different religion people are following their own ways of practice, taboos, norms and perceptions of reproductive health problems and treatment. “ Cure the patient and protect the community from reproductive tract infections”.<sup>5</sup>

## 2. Methodology

### 2.1. Objectives

1. To study the demographic profile of the selected migrant women.
2. To study the reproductive health profile of migrant women about their the pre and post menopausal migrant women.
3. To examine the prevalence of RTI among migrant women.
4. To find out the awareness of migrant woman about their reproductive health.

### 2.2. Sample

A total of 200 women, 100 middle aged women in pre-menopausal (50-55yrs) group and 100 older women (55-65 yrs) group in post menopausal were selected by using mixed method approach along with quantitative data and in depth interviews and focused group discussions were organized.

### 2.3. Interpretations of results

The sample of 200 middle aged and older adults in the present study represents the cross section of the residents of Tirupati town. There are variations in age, education, occupation, income, age at menarche, and age at marriage. It is therefore necessary to present the characteristics and composition of the sample.

Age in general, age at menarche, and age at marriage are three variables having considerable relevance in the study of reproductive behavior.

### 2.4. Nutrition Educational Intervention

The food consumption pattern was not satisfactory in almost all the respondents. Women play a vital role in the family and society. In spite of many problems, reproductive health problems are one of the age old problems faced by many of the women in developing countries. Currently these problems are leading to cancer and other associated diseases. By giving intervention of anti oxidants rich diet for migrant women can reduce the symptoms of reproductive tract infections.

These antioxidants plays a vital role in reproductive tract system have developed efficient protective mechanisms against excessive accumulation of reactive oxygen species.

**Table 1:** Frequency distribution related to demographic and socio economic aspects of middle aged and older adults.

1.	<b>Age</b>		
	a. 50-55 years	100	50
	b. 55-60 years	70	35
	c. 60-65 years	30	15
2.	<b>Education</b>		
	a. Illiterates	62	31
	b. literates	44	22
	c. Primary	28	14
	d. Below SSC	40	20
	e. Above SSC	12	6
	f. Graduation	14	7
3.	<b>Occupation</b>		
	a. Construction workers	132	66
	b. Laborer	32	16
	c. Other works	36	18
4.	<b>Income per month</b>		
	a. Less than Rs. 10,000	98	49
	b. Rs. 10,000 to 20,000	90	45
	c. Rs. 20,000 to 30,000	12	6
5.	<b>Age at menarche</b>		
	a. Less than 11years	26	13
	b. 12 to 15 years	84	42
	c. 15 to 18 years	36	18
	d. 18 years above	54	27
6.	<b>Age at marriage</b>		
	a. Less than 15 years	60	30
	b. 16 to 18 years	132	66
	c. 19 and above	8	4

Over the past several decades, there have been numerous studies to examine the relationship of diet and nutrient status with reproductive tract infections. Oxidative stress causes damage to embryos. It appears to play a role in both reproductive health and antioxidant diet helped to reduce the symptoms of reproductive tract infections.

### 2.5. Perceptions about menstruation

Throughout the ages, menstruation in women has been the subject of much speculation and superstitions belief on the part of both laymen and medical men. Only within last hundred years has any reliable scientific information been available about this function. Research continues to add answers to some questions that are existed about this function. In general, however, it may be said that menstruation is the result of failure of conception to occur. (As a woman, your period is your body’s way of releasing tissue that it no longer needs. Menstruation affects every

**Table 2:** Frequency distribution related to information on awareness of reproductive health status of migrant women.

S. No.	Variables	Yes	Percent
1.	<b>Physical problems during menstruation</b>		
	a. Stomach and back pain	18	9
	b. Lower abdomen pain	26	13
	c. Heaviness of Breast	-	-
	d. No problem / cycle stops	156	78
2.	<b>Gynecological problems (Experiences during past 3 months)</b>		
	a. Burning sensation pain (or) difficulty while urination	24	12
	b. Pain during intercourse	38	19
	c. Vaginal discharge	96	48
	d. No such problems	42	21
3.	<b>Source of knowledge on reproductive health</b>		
	a. Media	160	80
	b. Health workers	14	7
	c. Relatives / friends	24	12
	d. Any other	2	1
4.	<b>Knowledge on HIV/AIDS</b>		
	a. Multiple partners	186	93
	b. Transfusion of infected blood	180	90
	c. Through needles/blades/skin puncture	60	30
	d. Infected mother to child	40	20
	e. Condom usage	186	93
	f. Proper treatment during RTI	59	29.5

woman, but the experience can differ between women. The menstrual cycle provides important body chemicals called hormones, to keep you healthy).

### 2.6. Gynecological problems

Majority of the respondents were not experiencing gynecological problems. One fourth of the sample experiencing pain during inter course and more than half of the sample had abnormal vaginal discharge.

### 2.7. Knowledge on reproductive health

The respondents in the study were aware of some information/knowledge on RTI through T.V., Radio, and few from newspaper. A least percent of respondents were received information from health workers, as they are migrants, not having proper permanent residence and also hesitating to elicit information regarding reproductive health.

### 2.8. Knowledge on HIV/AIDS

All the respondents of the sample knew that AIDS might be transmitted through multiple partners. Few percent of respondent knew that transmitted through mother to child.

### 2.8.1. Major findings of the study

1. Majority of the respondents were construction workers and daily laborers.
2. Half of the percent of respondents family monthly income is less than Rs.10,000 per month and another fifty percent of respondents family income ranging between Rs.10,000 to 20,000.
3. Majority of the respondents age at menarche is between 12 to 15 years.
4. Majority (96%) of the respondent's age at married below the legal age but they know the appropriate age of marriage.
5. One third of respondents had few gynecological problems.
6. All most all the respondents source of knowledge on reproductive health through Television, radio, news paper, friends and relatives.
7. Majority of the women ever visited ANM worker or any health workers.
8. Cent percent of the respondents agreed that AIDS is a serious health hazard to mankind and using condom correctly every time they perform sex prevents transmission of HIV.
9. The food consumption pattern was not satisfactory in almost all the respondents.
10. Majority of the respondents frequently reported symptoms were abnormal vaginal discharge and lower

abdominal pain.

### 3. Conclusion

Effective advocacy is essential in creating awareness of reproductive rights and reproductive health can be facilitated by the use of effective information, education and communication strategies. These are important instruments that simulate attitudinal and behavioral change. The training of educators and student peers in educational and counseling activities should focus on techniques dealing with problem solving, listening, conflict resolution decision making and basic education as well as on sexual and reproductive health needs. There is a dire need to educate migrant women about reproductive health issues and encourage them to seek treatment for their problems and also their partners to get treated at the same time.

### 4. Source of Funding

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### 5. Conflict of Interest

None.

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### Author biography

**Latha Kasaram** Post Doctoral Fellow

**K V Sucharitha** Assistant Professor

**K Srinivasulu** Head

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