



Insight of reproductive women health status in Tiruppur district: An analytical study

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Abstract

The research study was intended to know the awareness of knowledge on the reproductive health of rural women by drawing a sample of 250 rural women belonging to the age group of 20-25, 25-30, 30-35 and above 35 years, in which were randomly selected from eight villages four Taluk of Tiruppur District. From each village, 30 respondents were chosen randomly. A preliminary and primary data survey was carried out to collect information regarding the total number of a self-help groups in each village with the help of Anganwadi teachers. The results indicated that majority of the rural women had medium awareness and knowledge whereas a very small percentage of women had high knowledge of reproductive health. The maximum rural women respondents availed the government facilities and had a delivery in hospital but still small per cent of the respondent reported home delivery. Major complications faced by the respondent while the majority of the respondent have undergone the services of the blood test, urine test, ultrasound test, consumed iron tablets/syrup. Education and Socioeconomic status had a significant association with the knowledge regarding reproductive health. Therefore, the agricultural community more than ever the rural women must be to provide educated with create awareness about the reproductive health and the availability of many services provided by the government sector so that they have the in good physical shape reproductive women health life.

Keywords: reproductive women's health status, health awareness, ante-natal care practices

Introduction

Present situation the socioeconomic status will be an increase in the society and then women's empowerment also increases. The reproductive women's health status means economically the physical and psychological context of individual measurement. Poor reproductive health status is frequently related to the disease. Sometimes unwanted pregnancies the death rate will increase in the nation. Yasmin *et al* (2009) ^[1] Majority of the respondents 79.6 per cent had knowledge of the place of the safe delivery in women, 49. and 3 per cent of the respondents gave their opinion of the hospital delivery systems as safe. Mahejabin, Parveen, Sajani (2016) ^[2] the findings of the research study the author suggested the education provided of the reproductive women in important of the determinant ante-natal visits during pregnancy period. Consequently, the information, education and communication on ante-natal services should be intensified due to reach the rural reproductive womens.

Review of Literature

Lata Pujar, Krutika Chanda and Ashwini Morab (2017) ^[3]. The study revealed that the selected sample size was 50 rural farm women age group of 20-35 years, the author was randomly selected from six villages each village 25 respondents were selected the result is 99.3 per cent of a has a medium of knowledge about reproductive health awareness.

Ali Abdul Hussein and Ameen Yaser (2015) ^[4]. The study carried out a purposive sample, of 220 pregnant women, who visited the primary health care centre, to use questionnaire methods and developed validity, reliability is estimated. The overall assessment results for pregnant women's compliance with antenatal care is middle at 73.3 per cent.

Muhammed, Masood and Nabila Alsonini (2017) ^[5]. In this study on the reproductive health age 15-49 years. Descriptive, and multivariate analyses. The results are reproductive women's health status and family planning and positive method of the Television, relatives, and radio were major sources of information. The sample size was 1000 males and females aged 15 to 49.

Anjana and Sithara Balan (2015) ^[6]. This study related to their income, reproductive issues and treatment-seeking behaviours. About twenty-five per cent reported that they had been cruel blood bleeding just before the labour and 16 per cent lost consciousness during delivery. To use of contraceptives, sexual contact and sexual mistreatment were not considered to have any role in the poor reproductive health of the women according to the respondent's insight.

Wu Junqing, Yu Chuanning, and Li Yuyan (2017) ^[7]. Carried out this research study has been family planning women to motivate the awareness of sexual reproductive health are rights among the married reproductive women in china. The total sample selected 2504, the results of 76.67 per cent of married women were track care during menstrual period and after intercourse.

Sailaja Gollakota, Seshagiri Rao Mylavarapu and Padmavathi (2015) ^[18]. The awareness of the college students the reproductive health status, the method of the questionnaire and collect the sample size of 500 students based on two colleges in Visakhapatnam. The result of the study was normal delivery was 62 per cent, legal marriage was known to 37 per cent and 84 per cent know about HIV candidates, the attitude towards sex education was necessary for 96 per cent.

Rajesh Garg *et al* (2010) ^[19]. The author's selected 20 villages of the same size in 1000, in choosing the cluster sampling and used the statistical tools in simple per cent, ANOVA and chi-square test. The result is 86.2 per cent in traditional methods of delivery the reason for economic. 51.9 per cent we conducted by the private hospital and finally 58.0 per cent of women with higher secondary education.

Aggarwal, *et al* (2005) ^[10]. The research study observed that the new instrument to measure the socioeconomic status of families in India. 31 families in this studied accordingly, the results are 1.3 per cent belonged to upper high socioeconomic status, 14.2 upper middles, 46.3 per cent, to poor and 7.2 per cent to very poor socioeconomic status.

Haque *et al* (2014) ^[11]. Material and method this study conducted 200 respondents selected reproductive age 15-49 years, 61 per cent of primary education, lower-middle-income families 77 per cent, 84 per cent regarding poor knowledge of reproductive health and 56 per cent of good knowledge on care during pregnancy.

Rajiv Kumar Gupta, *et al* (2015) ^[12]. It was observed that 94.3 per cent and 61.4 per cent had adequate knowledge intake of food in TT injection during the period of pregnancy, 84.9 per cent had full-term delivery and 7.1 per cent of illiterate in this research study.

Woods-Giscombe, *et al* (2010) ^[13]. A probable design was employed in the current research study. The size of 363 respondents, the longitudinal research study of psychosocial variables in pregnancy, Bekele *et al* (2015), based on a cross-sectional study was conducted and systematic sampling was used to get a sample size of 422.

Nadir Anvarbhai Dawoodani (2013) ^[15]. This study about primary, and secondary sources are used, the importance of human rights, standard living and sufficient nutrition. Such as human beings' age at the marriage, age at childbirth, pregnancies, size of family, level of poverty, malnutrition welfare, level of illiteracy, lack of knowledge in reproductive health, prejudices lack of maternal service in rural regions, shortage of health man influence.

Kristen Ransone, (2022) ^[16]. According to the study for patients who are suspected of having one of these illnesses, this article provides the most recent recommendations for diagnostic testing and specialty referrals. Discussion is held regarding the primary care nurse practitioner's role in care coordination and patient education. In the degrees of study Richard-Eaglin and Smallheer (2018) ^[17],

Ali Y (2018) ^[18], Yeo AL, Le S, Ong J, *et al* (2020) ^[19], Yazdany, Schmajuk, Robbins M *et al.* (2013) ^[20], Littlejohn and Monrad (2018) ^[21], Nakken Papp Bosnes *et al* (2017) ^[22], de Brito Rocha, Baldo and, Andrade (2019) ^[23], Allen, Carville and McKenna (2018) ^[24], Sammaritano Bermas Chakravarty *et al.* (2020) ^[25]

Gopalakrishnan *et al.* (2019) ^[26]. Rural married women over the age of 18 participated in this community-based cross-sectional descriptive study, which was conducted in a medical college's field practise locations. The 650-person minimum sample size was determined using a straightforward random sampling approach. SPSS version 22 was used to evaluate the data that female researchers obtained using a structured questionnaire that had been tested beforehand.

Sujatha and Rajeswari (2018) ^[27, 39]. The purpose of the current study was to examine the problems and needs related to rural women's reproductive health status. A wide term for health issues relating to reproductive organs and functions, both inside and outside of childbearing, is "reproductive morbidity." Based on the stratified random selection. As result has Result found that respondents significantly differ in their issues and challenges on reproductive health status and early study has Goldani. (2002) ^[28]. Rajoice, *et al.* (2012) ^[29]. Zurayk. (1993) ^[30].

The reviews have been compiled and summarised as follows, including Dalal Ray (2009) ^[31], Datta and Misra (2000) ^[32], Leonardi (2018) ^[33], Jothy and Vasuki (2017) ^[34], Krishnammal *et al* (2013) ^[35], Selvam, Ashok and Pratheepkanth (2019) ^[36], Thanuskodi and Pandiselvi (2004) ^[37], Jacob *et al.* (2006) ^[38], Sujatha and Rajeswari (2018) ^[27, 39], Cyril Kanmony (2017) ^[40], Agnihotri Gupta (2000) ^[41], Office of the Registrar General & Census Commissioner (2001) ^[42], Office of the Registrar General & Census Commissioner (2011) ^[43], Bhuyan (1991) ^[44], Manimekalai, Poulpunitha and Veeramani (2020) ^[45], Manimekalai and Ranjithkumar (2020) ^[47], Sivakumar, Manimekalai and Ranjithkumar (2020) ^[47], Sivakumar, Manimekalai and Ranjithkumar (2020) ^[48, 49], Ranjithkumar (2018) ^[50], According to Ranjithkumar and Manimekalai (2021) ^[51], In Indian society, rural women are among the most marginalised groups. They have been excluded from the majority of social and economic advancement, which has an impact on global economic expansion. Numerous welfare initiatives are being started and carried out in support of rural residents and women, who have historically been underrepresented.

Objectives of research study

- To assess the pregnant women's observance of antenatal care.
- To find out the relation between pregnant women's observance of demographic data and maternal health history
- To particulars of knowledge on reproductive health

- To services received during Pregnancy-Blood test, Hemoglobin test, Blood pressure Iron tablets, syrup, Calcium tablets, Folic acid drops
- To respondents -ante-natal visit and time and Knowledge of ANC
- To measure reproductive women's satisfaction with concourse llingrvices offered by family planning workers

Methodology

The present research study in the descriptive cross-sectional study the married women of the reproductive age group of 20-25,25-30,30-35 and above 35 years 250 respondents to collect households of eight villages of Tiruppur District in Tamilnadu from the present situation the responses rate $250/280 \times 100 = 89.28$. Together with the primary, and secondary data were composed for the research study. Primary data was collected using the interview schedule method. The secondary data were collected from the Indian census government reports, books, and journals by reviewing the related literature pertaining to the study. Using a well-thought-out questionnaire, data were collected by the researcher through door-to-door visits and during a face-to-face interview with each woman approximately 20-30 respondents. The statistical analysis data was used in SPSS, simple percentage, mean value, chi-square test and ANOVA.

Table 1: Socioeconomic Characteristics of the Respondents

Socioeconomic	Characteristics	N=250	Marginal Percentage
Age	20-25	68	27.2%
	25-30	61	24.4%
	30-35	78	31.2%
	above 35	43	17.2%
Religion	Hindu	115	46.0%
	Muslim	76	30.4%
	Christian	59	23.6%
Caste	SC	88	35.2%
	ST	74	29.6%
	MBC	41	16.4%
	BC	31	12.4%
	OC	16	6.4%
Family structure	Nuclear	55	22.0%
	Joint	51	20.4%
	Extended family	78	31.2%
	Broken	66	26.4%
Number of children	1-2	103	41.2%
	3-4	82	32.8%
	4and above	65	26.0%
Family Income	Below 5000 Thousand	56	22.4%
	10000 to 15000	81	32.4%
	10000 to 15000	113	45.2%
Respondent's Education	Up to HSC	84	33.6%
	Graduates	106	42.4%
	Professional	60	24.0%
Respondent's Occupation	Agricultural labourers	70	28.0%
	Non- Agricultural Laborers	59	23.6%
	Farmer	43	17.2%
	Business	32	12.8%
	Government Employee	22	8.8%
	Private Employee	24	9.6%
Valid		250	100.0%

The socioeconomic characteristics of the respondents are identified from the respondents such as the highest from the above tables -1 described. In the age group 31.2 per cent of them are belongs to 30 years - 35 years old, 46.0 per cent of them belongs to Hindu other community, 31.2 per cent of them live extended family type, 41.2 per cent of them stated living with 1-2 group of family size, 45.2 per cent of highly income 10000-15000 thousand, 42.4 per cent of them having the educational status of up to graduate level the highest education in their family, 28.0 per cent of the agricultural labourers. Therefore, the researcher infers that most of the respondents are Hindu, and belong to other community.

Table 2: ANOVA Test Socioeconomic Characteristics of the Respondents

Socioeconomic - Characteristics		Sum of Squares	df	Mean Square	F	Sig.
Religion	Between Groups	.613	3	.204	.313	.816
	Within Groups	160.843	246	.654		
	Total	161.456	249			
Caste	Between Groups	5.866	3	1.955	1.282	.281
	Within Groups	375.258	246	1.525		
	Total	381.124	249			
Family structure	Between Groups	31.075	3	10.358	9.444	.000
	Within Groups	269.825	246	1.097		
	Total	300.900	249			
Number of children	Between Groups	10.136	3	3.379	5.465	.001
	Within Groups	152.088	246	.618		
	Total	162.224	249			
Family Income	Between Groups	10.502	3	3.501	5.919	.001
	Within Groups	145.502	246	.591		
	Total	156.004	249			
Respondent's Education	Between Groups	5.058	3	1.686	3.036	.030
	Within Groups	136.638	246	.555		
	Total	141.696	249			
Respondent's Occupation	Between Groups	28.398	3	9.466	3.660	.013
	Within Groups	636.198	246	2.586		
	Total	664.596	249			

ANOVA (Analysis of Variance)

It is an additional future to investigate whether the level of average the respondents' perception relating to Insight of Reproductive Women Health Status in Tiruppur District: An Analytical Study. District differs significantly among the respondents. For this study and purpose, the ANOVA of one-way classification is carried out and the null hypothesis is tested.

Null Hypothesis

There is no significant difference between the respondents' Insight of Reproductive Women Health Status in Tiruppur District: An Analytical Study, and each factor of the study

From the above results, the researcher has been summarized as per the hypothesis framed for the study. The significance of the seven parameters of the study to evaluate at 1 per cent and 5 per cent levels and the respondent opinion on the impact of Insight on Reproductive Women Health Status has been identified for the research study. The result is that there is a significant difference between the average levels of the opinion of Insight of Reproductive Women Health Status in Tiruppur District: An Analytical Study, except for the responsiveness to religion, caste and respondent's occupation. All the hypotheses of the above ANOVA table are rejected except responsiveness to religion, caste and respondent Occupation factors. Hence most of the respondents are significantly not different in their views on responsiveness.

Table 3: Particulars of knowledge on reproductive health Vs Age

Characteristics	20-25	25-30	30-35	above 35	Total
Risk factors associated with prenatal condition	16 (23.5)	9 (14.8)	7 (9.0)	9 (20.9)	41 (16.4)
Type of delivery -Normal	16 (23.5)	10 (16.4)	10 (12.8)	5 (11.6)	41 (16.4)
Antenatal care services	12 (17.6)	16 (26.2)	15 (19.2)	7 (16.3)	50 (20.0)
Immunization during pregnancy	8 (11.8)	10 (16.4)	9 (11.5)	10 (23.3)	37 (14.8)
Process of child birth	8 (11.8)	9 (14.8)	8 (10.3)	9 (20.9)	34 (13.6)
Government facilities	8 (11.8)	7 (11.5)	29 (37.2)	3 (7.0)	47 (18.8)
Total	68 (100.0)	61 (100.0)	78 (100.0)	43 (100.0)	250 (100.0)
Pearson Chi-Square	Value	df	Asymp. Sig. (2-sided)		
	36.853 ^a	15	0.001		

a.0 cell (0.0%) have expected count less than 5. The minimum expected count is 5.85.

Table 3 carried out the knowledge on reproductive health, 41(16.4) per cent of the risk factor associated with the prenatal condition, types of delivery are equal, 50(20.0) per cent of antenatal care services, 37(14.8) per cent of immunization during pregnancy, 34(13.6) per cent of process of childbirth and remaining 47(18.8) per cent of government facilities.

Chi-Square value for 15 degrees of freedom at 5% level of significance is 36.853. Calculated value of chi square is 24.996. The calculated value of chi square is greater than table value and hence the null hypothesis rejected that there is an association between the knowledge on reproductive health about mode of age.

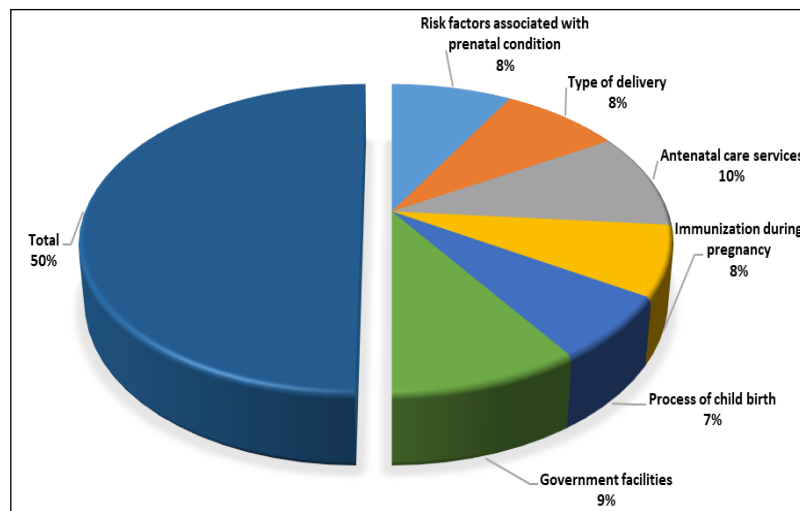


Fig 1: Particulars of knowledge on reproductive health * Age

Table 4: Services received during the Pregnancy-Blood test, Hemoglobin test, Blood pressure Vs Age

Blood test, Hemoglobin test, Blood pressure	20-25	25-30	30-35	above 35	Total
Yes	68 (1.0)	61 (1.0)	71 (0.9)	43 (1.0)	243 (1.0)
No	0 (0.0)	0 (0.0)	7 (0.1)	0 (0.0)	7 (0.0)
Total	68 (1.0)	61 (1.0)	78 (1.0)	43 (1.0)	250 (1.0)
Pearson Chi-Square	Value	df	Asymp. Sig. (2-sided)		
	15.881 ^a	3	.001		

a. 4 cells (50.0%) have an expected count of less than 5. The minimum expected count is 1.20

Table 4 opinion of services received during pregnancy-blood test, hemoglobin test, blood pressure, the highly responded mostly all the test have been 'yes' 243(97.2) per cent of a primary health test.

The chi-Square value for 3 degrees of freedom at a 5% level of significance is 15.881. The calculated value of chi-square is 7.815. The calculated value of chi-square is greater than the table value and hence the null hypothesis rejected that there is an association between the services received during Pregnancy-Blood test, Hemoglobin test, and Blood pressure about the mode of age.

Table 5: Blood sugar level, Ultrasound test, Tetanus injection Vs Age

Blood sugar level, Ultrasound test, Tetanus injection	20-25	25-30	30-35	above 35	Total
Yes	52 (76.5)	37 (60.7)	50 (64.1)	26 (60.5)	165 (66.0)
No	16 (23.5)	24 (39.3)	28 (35.9)	17 (39.5)	85 (34.0)
Total	68 (100.0)	61 (100.0)	78 (100.0)	43 (100.0)	250 (100.0)

Table 5 observed that opinion of primary health tests very essential for reproductive women, Blood sugar levels, Ultrasound test, Tetanus injection, the majority of respondents responded due to 'Yes' 165 (66.0) per cent and the remaining 85 (34.0) per cent of 'No' respectively

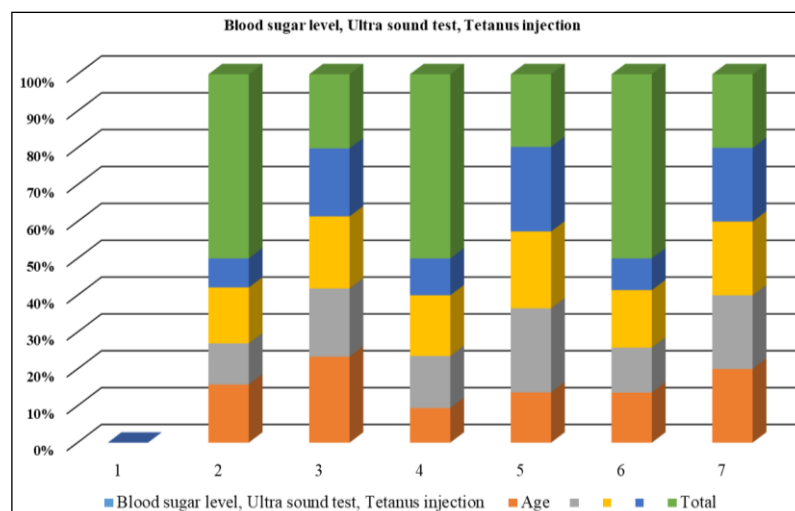


Fig 2: Blood sugar level, Ultrasound test, and Tetanus injection

Table 6: Iron tablets, syrup, Calcium tablets, Folic acid drops Vs Age

Iron tablets, syrup, Calcium tablets, Folic acid drops	20-25	25-30	30-35	Above 35	Total
Yes	54 (79.4)	37 (60.7)	50 (64.1)	34 (79.1)	175 (70.0)
No	14 (20.6)	24 (39.3)	28 (35.9)	9 (20.9)	75 (30.0)
Total	68 (100.0)	61 (100.0)	78 (100.0)	43 (100.0)	250 (100.0)

Table 6 indicated the services received during the pregnancy as articulated by the respondents that almost the regularly consumed the Iron tablets, syrup, Calcium tablets, Folic acid drops, the majority of respondents 'Yes' 175(70.0) per cent and the remaining 'No' 75(30.0) per cent correspondingly.

Table 7: Anthropometric measurements Vs Age

Anthropometric measurements	20-25	25-30	30-35	above 35	Total
Yes	57 (83.8)	44 (72.1)	57 (73.1)	35 (81.4)	193 (77.2)
No	11 (16.2)	17 (27.9)	21 (26.9)	8 (18.6)	57 (22.8)
Total	68(100.0)	61 (100.0)	78 (100.0)	43 (100.0)	250 (100.0)

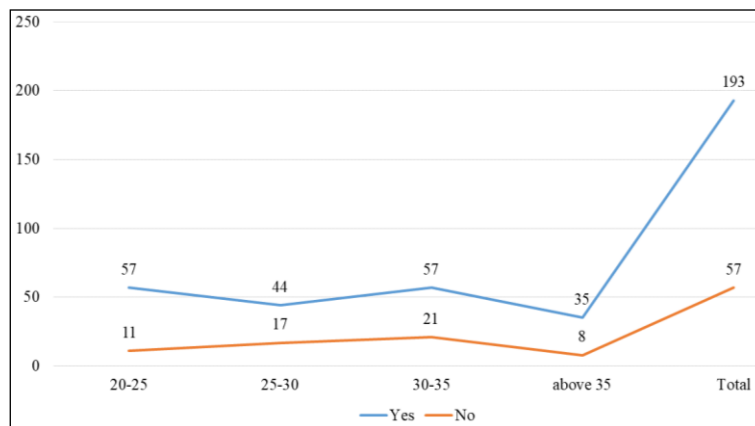


Fig 3: Anthropometric measurements

Table 7 and figure 3 exposed that the respondent’s anthropometric measurements the regularly the majority of respondents 'Yes' 193(77.2) per cent and the remaining 'No' 57(22.8) per cent respectively.

Table 8: Ante-natal Care Practices in Selected Rural Areas of Respondents

Selected Rural Areas	Frequency	Per cent	Valid Per cent	Cumulative Per cent
VHVs/TBAs	98	39.2	39.2	39.2
Health personnel	26	10.4	10.4	49.6
Friends	11	4.4	4.4	54.0
Community Leader	45	18.0	18.0	72.0
Mass media (radio, TV, poster, brochure)	16	6.4	6.4	78.4
Mother	10	4.0	4.0	82.4
Husband	44	17.6	17.6	100.0
Total	250	100.0	100.0	

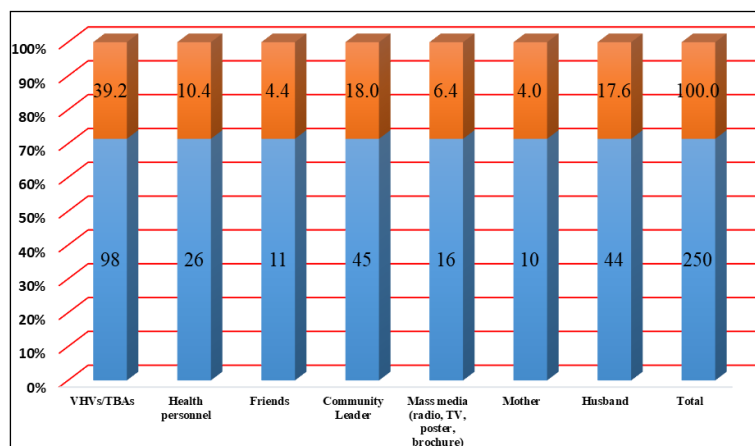


Fig 4: Ante-natal Care Practices in Selected Rural Areas

Table 8 and figure 3 indicated that the ante-natal care practices in selected rural areas, 98(39.2) per cent of VHSs/TBAs, 26(10.4) per cent of health personnel, 11(4.4) per cent of friends, 45(18.0) per cent of community leader, 16(6.4) per cent of mass media. 10(4.0) per cent of mothers, 49(17.6) per cent of husbands respectively.

Table 9: Respondents -ante-natal visit and time and Knowledge on ANC

Number of antenatal visits and time	Frequency	Per cent	Valid Per cent	Cumulative Per cent
Up to three times	178	71.2	71.2	71.2
More than three times	72	28.8	28.8	100.0
Total	250	100.0	100.0	
Knowledge on ANC	Frequency	Per cent	Valid Per cent	Cumulative Per cent
Yes	148	59.2	59.2	59.2
No	102	40.8	40.8	100.0
Total	250	100.0	100.0	

Table 9 indicated that up to three times 178 (71.2) per cent of respondents -ante-natal visits and time and Knowledge on ANC and the remaining 72(28.8) per cent of more than three times, the knowledge on ANC, 'Yes' 14(59.2) per cent, 102(40.8) per cent 'No' respectively.

Table 10: Respondents - Place from where ANC service received

ANC service received	Frequency	Per cent	Valid Per cent	Cumulative Per cent
Provincial Hospital	71	28.4	28.4	28.4
Health Center	62	24.8	24.8	53.2
Private Clinic	71	28.4	28.4	81.6
NGO Clinic	46	18.4	18.4	100.0
Total	250	100.0	100.0	

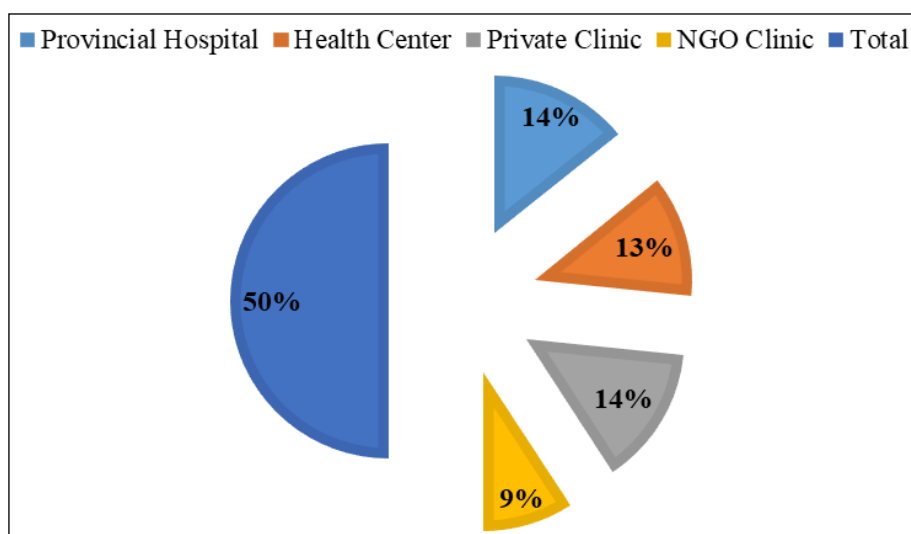


Fig 5: Place from where ANC service received

Table 10 and figure 4 indicate that places from where ANC services received the reproductive women delivery place are the provincial hospital 71 (28.4) per cent, 62(24.8) per cent of the health center, 71(28.4) per cent of private clinics and the remaining 46 (18.4) per cent of NGO clinic.

Table 11: Satisfaction of reproductive health counselling services offered by the family planning workers

Satisfaction	Age 20-25	Age 25-30	Age 30-35	Age above 35	Total
Very Dissatisfied	3 (4.7)	5 (7.8)	4 (5.1)	3 (7.0)	15 (6.0)
Dissatisfied	2 (3.1)	2 (3.1)	17 (21.5)	3 (7.0)	24 (9.6)
Undecided	3 (4.7)	11 (17.2)	9 (11.4)	5 (11.6)	28 (11.2)
Satisfied	12 (18.8)	7 (10.9)	4 (5.1)	8 (18.6)	31 (12.4)
Very satisfied	44 (68.8)	39 (60.9)	45 (57.0)	24 (55.8)	152 (60.8)
Total	64 (100.0)	64 (100.0)	79 (100.0)	43 (100.0)	250 (100.0)
Pearson Chi-Square	Value	df	Asymp. Sig. (2-sided)		
	30.777 ^a	12	0.002		

a. 6 cell (30.0%) have expected count less than 5. The minimum expected count is 2.58.

Table 11 shows that the satisfaction with comprehensive sex and reproductive health counselling services offered by family planning workers is extremely 152(60.8) per cent of very satisfied, 31(12.4) per cent satisfied, 28(11.2) per cent undecided, 24(9.6) per cent of dissatisfied and 15(6.0) per cent of very dissatisfied.

The chi-Square value for 12 degrees of freedom at a 5% level of significance is 30.777. The calculated value of the chi-square is 21.026. The calculated value of chi-square is greater than the table value and hence the null hypothesis rejected that there is an association between the satisfaction with comprehensive sex and reproductive health counselling services offered by the family planning workers.

Table 12: Descriptive Statistics

	Mean	Std. Deviation	N
Age	2.4040	1.04938	250
Religion	1.7760	.80524	250
Caste	2.2520	1.23718	250
Family structure	2.6200	1.09929	250
Number of children	1.8480	.80716	250
Family Income	2.2280	.79153	250
Respondent's Education	1.9040	.75436	250
Respondent's Occupation	2.7960	1.63373	250
Particulars of knowledge on reproductive health	3.4920	1.72448	250
Services received during the pregnancy-Blood test, Hemoglobin test, Blood pressure	1.0280	.16530	250
Blood sugar level, Ultrasound test, Tetanus injection	1.3400	.47466	250
Iron tablets, syrup, Calcium tablets, Folic acid drops	1.3000	.45918	250
Anthropometric measurements	1.2280	.42038	250
Ante-natal Care Practices in Some Selected Rural Areas	3.2440	2.29029	250
Respondents according to number of antenatal visits and time	1.2880	.45374	250
Knowledge on ANC	1.4080	.49245	250
The respondents by place from where ANC service received	2.3680	1.08318	250
Satisfaction with reproductive health counselling services offered by family planning workers	4.1240	1.27874	250

Table 12 shows descriptive statistics of the Ante-natal Care Practices in Some Selected Rural Areas mean value (3.2440), particulars of knowledge on reproductive health (3.4920) and satisfaction with comprehensive sex and reproductive health counselling services offered by family planning workers (4.1240).

Findings

The socioeconomic characteristics of the respondents are identified from the respondents such as the highest from the above tables -1 described. In the age group 31.2 per cent of them are belongs to 30 years - 35 years old, 46.0 per cent of them belongs to Hindu Other Community, 31.2 per cent of them live extended family type, 41.2 per cent of them stated living with 1-2 group of family size, 45.2 per cent of highly income 10000-15000 thousand, 42.4 per cent of them having the educational status of up to graduate level the highest education in their family, 28.0 per cent of the agricultural labourers. Therefore, the researcher infers that most of the respondents are Hindu, and belongs to other Community.

It is also future to examine whether the average level of respondents' perception relating to Insight of Reproductive Women Health Status in Tiruppur District: An Analytical Study. District differs significantly among the respondents. For this purpose, the ANOVA of one-way classification is carried out and the null hypothesis is tested.

An Analytical Study, except the responsiveness to religion, caste and respondent's occupation. All the hypotheses of the above ANOVA table are rejected except responsiveness to religion, caste and respondent Occupation factors. Hence most of the respondents are significantly not different in their views on responsiveness.

Table 3 carried out the knowledge on reproductive health, 41 (16.4) per cent of the risk factor associated with prenatal condition, types of delivery are equal, 50(20.0) per cent of antenatal care services, 37(14.8) per cent of immunization during pregnancy, 34(13.6) per cent of process of child birth and remaining 47(18.8) per cent of government facilities.

Chi Square value for 15 degrees of freedom at 5% level of significance is 36.853. Calculated value of chi square is 24.996. The calculated value of chi square is greater than table value and hence the null hypothesis rejected that there is an association between the knowledge of reproductive health about the mode of age.

Table 4 opinion of services received during pregnancy-blood test, hemoglobin test, blood pressure, the highly responded mostly all the test have been 'yes' 243(97.2) per cent of a primary health test.

Table 5 observed that opinion of primary health tests very essential for reproductive women, Blood sugar level, Ultrasound test, Tetanus injection, the majority of respondents to responded due to 'Yes' 165 (66.0) per cent and the remaining 85 (34.0) per cent of 'No' respectively

Table 6 indicated the services received during the pregnancy as articulated by the respondents that almost the regularly consumed the Iron tablets, syrup, Calcium tablets, Folic acid drops, the majority of respondent 'Yes' 175(70.0) per cent and the remaining 'No' 75(30.0) per cent correspondingly.

Table 7 exposed the participant's anthropometric measurements of the regularly the majority of respondents 'Yes' 193(77.2) per cent and the remaining 'No' 57(22.8) per cent likewise.

Table 8 and figure 3 indicated that the ante-natal care practices in a selected rural region, 98(39.2) per cent of VHSs/TBAs, 26(10.4) per cent of health personnel, 11(4.4) per cent of friends, 45(18.0) per cent of community leader, 16(6.4) per cent of mass media. 10(4.0) per cent of mothers, 49(17.6) per cent of husbands respectively.

Table 9 indicated that up to three times 178 (71.2) per cent of respondents -ante-natal visits and time and Knowledge on ANC and the remaining 72(28.8) per cent of more than three times, the knowledge on ANC, 'Yes' 14(59.2) per cent, 102(40.8) per cent 'No' respectively.

Table 10 and figure 4 indicates that place from where ANC service received the reproductive women to delivery place the provincial hospital 71 (28.4) per cent, 62(24.8) per cent of the health centre, 71(28.4) per cent of private clinic and the remaining 46 (18.4) per cent of NGO clinic.

Table 11 shows that the satisfaction with comprehensive sex and reproductive health counselling services offered by family planning workers is extremely 152(60.8) per cent of very satisfied, 31(12.4) per cent satisfied, 28(11.2) per cent undecided, 24(9.6) per cent of dissatisfied and 15(6.0) per cent of very dissatisfied.

Conclusion

The research study finds out that utmost of the respondents had a small medium of knowledge on the subject of reproductive health, while about three fourth of the respondents knew about the particulars of pregnancy. The majority of respondents availed and believed, the government facilities the reason for socioeconomic factor, some respondent had a delivery in-home and few per cent respondent may lead to complication of delivery the compilation blood bleeding all the respondent to minimum test undergone for a blood test, hemoglobin test, urine test, ultrasound test, took iron tablets/ syrup. District differs significantly among the respondents. For this purpose, the ANOVA of one-way classification is carried out and the null hypothesis is tested. The null hypothesis rejected that there is an association between the knowledge of reproductive health about the mode of age. From now this study designates the greater provision for the educators to educate and awareness of sex education the rural women on the issues of reproductive health status, illness and humanity rate will be focused, to provide good quality education services to rural women.

Further Recommendations

- To aggregate awareness among the mothers about the risk signals during pregnancy and advancement gives emphasis to the importance of ANC and visit.
- Cultivating the sex educational opportunities should give to women, which will help them to learn and chance empower them to create independent decisions.
- To improve the quality of healthcare service centres
- To make mothers conscious about the establishment of financial help in additional transport facilities under the National Health Mission complete the information, sex education, and information communication events by connecting ASHA, Anganwari workers (AWW), and multipurpose health workers (MPHW).

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