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Assessment of Sexual and Reproductive Health Status of Women Referred to a Selected Rural Health Center of Sunamganj District, Bangladesh

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Abstract

Topic: Assessment of Sexual and Reproductive Health Status of Women referred to a Selected Rural Health Center of Sunamganj District, Bangladesh. According to article 25 of the Universal Declaration of Human Rights (1948), health is considered a right of humans (1). All people have the right to have access to adequate information and services regarding sexual and reproductive health (SRH) care (2). The provision of SRH care for all has been repeatedly identified as a requirement to achieve the Millennium Development Goals (3). Improving SRH in society contributes to a reduction in poverty and the achievement of other development goals (4). Sexual and reproductive health comprises a wide variety of dimensions such as safe motherhood, family planning, HIV/AIDS and other sexually transmitted infections (STIs) as well as domestic violence (5). If there is any problem in providing or receiving health care services in each of the above-mentioned dimensions, women's SRH needs will be endangered (6). Access to reproductive health care services influences global welfare and security through the acceleration of demographic transition and the shift from short life expectancy and large families to long life expectancy and small families. According to international law, SRH is a human right and plays an important role in morbidity, mortality and life expectancy, however, reproductive health problems are a leading cause of women's ill health and mortality worldwide, therefore, it is necessary to meet women's SRH care needs. **Research Objective:** To determine the Sexual and Reproductive Health Status of Woman referred to a Selected Rural Health Center of Sunamganj District, Bangladesh. **Research Question** is to find out the level of Sexual and Reproductive Health Status of Woman referred to a Selected Rural Health Center of Sunamganj District, Bangladesh. This was a cross-sectional study conducted on rural women of reproductive age referred to selected rural healthcare centers of Sunamganj District. During 2019-2020, in total subject was selected through randomized sampling. The data collection tool was standardized questionnaire evaluating sexual and reproductive health needs. This instrument consists of seven sections, including background information, safe motherhood, family planning, sexual behaviors, sexually transmitted infections, HV/AIDS, and physical and sexual violence. **Results and Finding:** During the study period 1000 women of reproductive age (15-49 Years) those who seek health related service in both outdoor & indoor department of the rural health Center, descriptive cross sectional study was carried out using questionnaire to assess the Sexual and Reproductive Health Status. A verbal Permission was taken from the respective authority to carry out the collection of data. I did not use any specific technique of sampling instead I provided attention to ensure participation as many respondents as possible those who seek health care service. Data was based on Sexual and Reproductive Health Status. Among the respondents age group 15-20 years 19%, 21-25 Years 35%, 26-30 Years 25%, 31-38 years 9% and 39-49 years 12%. Religion muslim 81% and Hindu 19%. Residence- rural 100% and urban 0%. Age of Marriage- Before 18 23% and After 18- (77%). Parity – Para- (25.47%, Para-2 (30.4%), Para-3 (37%) and para 4 and above (07%). Occupation – Housewife (76.3%), job (12.7%) and student (11%). Socio Economic Status- lower (57%), Middle (38.3%) and higher (4.7%). Educational Status – Illiterate (5.3%), Primary education (45.7%), secondary educational (3%) and higher secondary above (19.9%). Sexual Reproductive health related variables. Marital status – Married (77.3%) and Unmarried (22.7%). Pregnancy status – Yes (77.3%) and No (22.7%). Knowledge on STD/HIV-AIV – Yes (32.5%) and No (77.5%). Knowledge on Reproductive rights –yes (33%) and No (67%). Knowledge on Dangerous sings of pregnancy – Yes (65.8%) and No (34.2%). Knowledge on high Risks Pregnancy – Yes (37%) and No (63%). TT5 – Yes (37%) and No (63%). ANC – Yes (76.4%), No (23.5%). PNC – Yes (25%), No (75%). Abortion – Yes (7.1%), No (92.9%). NVD – Yes (65%) and No (35%). Malpresentation – Yes (27.74%) and No (72.25%). PPH – Yes (6.1%) and No (93.9%). APH – Yes (1.47%) and No (93.9%). Hospital delivery – Yes (63%) and No (37%). Home delivery – yes (37%) and (63%). Family Planning – Yes (61.9%) and No (38.1%). Domestic Violence – Yes (45.1%) and No (54.9%). Infertility – Yes (3.61%) and No (96.3%). Prolapse – Yes (21%) and No (79%). PID – Yes (5.3%) and No (94.7%). decision making – Yes (7.7%) and No (92.3%). **Discussion:** All are rural people, maximum are of age group 21-30 years. Most of them are of lower and middle class. Educational status within primary and secondary level in majority of the attendants. Numbers of married women are 773 out of which pregnant women 746. In Comparison to ANC, PNC is very minimum. Domestic Violence, Parity, LUCS, APH, PPH, Abortion, Prolepses, PID and less facilitated Delivery assume increased morbidity status of women specially maternal morbidity. Results of the study shows a relatively low level knowledge on STD/HIV-AIV, Health Care service, Reproductive Rights, Dangerous signs of Pregnancy & High Risks Pregnancy. There is less facility in health care service. Maternal health data shows high morbidity status and also shows low level of Sexual and Reproductive Health Status. **Conclusion:** The Finding the study revealed the urgent need of for planning programme to improve the Sexual and Reproductive Health Status of the rural women. Educational program for females as well as males essential.

Key words: *Sexual and Reproductive Health Status, Rural Health Centre, Women's of reproductive age*.

INTRODUCTION

Youth is defined as the time of transition into adulthood and an important period in a person's life. During this period new behavior is learned easier than in adulthood (UNICEF,1997; MOH, 2006).This fact was stressed in the International Conference on Population and Development in 1994 (Hagikhani et al., 2012). In this regard, the World Health Organization (WHO) estimates that more than one billion people in the world are between 15-24 years old (UNICEF, 1997; WHO, 2008). Moreover, more than 85% of them live in developing countries.

Investment in the health of this age group has played a major role in the development of human communities due to the dual role of women in community health and well-being of future generations as one of the main paths to the achievement of Millennium Development Goals (MDGs) and youth goals (Parvizi et al., 2011). In connection with the discussion of health, sexual and reproductive health is an important part of world health (UNICEF,1997; Li Ping, 2012) and as a part of human rights it has been approved for public (Mazloomy,2007).In this regard, many young women have very little reproductive health information (Li Ping, 2012). In addition, it has been reported that the young are facing different sexual and reproductive health problems like unwanted pregnancy, unsafe abortion, and STI including HIV (WHO, 2005). It is estimated that many women in the world die due to complications during pregnancy and abortion every year. On the other hand, the mortality rate caused by unwanted pregnancy and sexually transmitted diseases (STD) is increasing around the globe (WHO, 2008).

According to article 25 of the Universal Declaration of Human Rights (1948), health is considered a right of humans (1). All people have the right to have access to adequate information and services regarding sexual and reproductive health (SRH) care (2). The provision of SRH care for all has been repeatedly identified as a requirement to achieve the Millennium Development Goals (3). Improving SRH in society contributes to a reduction in poverty and the achievement of other development goals (4). Sexual and reproductive health comprises a wide variety of dimensions such as safe motherhood, family planning, HIV/AIDS and other sexually transmitted infections (STIs) as well as domestic violence (5). If there is any problem in providing or receiving health care services in each of the above-mentioned dimensions, women's SRH needs will be endangered (6).

Access to reproductive health care services influences global welfare and security through the acceleration of demographic transition and the shift from short life expectancy and large families to long life expectancy and small families (1). In 2010, 287 000 women worldwide died owing to complications of pregnancy (7). It's worth noting that from 1990 to 2015, less than 50% of deliveries in low-income countries were attended by a skilled health care provider (8). Also, 12% of women aged 15–49 years who were married or in a sexual relationship wanted to avoid pregnancy, but had no access to, or could not use, effective contraception methods (9). Only about 56% of pregnant women received the recommended minimum 4 sessions of antenatal care (10). According to international law, SRH is a human right and plays an important role in morbidity, mortality and life expectancy, however, reproductive health problems are a leading cause of women's ill health and mortality worldwide (11), therefore, it is necessary to meet women's SRH care needs.

Health and all its aspects is a basic human right (1), for which the government is responsible (2). Reproductive health is defined as the complete physical, mental, and social health in all aspects related to the reproductive system and its efficiency (3). The development and economic performance of nations around reproductive health depends on how each country protects and promotes the health of women (4). Rural women account for a quarter of the world's population. In developing countries, 43% of the agricultural workforce is comprised of rural women, who are responsible for the production of a large proportion of food in the society. Therefore, they play an important role in food supply.

OBJECTIVES

General objective: To determine the Sexual and Reproductive Health Status of Women referred to a Selected Rural Health Center of Sunamganj District, Bangladesh.

Specific objective:

1. To find out the Socio-Demographic Data of women of reproductive age referred to a Selected Rural Health Center of Sunamganj District, Bangladesh.

2. To find out the Sexual and Reproductive Health Status of Women referred to a Selected Rural Health Center of Sunamganj District, Bangladesh.

METHODOLOGY

Conceptual Frame Work of Reproductive Health Status

Independent Variables		Dependent Variable
Socio demographic variables		
1. Name: 2. Age: 3. Religion: 4.Occupation: 5. Educational Status: 6. Financial Status: 7. Residence: 8. Marital Status: 9. Pregnant/Non-pregnant: 10. Service:		
Sexual Reproductive Health Related Variables		
1. Knowledge on STD/HIV-AIV 2. Knowledge on Health Care Service. 3. Knowledge on Reproductive Rights. 4. Knowledge on Dangerous signs of pregnancy. 5. TT-5 6. ANC (Antenatal Care) 7. PNC (Postnatal Care) 8. Parity 9. NVD (Normal Vaginal Delivery) 10. LUCS (Lower utterine Cesarean Section) 11. PPH (Post partum Haemorrhage) 12. APH (Ante partum Haemorrhage) 13. Home Delivery 14. Hospital Delivery 15. Family Planning 16. Physical Violence 17. Sexual Violence 18. Infertility 19. Sub-fertility 20. Prolapsc 21. PID (Pelvic Infection 22. Decision Making 23. Health Education		**Sexual and Reproductive Health Status**

Method: This is a descriptive cross-sectional study conducted on rural women of reproductive age referred to selected rural healthcare centers of Sunamganj District. During 2019-2020, in total 1000 subject have been selected through randomized sampling. The data collection tool was a standardized questionnaire evaluating sexual and reproductive health needs. The instrument consists of data of socio demographic status and Sexual and Reproductive Health Status with background information's. Some data were collected as verbal autopsy.

Data Analysis: After collection of all data were checked, cleaned and edited. Then data were entered in to the computer with the help of software SPSS for windows programmed version 11.5. After frequency run, data were cleaned and frequency checked. An analysis plan was developed keeping in view with the objective of his study. We use descriptive statistics to summarize and interpreted the data and interpreted the funding through table and proportions.

Selection Criteria:

Inclusion Criteria-
1. Co-operative Respondents
2. Age of Women (15-49 Years)
3. Permanent Residence of the village (Rural)

Exclusion Criteria-
1. Non Co-operative Respondents
2. Age not within (15-49 years)

Study Population:
Women of reproductive age, 15 to 49 years old in a selected rural area of Sunamganj.

Study Area:
Selected rural health center / KAITACK RHC, Sunamganj District.

Study Period: Nov- 19 to Oct-2020

Estimated Sample Size: 1000 (one thousand)

Calculation of Sample Size: Sample size had calculated using the Formula

$$n=z^2\frac{pq}{d^2}$$

n= Sample Size
z= Level of Confidence-1.96
p= Estimated prevalence
d= Margin of error
q= (1-p)

Sampling Technique- Purposive Sample had taken to collect information from the place where respondents were available.

Date Collection Tools/Instruments- A semi structure interview instruments had developed to assess the information from the respondents.

Data Presentation: Using Tables and Bar Diagram

Ethical Consideration: The ethical review board of American independent University approved to conduct the study and prior the data collection the heath center sought permission to continue data collection.

Privacy was maintained, scientific objectify maintain, personal information have kept confidential.

Socio Demographic Variable:
Age, Religion, Occupation, Service, Marital Status, Educational status, Residence, Pregnancy. Non-pregnant, Economical Status.

Sexual Reproductive Health Related Variables
1 Knowledge on STD/HIV-AIV
2. Knowledge on Health Care Service.
3. Knowledge on Reproductive Rights.
4. Knowledge on Dangerous signs of pregnancy.
5. TT-5
6. ANC (Antenatal Care)
7. PNC (Postnatal Care)
8. Parity
9. NVD (Normal Vaginal Delivery)
10. LUCS (Lower utterine Cesarean Section)
11. PPH (Post partum Haemorrhage)
12. APH (Ante partum Haemorrhage)
13. Home Delivery

14. Hospital Delivery
15. Family Planning
16. Physical Violence
17. Sexual Violence
18. Infertility
19. Sub-fertility
20. Prolapsc
21. PID (Pelvic Infection
22. Decision Making

RESULTS AND FINDING

During the study period 1000 women of reproductive age (15-49 Years) those who seek health related service in both outdoor & indoor department of the rural health Center, descriptive cross sectional study was carried out using questionnaire to assess the Sexual and Reproductive Health Status. A verbal Permission was taken from the respective authority to carry out the collection of data. I did not use any specific technique of sampling instead I provided attention to ensure participation as many respondents as possible those who seek health care service. Data was based on Sexual and Reproductive Health Status.

Socio Demographic Variables

Table No-1: Distribution of the Respondents by their age (N-1000)

Age Group	Frequency	Percentage
15-20 years	190	19%
21-25 Years	350	35%
26-30 Years	250	25%
31-38 Years	90	9%
39-49 Years	120	12%
Total	1000	100%

Above Table shows 190 (19%) are from age group 15-20 years, Followed by 350 (35%) from 21-25 years, 250 (25%) are from 26-30 years, 90 (9%) from 31-38 years and 39-49 Years 120 (12%).

Figure 1: Distribution of the Respondents by their age

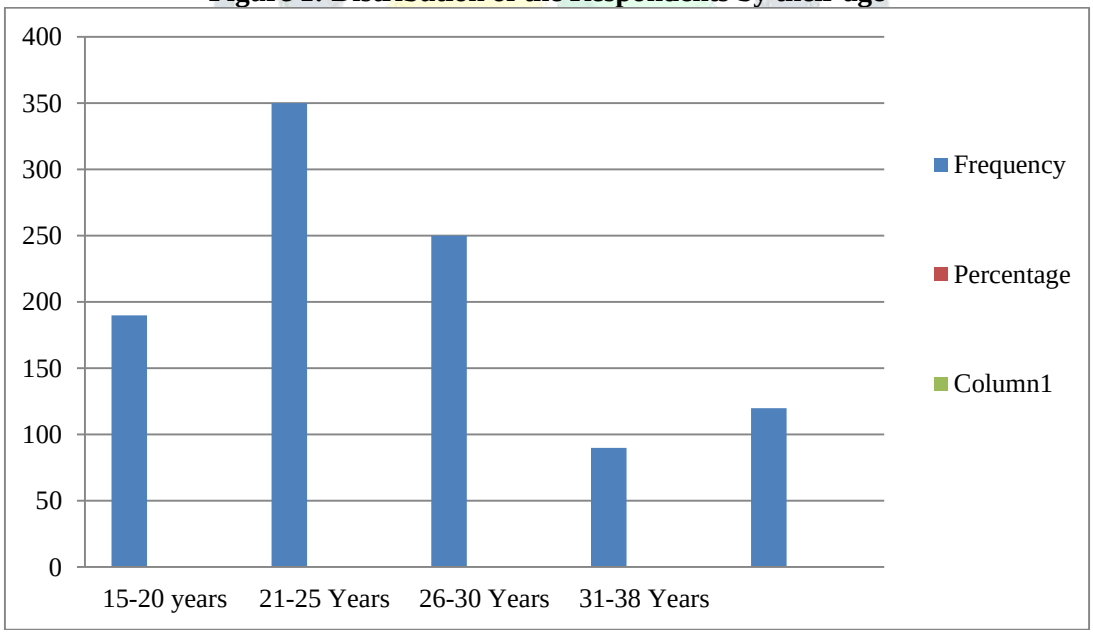


Table No-2: Distribution of the Respondents by their Religion (N-1000)

Religion	**Frequency**	**Percentage**
Muslim	810	81%
Hindu	190	19%
Total	1000	100%

Above Table shows 810 (81%) are Muslims and 190 (19%) are Hindu.

Table No-3: Distribution of the Respondents according to their residence (N-1000)

Residence	**Frequency**	**Percentage**
Rural	1000	100%
Urban	0	0%
Total	1000	100%

Above Table shows all are Rural.

Table No-4: Distribution of the Respondents according to Age of Marriage (N-1000)

Age of Marriage	**Frequency**	**Percentage**
Before 18	230	23%
After 18	770	77%
Total	1000	100%

Above Table shows 230 (23%) are of before 18 and 770 (77%) are of After 18.

Table No-5: Distribution of the Respondents according to Parity (N-746)

Parity	**Frequency**	**Percentage**
Para -1	190	25.47%
Para -2	227	30.4%
Para - 3	276	37%
Para- 4 and above	53	07%
Total	746	100%

Above Table shows 190 (25.47%) are of para-1 227 (30.4%) are para-2 276 (37 %) are para-3 53 (0.71%) are of para-4 and above.

Figure 2: Distribution of the Respondents according to Parity

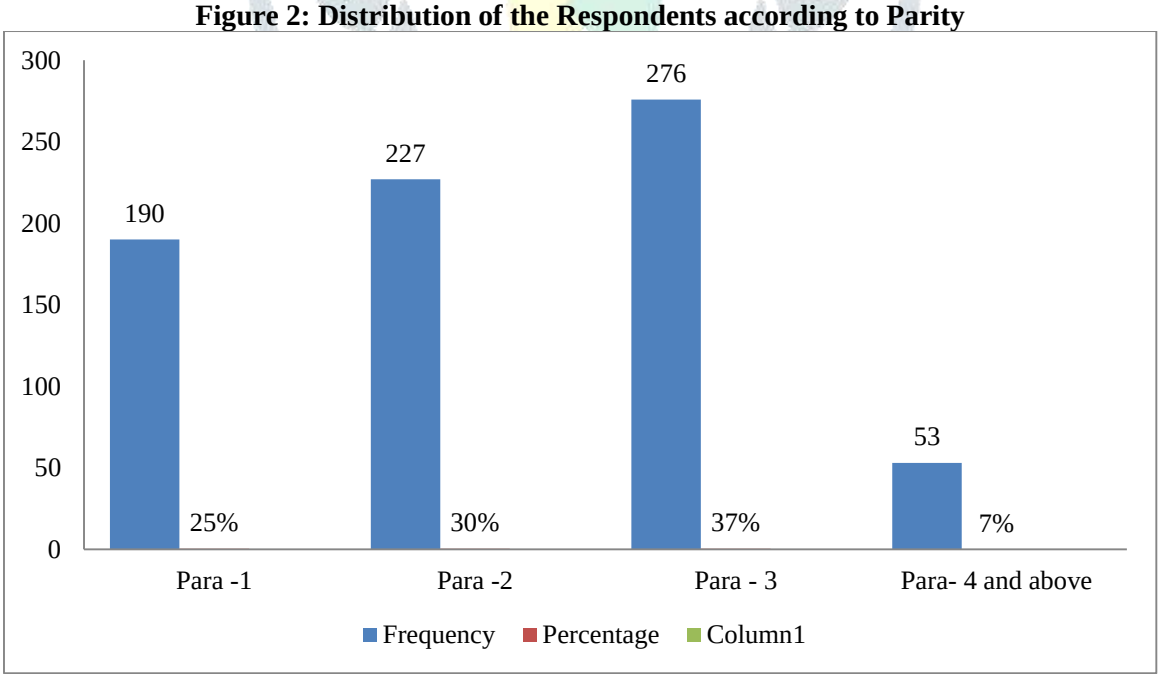


Table No-6: Distribution of the Respondents according to Occupation (N-1000)

Occupation	**Frequency**	**Percentage**
Housewife	763	76.3%
Job	127	12.7%
Student	110	11%
Total	1000	100%

Above Table shows 763 (76.3%) are Housewife, 127 (12.7%) are Job and Student are 110 (11%).

Figure 3: Distribution of the Respondents according to Occupation

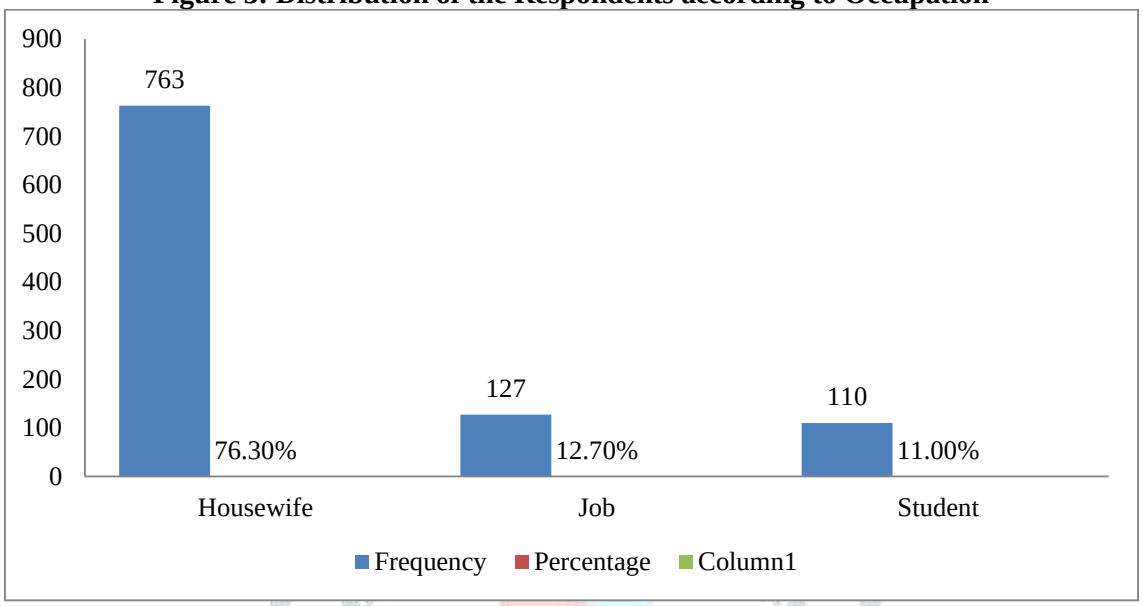


Table No-7: Distribution of the Respondents according to Socio Economic Status (N-1000)

Socio Economic Status	**Frequency**	**Percentage**
Lower	570	57%
Middle	383	38.3%
Higher	47	4.7%
Total	1000	100%

Above Table shows Socio Economic Status 570 (57%) of Lower Class, 383 (38.3%) of Middle Class, 47 (4.7%) of Higher Class.

Figure 4: Distribution of the Respondents according to Socio Economic Status

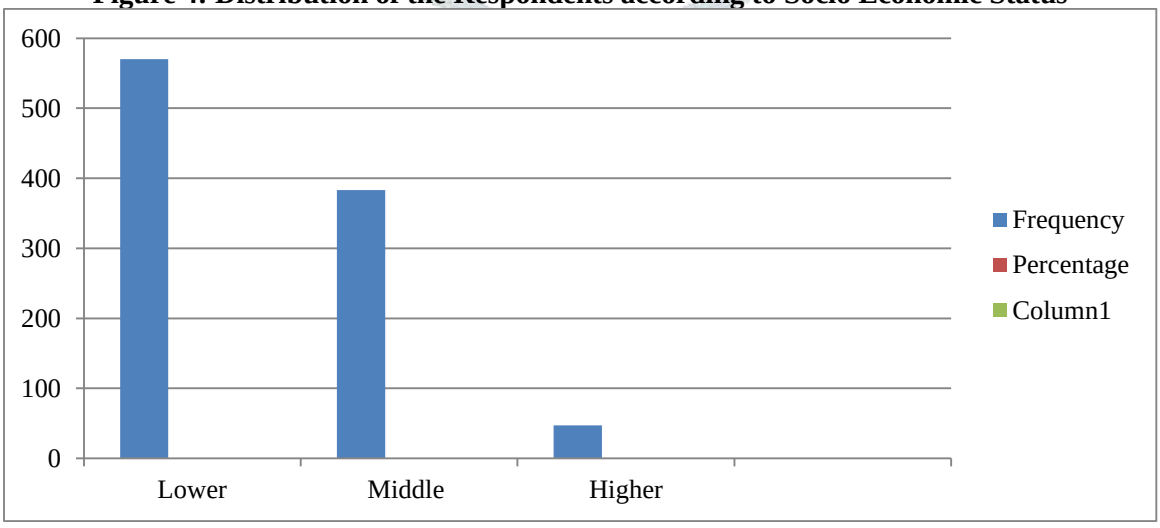
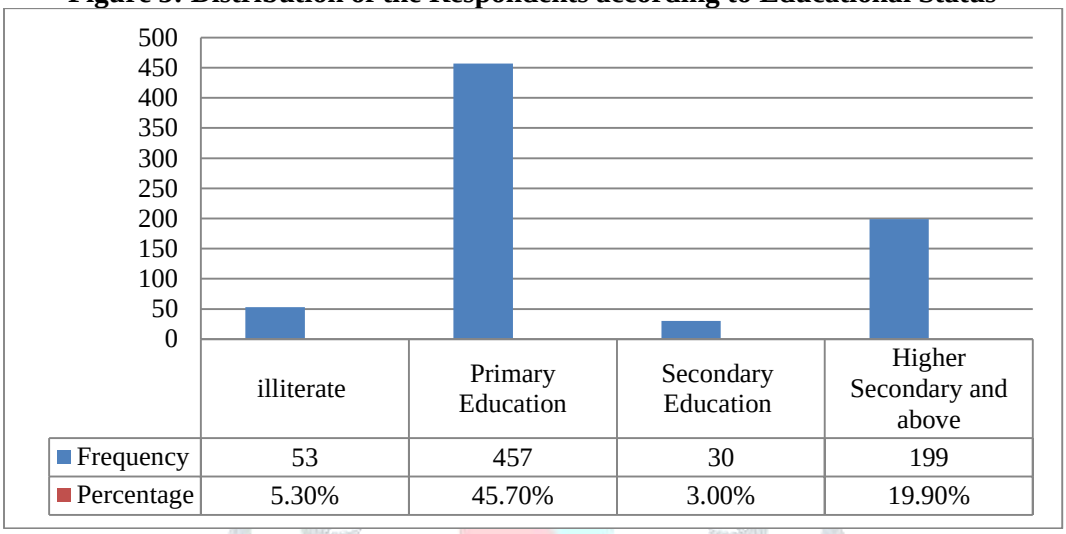


Table No-8: Distribution of the Respondents according to Educational Status (N-1000)

Educational Status	**Frequency**	**Percentage**
illiterate	53	5.3%
Primary Education	457	45.7%
Secondary Education	30	3%
Higher Secondary and above	199	19.9%
Total	1000	100%

Above Table shows Educational Status 53 (5.3%) of illiterate, 457 (45.7%) of Primary education, 30 (3%) of Secondary Education, 199 (19.9%) Higher Secondary and above.

Figure 5: Distribution of the Respondents according to Educational Status



Sexual Reproductive Health Related Variables

Table No-9: Distribution of the Respondents according to Marital Status (N-1000)

Marital Status	**Frequency**	**Percentage**
Married	773	77.3%
Unmarried	227	22.7%
Total	1000	100%

Above Table shows Marital Status 773 (77.3%) of Married, 227 (22.7%) of Unmarried.

Table No-10: Distribution of the Respondents according to Age of Married (N-1000)

Age of Married	**Frequency**	**Percentage**
Before 18 Years	187	18.7%
After 18 years	813	81.3%
Total	1000	100%

Above Table shows Age of Married 187 (18.7%) of Before 18 Years, 813 (81.3%) of After 18 years.

Table No-11: Distribution of the Respondents according to Pregnancy Status (N-1000)

Pregnancy Status	**Frequency**	**Percentage**
Yes	773	77.3%
No	227	22.7%
Total	1000	100%

Above Table shows Pregnancy Status of Yes 773 (77.3%), of No 227 (22.7%).

Table No-12: Distribution of the Respondents according to Knowledge on STD/HIV-AIV (N-1000)

Knowledge on STD/ HIV-AIV	**Frequency**	**Percentage**
Yes	325	32.5%
No	775	77.5%
Total	1000	100%

Above Table shows Knowledge on STD/HIV-AIV of Yes 325 (32.5%), of No 775 (77.5%).

Table No-13: Distribution of the Respondents according to Knowledge on health Care Service (N-1000)

Knowledge on health Care Service	**Frequency**	**Percentage**
Yes	671	67.1%
No	329	32.9%
Total	1000	100%

Above Table shows Knowledge on health Care Service of Yes 671 (67.1%), of No 329 (32.9 %).

Table No-14: Distribution of the Respondents according to Knowledge on Reproductive Rights (N-1000)

Knowledge on Reproductive Rights	**Frequency**	**Percentage**
Yes	330	33%
No	670	67%
Total	1000	100%

Above Table shows Knowledge on Reproductive Rights of Yes 330 (33%), of No 670 (67 %).

Table No-15: Distribution of the Respondents according to Knowledge on Dangerous sings of pregnancy (N-1000)

Knowledge on Dangerous sings of pregnancy	**Frequency**	**Percentage**
Yes	658	65.8%
No	342	34.2%
Total	1000	100%

Above Table shows Knowledge on Dangerous sings of pregnancy of Yes 658 (65.8%), of No 342 (34.2 %).

Table No-16: Distribution of the Respondents according to Knowledge on High Risks Pregnancy (N-1000)

Knowledge on High Risks Pregnancy	**Frequency**	**Percentage**
Yes	370	37%
No	630	63%
Total	1000	100%

Above Table shows Knowledge on High Risks Pregnancy of Yes 370 (37%), of No 630 (63 %).

Table No-17: Distribution of the Respondents according to TT-5 (N-1000)

TT-5	**Frequency**	**Percentage**
Yes	370	37%
No	630	63%
Total	1000	100%

Above Table shows TT-5 of Yes 370 (37%), of No 630 (63 %).

Table No-18: Distribution of the Respondents according to ANC (Antenatal Care) (N-746)

ANC	Frequency	Percentage
Yes	570	76.4%
No	176	23.5%
Total	746	100%

Above Table shows ANC (Antenatal Care) of Yes 570 (76.4%), of No 176 (23.5 %).

Table No-19: Distribution of the Respondents according to PNC (N-746)

PNC	Frequency	Percentage
Yes	186	25%
No	560	75%
Total	746	100%

Above Table shows PNC of Yes 186 (25%), of No 560 (75 %).

Table No-20: Distribution of the Respondents according to Abortion (N-746)

Abortion	Frequency	Percentage
Yes	53	7.1%
No	643	92.9%
Total	746	100%

Above Table shows Abortion of Yes 53 (7.1%), of No 643 (92.9 %).

Table No-21: Distribution of the Respondents according to NVD (Normal Vaginal Delivery (N- 746)

NVD	Frequency	Percentage
Yes	485	65%
No	264	35%
Total	746	100%

Above Table shows NVD (Normal Vaginal Delivery) of Yes 485 (65%), of No 264 (35 %).

Table No-22: Distribution of the Respondents according to LUCS (Lower uterine Cesarean) (N- 746)

Mal presentation	Frequency	Percentage
Yes	207	27.74%
No	534	72.25%
Total	746	100%

Above Table shows LUCS (Lower uterine Cesarean) of Yes 207 (27.74%), of No 534 (72.25 %).

Table No-23: Distribution of the Respondents according to PPH (Post partum Haemorrhage) (N- 746)

PPH	Frequency	Percentage
Yes	46	6.1%
No	700	93.9%
Total	746	100%

Above Table shows PPH (Post partum Haemorrhage) of Yes 46 (6.1%), of No 700 (93.9 %).

Table No-24: Distribution of the Respondents according to APH (Ante Partum Haemorrhage) (N-746)

APH	Frequency	Percentage
Yes	11	1.47
No	735	98.52%
Total	746	100%

Above Table shows APH (Ante Partum Haemorrhage) of Yes 11 (1.47%), of No 735 (98.52 %).

Table No-25: Distribution of the Respondents according to Hospital Delivery (N-746)

Hospital Delivery	Frequency	Percentage
Yes	470	63%
No	276	37%
Total	746	100%

Above Table shows Hospital Delivery of Yes 470 (63%), of No 276 (37 %).

Table No-26: Distribution of the Respondents according to Home Delivery (N-746)

Home Delivery	Frequency	Percentage
Yes	276	37%
No	470	63%
Total	746	100%

Above Table shows Home Delivery of Yes 276 (37%), of No 470 (63%).

Table No-27: Distribution of the Respondents according to Family Planning (N-746)

Family Planning	Frequency	Percentage
Yes	462	61.9%
No	284	38.1%
Total	746	100%

Above Table shows Family Planning of Yes 462 (61.9%), of No 284 (38.1%).

Table No-28: Distribution of the Respondents according to Domestic Violence (N-746)

Domestic Violence	Frequency	Percentage
Yes	710	45.1%
No	36	54.9%
Total	746	100%

Above Table shows Domestic Violence of Yes 710 (45.1%), of No 36 (54.9 %).

Table No-29: Distribution of the Respondents according to Infertility (N-746)

Infertility	Frequency	Percentage
Yes	27	3.61%
No	719	96.3%
Total	746	100%

Above Table shows Infertility of Yes 27 (3.61%), of No 719 (96.3%).

Table No-30: Distribution of the Respondents according to Prolapse (N-746)

Prolapse	Frequency	Percentage
Yes	210	21%
No	790	79%
Total	746	100%

Above Table shows Prolapse of Yes 270 (21%), of No 790 (79%).

Table No-31: Distribution of the Respondents according to PID (Pelvic Infection) (N-746)

PID	Frequency	Percentage
Yes	53	5.3%
No	947	94.7%
Total	1000	100%

Above Table shows PID (Pelvic Infection) of Yes 53 (5.3%), of No 947 (94.7%).

Table No-32: Distribution of the Respondents according to Decision Making (N-746)

Decision Making	**Frequency**	**Percentage**
Yes	77	7.7%
No	923	92.3%
Total	1000	100%

Above Table shows Decision Making of Yes 77 (7.7%), of No 923 (92.3%).

Table No-33: Distribution of demographic characteristics

Age Group		
Characteristics	**Frequency**	**Percentage**
15-20 years	190	19%
21-25 Years	350	35%
26-30 Years	250	25%
31-38 Years	90	9%
39-49 Years	120	12%
Religion		
Muslim	810	81%
Hindu	190	19%
Residence		
Rural	1000	100%
Urban	0	0%
Age of Marriage		
Before 18	230	23%
After 18	770	77%
Gravida		
Para -1	190	25.47%
Para -2	227	30.4%
Para - 3	276	37%
Para- 4 and above	53	07%
Occupation		
Housewife	763	76.3%
Job	127	12.7%
Student	110	11%
Socio Economic Status		
Lower	570	57%
Middle	383	38.3%
Higher	47	4.7%
Educational Status		
illiterate	53	5.3%
Primary Education	457	45.7%
Secondary Education	30	3%
Higher Secondary and above	199	19.9%

Sexual Reproductive Health Related Variables

Marital Status		
Characteristics	**Frequency**	**Percentage**
Married	773	77.3%
Unmarried	227	22.7%

Pregnancy Status		
Yes	773	77.3%
No	227	22.7%
Knowledge on STD/ HIV-AIV		
Yes	325	32.5%
No	775	77.5%

Knowledge on health Care Service		
Yes	671	67.1%
No	329	32.9%
Knowledge on Reproductive Rights		
Yes	330	33%
No	670	67%
Knowledge on Dangerous sings of pregnancy		
Yes	658	65.8%
No	342	34.2%
Knowledge on High Risks Pregnancy		
Yes	370	37%
No	630	63%
TT-5		
Yes	370	37%
No	630	63%
ANC		
TT	5	TT
TT	5	TT
PNC		
Yes	186	25%
No	560	75%
Abortion		
Yes	53	7.1%
No	643	92.9%
NVD		
Yes	485	65
No	264	35
Malpresentation		
Yes	207	27.74%
No	534	72.25%
PPH		
Yes	46	6.1%
No	700	93.9%
APH		
Yes	11	1.47
No	735	98.52%
Hospital Delivery		
Yes	470	63%
No	276	37%
Home Delivery		
Yes	276	37%
No	470	63%
Family Planning		
Yes	462	61.9%
No	284	38.1%
Domestic Violence		
Yes	710	45.1%
No	36	54.9%
Infertility		
Yes	27	3.61%
No	719	96.3%
Prolapse		
Yes	210	21%
No	790	79%
PID		
Yes	53	5.3%
No	947	94.7%
Decision Making		
Yes	77	7.7%

No	923	92.3%

DISCUSSION

All are rural people, maximum are of age group 21-30 years. Most of them are of lower and middle class. Educational status within primary and secondary level in majority of the attendants. Numbers of married women are 773 out of which pregnant women 746. In Comparison to ANC, PNC is very minimum. Domestic Violence, Parity, LUCS, APH, PPH, Abortion, Prolepses, PID and less facilitated Delivery assume increased morbidity status of women specially maternal morbidity.

Results of the study shows a relatively low level knowledge on STD/HIV-AIV, Health Care service, Reproductive Rights, Dangerous signs of Pregnancy & High Risks Pregnancy. There is less facility in health care service. Maternal health data shows high morbidity status and also shows low level of Sexual and Reproductive Health Status.

CONCLUSION

The Finding the study revealed the urgent need of for planning programme to improve the Sexual and Reproductive Health Status of the rural women. Educational program for females as well as males essential.

RECOMMENDATIONS

1. Prioritize women's sexual and reproductive health status improving social, political, Biological factors and health care services.

2. Determine the priorities and designing evidence based interventions founded on the basic and insightful information's on Sexual and Reproductive Health Status.

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