

From Menarche to Menopause: Exploring reproductive health awareness among pakistani women

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Abstract

Introduction: Women's reproductive health knowledge is crucial for their well-being, particularly in LMICs like Pakistan, where cultural barriers often prevent open discussions. This study explores the reproductive health awareness among Pakistani women, focusing on menstruation, contraception, STD prevention, pregnancy, and menopause.

Methods: Data were collected from 125 Pakistani women aged 15–49, covering demographics, menstrual knowledge, STD awareness, contraception, AIDS awareness, menopause, and general reproductive health knowledge.

Results: Participants, aged 17–46, were mostly married, urban, educated, and from middle-income backgrounds. Only 45.6% knew about menarche before it occurred, and 54% received counseling at its onset. Medical help was preferred for fertility issues, but traditional methods were used for pregnancy termination. While 65.6% were aware of STDs, awareness was higher in urban areas. Only 37% were aware of menopause-related health risks. Contraceptive use was low, with educated women showing better timing knowledge. About 59% knew about AIDS, with media as a primary source. The term “reproductive health” was unfamiliar to 78% of participants. Cultural norms, shyness, and limited sources were reported as major barriers.

Discussion: Significant gaps in reproductive health knowledge highlight urban-rural disparities and the influence of cultural barriers. Women sought medical advice for fertility but relied on traditional practices for terminations. Effective educational initiatives could address misconceptions, especially around STDs, contraception, and menopause.

Conclusion: Reproductive health education in Pakistan is essential for empowering women. Enhanced programs, culturally sensitive approaches, and accessible platforms are needed to address knowledge gaps, enabling informed decisions and better health outcomes.

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Keywords: Reproductive health; Women's health awareness; Contraception knowledge; Sexually Transmitted Diseases (STDs); Menopause awareness; Reproductive health education barriers; Reproductive health disparities; Cultural barriers in health; Urban-rural health knowledge gap; Maternal health empowerment.

1. Introduction

Understanding reproductive health is essential for women's overall wellness, especially during their fertile years. This knowledge encompasses various aspects, including menstrual cycles, birth control methods, prevention and management of sexually transmitted diseases (STDs), pregnancy-related care, and practices for ensuring safe childbirth (1). The World Health Organization (WHO) defines reproductive health as more than just the absence of disease, encompassing a holistic state of physical, mental, and social well-being related to the reproductive system and its functions (2). Women's comprehension and knowledge of reproductive health are crucial for averting adverse health outcomes, including unexpected pregnancies, dangerous abortions, and birth-related complications (3).

Although global health has seen considerable advancements, numerous women in low- and middle-income countries (LMICs) still encounter obstacles regarding reproductive health awareness. Studies show that insufficient knowledge about reproductive health issues leads to elevated rates of maternal morbidity and mortality, reduced usage of modern contraceptives, and inadequate or delayed prenatal care (4). Women of childbearing age are disproportionately affected by these awareness gaps, which are influenced by sociocultural norms, restricted healthcare access, and inadequate education (5).

Reproductive health awareness remains a substantial issue for women in Pakistan. Open discussions about reproductive health are often hindered by cultural and religious factors, limiting access to accurate information and healthcare services. Research indicates that many Pakistani women of reproductive age lack sufficient knowledge about menstrual hygiene, contraception, and safe pregnancy practices (6). The 2017-18 Pakistan Demographic and Health Survey revealed that only a small fraction of married women aged 15-49 utilized modern contraceptive methods, with cultural obstacles and misinformation playing a significant role in these low rates (7). Moreover, adolescent girls and young women frequently rely on informal sources for reproductive health information, potentially perpetuating myths and misconceptions (8).

Enhancing reproductive health awareness in Pakistan is vital for tackling maternal health issues, decreasing unintended pregnancies, and improving women's quality of life. Interventions aimed at raising awareness through community programs, school-based education, and mass media campaigns have shown promise in other contexts and could be adapted to address the unique cultural and social circumstances of Pakistani women (9). This study seeks to evaluate the current levels of reproductive health awareness among females of reproductive age in Pakistan, identify the obstacles that restrict their knowledge, and propose strategies to enhance awareness and health outcomes.

2. Material and method

This study collected data from 125 Pakistani women aged 15–49 years through a structured questionnaire. The survey covered demographics, knowledge of menstruation, awareness of sexually transmitted diseases (STDs), contraception use, AIDS awareness, menopause-related issues, and general reproductive health knowledge. Key areas of focus included sources of information, barriers to access, and cultural influences on health practices. The data aimed to assess gaps in reproductive health awareness and identify factors shaping health behaviors in this population.

3. Results

3.1. Demographics of Participants

A total of 125 females of reproductive age (15–49 years) participated in the study, with ages ranging from 17 to 46 years (mean age: 28.67 ± 6.87). The majority (66.4%) were married, while 33.6% were unmarried. Educational status revealed that 51.2% of the participants were educated, and 48.8% were uneducated. Urban residents constituted 54.4% of the sample, whereas 45.6% lived in rural areas. Most participants (72.8%) belonged to the middle socioeconomic class, with 12.8% from the upper class and 14.4% from the lower class.

3.2. Awareness of Menarche and Menstruation

The age of menarche varied from 12 to 17 years, with a mean age of 13.47 years. When asked about prior knowledge of menarche, only 45.6% reported being informed beforehand, while 54.4% were unaware. (Figure-1)

Regarding the significance of menstruation, 63.2% recognized its importance for childbirth, while 17.5% had no idea of its relevance, and 7.2% considered it a sign of puberty. Additionally, 54% of participants reported receiving counseling at the onset of menarche, whereas 40% did not, and 6% could not recall any counseling.

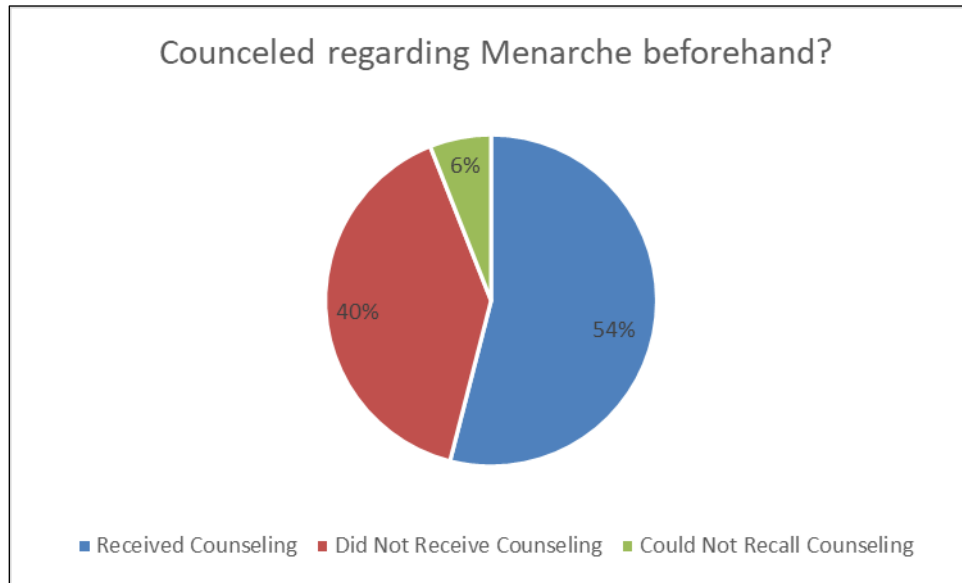


Figure 1 Awareness about menarche beforehand

3.3. Reproductive Health Concerns and Medical Consultation

When facing conception issues, 85% of women sought consultation with a doctor, 11% consulted a lady health visitor (LHV), and 4% visited a midwife. In the case of pregnancy termination, 39% consulted a doctor, 35% a gynecologist, 16% relied on a local "dai" (traditional birth attendant), and 10% approached an LHV. These findings indicate that the majority of women seek formal medical assistance in reproductive health matters. (Figure-2)

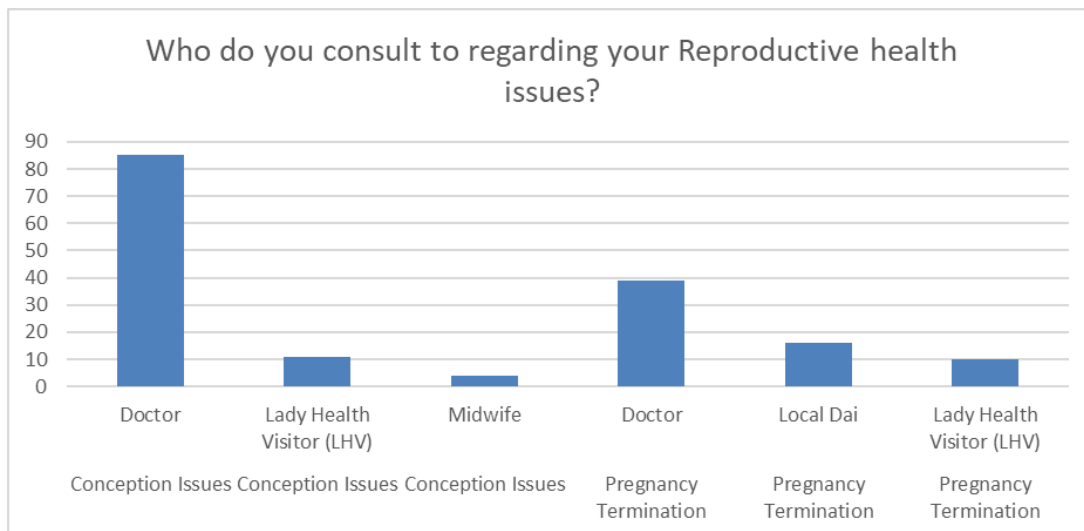


Figure 2 Women choice of Consultation for their Reproductive Issues

In our sample of 125 females, maximum number of females used to consult doctor if they got any problem with conception. According to the above figure women when they faced problem with conception 85% of them visited doctor, 11% LHV and 4% visited mid-wife.

3.4. Sexually Transmitted Diseases (STDs) Awareness

Among the participants, 65.6% (82 women) claimed knowledge of STDs, with 89% of urban residents aware of STD transmission through sexual contact compared to 53% of rural residents. This disparity highlights the influence of urban living on exposure to reproductive health information. (Figure-3)

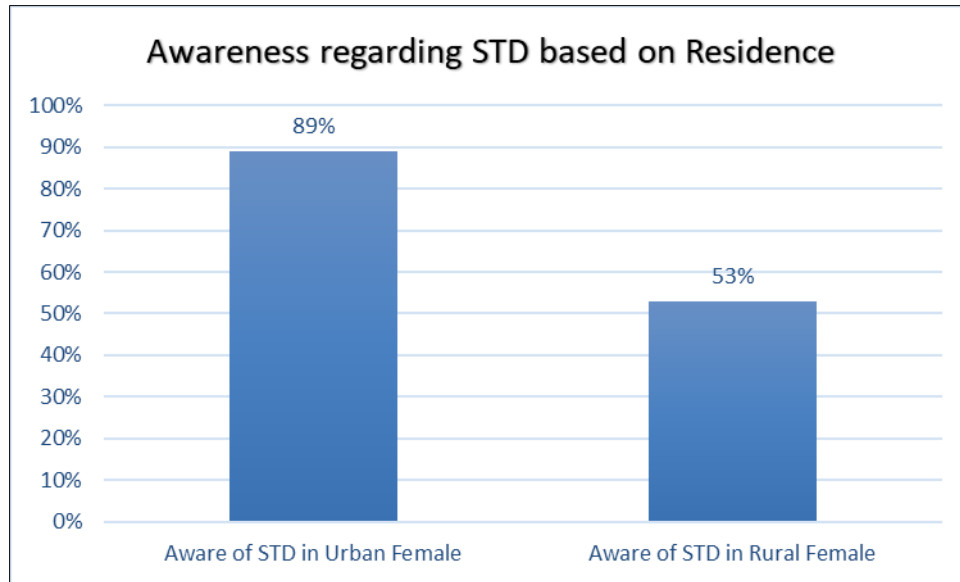


Figure 3 Area of Residency & Knowledge on STDs

3.5. Knowledge and Awareness about Menopause

A significant majority (84%) considered menopause a normal physiological process. However, awareness about common reproductive health issues following menopause was limited, In addressing postmenopausal health concerns, 80% of participants identified osteoporosis as the primary issue, while 20% cited excessive sweating. Additionally, 10% reported depression as a significant concern, and 18% recognized weight gain as a major challenge. (Figure-4) These findings highlight the prominence of osteoporosis as a key postmenopausal issue, underscoring the need for targeted health education and intervention strategies for postmenopausal women. (Figure-4)

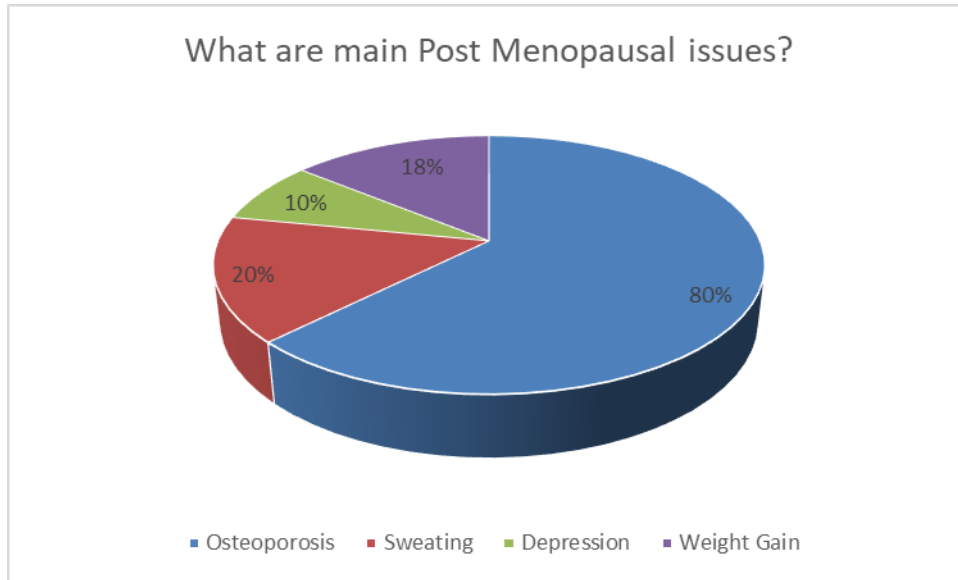


Figure 4 Knowledge about Post Menopausal Issues

3.6. Contraceptive Knowledge and Use

The study found that 31% of women had used contraceptives, 17.2% were current users, 40.2% had never used any method, and 11.5% were unaware of contraceptives altogether. Educated women demonstrated significantly better awareness of the optimal time for conception (14 days after the menstrual cycle) compared to their uneducated counterparts. (Figure-5)

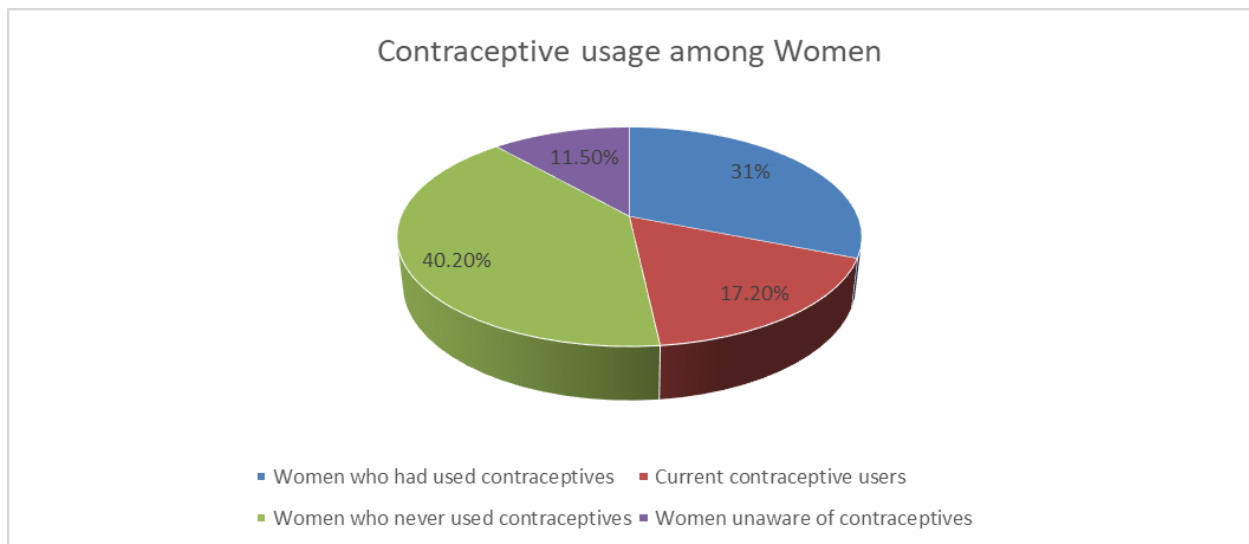


Figure 5 Contraceptive usage among Women

3.7. Awareness about AIDS

Of the participants, 59% were aware of AIDS, while 41% lacked knowledge about the disease. Among educated women, 70% did not believe that AIDS was treatable, whereas 86% of uneducated women thought it was curable. The primary source of information about AIDS was electronic media, highlighting its role in disseminating health knowledge. (Figure-6)

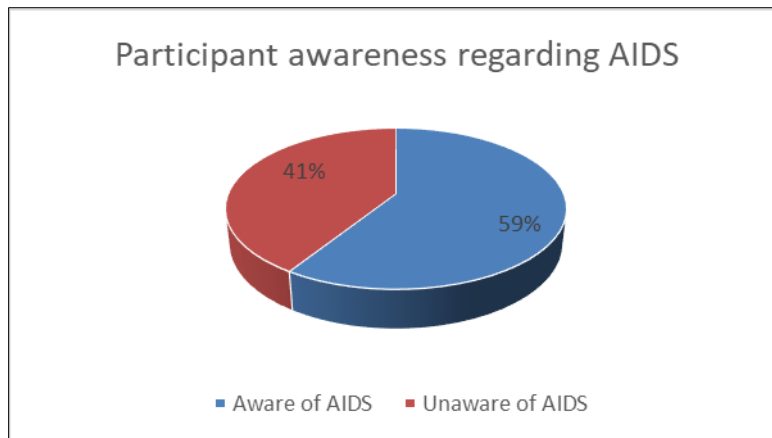


Figure 6 Awareness regarding AIDS

3.8. General Awareness of Reproductive Health

A concerning 78% of the participants were unfamiliar with the term "reproductive health." Of those aware, 18% associated it with fertility, while 4% had other understandings. When asked about common reproductive health problems, 66% mentioned infertility, 16% indicated problems during delivery, and only 6% considered STDs as a relevant issue. (Figure-7-8)

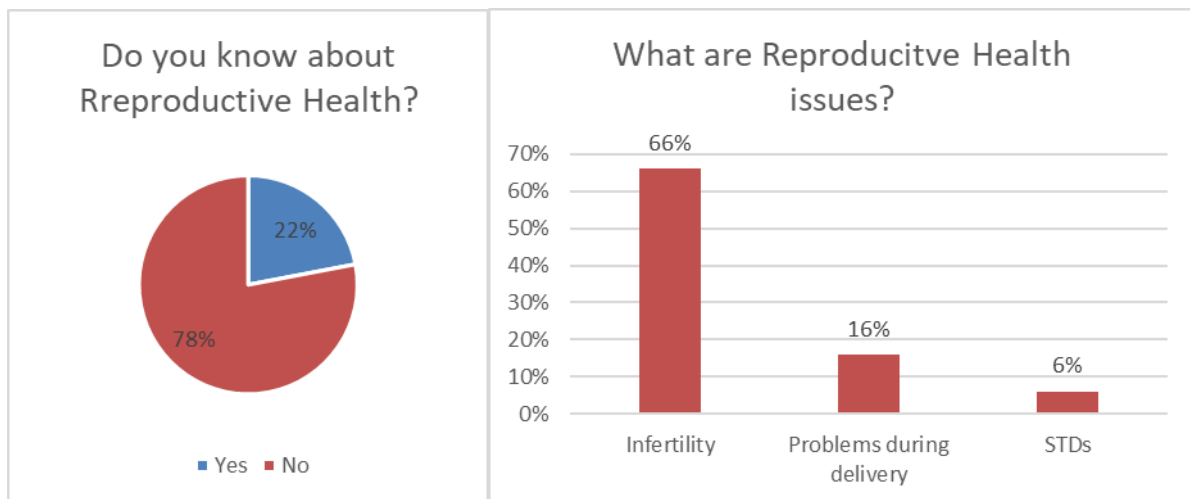


Figure 7 and 8 General Awareness of Reproductive Health

3.9. Barriers to Seeking Knowledge on Reproductive Health

Participants cited cultural and social factors as significant barriers: 46% attributed shyness, 36% noted conservative family beliefs, 14% pointed to a lack of accessible information sources, and 4% believed religion posed a barrier to acquiring knowledge. (Figure-9)

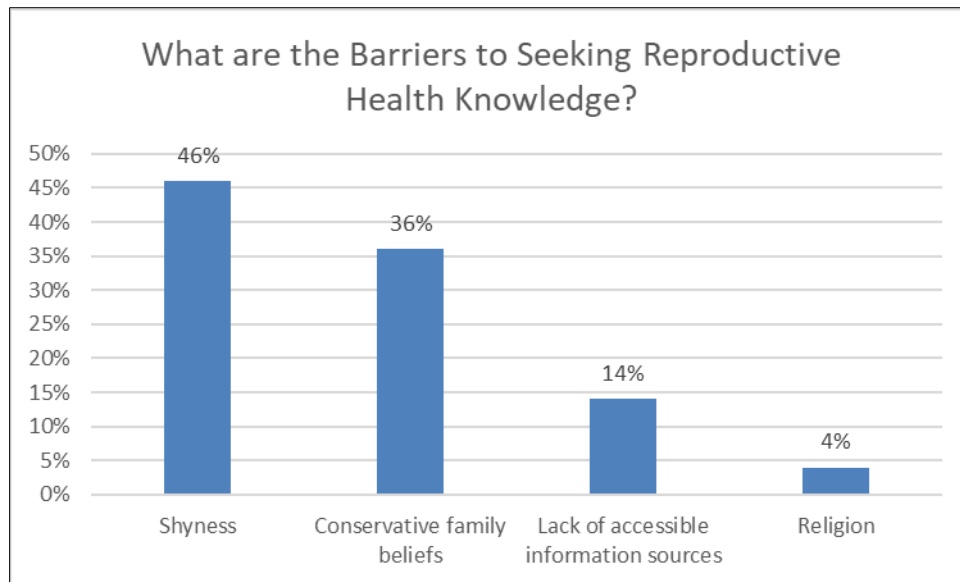


Figure 9 Barriers to Seeking Reproductive Health Knowledge

4. Discussion

Reproductive health awareness continues to be a pressing concern globally, with notable gaps in knowledge and service accessibility. Research conducted in Pakistan and Iraq indicates limited understanding among adolescents and women regarding various reproductive health aspects (10). In Pakistan, cultural and religious factors contribute to insufficient reproductive health knowledge, especially among young females (10). Likewise, in Iraq, only a small portion of women exhibited adequate awareness of crucial reproductive health subjects such as premarital care, early marriage, and contraception methods (11).

This study's outcomes depict a multifaceted landscape of reproductive health awareness among Pakistani women of childbearing age. The demographic data reveals a varied population, with most participants being married and from middle-income backgrounds. This composition is noteworthy, reflecting traditional family structures common in many Pakistani regions, where married women may exhibit different health-seeking behaviors compared to their unmarried counterparts.

Our research findings underscore the deficiencies in reproductive health awareness among Pakistani women of reproductive age. While many participants showed some understanding of key reproductive health topics, significant knowledge gaps persist, particularly regarding sexually transmitted diseases (STDs), menopause, and the broader concept of reproductive health.

The data on menarche reveals that many women lack information prior to its onset, potentially leading to anxiety and misconceptions. The high rate of medical consultation for fertility issues (85%) indicates a readiness to seek professional assistance, yet the reliance on traditional methods for pregnancy termination suggests a need for improved access to safe medical alternatives.

The discrepancy in STD awareness between urban (89%) and rural (53%) women emphasizes the need for targeted educational interventions. Although most viewed menopause as normal, many were unaware of post-menopausal health issues, indicating a lack of preparedness for future health challenges. The low contraceptive use (31%) and limited AIDS awareness highlight the necessity for comprehensive family planning education and more effective public health campaigns. Cultural barriers such as shyness and conservative family values hinder open discussions about reproductive health, underscoring the need for community engagement strategies.

Over time, reproductive health programs have evolved from a narrow focus on family planning to a more comprehensive approach addressing women's empowerment and gender equity (12). Enhancing reproductive health awareness requires multifaceted strategies, including integrating reproductive health education into school curricula, organizing awareness seminars, and utilizing media channels for information dissemination. Moreover, addressing

social determinants of health, promoting gender equality, and involving men in reproductive health initiatives are crucial steps towards improving overall reproductive health awareness and outcomes (13).

5. Conclusion

This research highlights the critical importance of enhancing reproductive health education and awareness among women in Pakistan. Although some participants showed knowledge of certain reproductive health topics, substantial knowledge gaps persist, especially concerning sexually transmitted diseases, menopause, and the broader concept of reproductive health. The observed differences in health knowledge between urban and rural residents emphasize the need for customized health education initiatives that address the specific requirements of diverse populations.

Initiatives to boost reproductive health awareness should concentrate on comprehensive educational programs, utilizing both conventional and modern digital platforms to reach a broader audience. Moreover, it is essential to tackle cultural and social obstacles to create an environment where women feel at ease seeking information and discussing reproductive health issues.

By making reproductive health education a priority and enhancing access to health services, we can enable women to make well-informed decisions about their reproductive health, ultimately resulting in improved health outcomes for individuals and communities. Increased awareness and education will be crucial in dismantling stigmas, encouraging healthy practices, and supporting women's rights to make informed reproductive choices in Pakistan.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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