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GRT REPRODUCTIVE HEALTH OF RURAL WOMEN IN GULBARGA DISTRICT

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Abstract: Reproductive health care is essential in villages so as to prevent maternal mortality and infant mortality. But such health care facilities are backward in backward region like Gulbarga district in Karnataka. As such, there may be more maternal deaths. Further, the negligence of pregnant women is also another factor which results in maternal deaths or infant mortality. Hence, a survey was made to assess the reproductive health of women in rural areas of Gulbarga district. Totally 300 rural women were surveyed through interview schedule. It is suggested to provide mobile vans with modernized health care facilities so that the health care facilities can reach remote rural areas to enable reproductive health of rural women.

Keywords: Reproductive Health of Rural Women, mortality, suggested to provide mobile

INTRODUCTION

Article No. 8 of the Indian Constitution as amended on 08th August 1993, emphasized and ensured appropriate services in connection with pregnancy, confinement and the post-natal period. It is estimated that pregnancy-related deaths account for one-quarter of all fatalities among women aged 15 to 29, with well over two-thirds of them considered preventable. For every maternal death in India, an estimated 20 more women suffer from impaired health. Pregnancy and childbirth are special events in women's lives, and, indeed, in the lives of their families.

It is emphasized that India's maternal mortality rates in rural areas are among the highest in the world. A factor that contributes to India's high maternal mortality rate is the reluctance to seek medical care for pregnancy — it is viewed as a temporary condition that will disappear. The estimates nationwide are that only 40-50 percent of women receive any antenatal care. Evidence from the states of Bihar, Rajasthan, Orissa, Uttar Pradesh, Maharashtra and Gujarat find registration for maternal and child health services to be as low as 5-22 percent in rural areas and 21-51 percent in urban areas (Anti-dowry, 2009).

Poor availability of health services reflects cultural and socio-economic constraints as well as perceptions regarding accessibility of facilities and quality of care. Nearly 64.00% of women who did not utilize antenatal services consider it unnecessary; reflecting both the traditional notion that child bearing is not an event worthy of medical attention (Jejeebhoy, 1997).

To study the reproductive health of rural women, a survey was made in Gulbarga district covering 300 respondents. The details of the study are as under.

Objectives of the Study:

The present study is made to:

- ❖ To know the medical check-up of pregnant women;
- ❖ To look into the health facilities in villages for rural women; and
- ❖ To know whether the rural women have gained from health care welfare schemes from the Government.

Methodology and Limitations:

The secondary literature published in reproductive health, pregnancy, etc was searched and survey based on interview scheduled found suited to collect the primary data. As the Gulbarga district is vast, a sample survey of total 300 rural women was made. Gulbarga district is located in North Karnataka. The collected primary data through interviews is analyzed and discussed as under.

Analysis and Discussion:

1. Caste of the Respondents:

Caste determines the culture and attitudes of the women towards the health and fertility. As such the collected information on the caste of the respondents is shown in the following table.

Table No. 1. Caste

Particulars	Frequency	Percentage
Scheduled Caste	79	26.3
Scheduled Tribe	17	5.6
Other Backward Caste	123	41.0
Others	81	27.0
Total	300	100

It is noted from the above table that among all the respondents, 79 (26.3%) are from the Scheduled Caste, 17 (5.6%) are from Scheduled Tribe, 123 (41.0%) are from Other Backward Caste and the remaining 81 (27.0%) are from forward castes. The respondents from almost castes and communities have chosen while selecting the samples.

2. Frequency of Medical Check-up during Pregnancy:

Regular Medical Check-up is essential during pregnancy for mother. Hence, information was collected from the respondents on the frequency of medical check-up during their pregnancy and presented in the following table.

Table No. 2. Frequency of Medical Check-up during Pregnancy

Particulars	Frequency	Percentage
Twice in a Month	53	17.6
Once in a Month	102	34.0
Once in Two Months	31	10.3
Once in Three Months	05	1.7
Whenever There are Health Problems	85	28.3
Never	24	8.0
Total	300	100

It is revealed from the above table on the frequency of medical check-up of the respondents during the pregnancy, 53 (17.6%) are going for medical check-up twice in a month, 102 (34.0%) are going for medical check-up once in a month, 31 (10.3%) are going for medical check-up once in two months, 05 (1.7%) are going for health check-up once in two months, 85 (28.3%) are going for medical check-up only when there are any health problems and the remaining 24 (8.0%) are not going for any medical check-up. It is concluded that more than one third of the respondents are neglecting their health during pregnancy as they are going for medical check-up during their pregnancy and whenever there are health problems or even many of the respondents never visits to the health centres during their pregnancy.

3. Reasons for Not Getting Medical Check-up:

It is observed from the above table that 148 of the respondents are getting medical check-up during their

pregnancy only when there are health problems and 53 are not getting medical check-up during their pregnancy. Hence, information was collected from the respondents for not getting regular medical check-up and the reasons are tabulated as under.

Table No. 3. Reasons for Not Getting Medical Check-up

Particulars	Frequency	Percentage
Unable to Meet Medical Expenses	10	3.3
No Health Centre in Village	14	4.6
Family Members Do Not Allow	--	--
No Awareness	--	--
Any Other	--	--
Not Applicable	276	92.0
Total	300	100

It is clear from the above table that, 10 (3.3%) are not going for regular medical check-up as they are not able to meet the medical check-up, 14 (4.6%) are not going for medical check-up, as there is no health centre in their villages and it is not applicable to 276 (92.0%) of the respondents, as they are going for regular medical check-up. Absence of health centres at their villages is the main reason due to which majority of the respondents are not going for medical check-up and a few of the respondents are poor to bear the medical expenses and hence, they are not going for regular medical check-up regularly during their pregnancy.

4. Have Health Centre in the Village:

Many of the villages are not having well equipped health centre to meet the health requirements of pregnant women. As such, it was asked to the respondents that whether their villages have health centres and the collected information is tabulated as under.

Table No. 4. Have Health Centre in the Village

Particulars	Frequency	Percentage
Yes	173	57.7
No	127	42.3
Total	300	100

It is surprising to note from the above table that 173 (57.7%) of the respondents have expressed that there are health centres at their villages, whereas the remaining 127 (42.3%) have stated that there are no health centres at their villages. Surprisingly, considerable numbers of the respondents don't have health centres at their villages.

5. Gained Health Services:

The government hospitals and primary health centres are providing many services including free injections, tablets, free consultation, free check-up and Ambulance services to the poor. Further, the Ambulance 108 has become popular in serving all the people during the medical emergency. Hence, information was collected from the respondents on the health services availed and presented in the following table.

Table No. 5. Gained Health Services

Particulars	Frequency	Percentage
In-house Consultation from Medical Practitioners	141	47.0
Maternal Help from Elderly Women in Village	23	7.6
Ambulance 108	84	28.0
Any Other	52	17.3
Total	300	100

It is noted from the above table that among all the respondents covered under the study, 141 (47.0%) have expressed that they have availed in-house consultation from medical practitioners, 23 (7.6%) have availed maternal help from elderly women in village, 84 (28.0%) have availed Ambulance 108 services and 52 (17.3%) have availed other services from their health centres.

6. Small Family with Two Children Helps Parents to Give Education, Health, Food and Proper Care:

It was asked to the respondents that whether they agree that the small children with two children helps their parents to give the education, health, food and proper care to their children and the collected primary data is tabulated as under.

Table No. 6. Small Family with Two Children Helps Parents to Give Education, Health, Food and Proper Care

Particulars	Frequency	Percentage
Fully Agree	134	44.7
Agree to a Greater extent	75	25.0
Don't Agree	54	18.0
Don't Know/ Can't Say	37	12.3
Total	300	100

The table revealed that of all the respondents, 134 (44.7%) have fully agreed that small family with two children helps their parents to give education, health, food and proper care, 75 (25.0%) have agreed to a greater extent that the small family with two children helps them to give education, health, food and proper care to their children, 54 (18.0%) do not agree that the small family with two children helps parents to give education, health, food and proper care and the remaining 37 (12.3%) of the respondents have not expressed their views on the same.

7. Benefits Gained from Welfare Schemes of Government:

For the health safety and social security of mother and child, the government has formulated many of the social welfare programmes and schemes. As such, information was gained from the respondents that whether they have got the benefit from these schemes and programmes and tabulated as under.

Table No. 7. Benefits Gained from Welfare Schemes of Government

Particulars	Frequency	Percentage
Free Health Care, Child Delivery and Medicines	214	71.3
Janani Suraksha, Tayi Madilu, Prasooti Araiike	110	36.6
Maternal Care Scheme	93	31.0
Any Other	61	20.3
None	42	14.0
Total	300	100

It is observed from the above table on the benefits gained from the welfare schemes of the government, many of the respondents have gained benefits from more than one type of scheme. Particularly, of all the respondents, 214 (71.3%) have expressed that they have gained free health care, child delivery and medicines, 110 (36.6%) have gained benefits from schemes such as Janani Suraksha, Tayi Madilu and Prasooti Araiike, 93 (31.0%) have gained benefits from maternal care schemes, 61 (20.3%) have gained benefits from other services and schemes and about 42 (14.0%) have not gained any benefits from any of the schemes and services.

Conclusion:

To conclude, it is noted that it is essential to control maternal mortality, which is higher in Gulbarga district. As such, it is essential to set up health care centres especially for health care of women and infants in villages. Further, it is essential to formulate more social welfare schemes to improve and develop health care of pregnant women in rural areas. The Government should set up modern facilities for child birth through mobile vans with expert doctors, so that it promote reproductive health care in remote rural areas.

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