"UNDERSTANDING THE HEALTH SEEKING BEHAVIOR OF WOMEN IN TERMS OF REPRODUCTIVE AND CHILD HEALTH WITH SPECIAL REFERENCE TO HYDERABAD KARNATAKA REGION- AN EXPLANATORY STUDY"

Priyadarshini [1] & Dr.Gouri Manik Manasa [2]
1. PRIYADARSHINI, Research scholar, Department of social work, VSK University Ballari,Karnataka, India
2. Dr.GOURI MANIK MANASA, Research Guide, Department of social work, VSK University Ballari,Karnataka, India

Abstract

Health and education are the most important indicators of social development as they play a critical role in the growth and development of a region. In fact, social sector development has been an important goal of development planning in India since independence. India, with a population of more than 1.2 billion people, has many challenges in improving the health and nutrition of its citizens. Reproductive health, and child health and nutrition are core priorities for any country, so for India with the world's greatest burden of maternal, newborn, and child deaths. In 2008, 1·8 million children (age <5 years), including 1 million neonates, died, and 68,000 mothers died. Progress in reproductive health, and child health and nutrition does not compare favorably with some other countries in Asia that gained independence at about the same time as India. India still has a long way to go to reach its declared goals. To control the spread of diseases and reduce the growing rates of mortality due to lack of adequate health facilities, special attention needs to be given to the health care in rural areas. The key challenges in the healthcare sector are low quality of care, poor accountability, lack of awareness, and limited access to facilities. Hence the main purpose of research paper is to know the current demography profile and review the present situation of Primary Health care Centers' role in Rural Reproductive Health with special reference of HK region.

Keywords: Primary Healthcare Centers, Reproductive Health, Programmes, Demography.

Introduction:

Healthcare is the right of every individual but lack of quality infrastructure, death of qualified medical functionaries, and non- access to basic medicines and medical facilities thwarts its reach to 60% of population in India. A majority of 700 million people lives in rural areas where the condition of medical facilities is deplorable. Considering the picture of grim facts there is a dire need of new practices and procedures to ensure that quality and timely healthcare reaches the deprived corners of the Indian villages. Though a lot of policies and programs are being run by the Government but the success and effectiveness of

these programs is questionable due to gaps in the implementation. In rural India, where the number of Primary health care centers (PHCs) is limited, 8% of the centers do not have doctors or medical staff, 39% do not have lab technicians and 18% PHCs do not even have a pharmacist.

India also accounts for the largest number of maternity deaths. A majority of these are rural areas where maternal health care is poor. Even in private sector, health care is often confined to family planning and antenatal care and do not extend to more critical services like labor and delivery, where proper medical care can save life in the case of complications.

Statement of the Problem:

Due to non accessibility to public health care and low quality of health care services, a majority of people in India turn to the local private health sector as their first choice of care. If we look at the health landscape of India 92 percent of health care visits are to private providers of which 70 percent is urban population. However, private health care is expensive, often unregulated and variable in quality. Besides being unreliable for the illiterate, it is also unaffordable by low income rural folks. To control the spread of diseases and reduce the growing rates of mortality due to lack of adequate health facilities, special attention needs to be given to the health care in rural areas. The key challenges in the healthcare sector are low quality of care, poor accountability, lack of awareness, and limited access to facilities. Hence the main purpose of research paper is to know the current demography profile and review the present situation of Primary Healthcare Centres role in Rural Reproductive Health with special reference of HK region.

Research Methodology:

The current study has following objectives:

1, To understand the socio-demographic profile of the respondents.

2. To assess the level of awareness of the respondents about the reproductive and child health issues and

3. To understand health seeking behavior of the respondents with reference to RCH.

The study has considered the following hypothesis: Health awareness of the rural women on pregnancy and child birth is low. It has descriptive research design and purposive sampling technique and 300 data was collected in PHCs of Hyderabad Karnataka.

Results

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	19 – 25 years	151	50.3	50.3	50.3
	26 – 35 years	135	45.0	45.0	95.3
	Above 35years	14	4.7	4.7	100.0
	Total	300	100.0	100.0	

Half of the respondents were in the age group of 19-25 yrs. insignificant number of them were above 35 years of age. Nearly half of the respondents were in the age group 26-35 years.

Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Primary Education	9	3.0	3.0	3.0
	High school	64	21.3	21.3	24.3
	PUC	20	6.7	6.7	31.0
	Degree and Above	25	8.3	8.3	39.3
	Illiterates	182	60.7	60.7	100.0
	Total	300	100.0	100.0	

More than half of the respondents were illiterates and insignificant number of them were graduates or post graduates. Only less than one fourth of them were educated upto high school

Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	298	99.3	99.3	99.3
	Divorced	2	.7	.7	100.0
	Total	300	100.0	100.0	

Almost all respondents were married and very significant of them were divorced.

Total Male Children below (18Years)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	51	17.0	17.0	17.0
	1	142	47.3	47.3	64.3
	2	77	25.7	25.7	90.0
	3 &Above	30	10.0	10.0	100.0
	Total	300	100.0	100.0	

Nearly half of the respondents had at least one child whose age was 1 yr. little more than one eighth of them had a child below 1 yr.

Awareness about health problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	116	38.7	38.7	38.7
	No	184	61.3	61.3	100.0
	Total	300	100.0	100.0	

A little more than half were not aware of the health problems related to reproductive and child health. Only less than half were aware about the health problems

Method of contraception Adopted

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Permanent	50	16.7	16.7	16.7
	Temporary	12	4.0	4.0	20.7
	Not Applicable	238	79.3	79.3	100.0
	Total	300	100.0	100.0	

About one third of respondents reported to have adopted permanent or temporary method of contraception while majority have not adopted any contraception method

Do you accept unwanted pregnancy?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	6.0	6.0	6.0
	No	282	94.0	94.0	100.0
	Total	300	100.0	100.0	

Nearly all respondents do not accept the concept of unwanted pregnancy and they donot have valid reason for the same.

Have you suffered from any reproductive health problems during pregnancy?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	26	8.7	8.7	8.7
	No	274	91.3	91.3	100.0
	Total	300	100.0	100.0	

If yes for what kind of problem

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Physical	10	3.3	3.3	3.3
	Psychological	6	2.0	2.0	5.3
	Both	10	3.3	3.3	8.7
	Not applicable	274	91.3	91.3	100.0
	Total	300	100.0	100.0	

Majority of the respondents report Not to be suffering from any health problems during pregnancy Very insignificant number of them are reported to be suffering from both psychological and physical problems.

Age at Marriage

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below 18	38	12.7	12.7	12.7
	18 – 25	250	83.3	83.3	96.0
	26– 35	12	4.0	4.0	100.0
	Total	300	100.0	100.0	

What was your age when you first delivered a baby

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below 18	4	1.3	1.3	1.3
	18 – 25	271	90.3	90.3	91.7
	26– 35	25	8.3	8.3	100.0
	Total	300	100.0	100.0	

Majority of the respondents were in the age group 0f 18-25 at the time of marriage and also when they delivered their first child.

Immunization

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completed	134	44.7	44.7	44.7
	Partially	166	55.3	55.3	100.0
	Total	300	100.0	100.0	

A little more than half of them reported that immunuzation was partially done while less than half of them reported completed immunization for their child.

Among the women under study, many were illiterates and the age of marriage and age at first child was less than 25. There has also been less awareness regarding the reproductive health and child health inspite of them managing through traditional practices. Majority have not adopted any type of contraceptive method since they have poor knowledge about HIV and other sexually transmitted diseases.

Discussion and Conclusion

Professional Social Workers, public health professionals working in the area of women and child health are required to be more active in liaising with the ASHA workers, health workers, PHCs and Anganwadis in educating women of the community in rural areas of Hyderabad Karnataka region to create better awareness towards reproductive and child health and thus improve the health seeking behavior among these women. The techniques of group work and case work should be tailor made to the needs of the community.

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