

# REPRODUCTIVE AND CHILD HEALTH SERVICES IN HYDEARBAD KARNATAKA REGION'

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## Introduction

The Reproductive and Child Health (RCH) programme launched by Government of India (GoI) In 1996-97 is expected to achieve multiple objectives by providing quality services. It ushers a Positive paradigm a shift from the earlier method-oriented and target-based activities to providing client-centered and demand-driven quality services. Efforts are also made to reorient provider's attitude at grass-root levels and strengthen the outreach services. The new approach requires decentralized planning, monitoring and evaluation of the services. District being the nucleus of decentralized planning and implementation of the RCH programme, Government of India is interested in generating district level data other than those based on service statistics on the utilization of services provided by the government health facilities. It is also important to assess people's perceptions on the quality of services. Keeping this in view, District Level Household Survey (DLHS) was undertaken in the country under the RCH programme.

**Key words:** reproductive, child, health, programme, government of India.

## Demographic Profile of the State;

Before presenting the survey results, it is important to provide the basic demographic features of Karnataka state and its districts (as per 2001 census). The state of Karnataka located in the southern part of India with 52 million population in 2001 was the 9th and 8th largest state in terms of population size and geographical areas in the country, respectively. The state is bounded by Maharashtra and Goa states in the north and northwest; by the Arabian Sea in the west, Kerala and Tamilnadu states in the South and the state of Andhra Pradesh in the east. The state extends to about 750 km from north to south and about 400 km from east to west, and covers an area of about 1,91,791 sq.km. Karnataka is characterized by eastern and western *ghats* which are the sources of many east and west flowing rivers. The important rivers that originate from these mountains are Krishna, Kaveri and their tributaries. The average annual rainfall for the state is about 1,139 mm, with nearly 70% occurring in monsoon between June and September. Karnataka has 27 districts grouped into four geographic regions as Northern *Maidan*, Central *Maidan*, Southern *Maidan* and Coastal and *Malnad* districts. The state

consisted of 175 sub-districts (blocks or *talukas*) and 29,406 villages in 2001. The urban areas of the state comprised of 270 towns. Bangalore with a population of over 4 millions is the capital of the state which is one of the fastest growing cities not only India, but, also in the world in recent times. The population of Karnataka was 52.7 million as per the census in 2001, out of which 26.9 millions were males and 25.9 millions were females. The rural and urban breakup of the population shows that 66 percent of the population was enumerated in rural areas and 34 percent in urban areas. Keeping pace with the national average, Karnataka recorded a sharp decline in the decadal growth rate of its population from 21.1 percent in 1981-91 to 17.3 percent during 1991-2001. By districts, Bangalore with a population growth rate of 34.8 percent and Udupi with population growth rate of 6.9 during 1991-2001 had the highest and lowest decadal population growth rates for the state. The composition of schedule castes and scheduled tribes in the population of the state were 16.2 percent and 6.6 percent in 2001, respectively. It may be noted that the state showed a subtle decrease in the composition of scheduled castes, but, scheduled tribes on other hand, recorded a significant increase in their population. In 2001, while Kolar district had the highest proportion of scheduled castes population (27 per cent), Raichur recorded the highest proportion of scheduled tribes population (18.1 per cent) for the state. And, Udupi had the lowest proportions of both scheduled castes (6 percent) and scheduled tribes population (1 percent). With a population density of 275 per sq. km., Karnataka ranked 20th among the states and union territories in India and this was much lower (i.e., 15 percent) than the population density of 325 persons per square km for the country as a whole. Expectedly, Bangalore district had the highest population density (2,979 persons per sq. km.). Kodagau and Uttara Kannada districts had the lowest population densities (133 and 133 persons per sq. km) in the state. The sex ratio i.e., number of females per 1000 males in Karnataka improved from 960 in 1991 to 964 in 2001. Dakshina Kannada recorded the highest sex ratio (1023) and, not surprisingly, Bangalore district had the lowest sex ratio (909) in the state. The literacy rate in the state improved from 56 percent in 1991 to 67 percent in 2001 and it was higher than the national average of 64.8 percent. The literacy rate in urban areas (81.1 percent) was significantly higher than in rural areas (59.7 percent) of the state. Bangalore had the highest literacy rate of around 84 percent among the districts of the state. And, Raichur district had the lowest literacy rate of about 50 percent. The male literacy rate for the state was 76 percent and the female literacy rate was about 58 percent. Both the rates have increased in 2001 from 1991.

### **Highlights of RCH Program Objectives;**

- Promotion of MCH to ensure safe mother hood and child survival
- Reduction of maternal and mortality and child morbidity rate
- Attainment of population stabilization
- All programs related fertility regulation, maternal and child health and reproductive health.
- Up-gradation of facilities : creation of First referral units
- Provision of services for STD and RTI

- Provision of outreach services for vulnerable groups

## Service for mothers and child in Hyderabad Karnataka

### ➤ Essential obstetric care

- Early registration
- Minimum 3 ANC
- Safe delivery
- 3 PNC
- Referral
- More relevant for Assam, Bihar, Rajasthan, Orissa, UP, MP
- Strengthen FRUs
- Supply of kits and skilled manpower
- TBA (Traditional Birth Attendants) Dai training
- NGOs involved: More local specific
- 24-hr Delivery services at PHCs/CHCs
- Promote institutional deliveries Additional honorarium to staff
- Safe deliveries
- Institutional deliveries are encouraged for women having complications.
- Three postnatal checkups are given to mothers after the delivery.
- Essential newborn care like keeping the baby warm, checking the baby's weight and giving the baby mother's first milk are encouraged.
- Babies are low birth weight are provided special care.
- Exclusive breast-feeding are encouraged for the first three months
- Immunizations are administered to every child meticulously to prevent death and disabilities.
- Vitamin A Prophylaxis
- ORT.
- Acute respiratory infection in children treated by cotrimoxazole tablets.
- Treatment of Anemia

**Karnataka Health Policy perspective and goals in RCH;**

- To provide integrated primary health care
- To establish equity in delivery of quality health care
- To greater public private partnership in provision of quality health

Care in order to better services the underserved areas.

- To address emerging issues in public health
- To strengthen health infrastructure
- To develop health human resources
- To improve the safe and access and quality drugs at affordable price

Indicators and systems for monitoring and evaluation that would allow review and

Assessing the progress towards achieving specific objectives that derive from the goals

Would be formulated and put in place.

**Awareness of HIV / AIDS (RCH):**

The State will take proactive steps to create public awareness regarding this rapidly growing problem. Preventive education will be undertaken among adolescents, workers in the organized sector, women through Sanghas and women's organizations. In particular, such preventive education would include young adults. The general mass media would be intensively inducted for this purpose. Specific strategies would include the following.

- District based Voluntary Counseling and Testing Centers (VCTC) will be established in all district hospitals.
- Treatment to reduce mother to child transmission will be introduced.
- Home based care would be encouraged and supported.
- There will be no discrimination in providing treatment facilities in all public sector hospitals. Private sector institutions will also be advised to be non-discriminatory.
- Training of staff will be undertaken
- Treatment facilities for Reproductive Tract Infections (RTIs) and Sexually Transmitted Diseases (STDs) will be expanded, with conscious efforts to maintain privacy and confidentiality.
- Measures will be enforced to reduce transmission of HIV through blood transfusion and blood products.
- Strong advocacy and social mobilization efforts will be made at all levels.
- Surveillance and operational research will inform and guide the development of the programme.

- NGO and philanthropic organizations will be supported to run care centers for patients where home care is not possible. The state will promote collaboration between the public, private and voluntary sectors, all concerned departments and with citizens groups  
In responding to the problems of HIV / AIDS.
- The control of HIV / AIDS is closely linked to control of sexually transmitted diseases and Reproductive Tract Infections, Hepatitis B and C. The overlapping elements in strategies will be made convergent and all will be operationalized through general health services.
- The State would be sensitive and responsive to problems such as children with HIV / AID, orphaned children, abandoned patients, legal issues etc.

## Conclusion;

This policy document is just one step in the overall ongoing policy process that makes explicit the current concerns, intentions and priorities concerning health. The confidence evoked in the public by those who manage and deliver health services is critical in transforming policies and programmes into action for social good. It is recognized that there are conflicting interests in the provision of any social service, including health, which often result in pressure groups and inhibiting factors in implementation. However, it is reiterated that the only criterion that would imbue the health services would be the larger public good. The improvement and enhancement of health services would be guided by this sole principle. In conclusion, through this policy document Karnataka State is placing health high on its agenda. It reaffirms the wisdom of the sages, who said that health is wealth. It will translate this into action by allocating adequate human and financial resources, by good governance and institutional capacity building. “Better health for all now” can only be achieved, if it is seen as a common endeavor of all sections of society. The state will play a facilitating role in harnessing resources, energies and ideas from the private and voluntary sector. It will stay committed to its mandate and will work towards equity, integrity and quality in health and health care.

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