



Awareness and utilization pattern of RCH (Reproductive Child Health) program among rural women of Haryana and Rajasthan

KEYWORDS

Reproduction Child Health, Rural Communities, Haryana, Rajasthan

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ABSTRACT Reproductive life is a very personal, private and forbidden subject in our society. People often do not discuss problems related to reproductive health. The present study was conducted to access the Awareness and Utilization pattern of rural women regarding RCH (Reproduction Child Health) program launched in 1997-98 by the government of India 300 rural women were selected randomly from a cluster of villages from Hisar & Karnal districts of Haryana and Bikaner & Naguar districts of Rajasthan. Data were collected with the help of a well structured interview schedule. Vast majority of the respondents (92.66%) were aware about the existence of program & about beneficiaries of the program that is children 0-6 years (90%), pregnant women (81.66%) and lactating (86.33%) women. Although the same number of respondents were using the program. Large number of respondents were aware as well as utilizing services rendered through the program. An integrated approach will enable women to exercise their option and control over the use of reproductive health care programs for effective Reproductive health care Management.

Introduction

The state of health in India, prior to independence, was miserably poor. With the successive Five Year Plans and sustained developmental efforts, the country has achieved significant improvement in the health status of its people. The main objective of national health policy has always been to achieve an acceptable standard of good health amongst the general populations of the country through an increased access to the decentralized public health system.

During 1997-98, Government of India launched the RCH programme by integrating 'Child Survival and Safe Motherhood (CSSM) programme with reproductive and child health (RCH) services. RCH focuses on empowerment of women and recognizes their right to reproductive choice with Special attention for health care is being given to the neglected interior places of the rural areas. The target of having a sub-centre (SC) over 5000 population, a primary health center (PHC) over 30,000 population and a community health center (CHC) over 50,000 population has been largely achieved for the people residing in the villages. Emphasis has also been given to control population, to improve health delivery system particularly for mother and child health services in rural areas, and re-orientation of medical education to ensure that services are provided where they are needed most, by the doctors and para-medicals. Efforts were made to strengthen routine immunization by launching a project for Immunization Strengthening with the World Bank assistance. The ongoing activities were accelerated and new schemes on financial envelop, dais training, RCH Camps and RCH outreach services were started to address felt - gaps. In order to effectively implement the reproductive health care programmes from top to bottom level, the Government of India has set up specific line of action, which starts at the top level from the planning commission and reaches to the lowest level of CHCs, PHCs and SCs. The existing organizational chart of reproductive health care programmes for rural women in India is given in Fig. 1. An extensive network of 2,935 Community Health Centres (CHCs), 22,975 Primary Health Centres (PHCs) and 1,37,271 village level Sub-Centres was put into operation in 2000-01 in 142 districts in 17 states.

Upadhyay (2000) examined some of the important aspects of population and reproductive health of women in Rajasthan, and reported that female foeticide still prevail, majority of marriages still take place before legal age of marriage, peo-

ple are still ignorant about health facilities and more than 80 per cent deliveries are still conducted by traditional Dais at their houses. Nandan et al. (2001) studied the generation and acceptability of services for reproductive health at community level in two district of Uttar Pradesh and revealed that only maternal health was not enough. Emphasis should be on women's health as a whole. In view of the highly prevalent menstrual problems, adolescent sex education and health education for women is must. Women are highly aware of their symptoms.

Health care personnel are to be trained to detect and treat the gynecological diseases that commonly occur in reproductive age with special emphasis on RTI's as these have the most important sequels. However, definite research is needed to verify this notion. With this background, the present study was undertaken with the following objective: To access the Awareness and Utilization pattern of rural women regarding RCH (Reproduction Child Health care) program

Materials and Method

The present study was conducted in two purposively selected states i.e., Haryana and Rajasthan. Two districts from each state viz., Hisar and Karnal from Haryana and Bikaner and Nagaur from Rajasthan were further selected randomly. Seventy five pregnant or lactating (child of the age upto one year) rural women in the reproductive age group of 15-45 years were randomly selected from the selected cluster of villages in each district to cover the use of CHCs, PHCs and SCs. Thus, the total sample constituted 300 rural women for the present study. (Fig. 1) Data were collected by using a well structured interview schedule which had been duly pretested.

Results and Discussion

Reproductive profile of respondents :

Respondents age at marriage: More than half of the respondents were married between the age group of 12-17 years (60.33%) where as 39.66 per cent respondents got married between the age of 18-23 years. Early marriages were slightly more prevalent among the respondents of Rajasthan (62.66%) than Haryana (58.00%).

Husband's age at marriage : Majority of husbands married between the age group of 17-20 years, followed by marrying even at the younger age i.e., between 12-16 years (37.33%). Only one fifth of respondents were married at the ideal age

i.e., between 21-26 years (20.33%). Trend of early marriage among men was observed more in Rajasthan than in Haryana.

Age at 1st delivery : Almost two third respondents from the total sample delivered their 1st baby between the age of 19-22 years (64.66%). Another 29.66 per cent respondents had 1st delivery between 15-18 years of age while only 5.66 per cent respondent delivered their 1st baby between the age of 23-25 years.

Reproductive stage : More than half of the respondents were lactating (54.66%) at time of data collection whereas 45.33 per cent of respondents were pregnant.

Table 1 : Reproductive profile of respondents

Variables	Haryana N= 150		Rajasthan n= 150		Total n= 300	
	f	%	f	%	f	%
Respondent's age at marriage						
12 – 17 years	87	58.00	94	62.66	181	60.33
18--23 years	63	42.00	56	37.33	119	39.66
Husband's age at marriage						
12 – 16 years	52	34.66	60	40.00	112	37.33
17 – 20 years	66	44.00	61	40.66	127	42.33
21 - 26 years	32	21.33	29	19.33	61	20.33
Age at 1 st delivery						
15 – 18 years	48	32.00	41	27.33	89	29.66
19 – 22 years	95	63.33	99	66.00	194	64.66
23 – 25 years	7	4.66	10	6.66	17	5.66
Reproductive stage						
Pregnant	65	43.33	71	47.33	136	45.33
Lactating	85	56.66	79	52.63	164	54.66
Type of delivery						
Cesarean	19	12.66	14	9.33	33	11.00
Normal	106	70.66	112	74.66	218	72.66
Reproductive health problems						
Infertility	12	8.00	6	4.00	18	6.00
Cervical tract infection	19	12.66	28	18.66	47	15.66
Urinary tract infection	27	18.00	43	28.66	70	23.33
Irregular menstruation	23	15.33	37	24.66	60	20.00
Cyst or pain in breast	54	36.00	48	32.00	102	34.00
Excessive vaginal discharge	48	32.00	41	27.33	89	29.66

Awareness and utilization of Reproductive Child Health (RCH) Programme :

Awareness and utilization of various aspects of reproductive child health programme by rural women.

Period : It was observed that maximum number of respondents were aware of RCH programme from the last 1-3 years (35.00%), followed by the last 4-6 years (24.00%). Only 15.00 per cent respondents were aware of the programme since its inception (15.00%). Slightly more than one fourth respondents were utilizing the programme from the last 1-3 years (27.33%), followed by its use for the last 4-6 years (23.33%). Very few respondents (7.66%) were using the programme from its inception (1997). Utilization of the programme was less than the awareness during all periods.

Beneficiaries : Vast majority of respondents were aware of beneficiaries under this programme viz. children 0-6 year (90.00%), pregnant women (81.66%) and lactating women (86.00%). Further, the programme was utilized by a vast majority of women (lactating women - 83.66%, pregnant

women- 80.00%). More utilization was observed by the respondents of Rajasthan than by the respondents of Haryana.

Services : RCH programme provides various services for females, children and couples. Among the various services provided to the females, maximum respondents were aware of family planning services (94.33%), followed by services of regular prenatal checkups (88.33%). 58.00 per cent respondents reported awareness for referral services and treatment of reproductive health problems was reported by 49.00 per cent respondents. Maximum number of respondents utilized the service of getting supplements (81.33%) followed by services of safe delivery (68.00%) and providing two doses of tetanus for pregnant women (67.66%). With fifty eight per cent respondents being aware of referral services, only 13.66 per cent respondents utilized these services. Regarding services for children, cent per cent respondents were aware of treatment of common diseases and immunization, with utilization of these services by 72.33 per cent and 58.33 per cent, respectively.

Table 2 : Awareness and utilization of Reproductive Child Health (RCH) programme

RCH programme	Awareness			Utilization		
	Haryana (n=150)	Rajasthan (n=150)	Total (n=300)	Haryana (n=150)	Rajasthan (n=150)	Total (n=300)
Period						
Since inception (1997)	21 (14.00)	24 (16.00)	45 (15.00)	10 (6.66)	13 (8.66)	23 (7.66)
Last 7-8 years	22 (14.66)	34 (22.66)	56 (18.66)	17 (11.33)	24 (16.00)	41 (13.66)

RCH programme	Awareness			Utilization		
	Haryana (n=150)	Rajasthan (n=150)	Total (n=300)	Haryana (n=150)	Rajasthan (n=150)	Total (n=300)
Last 4-6 years	38 (25.33)	34 (22.66)	72 (24.00)	36 (24.00)	34 (22.66)	70 (23.33)
Last 1-3 years	56 (37.33)	49 (32.66)	105 (35.00)	44 (29.33)	38 (25.33)	82 (27.33)
Beneficiaries						
Pregnant women	119 (79.33)	126 (84.00)	245 (81.66)	117 (78.00)	123 (82.00)	240 (80.00)
Lactating women	127 (84.66)	132 (88.00)	259 (86.33)	122 (81.33)	129 (86.00)	251 (83.66)
All females of reproductive age (15-45 years)	98 (65.33)	93 (62.00)	191 (63.66)	NA	NA	NA
Children 0-6 years	131 (87.33)	139 (92.66)	270 (90.00)	NA	NA	NA
Services						
For females						
Registration of pregnant women	118 (78.66)	124 (82.66)	242 (80.66)	77 (51.33)	90 (60.00)	167 (55.66)
Two doses of tetanus for pregnant women	101 (67.33)	106 (70.66)	207 (69.00)	99 (66.00)	104 (69.33)	203 (67.66)
Regular prenatal checkups	138 (92.00)	127 (84.66)	265 (88.33)	88 (58.66)	62 (41.33)	150 (50.00)
Provision of supplements	123 (82.00)	132 (88.00)	255 (85.00)	117 (78.00)	127 (87.67)	244 (81.33)
Safe delivery	103 (68.66)	107 (71.33)	210 (70.00)	99 (66.00)	105 (70.00)	204 (68.00)
Referral services	98 (65.33)	76 (50.66)	174 (58.00)	17 (11.33)	24 (16.00)	41 (13.66)
Postnatal checkups	99 (66.00)	78 (52.00)	177 (59.00)	82 (64.66)	66 (44.00)	148 (49.33)
Family planning services	144 (96.00)	139 (92.67)	283 (94.33)	82 (64.66)	91 (60.66)	173 (57.66)
Treatment of reproductive health problems	81 (54.00)	66 (44.00)	147 (49.00)	19 (12.67)	28 (18.67)	47 (15.67)
For children						
Care of new born	123 (82.00)	126 (84.00)	249 (83.00)	66 (44.00)	79 (52.67)	145 (48.33)
Education for breast feed	73 (48.67)	77 (51.33)	150 (50.00)	45 (30.00)	52 (34.67)	97 (32.33)
Education for weaning	42 (28.00)	37 (24.66)	79 (26.33)	30 (20.00)	23 (15.33)	43 (14.33)
Immunization of baby	150 (100.00)	150 (100.00)	300 (100.00)	81 (54.00)	94 (62.66)	175 (58.33)
Treatment of common diseases of baby	150 (100.00)	150 (100.00)	300 (100.00)	103 (68.66)	114 (76.00)	217 (72.33)
For couples						
Giving education for family planning	150 (100.00)	150 (100.00)	300 (100.00)	127 (84.67)	132 (88.00)	259 (86.33)
Encouraging couples for use of family planning methods	126 (84.00)	131 (87.33)	257 (85.67)	98 (65.33)	76 (50.66)	174 (58.00)
Other services						
Educate the young girls for reproductive health	83 (55.33)	100 (66.66)	183 (61.00)	NA	NA	NA

Figures in parentheses are percentages

Minimum awareness and utilization was observed for education of weaning (26.33% and 14.33%, respectively). As far as services for couple was concerned, all women were aware of education provided for family planning and majority of them (86.33%) took this education also. 61.00 per cent respondents reported awareness for the other services like educating the girl children about reproductive health. On the whole it can be stated that awareness is not only key for utilization of services provided by different health care programs but an integrated approach will enable women to exercise their option and control over the use of reproductive health care programs for effective Reproductive health care Management.

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