Socio-Economic, Demographic and Reproductive Health of Women: A Study of Cherlopalli Panchayat Tirupati Rural of Chittoor District

Dr. B. Raveendra Naik	Dr. M. Ravindranad
Post Doctoral Fellow, ICSSR, Dept. of Population Studies and Social Work, Sri Venkateswara University, Tirupati, Andhra Pradesh.	Academic Consultant, Department of Education, Sri Venkateswara University, Tirupati, Andhra Pradesh, India.

ABSTRACT Nationally and internationally it is perceived the population growth centers around women it is also found that w omen in general or neglected over several millennia. Then it is also found will in farmed women and better educated. Women were able to protect themselves from the burden of conceiving and rearing more children it is the poorer section does the society. Women are put to disadvantage reproductive health is the masseur area neglected over the years. In this study reproductive health of women in a chosen village, Cherlopalli is the taken for the study.

INTRODUCTION

At the International Conference on Population and Development (ICPD) at Cairo n 1994, consensus was reached on a view agenda for population and development. The ICPD was a triumph for those seeking an end to the great debate that had played the population field since that first world population conference at Bucharest in 1974 a debate between advocates of development who believed that development is the best contraceptive and therefore a necessary precondition to sustained fertility decline and those who asserted that family planning services must be implement is the best contraceptive and therefore a necessary precondition to sustained fertility decline and those who asserted that family planning services must be implemented to meet the high demand for fertility control which they believed existed. The ICPD took giant strides toward resolving this conflict by placing the population problem squarely in the development context and focusing attention on individual needs instead of demographic targets.

Health is defined in the World Health Organization (WHO) as a state of complete Physical, Mental and Social well-being and not necessarily the absence of disease or infirmity. In the context of this positive definition reproductive health should not mean the absence of disease or disorders of the reproductive process.

OBJECTIVES

1. To study the Socio-economic aspects of the respondents in the study area.
2. To study reproductive health and demographic aspects of the respondents in the study area.
3. To examine the nutritional the health status of the respondents.

METHODOLOGY

The main focus of the study is to assess the reproductive health of women in a village.

Sample frame and size

Eligible couples within the age group of 15 to 49 years with at least one living child were the respondent's first the present study. However, their husbands were also interviewed to collect certain information like annual income the house, type of occupation and opinion towards male sterilization. This panchayat has 252 households. A sample size 150 households was drawn use systematic random sampling.

Area of Study

The present study was conducted in Cherlopalli Panchayat Tirupati Rural of Chittoor District in Andhra Pradesh. This panchayat has 252 households. A sample 150 households have drawn use systematic random samplings.

Data Collection

Interview with a schedule is the technique adopted for data collection. The validity of the information is high as the research himself interviewed all the respondents. The respondents were co-operative with the researcher and participated in the interview patiently.

SOCIO-ECONOMIC CHARACTERISTIC OF THE COMMUNITY

There is a great need to indentify and understand the Socio-Economic factors which are likely to affect Fertility, Mortality and Migration of a given population. The socio-economic f actors differ from place to place and from time to time and from community to community. It is very essential to study the socio-economic characteristics of a community because the level of fertility, mortality, morbidity of the population is mostly influenced by their socio-economic and cultural back ground.

Religion

India's a country with different religion viz Hindu, Islam, Christian, Sikhs, Jainism, Zoroastrian etc of which majority are Hindus. In the study area the respondents belonged to only there religions groups namely Hindu, Muslim and Christians. The people to have higher fertility however in the modern society, religious restrictions on practice of birth control is declining due to change in attitudes of socio-economic conditions of the people and higher aspirations.

Number and percentage distribution of respondent by Caste

Caste	Number	Percentage (%)
Forward caste	44	29.33
Backward caste	91	60.67
Scheduled Tribe	15	10.00
Total	150	100.00

From the above table it is evident that 29.33 percent of the respondents belong to forward caste, while 60.67 percent belong backward caste and the remaining 10.00 percent scheduled tribes. Therefore, nearly 75 percent of the respondents are predominantly backward caste.

Percentage distribution of respondents by t heir Educational status

Educational Status	Number	Percentage (%)
Illiterates	46	30.67
Primary	31	20.67
Secondary	53	35.33
Collegiate	20	13.33
Total	150	100.00

From the above table it is clearly indicate that 30.67 percent of the respondents are illiterate 20.67 percent are with primary education 35.33 percent of respondents had secondary education and 13.33 percent of the respondents had collegiate education.

Percentage distribution of respondents by Annual income of the family

Annual Income of the Family	Number	Percentage (%)
Less than 10,000	23	15.33
10,000-14,000	10	6.67
15,000-19,000	19	12.67
20,000-24,000	17	11.33
25,000-29,000	18	12.00
30,000-34,000	28	18.67
35,000+	35	23.33
Total	150	100.00

From the above table shows it is clear that around 15.33 percent of the respondents are getting an income of less than 10,000 rupees per annum. 6.67 percent of them are getting an income between Rs.10,000-14,000 12.67 percent of them are getting an income between, 15,000-19,000 per annum and 11.33 percent of them are getting an income between 20,000-24,000 per annum and 12.00 percent of them are getting an income between 25,000-29,000 per annum and 18.67 percent of them are getting an income between 30,000 – 34,000 per annum and 23.33 percent of the respondents are getting an income of Rs.35,000 and above per year. On the whole the economic status of the respondents is better off when compared with any rural community.

DEMOGRAPHIC CHARACTERISTICS OF THE COMMUNITY

The structure and characteristics are the various aspects of the study of population. The study of population. The study of the composition of population embraces basic personal biological and social aspects. The an analysis of the demographic characteristics of the population of an id ea about the changes in size, distribution age and sex composition of a given population over the change in age and sex composition of a population bears considerable effects on socio-economic development of a given area.

Marital status

Demographers have classified the population into categories, viz., single, married, widowed and divorce. Accordingly in the present study the entire population has been divided into only three categories. They are single, married and widowed/divorce/separated.

Number and percentage distribution of population

Marital status	Numbers	Percentage (%)
Single	283	42.50
Married	349	52.40
Widowed/Divorced/ Separated	034	05.10
Total	666	100.00

The above table shows present the percentage distribution of population by their marital status. It is clear that 42.50 percent of the population is married and 5.10 percent of the population is widowed/divorced/separated persons. The pattern of marital status in this community is similar to other rural communities in India.

Number and percentage distribution of female respondents by at Marriage

Age in years	Numbers	Percentage
Below 14 years	16	10.67
15 years	07	04.67
16 years	20	13.33
17 years	30	20.00
18 years	24	16.00
19 years	42	28.00
20 years above	11	07.33
Total	150	100.00

The above table shows the percentage distribution of female respondents according their age at marriage more than half of the female respondents (52 percent) married less than 18 years. An interesting finding of the present study is that about 520 percent of respondents married before attaining 18-20 years of age. 38.65 percent of the female respondents married between 18-20 years of age. Therefore the age at marriage of the respondents is very low efforts are to be made to rise the age at marriage of females in the community.

REPRODUCTIVE HEALTH OF WOMEN

Reproductive health is a state of complete physical mental and social well-being and not mealy it absences of disease or informality in all matters relating to reproductive system and process. Reproductive health considers conditions physical health related to successful child bearing, freedom from gynecological diseases and risk bear to ecompass obstetric morbidity including conditions during pregnancy delivery and post-porttem period and gynecological morbidity including the conditions of reproductive tract infections, cervical cell changeous and infertility other conditions included are urinary tract infections, cervical cell changeous and infertility other conditions included are urinary tract infection, Anemia, high blood pressure and syplesis.

Gynecological problems

Gynecological problems play vital role in regulating fertility of the women. Among them, among them, commonly occurring problem s are related to menstruation, while discharge red discharge, lower reproductive tract. Infection, urinal tract, infertility, anemia, dyspareunia, hemorrhoids, fistula.

Number of percentage of women, their gynecological problems

S.No.	Gynecological Problems	Number	Percentage (%)
1	Menstrual Disorder (Long & Short Cycle)	15	25
2	White Discharge	36	60
3	Red Discharge	06	10
4	Lower Reproductive	03	05
	Total	60	100.00

It was found from the table that two fifths (40 percent) of the women suffer from gynecological problems. A quarter (24 percent) proportion of them had white discharge 1/10th of women suffer from long-shot duration menstrual cycles. Four percent and two percent had red discharge and lower productive infections. This shows that women in general, suffer from one problem or the other due to unhygienic and nutritional issues.

Percentage distribution of their menstrual flow

Menstrual Flow	Numbers	Percentage
Scanty	27	18.00
Moderate	110	73.33
Heavy	13	08.67
Total	150	100.00

Menstrual flow is a natural process defining under the influence of drain and ovaries. Respondents to the hormones secreted by brain and ovaries menstrual flow occurs during menstrual may be sometime scanty or heavy. Nearly two-fifth (40 percent) women suffer there from scanty / heavy bleeding. During men striation process study. It may or not be effect fertility differential of women.

Number and percentage distribution of women according to general health

Case of Illness	No. of Respondents	Percentage
Anemia	19	42.00
Low B.P	06	15.56
High B.P	07	13.33
Stomach pain	13	28.89
Total	45	100.00

In 150 households in the study area, there are about 45 women's. The major cause is about Anemia 19 members (42.22 percent) Low B.P. suffered low B.P.6 members (15.56 percent). High B.P.07 months suffering from stomach pain 13 members.

SUMMARY AND CONCLUSIONS

Nationally and internationally it is perceived the population growth centers around women it is also found that w omen in general or neglected over several millennia. Then it is also found will in farmed women and better educated.   Women were able to protect themselves from the burden of conceiving and rearing more children it is the poorer section does the society. Women are put to disadvantage reproductive health is the masseur area neglected over the years. In this study reproductive health of women in a chosen village, Cherlopalli is the taken for the study.

Reproductive Health

Around 25 percent of women suffer from certain gynecological problems and around quarter of them their scanty menstrual flow or heavy menstrual flow. A good proportion of women have experienced stomach pain, backache and body pains before menstruation and during menstruation. Only two fifths of the respondents have taken per natal care. But majority of them have   received iron and folic acid tablets during the course of pregnancy, majority of women had the delivered in government hospital and private hospitals.

REFERENCE 1. United Nations: Determinants and Consequences of population Trends Vol.I, 1973. | 2. Henry Shryock: Methods and Materials of Demography, Vol.I, Washington D.C. Vol.3, Bureau of 1971. | 3. Kingsly Davi s: Population of India and Pakistan, New York, Russell and Russell, 1968. | 4. Dr.Asha Bhende: Principles of Population Studies, Himalaya Publishing House, Bombay. | 5. United Nations: International Social Development Review, No.2, New York,1970,P.43. | 6. S.P.Jain: Indian Population and Development, New Delhi, National Council of Educational Research and Training 1977,P.100. | 7. United Nations: Mysore Population Study, New York, Population Council,1961. | 8. Dr.Mahadevan,K: Sociology of Fertility, New Delhi Sterling Publication Pvt.Ltd.,1978.