

Original Research Article

<https://doi.org/10.20546/ijcmas.2017.607.271>

Utilization of Reproductive Health Care Programmes by Rural Women of Bikaner District, India

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ABSTRACT

Keywords

Utilization, RCH, ICDS, NMBS, BSY, NACP-IV and Family Welfare Programme (JMP).

Article Info

Accepted:

21 June 2017

Available Online:

10 July 2017

The present study was undertaken to know Utilization of Reproductive Health Care Programmes by Rural Women of Bikaner District. There were six panchayat samities in Bikaner Out of which Kolayat panchayat samiti was selected randomly by chit method. Four villages were selected randomly. Total 120 pregnant respondents and 30 respondents selected from each village. The interview schedule was used for data collection. The major findings shows that RCH programme was utilizes by 68.33 per cent, ICDS by 75.83 per cent, NMBS only by 31.67 per cent, 35.83 per cent from BSY, NACP-IV by 22.50 per cent women, whereas 36.67 and 25.83 percent women and men utilizes Family Welfare Programme (JMP).

Introduction

In rural areas, besides carrying out all household responsibilities, bearing children and bringing them up, they also work in the fields along with their men folk. In fact, welfare of a country depends upon the welfare of its women as they contribute greatly to the development of the society. In rural areas, besides carrying out all household responsibilities, bearing children and bringing them up, they also work in the fields along with their men folk. A number of Health programmes launched for the eradication of major communicable diseases have recorded good success. Over the years, substantial

concern about women is reflected in the five year plan and as a result, various schemes and programmes for women and children have been implemented by Central Government. Programmes are Reproductive Child Health Programme (RCH), Integrated Child Development Scheme (ICDS), National Maternity Benefit Scheme (NMBS), Balika Samridhi Yojna (BSY), National Aids Control Programme –IV (NACP), Family Welfare Programme (Jan Mangal Programme). Within any community, women are one of the group that could be turned as 'vulnerable', physical, mental, social or

economic status. Reproductive life is very personal, private and forbidden subject in our society. Educating woman about reproductive health care is a first step toward good health. The main aim is to conduct a study to Assess the utilization of Reproductive Health Care Programmes. Factors contributing to reproductive health care:

Reduction in fertility, mortality and population growth is the major objectives of tenth plan (2002-2007). These will be achieved through meeting the felt needs for health care of women and children. The focus will be on improving access to services to meet the health care needs of women and children.

1. Before pregnancy
2. During pregnancy
3. After pregnancy

Materials and Methods

There are six panchayat samities in Bikaner i.e. Bikaner, Kolayat, Nokha, Sri Dungargarh, Loonkaransar and Khajuwala. Out of which Kolayat panchayat samiti was selected randomly by chit method. Four villages were selected randomly i.e. Diyatra, Chandasar, Khari and Bajju. The respondents were selected from rural areas. There were 120 respondents pregnant and lactating (having child of the age up to 1 year) in the reproductive age group of 15-45 years were selected randomly. Thirty respondents were selected from each village. For the selection of rural respondents a comprehensive list of respondents in age group of 15-45 years were taken from Anganwadi. Thirty respondents from each village were selected randomly by using chit method. Total 120 respondents were selected as pregnant and lactating women. Interview Schedule method was used to collect data from the respondents. For this rapport was first established by informal discussion with the respondents. Respondents

were interviewed indirectly at their homes and at Anganwadi.

Result and Discussion

The utilization of reproductive health care programme by rural women

Period

Table 1 shows that maximum number (28.33%) of the respondents utilize RCH programme from last 4-6 years followed by last 1-3 years (25.83%). Only 10 per cent of the respondents utilize from last 7-8 years. None of the respondents were utilizing programme since inception (1977).

Beneficiaries

Table 1 reveals that 68.33 per cent of lactating women utilizes RCH programme as these women who were pregnant as well as lactating their earlier child whereas 66.67 per cent of pregnant women were utilizing RCH programme.

Services

For females

Further table 1 reveals that in various services provided to female, maximum number of the respondents (65.83%) utilizes supplements, followed by postnatal checkups (60.83%), 56.67 per cent has safe delivery and 55.83 per cent of the respondents utilizes family planning services. Regular prenatal checkups made utilized by 54.17 per cent and 42.50 per cent pregnant respondents made registration, 16.67 per cent respondents utilizes referral services and 14.17 per cent taken treatment of reproductive health problem, only 12.50 per cent of the respondents taken two doses of tetanus for pregnant women.

For children

Table 1 shows that majority of the respondents (65%) taken the treatment of common disease of the baby, followed by immunization of baby (45.83%). 34.17 per cent of the respondents taken help of program for the care of newborn and 29.17 per cent of the respondents, taken advice for breast feed only 17.50 per cent respondents, utilizes advice for weaning.

For couples

Further table 1 shows that majority of the respondents (73.33%) take advice for family planning, whereas sixty per cent couple was encouraging for use of family planning method.

Period

Table 2 shows that maximum number of the respondents (47.50%) was utilizing the services from last 1-10 years, followed by last 11-20 years (12.50%). None of the respondents utilize since inception (1977).

Beneficiaries

Table 2 reveals that majority of the respondents (75.83%) were expectant mothers, followed by children 0-6 years (75%) 69.17 per cent of the respondents were nursing mothers.

Services

Further table 2 shows that maximum number of the respondents (71.67%) utilizes supplementary nutrition provided by ICDS, followed by immunization of children (70%). 60.83 per cent respondents made health checkups of children and 30.83 per cent respondents made health checkups who were expectant mothers. 25.83 per cent of the

respondent who were expectant mother taken nutrition education.

None of the respondents utilizes non-formal pre-school education.

Period

The table 3 reveals that 40.83 per cent of the respondents utilize the programme from last 1-3 years, followed by last 4-6 years (34.17%). Only 4.17 per cent of respondents utilizes from last 7-8 years. None of the respondents utilizes since inception (1977).

Beneficiaries

Further table 3 reveals that 31.67 per cent of the respondents who pregnant women in 3rd trimester utilizes NMBS.

Eligibility

Table 3 reveals that in NMBS only 27.50 per cent of the respondents utilize for certification for confirmation of pregnancy. None of the pregnant women 19 years or above and pregnant families utilizes the services.

Financial benefits

Table 3 depicts that 32.50 per cent of the respondents received payment of ` 500/- for two live births of any sex. 21.67 per cent of the respondents received payments of ` 500/- for 3rd delivery or pregnancy in case of miscarriage or death of child.

Period

Table 4 shows that 35.83 per cent of the respondents utilizes services from last 1-3 years and last 4-6 years both. Only 1.67 per cent of the respondents utilizes from 7-8 year. None of the respondents were utilizes since inception (1997).

Beneficiaries

Table 4 reveals that 35.83 per cent of the respondents utilizes the services as mother of girls child from BPL, followed by Girl child from BPL families (26.67%).

Eligibility

Further table 4 shows that none of the respondents who were having maximum two girl children irrespective of the total number of girl children and who were alive and unmarried girl on her 18th birthday utilizes the services.

Financial benefits

Table 4 shows that 44.17 per cent of the respondents will get 500/- with interest after 18th birthday to girl, followed by 40 per cent of the respondents got referral services at pre-identified centers. 36.67 per cent of the respondents received utilize 500/- as mothers for nutrition. Only 11.67 per cent respondents utilize annual scholarship to girl child for attending to school.

Period

Table 5 shows that 39.17 per cent of the respondents utilize from last 1-14 years, followed by last 5-8 year (20.83%). Only 0.83 per cent of the respondents utilizes from last 9-12 years. None of the respondents utilized since inception (1992).

Beneficiaries

Table 5 reveals that 22.50 per cent of the respondents who females were utilize the services.

None of the respondents utilize who were school going children (10-14 years) adolescent (14-18 years) and all males utilizes.

Educational services

The table 5 shows that 5 per cent respondents taken advise about unsafe sexual relation, followed by causes of AIDS (2.50%). 1.67 per cent of the respondents educated meaning of AIDS, 1.67 per cent pregnant mother taken advice about to baby, further 1.67 per cent respondents taken knowledge about infected syringe, only 0.83 per cent respondents lactating mother taken advice about her baby. None of the respondents utilizes transfusion of infected blood.

Symptoms of AIDS

Further, table 5 reveals that only 0.83 per cent of the respondents taken about knowledge loss of appetite and excessive fatigue. None of the respondents got knowledge about symptoms of AIDS from the programme.

Place for testing of AIDS

The table 5 shows that 3.33 per cent of the respondents gone to District Hospital as well as special testing centers for testing of AIDS. Only 1.67 per cent respondents went to private centers.

Preventive measures of AIDS

Table 5 reveals that 20.83 per cent of the respondents utilize safe sexual relations, 13.33 per cent used of disposable syringe. 7.50 per cent of the respondents utilize tested blood for transfusion. Only 4.17 per cent of the respondents have unisexual relation.

Special services for AIDS affected women

The table 5 depicts that 4.17 per cent of the respondents utilize counseling center, followed by counseling for preventive measures.

Table.1 Utilization of reproductive child health programme (RCH)

S.No.	Aspects	Frequency (N)	Percentage (%)
1.	Period		
	a) Last 7-8 years	12	10.00
	b) Last 4-6 years	34	28.33
	c) Last 1-3 years	31	25.83
2.	Beneficiaries		
	a) Pregnant women	80	66.67
	b) Lactating women	82	68.33
3.	Services		
	a) For females		
	i. Registration of pregnant women	51	42.50
	ii. Two doses of tetanus for pregnant women	15	12.50
	iii. Regular prenatal checkups	65	54.17
	iv. Provision of supplements	79	65.83
	v. Safe delivery	68	56.67
	vi. Prenatal services	20	16.67
	vii. Postnatal checkups	73	60.83
	viii. Family planning services	67	55.83
	ix. Treatment of reproductive health problems	17	14.17
	b) For children		
	i. Care of new born	41	34.17
	ii. Education for breast feed	35	29.17
	iii. Education for weaning	21	17.50
	iv. Immunization of baby	55	45.83
	v. Treatment of common diseases of baby	78	65.00
	c) For couples		
	i. Giving education for family planning	88	73.33

Table.2 Utilization of Integrated Child Development Services (ICDS)

S. No.	Aspects	Frequency (N)	Percentage (%)
1.	Period		
	a) Last 11-20 years	15	12.50
	b) Last 1-10 years	57	47.50
2.	Beneficiaries		
	a) Expectant mothers	91	75.83
	b) Nursing mothers	83	69.17
	c) Children 0-6 years	90	75.00
3.	Services		
	a) Health check ups of expectant mothers	37	30.83
	b) Health checkups of children	73	60.83
	c) Immunization of expectant mother	26	21.67
	d) Immunization of children	84	70.00
	e) Supplementary nutrition	86	71.67
	f) Referral services	19	15.83
	g) Nutritional education	31	25.83

Table.3 Utilization of National Maturity Benefit Scheme (NMBS)

S.No.	Aspects	Frequency (N)	Percentage (%)
1.	Period		
	a) Since inception (1977)	0	0.00
	b) Last 7-8 years	5	4.17
	c) Last 4-6 years	41	34.17
	d) Last 1-3 years	49	40.83
2.	Beneficiaries		
	a) Pregnant women of 3 rd semester	38	31.67
3.	Eligibility		
	a) Certificate for confirmation of pregnancy	33	27.50
4.	Financial benefits		
	a) Payments of ` 500/- for two live births of any sex	39	32.50
	b) Payment of ` 500/- for 3 rd delivery or pregnancy in case of miscarriage or death of child	26	21.67

Table.4 Utilization of Balika Samridhi Yojna (BSY)

S. No.	Aspects	Frequency (N)	Percentage (%)
1.	Period		
	a) Since inception (1997)	0	0.00
	b) Last 7-8 years	2	1.67
	c) Last 4-6 years	43	35.83
	d) Last 1-3 years	43	35.83
2.	Beneficiaries		
	a) Mother of girls children from BPL	43	35.83
	b) Girl child from BPL families	32	26.67
3.	Eligibility		
	a) Maximum two girl children irrespective of total number of girl children	0	0.00
	b) Alive & unmarried girl on her 18 th birth day	0	00.00
4.	Financial incentives		
	a) ` 500/- to mother for nutrition	44	36.67
	b) ` 500/- with interest is to be paid after 18 th birth day to girl	53	44.17
	c) Annual scholarship to girl child for attending to school	14	11.67
	d) Referral services to pre-identified centers, if needed	48	40.00

Table.5 Utilization of National AIDS Control Programme (NACP-IV)

S. No.	Aspects	Frequency (N)	Percentage (%)
1.	Period		
	a) Since inception (1992)	0	0.00
	b) Last 9-12 years	1	0.83
	c) Last 5-8 years	25	20.83
	d) Last 1-4 years	47	39.17
2.	Beneficiaries		
	a) All females	27	22.50
3.	Educational services		
	a) Meaning of AIDS	2	1.67
	b) Causes of AIDS	3	2.50
	c) Unsafe sexual relations	6	5.00
	d) Pregnant mother to baby	2	1.67
	e) Lactating mother to baby	1	0.83
	f) Use of infected syringe	2	1.67
4.	Symptoms of AIDS		
	a) Loss of Appetite	1	0.83
	b) Excessive fatigue	1	0.83
5.	Place of testing of AIDS		
	a) District hospital	4	3.33
	b) Private clinic	2	1.67
	c) Special testing centre	4	3.33
6.	Preventive measures of AIDS		
	a) Unisexual relations	5	4.17
	b) Safe sexual relations	25	20.83
	c) Use of tested blood for transfusion	9	7.50
	d) Use of disposable syringe	16	13.33
7.	Special services for AIDS affected women		
	a) Counseling for preventive measures for infant feeding	4	3.33
	b) Clinic services	0	0.00
	c) Delivery of AIDS affected pregnant	1	0.83
	d) Control of infection	4	3.33
	e) Provision of counseling centre	5	4.17
	f) Monitoring the patients progress	1	0.83
	g) Referral services for AIDS patients	2	1.697

Table.6 Utilization of Family Welfare Programme (Jan Mangal Programme)

S. No.	Aspects	Frequency (N)	Percentage (%)
1.	Period		
	a) Since inception (1992-93)	0	0.00
	b) From 5-10 years	4	3.33
	c) From 3-5 years	35	29.17
	d) From 2-3 years	38	31.67
2.	Beneficiaries		
	a) Women	44	36.67
	b) Men	31	25.83
3.	Services		
	a) 3 days training duration	38	31.67
	b) Use of pills and condoms	31	25.83
	c) Availability of OCPs in remote rural areas	10	8.33
	d) Regular supply of contraceptive	2	1.67

For infant feeding control of infection (3.33%). 1.67 per cent of the respondents utilizes referral services for AIDS patients. Only 0.83 per cent respondents utilizes delivery of AIDS affected pregnant and monitoring the patients' progress. None of the respondents utilizes clinic services.

Period

Table 6 shows that 31.67 per cent of the respondents utilize the programme from 2-3 years, followed by 29.17 per cent from 3-5 years. 3.33 per cent of the respondents utilizes from 5-10 years.

Beneficiaries

Further Table 6 reveals that 36.67 per cent of the respondents were women, followed by men (25.83%).

Services

Table 6 shows that 31.67 per cent of the respondents utilizes 3 days duration (3 tiers training), followed by 25.83 per cent using of pills and condoms. 8.33 per cent of the

respondents utilize availability of OCPs in remote rural areas. Only 1.67 per cent of the respondents utilize regular supply of contraceptive.

In conclusion, on the basis of findings it could be concluded that utilization of RCH and ICDS was high whereas utilization of BSY, NACP-IV, NMBS and Family Welfare Programme (JMP) was low. The results show that 71.67 and 70 per cent children's were utilizing services of supplementary nutrition and immunization, respectively under ICDS.

References

- Chapter-26, *Empowerment of Women & Development of Child*, www.planning.rajasthan.gov.in/Twelfth%20Plan/.../Chap_26_WCD.pdf
- Chapter-23, *Empowerment of Women & Development of Child*, www.planning.rajasthan.gov.in/Annual%20plan_1112/.../chap_23.pdf
- <http://naco.gov.in/nacp>
- <http://wcd.nic.in/schemes/integrated-child-development-servicicds>

How to cite this article:

Chamandeep Kaur, Archana Raj Singh and Choudhary, L.R. 2017. Utilization of Reproductive Health Care Programmes by Rural Women of Bikaner District. *Int.J.Curr.Microbiol.App.Sci.* 6(7): 2302-2309. doi: <https://doi.org/10.20546/ijcmas.2017.607.271>