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WOMEN REPRODUCTIVE HEALTH CARE IN WEST GODAVARI DISTRICT OF ANDHRA PRADESH (A MICRO LEVEL ANALYSIS OF CHINTALAPUDI MANDAL)

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ABSTRACT
In this paper an attempt is made to sketch the Status of Reproductive Health of Women in West Godavari District of Andhra Pradesh. The study is based on primary data. For this purpose 100 sample women respondents are selected for the study. A simple random sample technique is employed to select the sample women in one rural area and one from another Urban area i.e., pragadavaram village from Chintalapudi mandal and Chintalapudi town are selected respectively for the study. 50 women respondents are selected from pragadavaram and Chintalapudi. Altogether 100 sample women are selected. The paper used socio economic status, knowledge about the contraceptive methods and knowledge about antenatal care of women in the rural and urban areas in the selected areas of West Godavari District.

KEYWORDS: Women, Reproductive, Health, Contraceptive, pragadavaram, Andhra Pradesh.

INTRODUCTION

Reproductive Health is a state of complete physical, mental and social wellbeing and not merely absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes. Reproductive Health, therefore, implies that people are able to have a satisfying and safe sex life, have capability to reproduce, have freedom to decide if, when, and how often to do so. Implicit in this last condition are the rights of men and women to be informed and have access to safe, effective, affordable and acceptable method of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth, and provide couples with the best chance of having a healthy infant. It also includes sexual health, the purpose of which is enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases "(ICPD) Programme of Action" i.e., Reproductive Health focus.

OBJECTIVES AND METHODOLOGY

In this paper an attempt is made to sketch the Status of Reproductive Health of Women in West Godavari District of Andhra Pradesh. The study is based on primary data. For this purpose 100 sample women respondents are selected for the study. A simple random sample technique is employed to select the sample women in one rural area and one from another Urban area i.e., pragadavaram village from Chintalapudi mandal and Chintalapudi town are selected respectively for the study.

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Demographic and Socio Economic Status of Women in the Study area

The socio economic conditions of the women in the study area are presented in the table-1. The age group of women ranges from 15 to 45 years, which shows the reproductive capacity of women in the society. Among the population, it is found that 54.38 per cent of women were urban and 58 per cent of women were rural in the age group 25-35 years. The others are either below and above this age group. Literacy is one of the development indicators to indicate the knowledge. It is observed that 24 per cent of rural women and 15.20 per cent of urban area women are illiterates i.e. above 50 per cent of rural and urban women possess secondary education, below 20 per cent of rural and urban women possess primary

education and below 2 per cent of women possess higher education in the study area. Nearly 77 per cent of rural and 71 per cent of urban women are Hindus, 15 per cent of women are Christian in both the areas and 7per cent of rural and 15 per cent of urban women are minority in the study area. The caste category observed that majority of the women belongs to OC (general caste) followed by Backward caste, which is 30 per cent in rural and 27 per cent in urban, Scheduled Caste were 15 and 12 in rural and urban respectively and Scheduled Tribes were 2.5 and 2 percent in rural and urban areas respectively in the study area. The details are depicted in the table below.

Table 1: Demographic and Socio Economic Status of Women in the Study area.

Variables	Characteristics	Rural	Urban
1.Age	15-25	39.69	32.69
	25-35	58.12	54.38
	35-45	1.81	12.93
2.Level of Education	No Education	24.02	15.20
	Primary	20.83	18.83
	Secondary	50.95	51.95
	Intermediate	2.2	10.23
	Degree	2.0	1.79
	Higher	0.0	0.0
3. Religion	Hindu	77.31	70.77
	Christain	15.27	14.22
	Muslim	7.42	15.11
4.Caste	SC	15.81	12.81
	ST	2.45	1.95
	BC	30.05	27.09
	General	51.69	58.15

Source: primary Data

Knowledge about Contraceptives

Knowledge of women about contraceptive methods in the study area is depicted in the table -2. It is observed that majority of the women had knowledge about the contraceptive method in both rural and urban areas. However it is found that a significant low proportion of women in rural area had never used contraceptive.

It is found that 40.76 per cent of rural women and 20.11 per cent of urban women currently never used contraceptive methods in the study area. Nearly one fourth of rural women considered sterilization as preferred method of contraception. The use of methods such as pills, IUD, and condom was not common among the women in both rural and urban and it is significant in urban area. The study found that the discontinuation rate is higher among the women in rural area when compared to urban areas. Among the rural and urban area the main source of contraceptives is Government pharmacies and private clinics.

Table -2: Knowledge about Contraceptives Methods.

Variables	Characteristics	Rural	Urban
Knowledge about Contraceptive methods	Yes	95.60	98.90
	No	4.40	1.10
Use of Contraceptive methods	Never used	40.76	20.11
	Only used folkoric method	1.02	0.22
	Traditional method	4.75	5.55
	Used Modern methods	53.47	74.12
Current Contraceptive methods	Not using	50.0	39.37
	Pills	7.01	5.37
	IUD	6.11	10.51
	Condom	10.04	20.39
	Sterilization	20.05	19.39
	Abstinence/ withdrawal	6.79	4.97
Sources of Contraceptives	Govt clinic/ dispensary/ health centers	25.61	15.55
	Private centers	10.22	25.09
	Drug stores	3.17	12.78
	Husband/ relatives/ friends	3.54	10.67
	Others	5.45	5.89
	Non users	52.11	30.02

Knowledge about Antenatal Care in the study area

Comparison of antenatal care and services in rural and urban areas received by pregnant women in the study area is presented in the table -3. It is found that majority of women in both rural and urban area were found to use skilled attendants at birth (i.e Doctors, nurse, ANMs and SNs). And also the proportion of home deliveries is found to be high in rural area when compared urban areas.

The proportion of deliveries at government hospitals is found to be high in rural areas when compared to urban areas, whereas at private hospitals it is found to be high in urban areas when compared to rural areas.

Table 3: Knowledge about Antenatal Care and services in the study area.

Characteristics	Rural	Urban
Only Doctors	70.25	75.00
Only Nurse	5.50	4.52
Both Doctor and Nurse	15.35	18.35
other	9.90	2.13
Places of Antenatal care		
Home	12.35	5.25
Govt Hospitals	39.20	30.36
Private hospitals	48.35	55.85

Source: Primary data

Suggestions and Recommendations

Despite the available health care facilities and services in study area, there is a need to increase availability and accessibility of medical facilities in and around slums and rural areas as the government facilities are poor in terms of provisioning of medical care services such as dispensary or mobile vans in those areas. In the absence of this, the rural poor have to visit private doctors or unqualified quacks for consultation and medicines.

MCD should provide adequate dispensaries in various slum pockets to increase its accessibility. Health authority should increase the intensity of immunization programme and health check up camps for slum dwellers as the government run immunization programme and health check up camps in slums are highly inadequate, except pulse-polio program. The governmental steps should be taken to increase the coverage as well as frequency of such activities in the rural area and urban slums for both preventive and curative care to improve the health status of the poor people.

CONCLUSION

Despite the availability of a wide variety of effective contraceptive methods ,unintended pregnancy rates remain high. Unintended pregnancy occurs primarily among couples who use contraception incorrectly or inconsistently, or do not use any contraception. Contraceptive counseling provided by trained healthcare professionals may help prevent unintended pregnancy by encouraging sexually active individuals and couples to adopt and correctly use contraceptive methods that are the most appropriate and effective for them. An essential component of the counseling process is education. Contraceptive education aims to provide clients the basic information they need to make informed decisions about their use of contraception and to effectively use the contraceptive methods they have selected. The need for reducing maternal mortality has become a paramount concern in India. One of the strategies for reducing maternal mortality is the provision of antenatal care (ANC). Previous studies have reported the advantages and disadvantages of ANC.

The purpose of this study is to ascertain if a new approach to ANC can improve pregnant women's knowledge of its benefits. The findings show that the improvement of knowledge in the intervention group is significant particularly in the knowledge about healthy pregnancy, pregnancy complications, safe birth and taking care of the newborn. The improvement of knowledge was significantly influenced by the respondents' educational back ground and socio-economic status. This study recommends that the new approach to ANC be considered to educate pregnant women.

Statistics suggest that the above-listed reproductive health services have to still improve. However, use of traditional methods of contraception increased in urban centers although the reverse was the case in rural areas. Regression results suggest that place of residence, access to and availability of health services, religion are significant correlates of use of reproductive health services. The effect of a partner’s education on use of modern contraception is higher than that of the woman, and a much stronger correlation exists between household wealth and use of reproductive health inputs than expected. The study associates the increasing use of traditional contraceptives in urban centers and the much stronger effect of household wealth with urban poverty and the increasing indirect cost of health services, and argues for interventions to improve quality of service in public facilities and reduce inequities in the distribution of health facilities.

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