



Reproductive Health Status Of Rural Pregnant Women In Andhra Pradesh

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Abstract:

Delivery of maternal health care services is a major challenge to the health system in developing countries. Provision of antenatal care (ANC) services is the major function of public health delivery system in India to improve maternal health outcomes and its impact on maternal morbidity and mortality. Studies are lack in documenting variation in utilization of ANC services between geographical regions of Andhra Pradesh (AP). Reproductive health is defined as a state of complete physical, mental and social well-being of the couple and matters relating to the reproductive system and its functions and processes. Though the term covers the health of both partners throughout the life cycle, it is most relevant to the health of the woman/mother. Thus, female reproductive experiences are usually taken for assessing reproductive health status of a society. It is to be noted that women health status has a direct impact on the health of the child, who is the future citizen and worker of the nation. Reproductive morbidity and lack of care during pregnancy and child birth effects of child health. Women's poor reproductive health in India is affected by a variety of socio-cultural, biological and public policy factors.

Keywords: NHRM, Reproductive Health, Pregnancy, Rural, Post-natal, Delivery, Hospitals

Introduction:

Health status of women has become a very important topic especially after the successive Government's policy in reducing the maternal and infant mortality. Women's health is a very complex area which includes availability of good and nutritious food to growing female children and expecting mothers, educating them with the female physiology and changes that takes place in their body along with the age, providing counseling and guidance in matters of personal hygiene, pregnancy and child birth. All along, the motive "prevention is better than cure" is kept at the centre of all these programmes. Woman, biologically is

different from man and her health requirements as well as problems are also different. Irrespective of the socio-economic and cultural milieu they live, all the women have very much similar primary functions to deliver, like delivering a child to continue the family, looking after the young and old people in the family. Added to this now a days is their integrating into the mainstream economy by way of working for wages.

Pregnancy and childbirth related complications also contribute to the suffering and mortality to a large extent. As such, both infant mortality and maternal mortality are still high compared with the developed countries. Seven out of every 100 children born in India die before completing one year, and approximately five out of every 1000 mothers die due to causes related to pregnancy and child birth. Keeping this in view, Government of India is making all efforts to improve the situation by encouraging institutional deliveries even in the rural areas. For instance, the existing maternal and child health services at Primary Health Centers (PHCs) are being upgraded, and new, first referral units are being set up at the sub-district level to provide comprehensive emergency obstetric and new born care.

It was found that there were very few studies conducted in Andhra Pradesh, especially after the state reorganization took place on June 2nd, 2014, on Reproductive and Women's Health. To fill this gap to the extent possible and also throw light on the dichotomy of Tribal and Non-Tribal women's health, mainly their reproductive health and the child rearing practices, a scientific and systematic effort has been made here. The present work aims to study Tribal and Non-Tribal women of Andhra Pradesh in general and Srikakulam district in particular to fill the void in the existing literature with reference to Andhra Pradesh. Srikakulam and Vizianagaram are one of the most backward districts in Andhra Pradesh. The rationale for selecting this particular Districts is to know the health status of women, specifically to find out the variations in the rural women of these Districts in Andhra Pradesh. It is also aimed at finding if the implementation of NRHM since 2006 in this district has made any difference. Politicians, administrators, health staff in rural areas have put in hard work and concerted effort in improving the health status of rural women under NRHM. As such it is felt appropriate to undertake the study in this backward district to find out the impact of various policy measures on the reproductive health of women and children. The reference period of the study is 2022-2023.

Objectives:

The Objectives of the Study are:

- ✓ To find out the utility of post-natal care services in the study area by the respondents.
- ✓ To analyze women's health problems in relation to the place of delivery, problems faced during the pregnancy period, and post delivery practices like breast feeding and duration of it.
- ✓ To suggest more practical policy interventions for improving women's health and child rearing practices in rural areas.

Review of Literature:

The study sheds light on the insights emphasize the need for targeted educational interventions and awareness campaigns tailored to the diverse characteristics of college students. Recognizing the influence of demographic factors on reproductive health knowledge is imperative for developing effective strategies that empower this population to make informed decisions about their reproductive well-being. Addressing these demographic-specific needs has the potential to enhance overall awareness and contribute to a more proactive and informed approach to reproductive health and infertility treatment among college students in northwestern

India (Shilpa Dutta and Akash More, 2024). The paper reveals that the concept of unmet need of FP is the gap between a woman's reproductive intentions & contraceptive behaviour. Development of the concept of KAP gap helped improved the quality of the family planning program & the program name changed to Family Welfare program (Tridibesh Tripathy and Shankar Das, 2024). Study revealed that the child sex ratio in Tripura has gone down from 966 in 2001 Census to 953 in 2011 Census. It has decreased in West Tripura district from 967 in 2001 Census to 942 in 2011 Census and in South Tripura district also it has decreased from 961 in 2001 to 947 in 2011. Sex selective abortion and female infanticide facilitated by the misuse of Ultra Sonography (USG) or amniocentesis, high maternal mortality, etc. are commonly blamed for decline in the number of girls (Himadri Bhattacharjya and Subrata Baidya (2017).

Analysed the census data on child sex ratio of different states in India. There is a dramatic fall in CSR from 104 males per 100 females in 1981 to 105.8 in 1991, to 107.8 in 2001 and 108.8 in 2011. The latest census figures (2011) shows the decline in CSR is alarmingly high in 21 states though most of these states had achieved a tremendous improvement in Female Literacy Rate (Sreeja Gangadharan P (2016). The families having female child were 441 and they were more hopeful for getting male child in second, third and fourth pregnancies so this led to increase the family size. Families having first female child were showing more abortions (28.31%) than the families with first male child 20.09 per cent (Manju Toppo, Avadhesh Diwakar and D.K. Pal, 2012). This paper mentioned that there is some indirect evidence of the practice of sex selective abortions and its reasons in Haryana. Studying a sample of 2,646 ever married women from a sample of 2,590 households in the Jind province of Haryana, it was found that 57% of the women felt a boy child should be given as education as he desires while only 48% felt so for a female child. Out of the total of 2,362 first pregnancies, 91 per cent have resulted in a live birth and 6 per cent of the pregnancies ended in a spontaneous abortion whereas less than 1 per cent pregnancies turned out to be induced abortions. The total abortion ratios have increased markedly from 2.3 in 1975 and to 10.6 in 2001 per 100 live births (Sayeed Unisa, Sucharita Pujari and R Usha, 2007)

Health Problems During Pregnancy

Women have faced some health problems during pregnancy namely swelling, paleness, convulsions, malaria, excessive vomiting and hypertension. Information regarding these health problems faced by women respondents during pregnancy in the study area is presented in Table 1. Health problems were faced by Srikakulam sample during pregnancy like paleness (15.6) followed by swelling (7.2), malaria, excessive vomiting and hypertension each one 3.3 per cent. Among the Vizianagaram, out of these six pregnancy problems, women experienced excessive vomiting (8.9%), paleness (5.6%) and swelling (2.2%). Across the study area, no single case was reported with the health problems like excessive fatigue, visual disturbances, no movement of fetus, abnormal position of fetus, jaundice, excessive bleeding, and vaginal discharge.

Table 1
Distribution of Women Respondents by Health Problems During Pregnancy

Health Problems	Srikakulam		Vizianagaram		Total	
	No.	%	No.	%	No.	%
Swelling	13	7.2	4	2.2	17	4.7
Paleness	28	15.6	10	5.6	38	10.6
Convulsions	0	0.0	0	0.0	0	0.0
Malaria	6	3.3	0	0.0	6	1.7
Excessive vomiting	6	3.3	16	8.9	22	6.1
Hypertension	6	3.3	0	0.0	6	1.7

Source: Field Survey

Treatment of Health Problems

Information was elicited from the women respondents on treatment of health problems whether they consult Government hospital or private hospital and the also if they get any supplementary food from Anganwadi Centres. These details are presented in Table 2. As many as 29 (16.1%) of women in Srikakulam went for treatment and almost all of them visited Government hospital, while of 26 (14.4) among Vizianagaram, only 5.0 per cent (9 in number) visited Government hospital and 9.4 per cent visited private medical practitioners for treatment. The eligible women who received supplementary nutrition food from the Anganwadi Centres is accounted for 96 per cent and 97 per cent respectively in Srikakulam and Vizianagaram districts. This is a positive sign from point of view of the pregnant women in the study area.

Safe guarding the pregnant women's health is intrinsically linked with the supply of iron and folic acid to the woman. This aspect was studied and the results show that there are very few people who did not receive any folic acid tablets 1.7 per cent and 2.7 per cent respectively in Srikakulam and Vizianagaram areas. Majority of the pregnant women, i.e., 66 per cent and 81 per cent have received 61-100 tablets during their pregnancy period. However, good it may be at present, still 100 per cent coverage of these women is still far and government should take the necessary steps to reach these goals. Simply providing these tablets and syrups does not suffice. More than that all the women more so the pregnant women should be educated about the necessity of these tablets and who the new born baby would be more healthy. Then only with personal motivation of begetting a healthy baby these women will make use of this important service.

Table 2
Distribution of Women Respondents by Treatment of Health Problems During Pregnancy

Treatment	Srikakulam		Vizianagaram		Total	
	No.	%	No.	%	No.	%
Treatment of health problems	29	16.1	26	14.4	55	15.3
Consultation						
Government Hospital	29	16.1	9	5.0	38	10.6
Private Hospital	0	0.0	17	9.4	17	4.7
Receipt of supplementary nutrition from Anganwadi Centre						
Yes	172	95.6	175	97.3	347	96.4
No	8	4.4	5	2.7	13	3.6
Receipt of IFA Tablets						
None	3	1.7	5	2.7	8	2.2
1-30	10	5.6	10	5.6	20	5.6
31-60	48	26.7	19	10.6	67	18.6
61-100	119	66.1	146	81.1	265	73.6
IFA Syrup						
None	168	93.3	102	56.7	270	75.0
1-5 bottles	12	6.7	78	43.3	90	25.0
Tetanus Injections	180	100.0	180	100.0	360	100.0

Source: As ex ante

Place of Last Delivery, Attendant and Reasons for not going to Hospitals

The major problem faced by the rural folk is that there are no proper health facilities. Whenever they fall sick, the rural masses faced this problem. Similarly, at the time of delivery rural women faced severe problems and sometimes they may not be able to go to hospitals or consult Doctors due to non-availability these facilities for them. This seriously affects both the new mothers and/or infants. Information was elicited from the eligible women respondents on the place of last delivery, attendant and reasons for not going to hospital and these details are shown in Table 3. It is evident from the data that 68.3, 23.3, 6.7 and 1.7 per cent of deliveries respectively took place at Government hospital, home, PHC and private hospital among Srikakulam district and the corresponding figures are 37.2, 10.0, 0, and 52.8 per cent respectively in Vizianagaram district. In case of home deliveries, 23.3 per cent women in Srikakulam district prefer delivery at their homes with the help of friends and relatives, ANMs and health workers who are available at the nearest places. The home deliveries are very low among Vizianagaram district (10%).

About 38 per cent of the women in Srikakulam district felt that it was not necessary to visit hospitals while it is 50 per cent per cent of women in Vizianagaram district. Some of the women prefer delivery at home due to lack of time and customary. The actual reasons for delivering a baby at home needs to be further investigated. Only on the basis of those factors can practical recommendations be made about the hospital services. In the study area on the whole, both Government and private hospital deliveries together account for about 83.3 per cent and 16.7 per cent and the remaining deliveries took place at homes. Women whose deliveries took place at their homes reported that not necessary to visit hospital (41.7%), no time to go (43.3%) and not customary to go the hospital (15%). Therefore, the hypothesis that 'in view of the implementation National Health Mission programme there are no home deliveries in the study area' is rejected on the basis of empirical evidence.

Table 3

Distribution of Women Respondents by Deliveries according to Place, Medical Attendant and Reasons for not going to Hospitals

Item	Srikakulam		Vizianagaram		Total	
	No.	%	No.	%	No.	%
Place of Last Delivery						
Government Hospital	123	68.3	67	37.2	190	52.8
Private Hospital	3	1.7	95	52.8	98	27.2
PHC	12	6.7	0	0.0	12	3.3
Home	42	23.3	18	10.0	60	16.7
Total	180	100.0	180	100.0	360	100.0
Type of Delivery						
Normal delivery	175	97.2	136	75.6	311	86.4
Caesarean	5	2.8	44	24.4	49	13.6
Total	180	100.0	180	100.0	360	100.0
Medical Attendant (if delivered in Hospital)						
Doctor	0	0.0	0	0.0	0	0.0
ANM	9	6.5	19	11.7	28	9.3
Other health personnel	6	4.3	22	13.6	28	9.3
Dai	0	0.0	0	0.0	0	0.0
Relatives/ friends	123	89.2	121	74.7	244	81.4
Total	138	100.0	162	100.0	300	100.0
Reasons for not going to Hospital for delivery						
No time to go	19	45.2	7	38.9	26	43.3
Not necessary	16	38.1	9	50.0	25	41.7
Not customary	7	16.7	2	11.1	9	15.0
Total	42	100.0	18	100.0	60	100.0

Source: As ex ante

Cost of Delivery

Information was elicited from the eligible women respondents on the expenditure per delivery in both the sample areas and these details are shown in Table 4. The data on expenditure per delivery reveals that 75 per cent of the deliveries in the Srikakulam area has not spent any amount for it while it was 46.1 per cent in Vizianagaram district. All these deliveries took place in the government health centers/hospitals/PHCs. This clearly shows that only 25 per cent of women in Srikakulam areas and about 54 per cent women responders in Vizianagaram, reportedly spent money for deliveries. The magnitude of this money varies greatly from Rs.100/- to more than Rs.10,000 mostly depending on the location and type of the medical hospital. It can be observed that the highest proportion women among Vizianagaram district spend huge amounts at the time of deliveries.

Table 4
Distribution of Women Respondents by Money Incurred for Delivery

Money incurred of delivery (₹)	Srikakulam		Vizianagaram		Total	
	No.	%	No.	%	No.	%
No Cost	135	75.0	83	46.1	218	60.6
100-1000	31	17.3	25	13.9	56	15.6
1001-5000	4	2.2	30	16.7	34	9.4
5001-10000	6	3.3	16	8.9	22	6.1
10000 above	4	2.2	26	14.4	30	8.3
Total	180	100.0	180	100.0	360	100.0

Source: As ex ante

Financial Assistance Received from Government

The Government provides some financial assistance to the rural women at the time of delivery under Janani Suraksha Yojana (JSY). The volume of assistance depends on the economic background of the women and the number of deliveries. Therefore, information has been collected from the women respondents on financial assistance received by them from the Government. The details are shown in Table 5. As many as 174 (96.7%) of the Srikakulam respondents reported that they did not receive any financial assistance from the Government and it is 142 (78.9%) in Vizianagaram district. About 21 per cent women who received financial assistance from the government among Vizianagaram district while it is only 3.3 per cent in Srikakulam district. The analysis reveals that Vizianagaram district received more financial benefits compared with that of Srikakulam district at the time of delivery. In the study area, about 88 per cent of total sample did not receive any financial benefit from the Government and only 12 per cent of them have received this benefit at the time of delivery.

Table 5.
Distribution of Women Respondents by Financial Assistance Received from the Government for Delivery Care

Financial Assistance	Srikakulam		Vizianagaram		Total	
	No.	%	No.	%	No.	%
Yes	6	3.3	38	21.1	44	12.2
No	174	96.7	142	78.9	316	87.8
Financial Assistance provided by Government (Amount in ₹)						
Less than ₹700	0	0.0	26	14.4	26	7.2
Above ₹ 700	6	3.3	12	6.7	18	5.0
Amount given						
Immediately after delivery	2	1.1	13	7.2	15	4.2
After one week	4	2.2	25	13.9	29	8.1

Source: As ex ante

Problems during Delivery and Danger Sign of New Born Baby

Information was gathered from the women respondents on the problems during delivery, and danger sign of new born baby in both the sample areas. These details are presented in Table 6. It is observed that women in Srikakulam district faced problems during delivery like prolonged labour 17 (9.4%), followed by premature labour 7 (3.9%), and excessive bleeding 5 (2.7), while in Vizianagaram district faced only excessive bleeding reported at 3 (1.7%). This shows that more number of Srikakulam women faced some problems during delivery compared with their counter parts. The data also reveals that a few of the delivery cases in both the sample areas have observed danger signs of new born babies. In Srikakulam district reported three cases relating to baby did not cry. In case of Vizianagaram district three were registered in each of the cases of blue tongue & lips, difficulty in breathing and baby did not cry. It is interesting to note that the danger sign of new born baby is very low in the study area.

Table 6

Distribution of Women Respondents by Problems during Delivery and Danger Sign of New Born Baby

Problems	Srikakulam		Vizianagaram		Total	
	No.	%	No.	%	No.	%
Premature labour	7	3.9	0	0.0	7	1.9
Excessive bleeding	5	2.7	3	1.7	8	2.2
Prolonged labour	17	9.4	0	0.0	17	4.7
Other	0	0.0	0	0.0	0	0.0
Danger Sign of New Born Baby						
Blue tongue & lips	0	0.0	3	1.7	3	0.8
Difficulty in breathing	0	0.0	3	1.7	3	0.8
Abnormal movement	0	0.0	0	0.0	0	0.0
Poor sucking of breast	0	0.0	0	0.0	0	0.0
Baby did not cry	3	1.7	3	1.7	6	1.7

Source: As ex ante

Post-natal Checkups after Delivery

Information was elicited from the women respondents on different checkups within 48 hours like first checkup, place of checkup and checkups relating to after delivery. These details are presented in Table 7. There are wide variations in the checkup within 48 hours of delivery in both the sample areas. Only 45 per cent of Srikakulam district have finished checkup within 48 hours and it is 75 per cent among Vizianagaram district. Majority of women in Vizianagaram district go to checkup within 48 hours after delivery. The Srikakulam women who delivered a baby at home reported that 36.1 per cent had their newborn baby got their baby checked first time between 3-5 days, whereas it is only 1.7 per cent in Vizianagaram district. A major proportion of women among Srikakulam district preferred the checkup done at their homes and Government hospital whereas in Vizianagaram areas private and Government hospital are more predominant.

Table 7
Distribution of Women Respondents by Different Checkups

Response	Srikakulam		Vizianagaram		Total	
	No.	%	No.	%	No.	%
(a) Check up within 48 hours after Delivery						
Yes	81	45.0	171	95.0	252	70.0
(b) First Checkup						
3-5 days	65	36.1	3	1.7	68	18.9
6-8 days	16	8.9	0	0.0	16	4.4
9-10 days	0	0.0	3	1.7	3	0.8
Checkup not done	0	0.0	7	3.9	7	1.9
(c) Place of Checkup						
Government	30	16.7	93	51.7	123	34.2
Private	5	2.7	82	45.6	87	24.2
Home	145	80.6	2	2.5	147	40.8
Not done	0	0.0	7	3.9	7	1.9
(d) Checkup relating to Different Problems						
Abdomen examined	81	45.0	173	96.1	254	70.6
Breast feeding	146	81.1	173	96.1	319	88.6
Baby care	118	65.6	178	98.9	296	82.2
Family planning	118	65.6	178	98.9	296	82.2
Other	4	2.2	3	1.7	7	1.9
(e) First 6 weeks after delivery health problems						
High fever	4	2.2	0	0.0	4	1.1
Lower abdominal pain	9	5.0	0	0.0	9	2.5
Excessive bleeding	5	2.7	0	0.0	5	1.4
Other	4	2.2	0	0.0	4	1.1
(f) Approach to Get the Treatment						
Government	11	6.1	0	0.0	11	3.1
Private	0	0.0	0	0.0	0	0.0

Source: As ex ante

Conclusion

However, this effort by the government has not yet helped in getting the desired results. About two-thirds of births in the last five years in Andhra Pradesh took place in a health facility and one-third took place at home. However, the percentage of births in a health facility has been increasing rapidly, from 34 per cent at the time of NFHS-1 to 91 per cent in NFHS-4 (2015-16). The Ministry of Health and Family Welfare should actively engage in soliciting the help of NGOs and other Service Organizations to improve the health quotient of the rural people. In doing so, the Ministry should set goals for these organizations and monitor them periodically to verify the outcomes and control any deviations. These organizations should be made accountable for any epidemics in their operational areas

References

Himadri Bhattacharjya and Subrata Baidya (2017): “Determinants of Child Sex Ratio in West and South Districts of Tripura, India”, *Indian Journal of Public Health*, Vol.61 (2), pp 112-117.

Manju Toppo, Avadhesh Diwakar and D.K. Pal (2012): “A Study of sex ratio in relation to birth order in Bhopal city”, *Health Line*, Vol. 3(1), pp 45-49.

Sayeed Ucisa, Sucharita Pujari and R Usha (2007): “Sex Selective Abortion in Haryana Evidence from Pregnancy History and Antenatal Care”, *Economic and Political Weekly*, Vol. 42(1), pp 60-66

Shilpa Dutta and Akash More (2024) : “ Assessment of Reproductive Health Knowledge Among College Students in Northwestern India: A Cross-Sectional Study”, DOI: 10.7759/cureus.54681

Sreeja Gangadharan P (2016): “Declining Child Sex Ratio of India: A State Wise Profiling”, *International Journal of Social Impact*, Vol.1 (3), pp 6-13.

Tridibesh Tripathy and Shankar Das (2024) : “ Knowledge, Attitude and Practices- A Concept”, Cross Current International Journal of Medical and Biosciences, Vol. 6(3), pp 72-76

