

Study of the Knowledge, Attitude and Practices of Reproductive and Child Health (RCH) Services among Rural Women in Manipur

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Abstract: *The study was undertaken to understand the knowledge, attitude and practices of Reproductive and Child Health (RCH) services among women belonging to Thanga Karang village of Bishnupur district, Manipur. In the selected area most of the people were under Below Poverty Line with miserable living conditions. It was found that Education and family size did affect family planning and child care services. Most of the respondents were unable to provide enough care to their child due to inadequate health care services in the village, lack of infrastructure facilities in the health center, shortage of medicines, non-availability of doctors and nurses in time of need, lack of health awareness. 60% children have not received immunization. 92% of the infant were alive and 8% of them died at the time of delivery due to lack of institutional delivery system, antenatal care and poor transportation. Safe motherhood is still a dream for rural women of India. Nutrition needs during pregnancy and post-natal period are poorly understood. Access to safe delivery is equally poor: 3 in 4 rural women of Manipur continue to deliver by untrained attendants in unhygienic conditions.*

Keywords: Reproductive Child Health (RCH), Institutional Delivery, Safe motherhood, Bishnupur district, Manipur

1. Introduction

The health sector in India faces numerous challenges right from the need to reduce mortality rates, improve physical infrastructure, provide health insurance, ensure availability of trained medical personnel and above all make the people, especially those who are poor and illiterate aware of their rights to access the available basic health services.

A woman needs utmost care during the phase of pregnancy as she is responsible for the care of not only herself but also of the child developing in her womb. It is for this reason that pre-natal interventions for pregnant women are extremely essential. Prenatal care generally consists of monthly visits to the doctors during the first two trimesters (from week 1–28), fortnightly visits to doctors from the 28th week to the 36th week of pregnancy, weekly visits to doctor after 36th week till delivery (delivery at week 38–40) and an overall assessment of parental needs and family dynamics. Majority of Indian women, especially in rural areas, are not aware of the importance of pre natal care, or even if they are, they neither have the will nor the inclination to visit doctors as per the prescribed time schedule.

Reproductive and Child Health (RCH) programme was launched by the Government of India (Department of Family Welfare) in October, 1997 all over the country. RCH programme is to provide need-based, demand-driven, high quality health and family welfare services to the mothers and children and to ensure client's satisfaction which needs improving the existing facilities and creating new facilities.

RCH Phase II program was launched on 1st April 2005. The main objective of the program was to bring about a change in mainly three critical health indicators i.e. reducing total fertility rate, infant mortality rate and maternal mortality rate with a view to realizing the outcomes envisioned in the Millennium Development Goals, the National Population Policy 2000, and the Tenth Plan Document, the National

Health Policy 2002 and Vision 2020 India. The Government of India has launched the **National Rural Health Mission** (2005-12) to improve access of people, especially the poor women and children, to quality healthcare services. The Goal of the Mission was to improve the availability and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

The RCH programme was introduced in the state of Manipur in the year 2000. Since its introduction, there has been a certain level of increase in the awareness regarding RCH and its components among the women of Manipur. However, there still remains a portion of women who have not been able to acquire any information about RCH and its facilities.

Thanga Karang is a small village in Bishnupur District of Manipur state. Fishery is the main occupation of the communities in the village situated near the Loktak Lake. Most of the villagers are engaged in fishery for their livelihood. Both men and women play an important role in the socio-economic activities equally. The village is surrounded by water all around; and infrastructure and services related to health are poor. Other problems include unavailability of clean drinking water, poor sanitation, communication facilities, poor transport system, and bad law and order situation. The girls do not pursue higher education and they get married at an early age. The economy of the people of this area is basically agrarian.

2. Objectives of the Study

- 1) To study the social and economic conditions particularly family size, education, occupation, income, expenditure, living standard, health status, cultural/religious beliefs and customs concerning RCH etc.
- 2) To find out knowledge, attitude and practice of Reproductive Child Health (RCH) Services i.e. Pre-natal,

post-natal and family planning methods among rural women.

3. Approach And Methodology

The universe of the study was eligible married women (15-49 years) in Manipur. 1 Community Health Centre (CHC) was selected randomly from the list of CHCs. 1 Primary Health Centre (Thanga) from this CHC was selected. List of Sub Centres (SCs) and distance from PHC was prepared. One Sub Centres was selected randomly from selected PHC.

The sample of the study 20 was eligible women. The instruments used for data collection included one-to-one interview with primary stakeholders through interview schedule, consultation meetings and desk reviews.

The study is mainly empirical, based on primary data, which has been correlated with secondary data. Secondary data was collected from the Ministry of Ministry of Health & Family Welfare, NGOs involved in RCH projects, Census and NSSO, Journal, Magazines and Available research studies, progress report, evaluation reports of the RCH / NRHM and other related documents.

The data thus collected was checked and edited for consistency and accuracy. On the basis of codebooks, information in completed interview schedules, observation-sheets, etc. will be coded. Subsequently, data was entered into computer and processed using such software as SPSS and Microsoft Excel. Throughout, simple statistical techniques and tests were applied. Report was prepared on the basis of the findings.

4. Findings of the Study

The findings of the report in which 20 women were interviewed, from Bishnupur district in particular village Thanga Karang emphasize the issue confronting them and their problems.

Socio Economic Status

- Most of the women were Hindu. 70% respondents were Scheduled Caste and 30% were OBC. In the selected area most of the people were under Below Poverty Line and their living conditions were miserable. The economy of the people is basically agrarian. About 70 percent of the people were engaged in fishery for their livelihood.
- 50% of the respondents were in the age group of 30-40 years. Average age of the respondents was 32 years.
- 55% women in the age group up to 20 years were either pregnant or had already delivered children in the last three years of marriage.
- 30% of the respondents were illiterate, 25% were metric, and 20% were Graduate/Postgraduate. Education is important for the development of the society but most of the respondents were found to be illiterate, so it is necessary to motivate them to study.
- After education, income is likely to be the strongest factor in getting information and knowledge about FP and controlling family size. Those having higher income are likely to have higher education as well and better standard

of living. Most of the respondents fall in the category of low income i.e 50% of the respondents annual family income was upto Rs. 15,000/-. 40% of respondents annual family income was Rs. 15,000-30,000/- and only 10% were above Rs. 30,000/-.

- Only 45% of the respondents had 4-6 members in the family. Education and family size affect family planning and child care services. It was observed that most of the respondents did not provide enough care to their child. Most of the respondents were having 2-3 children. It was found most of the families were nuclear.

Knowledge

- Occupation is likely to affect Knowledge Attitude and Practice, in the sense that those who go out and mix with others may get a chance of their personal communication and socialization and learn more about family planning. Whereas those who remain confined at home i.e. 70% of women interviewed were not exposed to external ideas as compared to others.
- The children born were 53% female and 47% male. 92% of the children born were live and 8% of the children were dead. It was found that female children born were more i.e. 53%, in comparison to male child i.e. 47%.
- Reasons of child death were problems of money, lack of health facilities and lack of transportation.
- Most of respondent for deliveries conducted at home by the Dai i.e. 30%, followed by district hospital i.e. 25%. 20% of the deliveries were conducted in Private Hospitals, 20% in CHC/PHC and only 5% in SC due to lack of facilities in SCs. It shows that it was a decisive problem of money and lack of health facilities.
- 70% of the women were registered for ANC with health facility services. 30% of the respondents were not registered for ANC.
- Reasons for those who were not registered were engagement in household work/ other work, distance of Service centre, Problems of money, lack of Awareness and lack of transportation.
- 64% of the respondents were registered for ANC at Sub Centre. 29% respondents were registered with PHC and only 7% with District Hospital.
- 60% of the women received TT injection and 40% of the women have not received TT. Main Reasons were inadequate health care services in the village, lack of infrastructure facilities in the health center, shortage of medicines, non-availability of doctors and nurses in time of need and lack of health awareness

Child Immunization

- Child survival programs are inexpensive, basic interventions save the lives of children under five from the leading causes of child death and promote healthy and productive families and communities. Immunization forms one of the most important and cost effective strategies for the prevention of childhood sicknesses and disabilities and is thus a basic need for all children. It is probable that those mothers, who gave vaccines to their children, are aware of child care practices.
- The vaccination drive seems to have proved quite effective in the villages. It was found that 40% of the

children received immunization and 60% of the children have not received immunization.

- A high percentage i.e. 60% children were not immunized because their mothers did not have time to visit health facility to give vaccination to their children as they were engaged in household works.
- Reasons for not giving vaccine were Services are too far, unaware of Immunization, unaware of the place of the Immunization and no time for immunization.

Attitude

- Several studies have pointed that religious faith and belief among the women are one of the major causes in increasing the birth rate. This is a very common belief that children are a gift of God. This was a highly loaded statement, touching the serve and belief of the majority of women. And we see the result in the responses, 90% agreed with the statement.
- However the number of those who disagreed with this fatalistic point of view was also not insignificant, 10% disagreed with it. Majority of those who disagreed belonged to poor families.
- This statement relates to spacing and the happy experience of some mothers who managed to keep their health, in spite of a number of children born one after another. But 80% of the married women did not agree with the statement, i.e. in their view successive birth effects the health of mother adversely.
- 60% respondent said that if delivery takes place at early stage mother become weak. 15% were of the view that they cannot take care of the child properly and rest 25% had no knowledge about this.
- This statement also relates to religious attitude, as some do believe that abortion amounts to taking life. Therefore this is a sin. However great majority of the respondents were of the opinion that abortion was not always a sin. 70% women said that abortion can be done in certain conditions.
- Most of the women aborted due to some reason i.e. 55% of the respondents done abortion due to some reasons and 45% had not done.

Practice

- Family planning through contraception tries to achieve two main objectives; firstly, to have only the desired number of children and secondly, to have these children by proper spacing of pregnancies.
- 65% had used FP methods and were still using them.
- It indicates that family planning knowledge was widespread, and that all the respondents were aware of at least one method of contraception. Among the various methods, Pill and Condom are more popular among the women.
- Reasons of not using contraceptive method were Inconvenient to use (17 %) and put on weight (83%).
- Government hospitals and dispensaries were supposed to supply free. But they turned out to be a poor source of supply. They were purchased by the user. The husband, as expected, was the main provider. Most of the Pill/condoms were brought from PHC/CHC followed by Government doctor/ dispensary and Medical store.

Sterilization

- Female sterilization provides permanent contraception for women who do not want more children. It is a safe and simple surgical procedure and can usually be done with local anesthesia and light sedation.
- Male Sterilization (Vasectomy) is a very effective way to achieve permanent infertility in men. It involves severing the vas, the tubes which deliver the sperm from the testes to the penis, through an incision in the scrotum.
- This study shows that most of people had little knowledge of Female Sterilization and Male Sterilization.
- Reasons of not undergoing Sterilization were Lack of awareness, Poverty Incentives for undergoing sterilization and Health Problem
- Thus there is a need to promote and create awareness about spacing methods in order to promote their use among those couples wanting to space children. Men as well as women, play key roles in reproductive health (RH), including family planning, But men's participation has been difficult.

5. Conclusion

Most of the villagers are not aware about the health related service like mother and child immunization, Antenatal Care, Postnatal Care, Janani Suraksha Yojana and modern Family Planning methods. A high percentage i.e. 60% children were not immunized because of lack of awareness about immunization and its importance, lack of accessibility to the health facilities and mothers being engaged in household work had no time to visit health facility.

The place of delivery is an important determinant for reducing the risk of infant and maternal deaths and assistance during delivery is an important component in RCH care services. Especially in this area most of the women do not receive health care facilities during their pregnancy because they think it is unnecessary and another reason for no prenatal care is the lack of adequate healthcare centers. Women prefer to deliver babies at their homes because there is lack of health facilities or non availability of transportation to such facilities in the area. Birth place is also unhygienic and is not attended by trained medical personnel. Reasons found were inadequate health care services in the village, lack of infrastructure in the health center, shortage of medicines, non-availability of doctors and nurses in time of needs, lack of health awareness and transportation problem. Immunization forms one of the most important and cost effective strategies for the prevention of childhood sicknesses and disabilities and is thus a basic need for all children. It is probable that those mothers, who gave vaccines to their children, are aware of child care practices.

The overall health situation particularly in the study area is not satisfactory. Therefore, there is a need to provide health care services and provide adequate transport facilities in this areas in a more effective and systematic manner.

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