International Journal of Environmental Sciences
ISSN: 2229-7359
Vol. 11 No. 23s, 2025
https://www.theaspd.com/ijes.php

Availability And Utilization Of Reproductive And Child Health Care Services In Rural Areas Of Cuddalore District

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Abstract
Reproductive health problems are the leading causes of women's ill health and death worldwide. Universal access to reproductive health care is achievable, which could prevent most reproductive health problems and could also progress across various areas of social and economic development. This paper deals with availability and utilization of reproductive and child health care services in rural area women of Cuddalore District. The total respondents taken for this study is 417 and survey method used for data collection. The conclusion of the study is availability of services is very low and all the provided services completely utilized by the respondents.
Keywords: *Reproductive, Child health care services, Availability, Utilization*

INTRODUCTION

One of the prime focus of National Health Mission (NHM) is to reduce infant mortality rates (IMR), maternal mortality rates (MMR) and to ensure quality services to pregnant women and children across the country. Capturing information in an integrated reporting system is equally important for evidence based decision making. It was in the light of above Ministry of Health & Family Welfare, Government of India designed an innovative name based system i.e. Reproductive and Child Health (RCH) portal to capture information on all RCH related services including family planning, maternal health, Child health and immunization.

Reproductive & Child Health (RCH) "an augmented version of MCTS" application has been designed for early identification and tracking of the individual beneficiary throughout the reproductive lifecycle. Application facilitates timely delivery of full component of antenatal, postnatal & delivery services and tracking of children for complete immunization services. RCH portal meets the requirements of RMNCH program with provision of Family Planning services, Quality & comprehensive ANCs and alerts to ANMs, Beneficiaries and Health Managers.

More than a decade of research has shown that small and affordable measures can significantly, reduce the health risks that women face when they become pregnant. Most maternal deaths could be prevented if women had access to appropriate health care during pregnancy, childbirth and immediately afterwards.

REVIEW OF RELATED STUDIES

National Nutritional Monitoring Bureau (NNMB) (2001) found that factors responsible for high prevalence of malnutrition in South Asian countries, including India, are low birth weight, maternal health problems, and delay in introduction of complementary food, faulty childcare, and other poor environmental conditions. All these factors are more prevalent in rural areas and slums. Lack of food is not the sole cause of malnutrition. Lack of awareness about feeding amount, frequency, type of food, etc. contribute significantly to poor nutritional status among children.

Sharma, K., Sharma, J., Choudhary, J., & Charming Rae, T. (2018), Reproductive and child health program is the flagship program of the department of family welfare, government of India. Female education is a strong predictor of the use of reproductive health care services but the extent and nature of relation between the two is not uniform across social setting. Hence the investigator feels very important to assess the knowledge of mothers regarding reproductive child health programme activity and its utilization in Gwalior city. The present study aimed at assessing the mother's knowledge and utilization regarding reproductive child health programme activity in selected urban community at Gwalior city. The present study depicts that the maximum mother (55percent) were having good knowledge regarding reproductive child health programme activity and the mothers were having maximum knowledge regarding essential newborn care

67.5percent and minimum knowledge (26.6percent) regarding control of STD/RTI. Majority of mothers 45 (75percent) had average utilization of the reproductive child health programme activity. There was positive correlation between knowledge and utilization of reproductive child health programme activity among mothers (r=0.83). In the present study, there was significant association between utilization of reproductive child health programme activity and mother's age and parity.

OBJECTIVES

1. To analyse the antenatal and demographic profile of the women in the study area.
2. To analyse the availability of reproductive and child health care services.
3. To analyse the utilization reproductive and of child health care services.

METHODOLOGY

We used both primary and secondary data sources, namely the Census of India and interview method. Census of India provides the most credible and complete information on population characteristics, economic activities, education, housing, amenities and health facilities, fertility, mortality, migration, and urbanization on decadal intervals and the interview method to elicit information on the various aspects of women in study area to assess the reproductive health status was administrated to all selected women of this study.

Though the schedule were administrated to all the women (417) selected in the sample villages in cuddaloure district for this study as married women. Editing, coding and feeding the data in to the computer have been done after obtaining the data from the women in the study area. The tabulated data were analysed with the use of SPSS. The association between the availability and utilization of reproductive and child health care at various levels reported by the mothers in the study area and their antenatal and demographic background were
established.

RESULTS

Table 1Distribution of the respondents by demographic variables

Variables	Sub variables	N	Percentage
Age	18-25	116	27.6
	25-30	301	72.4
Religion	Hindu	307	76.6
	Muslim	26	6.2
	Christian	84	17.7
Caste	SC/ST	245	58.7
	MBC	99	23.7
	BC	62	16.8
	OC	11	2.6
Education	Illiterate	27	6.4
	School level	204	48.9
	College level	186	44.6
Occupation	House wife	98	23.5
	Agri/Coolie	194	46.5
	Government employee	41	9.8
	Private employee	84	20.2
	Below 10,000	94	22.5

Monthly Income	10,000 – 20,000	269	64.5
	Above 20,000	54	12.9
Entire sample		417	100.0

The examination of table 1, revealed that 27.6 percent of women are between 18-25 years old and 72.4 percent of women are between 25-30 years old. The majority of the women from the age category between 25-30 years old. According to their religion, maximum women from Hindu (76.6 percent) and the remaining women from Christian (17.7 percent) and Muslim (6.2 percent) respectively. On the basis of caste, 58.7percent of the women from SC/ST, 23.7 percent of the women from MBC, 16.8 percent from BC and 2.6 percent from OC category. Majority of the women from SC category. 6.4 percent of the women illiterate, 48.9 percent of women are having school level education and the 44.6 percent of women having college level education. The maximum women having school level education. On the basis of occupation, 23.5 percent women are house wife, 46.5 percent of the women are into Agri/Coolie, 9.8 percent women are government employees and 20.2 percent of women are private employees. And the majority of women are doing Agri/Coolie type of occupation. According to their monthly income, 22.5 percent of them getting below Rs. 10,000, 64.5 percent of the women earning between Rs. 10,000-Rs. 20,000 and the remaining 12.9 percent of women getting above Rs. 20,000. The maximum women getting between Rs. 10,000-Rs. 20,000 of their monthly
income.

Table 2 Distribution of the respondents by availability variables

Variables	Sub variables	N	Percentage
Health centre nearby	PHC	49	11.7
	GH	7	1.6
	HSC	361	86.5
PHC/HSC nearest your area	Below 3kms	57	13.6
	3-7 kms	299	71.7
	Above 7kms	61	14.6
bed facility	Yes	116	27.8
	No	301	72.2
blood bank/storage unit	Yes	41	9.8
	No	376	90.2
provision of IFA Tablets required during pregnancy	Yes	398	94.1
	No	19	4.9

From the table 2, the result shows 11.7percent of PHC, 1.6percent of GH and 86.5percent of HSC available in their area. The major available health centre is HSC. According to their nearest health centre, 13.6percent located below 3kms, 71.7percent located in between 3-7kms and 14.6percent located above 7kms. The majority of nearest health centre located in between 3-7kms from the respondents.

The availability of bed facility is only 27.8percent and 72.2percent is not available. According to blood bank/storage unit is only available for 9.8percent of respondents and the

remaining 90.2percent is unavailable. The provision of IFA tablets requirement during pregnancy is available for 94.1percent and only 4.9percent is not available.

Table 3 Distribution of the respondents by utilization variables

Variables	Sub variables	N	Percentage
Advice from Health centres	Yes	402	96.4
	No	15	3.6
Post-natal care services of last delivery	Yes	409	98.1
	No	8	1.9
TT injection during your last pregnancy	Yes	417	100.0
	No	0	0.0
Birth registration	Yes	417	100.0
	No	0	0.0

The examination of table 3 revealed the utilization services provided by the PHC, HSC and government Hospitals. 96.4percent of respondents getting advises from Health centres and remaining 3.6percent of women couldn't get this services. The majority of 98.1percent women getting Post-natal care services for their last delivery and only 1.9percent of them did not received those kind of services. 100.0percent of the respondents utilized TT injection services on during their pregnancy and also 100.0percent respondents utilized birth registration facility from government side.

FINDINGS AND CONCLUSION

The respondent's demographic status, the majority of the women from the age category between 25-30 years old and they are from SC category. Most of the respondents having school level education but their occupation is Agri/Coolie. The maximum women getting between Rs.10,000-Rs.20,000 of their monthly income.

According to their availability of reproductive and child health care services, the major available health centre is HSC. Most of the nearest health centre located in between 3-7kms from the respondents. The availability of bed facility is not available for majority of women. Blood bank/storage unit is also not available maximum respondents. The provision of IFA tablets requirement during pregnancy is available for major respondents.

The utilization services provided by the PHC, HSC and government Hospitals of this study, majority of the respondents getting advises from Health centres and most of women getting Post-natal care services for their last delivery. The respondents completely utilized TT injection services on during their pregnancy and also birth registration facility from government side.

The conclusion of the study is availability of services is very low and all the provided services completely utilized by the respondents.

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