

**Reproductive Health Policies - Awareness and Adoption among Women in  
Karnataka- A case study of selected villages in Bangalore rural.**

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## **SUMMARY/FINDINGS**

1. Qualitative data is been collected in this report.
2. Women in the rural areas are aware of most of the reproductive health issues.
3. ASHAs and anganwadi workers are playing a major role and acting as medical practitioners in the rural areas of Bangalore rural areas.
4. Until the infants turn three years in the respective villages, ration is supplied to them from the Government through anganwadis.
5. After three years, those children are brought to anganwadi and given nutritious food under mid-day meals scheme from the government.
6. Anganwadi also provides education for these children.
7. Nutritious food is provided to the pregnant and lactating mothers in the form of ration.
8. Media is acting as a medium in providing information on health issues. Health awareness programs are organised. Newspaper, Television and radio are acting as instructor for women in rural areas.
9. ASHA workers visit anganwadis once a week to give awareness regarding health to those pregnant women and lactating mothers who have registered their names in the respective anganwadis.
10. Primary Health care Centres provide Vaccination, iron tablets, blood check-up, and other necessary things which are essential for the health during pregnancy.

11. Few respondents in Doddaballapura Taluk reported about their unhappiness regarding non availability of information in their primary health centre.
12. Most of the women are not aware of Medical Termination of Pregnancy (MTP) and Pre-Natal Diagnostic Technique (PNDT).
13. All most all women respondents reported that they had visited the health centres before and after the delivery.
14. All women respondents have taken good care and consumed nutritious food during pregnancy and lactation period. They have had the food as per to the rules and regulations of World Health organization (WHO).
15. Most of the Primary Health Centres do not have fully equipped laboratory, which is essential for many tests.
16. Few Primary Health Centres also offer counselling for the health issues for the needy women.
17. All PHCs have displayed hoardings relating to Family Planning, Leprosy, HIV/ AIDS, and other health related issues.
18. Kanaswadi PHC has a mini library, which has pamphlets, books, regarding various health issues so that people can read when they visit the centre.
19. A pregnant women named Ms.Asma Taj, has a different version. She is a resident of Palya village of Devanahalli Taluk In Bengaluru rural. She is around 30 years of age and has two sons. Now she is pregnant for the third time. When I checked with her husband, I was surprised to know that they want a girl baby in the family and thus Asma has conceived for the third time. Thanks to the ASHAs who have spread the message of saving girl child.
20. It was noted that all women respondents were literates if not educated. This is making them to keep a track of the happenings with regard to health.

21. Due to the continuous efforts of the Government with regard to age of marriage, none of the respondent's parents got them (respondent's) married before 18 years of age in Bengaluru rural district.
22. Most of the respondents have visited the PHC more than three times when they were pregnant.
23. Two cases were reported of infant death when interviewed.
24. All most all women respondents share their ideas and thoughts either with their husband or with any other family member.
25. Most of the women respondents are aware of maternal health.
26. Most of the women respondents are aware of the hygiene factors.
27. It was reported that those women who had undergone caesarean section delivery had taken care of their health.
28. Few women respondents had undergone family planning operation.
29. It was reported that none of the men/husband's had undergone family planning operation.
30. Many women respondents reported that they are happy with the services of anganwadi workers regarding the health activities.

## CONCLUSION:

The present topic talks about the awareness and adoption of reproductive health policies for rural talukas of Bangalore district. Study was conducted in four different rural talukas namely Devanahalli, Doddaballapura, Hoskote and Nelamangala taluk, where in two villages from each taluk was taken for the research purpose. The period for the data collection was from April 2015 to March 2016. A detailed questionnaire was discussed among the pregnant and lactating mothers. The questionnaire has been divided into the following sub-headings

1. Household profile
2. Educational qualification
3. Visiting health care centers during pregnancy and post pregnancy.
4. Health awareness during pregnancy and post pregnancy.
5. Adoptions of health policies.
6. Adoption of family planning techniques.
7. Having decision making power with regard to health accessibility.

Pregnant (third trimester) and lactating mothers (within three months of delivery) were interviewed in this study. As many as 66% of the women respondents were between the age of 18-24 years. Though this was their first pregnancy, it was reported that they were aware of the health matters through various means, like ASHA workers, newspaper, television, friends, elders at home, neighbours, anganwadi workers and others. As many as 53% of women respondents has a monthly income ranging between Rs.3000 to Rs.5000. This shows that most of the women respondents belong to Below Poverty Line (BPL) families.

As many as 47% of the women respondents have completed their middle school. Two women have got degree certificates also. This shows that the villagers are aware of the importance of education. It was also noted that 97% of the women respondents were home makers though they were educated. It is also observed that these women were aware of the importance of nutritious food and the intake of it, not only during first pregnancy but even during second pregnancy.

These women had visited at least three times Primary Health Centre during their pregnancy. They were exposed to the awareness provided in PHC and also through ASHA workers,

which has made them get to know about reproductive health care. Few women have availed medical counselling from the PHC.

During the interview, most of the women respondents reported that they have got good support from their family members especially with the husband, during pregnancy and post pregnancy. Majority of the women respondents delivered their babies in the Government hospitals. The reasons cited was due to the benefits which they availed.

- Madilu kit which contains 19 items like linen, mosquito net, consumables and other items which are very useful to the newly delivered poor mother and her infant. 50% of the funding for this scheme is by NHM and the remaining 50% is by the State Government.
- Cash of Rs.900 for the normal and Rs.1200 for the c-section deliveries.

It was reported that women respondents were aware of the hygiene factors during pregnancy and post pregnancy and had administered vaccination for the infants. The credit should go for the anganwadi workers and ASHA workers because, due to their effort, women are aware of the importance of reproductive health.

Apart from them, neighbors, parents, elders at home are helping to impart information on reproductive health issues to the pregnant women and lactating mothers. This has made the women respondents to get full support from the family. It was noted that media is working as a medium in publicizing the importance of reproductive health.

Many women respondents are not aware of the Government policies with regard to PCPNDT and MTP act, which are also considered as very important. Usually, when a woman goes for her first scanning, she will have to register for PNDT form. But unfortunately, she is not aware of it. It was mentioned that either the husband or the father of the woman, will fill the form.

Hindaganala and Ittasandra villages of Hoskote taluk had two anganwadi which had around 30 children in each anganwadi. Rest of the villages had one anganwadi in the respective villages. It was noted that the pregnant and lactating mothers had registered their names in anganwadi. This would enable them to get ration as per to the Governmental instruction.

Majority of women respondents felt that their husbands should also be taught on women's health issues so that they become gender sensitive.

**SUGGESTION:**

1. As many women are not aware of MTP and PNDT policies, information should be made available to them.
2. Health camps/campaigns and awareness program needs to be conducted often on reproductive health.
3. Laboratories need to be strengthened in the Primary Health Centres with the required facilities.
4. National Rural Health mission was a central Government's program which ended during 2005. Second phase of NRHM should be introduced so that it reaches everyone.
5. The role of ASHAs should also reach out to the people in the urban areas.
6. There should be a call centre or a help line which should reach out to women who wants to get information about reproductive health and related issues.
7. The rural areas should have mobile health care centres for those women who cannot visit Primary Health Centre due to various reasons during emergency.
8. As most of the women are literates, the Primary Health Centres should have a mini library which contains books, journals and pamphlets regarding health and hygiene.
9. Men should also be given awareness with regard to reproductive issues of women so that they become gender sensitive.
10. Consciousness rising should be the motto of the upcoming health policies from the Government.

11. Menfolk need to be given proper information about Non-Scapal Vasectomy, so that the burden of family planning is not on women always.
12. The household responsibility should be also given to men so that women can take care of their health.
13. Women should be given the decision making power along with men with regard to the number of children in the family.
14. In Palya village of Doddaballapura taluk, there is no proper infrastructure with regard to transportation. The village is interior and people have to walk for a kilometre long from the main road to reach their homes. This is applicable even to the children who will walk for such a long distance if they have to go to the anganwadi.
15. Factors relating to hygiene are to be improved in most of the houses of respondents. May be, like ASHAs, any other sect must take up the responsibility in doing so.
16. Loan should be provided from banking sectors for rural women to start up their own enterprises.
17. All pregnant and lactating mothers in all the areas needs to be encouraged to take part in the activities conducted by the Primary Health care Centres.
18. Schools should teach the students, both boys and girls, regarding health issues.
19. Few women expressed that they do not get full support from the family members. This may be due to fact that they are all home makers and do not take part in the decision making process. This is true even in the case of health issues.



20. Many women respondents felt that the Primary Health Centres should have women gynaecologists as they feel shy to discuss with male doctors.