

**DETERMINANTS OF REPRODUCTIVE HEALTH AMONG
WOMEN IN ANDHRA PRADESH**

*A COMPARATIVE STUDY IN WEST GODAVARI AND VIZIANAGARAM
DISTRICTS*

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CHAPTER-VIII

CONCLUSIONS AND POLICY SUGGESTION

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8.0. Introduction:

Health is a function not only of medical care but also of the overall integrated development at social, cultural, mental economic, educational, and political level. Each of these aspects has deep influence on health, which in turn influences all these aspects. Hence, it is not possible to raise the health status and quality of life of people unless such efforts are integrated with the wider effort to bring about the overall transformation of a society. This is possible only when supportive services such as nutrition, environment and education reach a higher level.

Reproductive Health was given an international consensus definition at the International Conference on Population and Development (ICPD) in 1994. At its core is promotion of reproductive health, voluntary and safe sexual and reproductive choices for individuals and couples, including decisions on family size and timing of marriage. Sexuality and reproduction are vital aspects of personal identity and are fundamental to human well being fulfilling relationship within diverse cultural contexts.

A number of countries have expressed the desire to move forward with a new and comprehensive approach to reproductive health. Support to national authorities in carrying out a systematic review of reproductive health needs at country level should focus on the importance of adding innovative and participatory approaches to more familiar epidemiological methodologies in which the process tends to be directed by experts and framed by biomedical approaches and indicators. The identification of reproductive health needs, the determination of priorities and the development of programmatic responses to those needs should be conducted through an inclusive process, soliciting the perspectives of a range of groups concerned with reproductive health including, for example, women's health advocates, youth groups, health care providers at the periphery as well as at the central level, health planners, researchers, and non-governmental organizations.

Several instruments have already been developed for situation analysis and needs assessment in different components of reproductive health, for example, family planning and safe motherhood. However, in the context of the new approach to reproductive health it is necessary to ensure that assessment and prioritization reflect people's concerns as agreed at national and local levels and not the priorities of agencies or donors. It is important to avoid duplication and to develop tools that are appropriate for countries themselves. A number of such instruments already exist and are widely used. However, it is important to ensure compatibility and consistency among the various instruments currently available.

Similar considerations apply to the selection of priorities for action in reproductive health. Criteria for identification of priority problems should include not only importance prevalence, severity, public concern, government commitment, impact on family, community and development but also the feasibility of addressing them known interventions, cost effectiveness, availability of financing, human resources and adequate equipment and supplies.

Against this background, an attempt has been made to enquire into the health status of the women. This micro level study will be highly useful to understand the health status of the women. Also, towards filling up the gaps in knowledge relation to the urgent needs to health studies. The field study is made in the West Godavari and Vizianagaram districts of Andhra Pradesh.

8.1 Socio-Economic and Health of the Selected Households:

A. Social Characteristics of the Selected Households

Observing across the sample districts, the headship of the households is found more among males than females in both of rural and urban areas. Majority of sample respondents in both the districts fall under the age groups of 20-29 years and 30-39 years. The classification also shows that more family members are in the age group of 35-45 years. At the aggregate we can say that 52.96 per cent of heads of the household members are in the effective age-group 25-55. Out of the total family members, children constitute around 33.64 per cent. Along with sex ratio, the size of the family will also influence the

productivity of family. The size of the family is relatively smaller in case of selected households of West Godavari district. More number families with 7 persons and more are recorded in Vizianagaram district.

Comparatively higher percentages of ST Castes are reported from urban areas of both the districts than in the West Godavari districts. Moreover lesser percentages of respondents from rural areas of Vizianagaram is reported from OC Caste than the respondents from OC Caste in rural areas of West Godavari district. Glancing over the districts, it is observed that more number of respondents are Hindus in both the districts. Comparatively, more number of Muslims and Christians are reported from rural areas of West Godavari than from the rural areas of Vizianagaram district. Across the districts Vizianagaram reported low level of literacy with 68 per cent while in West Godavari it is 76.50 per cent. In all levels of education, West Godavari recorded higher than Vizianagaram except in primary level. As a whole, it can be concluded that the percentage of illiteracy is very high though it is below the national average level of illiteracy.

Out of total family members only 36.66 per cent are literates. The adult literacy rates are very low and it is 39.14 per cent in case of male and only 7.89 per cent in case of female. However, the children literacy rates are very encouraging in the study areas. Among drop-out of school children the proportion of female children is more than that of male children. Most of the children are dropouts at the primary education level. The number of dropout children is more in the rural rather than in urban areas.

B. Economic Conditions of the Households

Observing across the districts, comparatively more number of sample households from West Godavari are having ‘pucca’ houses than the number of households from Vizianagaram district. On the other hand more number of households from Vizianagaram district reported to have semi-pucca houses than the number of households from West Godavari district. Almost similar percentages of households from both the districts reported to have ‘Kutcha’ houses.

Observing across the districts, more number of households from Vizianagaram district reported to have two rooms in their houses than the number of households from

West Godavari district. Moreover, comparatively higher percentage of households from West Godavari district reported to have more than two rooms in their houses. Glancing across the districts, majority of the households from both the districts reported to have owned houses while more number of households from urban areas of both the districts reported to be residing in rented houses.

More number of households from West Godavari than the households from Vizianagaram, reported to have one owned house while more number of households from Vizianagaram district than the households from West Godavari, reported to have two owned houses. All the sample households from rural and urban areas of West Godavari district and 75 per cent of households from rural area and 90 per cent of households from urban area of Vizianagaram district reported to have protected water while only 25 per cent of households from rural area and 10 per cent of households from urban area of Vizianagaram district reported to have unprotected water in their residential areas.

About 75 per cent of households from rural and 88 per cent of households from urban area of West Godavari district and 54 per cent of households from rural areas and 78 per cent of households from urban area of Vizianagaram district have reported to have flush or pour flush toilets in their houses. Comparatively, more number of households from Vizianagaram district reported to have used open space for defecation than the households from West Godavari district.

More number of households from rural area of West Godavari reported to have used gas for cooking than the households from rural area of Vizianagaram district. On the other hand more number of households from urban area of Vizianagaram district than the households from urban area of West Godavari reported to have used gas for cooking. Moreover, 34 per cent of households from rural area and 15 per cent of households from urban area of West Godavari and 43 per cent of households from rural area and 13 per cent of households from urban area of Vizianagaram district reported to have used fire wood for cooking purposes. About 95 per cent of households from rural area and about 100 per cent of households from urban area of West Godavari and 91 per cent of households from rural area and 98 per cent of households from urban areas of Vizianagaram district reported to have electricity in their houses. Negligible per cent of

households from both the districts reported that they have not electricity in their houses. Comparatively, more number of households from West Godavari have reported to have more items of household assets than the household from Vizianagaram district.

It is observed that the land less households are more from Vizianagaram than the households from West Godavari. This indicates that the land less household may opt for other remunerative works than agriculture. Moreover, higher percentages of households from West Godavari than from Vizianagaram reported to have less than 5 acres of land. Much deviation is not observed between rural and urban areas of both of sample districts in representing the number of owner cultivators. Comparatively the number of households opted the works other than agriculture are more from rural and urban areas of Vizianagaram district than the number of households from West Godavari district.

More number of households are reported in the income groups of less than Rs 50,000 and Rs 50,000 to Rs 1,00,000. On the other hand, 46 per cent of households from rural area and 60 per cent of households from urban area of West Godavari and 58 per cent of households from rural area and 66 per cent of households from urban area of Vizianagaram district reported that they don't get any income from agriculture. About 42 per cent of households from rural area and 21 per cent of households from urban area of West Godavari and 45 per cent of households from rural and 24 per cent of households from urban area of Vizianagaram district reported that they do not get income from non-agricultural activities. Majority of the households from rural and urban areas of both the districts reported under two income groups namely annual income less than Rs 50,000 and Rs 50,000 to Rs 1,00,000. Varied percentages of households from both the districts fall under various levels of income groups.

More number of households from Vizianagaram district are reported under the income group of less than Rs 50,000 than the households from West Godavari district. Varied percentage of households from both the sample districts fall under various levels of income groups. On the whole it can be observed that the households from Vizianagaram are poorer compared to the households from West Godavari district.

The employed are almost negligible in number with 4.5 per cent in West Godavari, 4.00 per cent in Vizianagaram and 4.25 in the total study area. The people who

are engaged in agricultural sector are more in rural areas with 31.00 per cent in West Godavari, 21.00 per cent in Vizianagaram and 26 in the total. The number of persons engaged in daily wage labour is high in Vizianagaram with 35.5 per cent than the West Godavari with 15.5 per cent.

Majority of the sample households are reported under the lower income groups from both the districts. Higher percentage of households from urban area of West Godavari and lower percentage of households from urban area of Vizianagaram district have reported to be under the income group of Rs.3,000 to 6,000. It can be observed that similar percentages of households from rural area are reported in lower groups of income from both the sample districts while higher percentages of households are reported from urban area of Vizianagaram district than the households of West Godavari district.

C. General Health

In general, majority of the households from both the districts have reported to have got the treatment for the health problems of their women. More number of households of Vizianagaram district than the households from West Godavari district reported to have got the treatment in Government institutions. While more number of households of West Godavari got the treatment in Private institutions than the households of Vizianagaram district.

More number of households from rural area reported to have lack of knowledge about the available health facilities while comparatively more number of households from urban area complained about too much cost of health facilities, and hence they could not avail the facilities. Comparatively more number of rural households than the urban households reported that they have no time to go and get the health facilities. Comparing both the districts, more number of rural households than urban households of both the district reported the above three reasons for not availing the health facilities available.

Observing across the districts, more number of rural households of West Godavari and more number of urban households of Vizianagaram district reported to have received the financial assistance from Government under JSY Scheme. Glancing across the districts, it can be observed that, about 34 per cent of rural and 30 per cent of urban

households of West Godavari and 20 per cent of rural and 29 per cent of urban households of Vizianagaram district reported to have received the amount under JSY scheme in one installment while, 8 per cent of rural and 10 per cent of urban households of West Godavari and 16 per cent of rural and 18 per cent of urban households of Vizianagaram district reported to have received it in two/three installments.

Glancing over the districts, majority of the households of both the districts reported to have got sanctioned JSY scheme amount after one week of the delivery of their women. Glancing across the districts, more number of households from Vizianagaram district than the rural and urban households of West Godavari district, reported to have got the treatment in Government institutions while more number of rural and urban households of West Godavari than the rural and urban households of Vizianagaram district reported to have got treatment in Private institutions for the health problems of their women after delivery.

Observing the districts, more number of households of West Godavari than the households of Vizianagaram district reported that they are aware of the family planning methods.

8.2. Reproductive Health Status of the Women and Child Health Care Issues in the Study Area:

A. Health Issues Relating to Pre-Delivery Conditions

Glancing across the districts, majority of the households in both the districts have reported the marriage age groups 18-20 years. Under the age group below 18 years, more number of households from rural areas of both the districts reported that the age at marriage than the households from urban areas of both the West Godavari and Vizianagaram districts. More number of households from urban areas of both the district reported that the age at marriage than the households from rural areas of the west Godavari and Vizianagaram districts under the age group between 21-25 years. Varied percentages of households from both rural and urban areas of both the districts are reported across various levels of age groups.

Observing across the districts, majority of the households from both the districts reported to have got conception under the age groups 18-20 years and 20-25 years.

Comparatively, more number of households from Vizianagaram than the households from West Godavari is reported to have got first conception under the age group of 18-20 years. Varied percentages of households from both the districts are reported across various levels of age groups.

Glancing across the districts, more number of households from Vizianagaram district has reported the spontaneous abortions than the households from West Godavari district. On the other hand induced abortions are reported by the households from urban area of both the districts. Negligible percentages of households from rural area of Vizianagaram district are reported to have faced induced abortion.

Comparatively more number of households from West Godavari than the households from Vizianagaram district reported to have utilized Private transport. On the other hand more number of households from Vizianagaram district than the households from West Godavari reported to have utilized “108(Government) Ambulance” at the time of delivery.

Observing across the districts, comparatively higher percentage of households from Vizianagaram district than the households from West Godavari district reported that their women have got the menstruation problems. Observing across the districts, more number of households from rural area of Vizianagaram district and more number of households from urban area of West Godavari district reported to have faced the problem in getting pregnancy at the time of first conception. Similarly, 5 per cent of households from rural area of Vizianagaram and 4 per cent of households from urban area of West Godavari reported the problem in getting pregnancy after live/still birth while 3 per cent of households from rural area and 2 per cent of households from rural area of West Godavari and 2 per cent of households from both rural and urban area of Vizianagaram district reported to have faced the problem in getting pregnancy after induced/spontaneous abortion. Only one per cent of households from rural area of Vizianagaram district reported to have faced the problem in getting pregnancy after pelvic surgery.

Comparatively more number of households from West Godavari district than the households from Vizianagaram district reported that they got the knowledge about

RTI/STI. Comparing the districts, more number of households from Vizianagaram district than the households from West Godavari district reported that they do not have any source of information about RTI/STI. More number of households from both the districts reported to have known the information about RTI/STI through doctor/media. Varied percentages of households from both the districts are reported across various sources of information. More number of households from urban areas of both the districts than the households from the rural areas of both the districts, are reported across various means of transformation of RTI/STI.

Comparatively more number of households from rural area of Vizianagaram district than the rural households of West Godavari is reported to have faced the abnormal vaginal discharge problem. No difference is observed between urban households of both the districts. Observing the two districts, more number of households from urban area of West Godavari got treatment through Private Doctor, while more number of households from rural area of Vizianagaram district got treatment from the government doctor.

Across the sample districts, it can be observed that about 82 per cent of rural households and 92 per cent of urban households from West Godavari district and 75 per cent of households from rural area and 90 per cent of households from urban area of Vizianagaram district reported to have undergone confirmation test within three months while 18 per cent of households from rural area and 8 per cent of households from urban area of West Godavari district and 25 per cent of households from rural area and 10 per cent of households from urban area of Vizianagaram district reported to have undergone confirmation test of pregnancy after three months.

Across the districts, 60 per cent of rural households and 35 per cent of urban households of West Godavari and 80 per cent of households from rural and 60 per cent of households from urban area of Vizianagaram district reported to have got registered in Government institution while 40 per cent of households from rural and 65 per cent of households from urban area of West Godavari and 20 per cent of households from rural and 40 per cent of households from urban area of Vizianagaram district reported that they have got registered in a Private institution.

Observing the sample districts, 66 per cent of households from rural area and 53 per cent of households from urban area of West Godavari district and 74 per cent of households from rural area and 60 per cent of households from urban area of Vizianagaram district reported that they have got ante-natal check-up in a Government Institution and 34 per cent of households from rural area and 47 per cent of households from urban area of West Godavari and 26 per cent of rural households and 40 per cent of urban households reported to have got ante-natal check-up in a Private Institution.

The less number of households from both rural and urban areas of both the districts who reported to have undergone incomplete clinical tests are due to partial awareness of the benefits from clinical tests or might be from other personal constraints.

Comparing the districts, about 78 per cent of rural households and 81 per cent of urban households of West Godavari and 69 per cent of rural and 75 per cent of urban households of Vizianagaram district reported that their women used ‘Iron Folic Tablets’ while 70 per cent of rural and 73 per cent of urban households of West Godavari and 58 per cent of rural and 65 per cent of urban households of Vizianagaram district reported that their women used ‘Iron Folic Syrup Bottles’ during last pregnancy.

Comparing the districts, it can be observed that more number of households in both the sample districts reported that their women have taken Tetanus injection for two times during the last pregnancy. Negligible percentages of households from both the districts reported that they do not know about the importance of Tetanus injection. Comparing the districts, it can be observed that more number of rural households than the urban households of both of the sample districts reported the problem of ‘swelling of hands, feet and face during the last pregnancy of their women. Observing the districts, negligible per cent of rural households of both the districts reported to have faced the problem of excessive bleeding suffered by their women during last pregnancy.

In general, only 1 per cent of urban households of West Godavari and 1 per cent of rural households of Vizianagaram district had reported to have faced the problem of Vaginal Discharge during the last pregnancy of their women. All the households reported under the two types of distance categories are from rural area only. Moreover, 11.5 per cent of households reported to have the health centre at range of 5 to 10 KMs from their

residence. No single household in urban area of both the districts reported to have the health centre either 10 to 15 KMs or 15 to 20 KMs of distance from their residence.

Across the districts, 66 per cent of rural and 56 per cent of urban households of West Godavari and 77 per cent of rural and 66 per cent of urban households of Vizianagaram district reported to have got advised to undergo delivery in Government hospitals while 34 per cent of rural and 44 per cent of urban households of West Godavari and 23 per cent of rural and 34 per cent of urban households of Vizianagaram district reported to be advised to undergo delivery in Private hospitals during the last pregnancy of their women.

B. Health issues relating to Post-Delivery conditions

Observing across the districts, more number of households from both rural and urban areas of West Godavari district has reported to have undergone ‘Institutional Deliveries’ than the households from rural and urban areas of Vizianagaram district. On the other hand non-institutional deliveries are reported more by the households from Vizianagaram district than the households from West Godavari district.

Much difference is observed in the percentage of rural area households in the Vizianagaram district than the households of rural area of West Godavari district between normal and caesarean types of deliveries. Varied percentages of households are reported across various types of deliveries. More number of households from urban areas of both the districts than from rural areas reported caesarean deliveries with an interval of 2 to 3 years. Similarly, more number of households from urban areas of both districts than from rural areas reported caesarians with a spacing of 3 to 5 years.

Glancing over the districts, more number of households from rural area of West Godavari has reported live births than the households from rural area of Vizianagaram district. On the other hand more number of households from rural area of Vizianagaram reported to have still births. Observing the sample district, majority of the households from both the districts reported to have not acrossed the situation of still births. Moreover, varied percentages of households from both the districts are reported various frequencies of still births.

More number of households from urban area reported to have utilized ‘Mamta Kit’ than the households from rural area in both of the sample districts. More over all the sample households from rural and urban areas of both the districts reported to have utilized ‘Wiped and Wrapped’ equipment and ‘New Sterilized Blade’. Observing the districts, more number of households from Vizianagaram than the households from West Godavari district, have reported convulsions and prolonged labour. Varied pregnancies of households are reported across various complications of pregnancy.

Glancing over the districts, it is observed that out of the total sample of households, about 10 per cent of households from rural area and 8 per cent of households from urban area of West Godavari and 15 per cent of households from rural and 13 per cent of households from urban areas of Vizianagaram district reported to have taken treatment in a Government institution while, 7 per cent of households from rural area and 8 per cent of households from urban area of West Godavari and 6 per cent of households from rural and 10 per cent of households from urban area of Vizianagaram district reported to have taken treatment in a Private Institution during last pregnancy of their women.

Observing across districts, about 96 per cent of rural and 98 per cent of urban households of West Godavari and 75 per cent of rural and 85 per cent of urban households of Vizianagaram district reported that their women are advised to take ‘Nutritious food’ and ‘Institutional delivery’. Moreover, majority of the households of both the districts reported that their women are advised ‘Breast feeding’ and ‘Limiting of children’. Varied percentages of households from both the districts are reported across various types of advises.

Observing across the districts, 96 per cent of rural and 99 per cent of urban households of West Godavari and 78 per cent of rural and 94 per cent of urban households of Vizianagaram district reported that the deliveries of their women are conducted by the doctor whereas 4 per cent of rural and 1 per cent of urban households of West Godavari and 20 per cent of rural and 5 per cent of urban households of Vizianagaram district reported that the deliveries of their women are conducted by ANM/Nurse/Midwife. Moreover, 2 per cent of rural and 1 per cent of urban households

of Vizianagaram district reported that no one has conducted the deliveries of their women.

Glancing over the districts, it can be observed that majority of the households from both districts reported to have incurred an expenditure of below Rs 5,000 during the last delivery of their women. Varied percentages of households from rural and urban areas of both the districts are reported across various size groups of expenditure. Observing across districts, 25 per cent of rural and 21 per cent of urban households of West Godavari and 16 per cent of rural and 20 per cent of urban households of Vizianagaram district reported to have received an amount below Rs 500 while 17 per cent of rural and 19 per cent of urban households of West Godavari and 20 per cent of rural and 27 per cent of urban households of Vizianagaram district reported to have received an amount between Rs 500 to Rs 1,000.

Moreover, more number of rural households than the urban households of both of the sample districts reported the problems of ‘Excessive’ and ‘Prolonged’ labour, during the last delivery of their women. Varied percentages of households both from rural and urban areas of both of the sample districts are reported across various problems faced during the last delivery of their women.

Observing across the sample districts, majority of the households from both the districts have reported to have the first check up ‘immediately’ (within 48 hours) after the delivery of their women. Varied percentages of households from both the districts are reported across various time periods to get ‘First checkup’ after the delivery of their women. Comparatively more number of households of Vizianagaram district than the households of West Godavari reported to have got the first check-up in Government hospitals. Whereas more number of households of West Godavari district than the households of Vizianagaram district reported to got the first check-up in Private hospitals.

Observing across the districts more number of households from West Godavari than from Vizianagaram district have reported to have got first check-up after the last delivery. More number of households from urban areas of both districts than from rural areas reported to have got the test after the last delivery. More number of households

from urban areas of both the districts than from rural areas of both the districts than from rural areas have reported to have got the test of baby care. Observing across the districts, comparatively less number of households from rural areas of both the districts than from urban areas reported to have undergone this test.

Comparatively more number of rural households than the urban households reported to have faced the problem of ‘Excessive bleeding’ by their women during first 6 weeks after the delivery. Comparatively, more number of households of Vizianagaram district than the households of West Godavari reported the problem of ‘Excessive bleeding’ faced by their women during first 6 weeks after the delivery. Comparing the two sample districts, more number of households of Vizianagaram district than the households of West Godavari has reported to have got treatment for health problems after the delivery of their women.

Comparatively more number of households of West Godavari than the households of Vizianagaram district reported live births while more number of households of Vizianagaram district than the households of West Godavari reported still births during the last delivery of their women.

C. Issues relating to Child Health Care

The percentages of households reported two children are more from the rural area of West Godavari than from rural area of Vizianagaram district. More number of households from urban area of Vizianagaram than the households from urban area of West Godavari reported in the size classes of 2 and 3 only. Varied percentages of households are reported across the various size classes of the children. Observing the sample districts, majority of the households from both the districts reported to have male or female children under the size groups 1-2 and 3-4.

Comparing the sample districts, more households from Vizianagaram district, reporting the problem of ‘difficulty in breathing’ than the households from West Godavari district. Varied percentages of households from both the districts are reported across various danger signs of new born child during the last delivery of their women. Glancing across the districts, more number of households of West Godavari than the

households of Vizianagaram is reported while getting check-ups within 10 days of child birth.

Across the districts, more number of households from Vizianagaram district than from West Godavari district have reported to have got check-up for the child in a Government institution while more number of households of West Godavari than the households of Vizianagaram district reported to have got the check-up for child in a Private institution.

Comparatively more number of households of West Godavari than the households of Vizianagaram district reported to have got secretion of Colstrum/ Khees after child birth. Comparing the districts, more number of households of West Godavari than the households of Vizianagaram district reported that the first breastfeed to the child is given immediately within one hour while more number of households of Vizianagaram district than the households of West Godavari district reported that the first breastfeed is given to the child on the same day of the delivery.

Across the districts, more number of households of West Godavari than the households of Vizianagaram district reported to have living children. Only negligible percentages of households both the districts reported that their children are dead. Observing across the districts, more number of households from both the districts reported mainly in two groups Viz., 1-2 years and above 3 years. Across the districts, more number of urban households than rural households from both of the sample districts are reported across various types of intake given to their children before six months.

Observing across the districts more number of households from West Godavari than the households from Vizianagaram district reported to have known the remedy by giving ORS solution to the child during the symptoms of diarrhea. Much difference in percentages of rural and urban households of both the districts is not observed while reporting the unawareness of remedies for symptoms of diarrhea to the child. More number of households of West Godavari than the households of Vizianagaram district has reported various symptoms of Pneumonia.

Across the districts, 27 per cent of rural and 45 per cent of urban households of West Godavari and 09 per cent of rural and 31 per cent of urban households of

Vizianagaram district reported to have got the information through the doctor about the Diarrhea and Pneumonia. Varied percentages of rural and urban households are reported across various sources of information. More number of households of West Godavari than the households of Vizianagaram district reported to have children eligible for immunization card. Glancing across the districts, more number of households of West Godavari than the households of Vizianagaram district reported to have immunization cards for their children.

Across the districts, more number of households of West Godavari than the households of Vizianagaram district reported to have got full immunization doses to their children while more number of households of Vizianagaram district than the households of West Godavari district reported to have got the immunization doses partially to their children. Varied percentages of households from rural and urban areas of both districts are reported across various levels of immunization doses.

More number of rural households than the urban households of both the districts is reported across various reasons reported for not taken the full immunization doses. Glancing over the districts, more number of households from West Godavari district has reported to have got the Hepatitis-B injection to their children.

More number of households of West Godavari district than the households of Vizianagaram district reported to have given Vitamin-A to their children. Varied percentages of rural and urban households of both the districts are reported across different conditions of awareness about Vitamin-A.

Comparatively, more number of rural households than urban households reported to be motivated by the Anagwadi worker and Asha workers. Similarly more number of urban households than rural households are reported to be motivated by doctor and health workers. Varied percentages of rural and urban households of both the districts are reported across various types of sources through which they are motivated.

8.3. Determinants of Reproductive Health among Women (A Micro Econometric Analysis):

To determine the factors which are influencing the reproductive capacity of women in the total sample household's the stepwise Logistic Regression Model is used.

In this micro econometric analysis, the respondent who are suffering from reproductive capacity is considered as dependent variable as a binary (1 or 0) and : Age of the respondent (X_1), Age at marriage (X_2), Age at first birth (X_3), Educational status (X_4), Occupational status (X_5), Income in rupees (X_6), Size of the family (X_7), Source of drinking water (X_8), Type of delivery (X_9), Awareness of Family Planning Methods (X_{10}) and Distance to Health Centre (X_{11}). These variables have been identified based on field experience.

At the aggregate level, the step wise logistic regression analysis reveals that, out of eleven independent variables, eight variables are statistically found to be significant at different probability levels. The variables Age of the respondent (X_1), Educational status (X_4), Occupational status (X_5), and Distance to Health Centre (X_{11}) are turned out to be statistically significant at 1 percent probability level. The variables Size of the family (X_7) and Type of delivery (X_9) are statistically found to be significant at 5 percent level with expected sign. The variables Age at marriage (X_2), and Source of drinking water (X_8) are found statistically significant at 10 percent probability level.

At the disaggregate level, in West Godavari district, the variable Age of the Respondent (X_1) is turned out to be statistically significant at 1 percent level, Age at marriage(X_2) and Distance to Hospital(X_{11}) are found to be statistically significant at 5 percent level, and the variables Occupational status(X_5) and Type of Delivery(X_9) are found statistically significant at 10 percent level. But in Vizianagaram district, the variables Age at marriage(X_2), Source of drinking water(X_8), Type of Delivery(X_9) and Distance to Hospital(X_{11}) are turned out to be statistically significant at 5 percent level of probability.

To conclude that the aggregate level, the variables-Age of the respondents (X_1), Educational status (X_4), Occupational status (X_5) and Distance to Health Centre (X_{11}) are observed to have much influence on reproductive health of women households. Observing across the districts, the variables-Age of the Respondents (X_1), Age at Marriage (X_2) and Distance to Hospital (X_{11}) are found to have significant influence on reproductive health of women in West Godavari while the variables- Age at Marriage (X_2), Source of Drinking Water (X_8), Type of Delivery (X_9) and Distance to Hospital

(X₁₁) are observed to have considerable influence on reproductive health of women in Vizianagaram district.

8.4. Policy Suggestions:

The foregoing analysis reveals that poor health status of women is inextricably inter-twined with socio-economic status of households, illiteracy/ low education, early age at marriage, rural residence and other economic factors constrain women in acquiring health services. In this connection, the following measures are suggested which will go a long way in improving women's health/ reproductive health in the study area:

1. It is important to raise awareness among girls, their parents, schools and communities about the health consequences of early pregnancy. Moreover, efforts must be made to educate girls since women's education and their health status is closely linked. Minimum education level must be extended to at least 10 years of schooling for girls.
2. The government should encourage local women organizations and Self Help Groups (SHGs) to participate in primary health care and self care activities including traditional medicine, and community health care system.
3. Legislation prohibiting marriage for girls under 18 years must be strictly implemented.
4. Family planning counseling centres should concentrate more in rural areas.
5. At least trained midwives should be available at the time of non-institutional delivery.
6. A link between poverty and maternal deaths has been clear. The government and public health sector cannot be absolved of their responsibilities to prevent these deaths by providing essential maternal and with ante-natal and post- natal care may ensure continuum new born care services of an acceptable quality. The central and state governments must allocate higher resources to the provision of public health care.
7. Timing of maternal deaths is clustered around labor, delivery and immediate post partum period. Therefore, a health centre, intra-partum care strategy would be most likely to bring down MMR. This could be in terms of a focus on promoting institutional deliveries supported by round-the-clock comprehensive emergency obstetric transport facilities.

8. Women's income generating activities should be increased to augment her autonomy particularly in rural areas.
9. Strategies to broaden the narrow focus of services, and more important, to put women's reproductive health service and information needs in the fore front are therefore urgently required: at the same time, men's information needs, especially in the area of STDs and AIDS cannot be ignored.
