CONCLUSIONS:

Socio-Economic Profile of Respondents:

The female illiteracy was found more in the study. More than half per cent women were illiterates due to various reasons such as lack of interest of their parents to give education to them, low preference of girl’s education etc. None of the sample educated above high school level because of their early marriage and poverty which hurdle in their education. Maximum women were coolies followed by agriculture labour family which have low paid jobs. More than half of the respondent’s monthly family income was below 5000/- rupees. This shows the studied area is dominated by population with below the poverty line. The incidence of female decision making power was low in the target areas due to patriarchal system, low education, low income and gender-based power inequalities. Only 5.50 per cent of samples have decision making power in their family due to their literacy, pretty business and taking participation in decisions in the family as well as health matters.

Socio-Demographic Profile of Respondents:

Majority of the respondents are in the age group of 25-34 yrs. The studied area is dominated by Hindu community, backward and schedule caste population. The prevalence of early marriages was found more in the study followed by adolescent marriage. Nearly 15 per cent of the mothers experienced their first pregnancy and child birth before they reached 18 yrs. This reviews that early age at marriage, early age at consummation, coupled with non-use of spacing methods have resulted in the first birth at a very low age. Majority of the sample had more than four conceptions which clearly reflect the non-adoption of family planning methods may be
backwardness, negligence towards their health, cultural practices and pressure from their spouse and elders in the families. Around 44.33 per cent of the respondents were having three living children and 22.16 have more three living children which denote that the respondents desire for a large family. The awareness about small family norm and adoption devices has not caught up in both couples.

**Pattern of Health Agency and Services:**

Though there is availability of both government and private health agencies in the most of the sampled village but the facilities were very poor and deficient. None of the respondents reported good quality of health care services. Most of the health workers visit the health agency rarely and irregulalry and there is very less provision of maternal and emergency obstetric care service. The poor quality of transportation facilities have also found.

**Utilization of Health Services:**

Nearly 83.66 per cent of the respondents utilized ante-natal care services. More than half of the sample has taken regular ANC checkups. A few samples did not utilize antenatal care services due to various reasons which focused their negligence and lack of knowledge regarding the ante natal health check-ups. About 78.50 per cent of the respondents have received intra-natal care services either from health related person or traditional birth attendants. The prevalence of home delivery was found more in the present study. More than 50 per cent of deliveries were of home delivery. The reasons given by women for choosing home delivery were less expensive, tradition and most of the hospitals and their staff do not wait for normal delivery. About 80.16 per cent of the respondents have received post-natal care services. More than 80 per cent of the samples did not received health education during their all natal visits. Around 48.33 per cent accompanies their partners at the time of delivery.
Reproductive Health Status of Respondents:

Reproductive health problems related to obstetric health were found to be higher. The problems during pregnancy found to be more when compare to during delivery and after delivery. Anemia, prolonged labour and post partum hemorrhage were the major problems faced by respondents during above three natal periods respectively. The majority of the problems occurred due to their low status, poverty, negligence, ignorance of natal health check-ups and treatments. The incidence of child wastage was still prevalent in the study area. The prevalence of abortion was more and stillbirth was low. Very low percentage of neonatal and infant death found in the study. More than fifty per cent had more than three living children which denote their desire for a large family and the awareness about small family norm and adoption devices have not caught up in both couples.

Reproductive health problems related to gynecological health were found to be higher. More than half percentage has gynecological problems. Among them menstrual issues found to be more when compare to reproductive tract infections (RTIs). Irregular periods, white discharge and uterine fibroids are major gynecological problems faced by the respondents. However, none of the sample found to have STDs and HIV/AIDS. The low socio-economic status, poor personal hygiene, lack and improper knowledge about reproductive health and its care, malnourishment and sanitation cumulatively contribute to the high prevalence of gynecological problems. The incidence of hysterectomy was prevalent in the study area.

Contraceptive Profile of Respondents:

Majority of the respondents were aware of contraceptives either fully or partially. More than sixty per cent of them adopted contraceptive methods which concentrates female sterilization/tubectomy. Surprisingly no male member adopted any contraceptive methods. Few respondents reported problems after contraceptive adoption such as backache, white discharge and obesity. Around thirty three per cent currently not adopted any
contraceptive methods due to need of more children especially male, fear of side effect after use and lack of awareness.

**Reproductive Rights Profile of Respondents:**

All most all the respondents have negative answer regarding reproductive rights. Only few per cent of them were aware of reproductive rights after explaining one by one. However, very low percentage of awareness on reproductive rights found in the study.

**FACTORS INFLUENCE REPRODUCTIVE HEALTH STATUS:**

**Socio-Economic Factors:** The socio-economic differentials have shown much influence on the reproductive health status. These factors have significant influence on reproductive health and pattern of illness.

The Obstetric health related complications were found to be higher among the respondents with illiterates when compared literates. In the case of illiterates due to lack of awareness, they are neglecting such problems and they justify these problems as common to all pregnant women. Educational level increases better awareness and hence they are giving serious concern to their pregnancy-related ailments. However, the gynecological problems were found more among illiterates followed by primary educated respondents. Here, the relationship between higher educational level and greater reproductive health awareness was found to be significant.

The Obstetric health related complications were found to be higher among the respondents with coolies. In the case of coolies due to the type and nature of occupation they are engaged in that might have led to their lack of involvement in getting timely medical check-ups and proper medication as the nature of their occupation demands more time and involvement of the respondents in their jobs. So they are not getting sufficient post-natal care and rest. However, the gynecological problems were found more among coolies followed by agriculture respondents. The reason may be due to their low socio-economic status they are not aware of
the seriousness of the problem. Lowest gynecological problems were seen in the respondents engaged in Business. Here, the relationships between type of occupation and gynecological problems have some relation was found.

Relation between the respondents income and reproductive health problems showed that the Obstetric health related complications were found to be higher among the respondents with low income groups when compared to more income groups. Gynecological problems were also found more with low income groups. Because of their low income status they might have more vulnerable for issues. Here, the level of family income is positively associated with the level of reproductive health problems was found. The reason may be that as an increase in the respondents income occurs they will have better health care level, even if it costly and becomes affordable.

**Socio-Demographic factors:** The socio-demographic differentials have shown much influence on reproductive health status. Positive association was found in between these factors and reproductive health status.

Obstetric health related complications were found to be higher among the 15-19 and 20-24 age groups and comparatively low as age increases. This shows that the young age groups who were in their teens and the upper age group who were in the risk category experience more reproductive problems. Pregnancy and delivery complications may be due to their failure in conducting periodic check-ups during pregnancy period, which can be due to their illiteracy. Post delivery complications may be due to the fact that they are not approaching hospitals for their post natal check-ups which may be due to their illiteracy and ignorance. Gynecological problems related to RTIs were found to be higher among the high age group of 40-44 yrs. This may be due to the fact that the respondents in their higher age are facing menopausal disorders combined with lack of post natal care and rest.

More than fifty per cent of women from all caste experienced problems during pregnancy. But this was not the case during delivery and
post natal periods. Gynecological problems related to menstruation and RTIs were found to be higher among SC & ST followed by backward caste. Pregnancy wastage in the form of abortion and stillbirths were found to be more among backward caste respondents.

Pregnancy, delivery and post-natal complications were higher among respondents who were married at early age. Abortion was seen higher in below 18 yrs ages at marriage groups. The women who become pregnant due to early marriage then her pregnancy become risky and prone to have more delivery complications. The age at marriage show a varying trend with the problems.

Gynecological problems related to menstruation were found to be higher among below 18 yrs ages at marriage group. Whereas the respondents above 18 yrs ages at marriage group were found to have more reproductive tract infections. This may be due to the fact that since the respondents are not giving much concern to their reproductive health, they are ignoring the symptoms, even major ones.

Reproductive Rights: Lower percentage of problems of obstetric health was observed in the respondents who were aware about reproductive rights. Higher percentage of menstrual issues was observed in the respondents who were aware about reproductive rights. Lower percentage of reproductive tract infections was observed in the respondents who did not aware about reproductive rights

FACTORS INFLUENCE UTILIZATION OF MATERNAL HEALTH SERVICES:

Socio-Economic Factors: The socio-economic differentials have shown much influence on the utilization of maternal health services. There is significant relationship between socio-economic background and attitude and behavior towards utilization of maternal health services.

Relationship between education and utilization of ante natal care services and family planning services showed that respondents who studied
up to Secondary level utilized highest ante natal care services and family planning services when compared to other education groups. As education increases the awareness of respondents about health care aspects also increases, hence there is more utilization. The level of female education is positively associated with the better utilization of maternal health services is found. However, the remaining educational groups also utilized better utilization of health services.

The occupation and the use of maternal health services suggests that the prevalence rate in the use of ante natal care services is found to be low among coolies followed by agriculture whereas family planning services is found to be low among agriculture respondents followed by coolies. This may be due to their busy schedule or occupation etc may have less utilization of antenatal services. An occupation had positive effect on the requirements of family as well as health.

When income level is considered, high income group women were found to utilize ante natal care services and family planning services more than the low income group women. That is women with high income and living in better standards are likely to do more use. The level of monthly family income is positively associated with the better utilization of maternal health services is found. Higher the level of family income, higher will be the utilization of maternal health services.

**Socio-Demographic Factors:** The socio-demographic differentials have shown much influence on the utilization of health services. The positive association was found in between the socio-demographic factors and attitude and behavior towards the utilization of maternal health services.

The women of 20-24 years age group utilized more antenatal services followed by 30-34 years age group. Here, the younger women show greater utilization than the older age group. This is may be the people more conscious and aware of the importance of health service utilization. The women of 35 yrs & above show greater adoption of family planning than the younger age group. This is may be as they felt the importance of family
limitation or might have reached the desired family size. As the age increases the level of adoption also increases. The women of forward caste people utilized better antenatal services and family planning services than the lower caste people because of their better socio-economic status. The lower and backward class people less utilized services and adopted due to their illiteracy, ignorance and low standards of living.

**Maternal Health Services:** More utilization of ANC and Family Planning Services observed with the availability of health agency and with the regular visits of health personnel. A positive association was found between the availability of health agency, regular visits of health personnel and maternal health services.

**Reproductive Rights:** Higher percentage of utilization of ANC services and Family Planning Services was observed in the respondents who were aware about reproductive rights.

Health is a composite concept which includes social, economical, physical and psychological well being. It is a state of balance in body, mind, social and spiritual well-being. Though the concept of reproductive health is purely a biological phenomenon but the non-biological factors related to reproductive health reveal that better reproductive health status is a product of biological, social, cultural, demographic and economic situations and play a major role.

The findings of the study lead to conclude that socio-economical and socio-demographic factors, availability of maternal health care facilities and knowledge of reproductive rights have exerted much influence on the occurrence and persistence of the reproductive health problems of mothers.

The overall reproductive health status of women in sampled rural areas of Bijapur taluka of Bijapur district was found to be poor and bad. The low level of female literacy, poverty, deficient health care facilities and lack of knowledge and awareness regarding reproductive health, care and
even the rights which cumulatively contribute to the prevalence of poor reproductive health among sampled women. So, the female literacy, proper knowledge and proper usage of their fundamental sexual and reproductive rights will help them to exercise control over their bodies and sexual and reproductive lives.

**RECOMMENDATIONS:**

Keeping in view the findings arrived as focal point, this section discusses on the interventions and recommendations which would help in imparting better reproductive health status in an effective way. In this context this section is further divided in two subsections:

**Project Plan:**

Taking into account the entire assessment of reproductive health status by the respondents, the following project will be designed to improve the quality of reproductive health of women in rural areas hence by achieve their empowerment. The project will be focused following interventions:

- Enhance women's literacy rates in rural areas. A separate education policy for women may serve the purpose. Literacy classes should be organized in village centers. Additionally, learning centers will be established with highly respected local teachers. Parents also must be educated regarding benefits of female education by enrolling their girls in formal schools. They encourage them to read from very young age and must develop and increase their reading, writing, etc basic literacy skills.

- Revise the definition of poor family and expand the National Poverty Alleviation Programme. There is need to set up certain outreach programs for them such as providing small loans, literacy training, vocational training and providing jobs for them. In addition, the women Union or Youth Union should also pay attention by providing social activities and social support to them equally in the community. Introduce community-financing schemes.
Strengthen the health care agencies. The government should strictly make rule for health workers to visit regularly to their respective health centers. The health centers should have sufficient staff with maternal and emergency obstetric care services. There must be referral system in case emergency to other higher centers. The counseling centers must be set up in all the institutions exclusively for youth where they can freely discuss the sensitive health issues in privacy. Number of STI clinic should be increased with wide publicity. Youth friendly clinics may be set up.

Enhance the importance and benefits of hospital delivery and even about natal check-ups at regular intervals of time. The public, adolescent girls and their family members must be educated regarding the importance and benefits of hospital delivery. The women should be provided with free consultation cards for medical examinations and provide money to women who have delivered in hospital. This would increase their choice of hospital delivery.

Arrangement of awareness programmes on own decision making capacity by the woman. Women should be developed and motivated regarding leadership abilities in communities like through participation in village health and development committees etc. They should be encouraged to take decision-making positions particularly in their special needs, disabilities and in financial literacy.

Impart and increase the knowledge about the importance of women’s reproductive health and rights. Women should be educated and informed on all aspects of SRHR through the maternal health programmes with the help of health workers and NGOs. Local drama groups will be trained in interactive drama skills, messaging and reporting by using theatre for social change. The trainings will strengthen the local capacity to play an active role in achieving improved adolescent health and rights. The groups will then be organizing and conducting local leader dialogue and action forums on cultural and traditional practices and beliefs that fuel sexual abuse, early marriage and gender based violence.
Further Research Areas:

In the present study it is observed that it is not possible to touch to the depth of all the points, hence it is need of the time to study many of such things in depth for the healthy society. Hence the following areas are suggested for the future research.

1. Comparative study of reproductive health status of women in Urban and Rural Area.
2. Analysis of reproductive health and rights of women from Feminist point of view.
3. Knowledge and Perception on reproductive health and rights among Adolescent boys and girls.
4. Awareness on health policies and programme with special reference to reproductive health among women.
5. Study of reproductive health and rights of women at inter-state and inter-district levels