Health status is an essential indicator of the welfare of the people. Unless the people of a country enjoy good health the country cannot develop either socially or on the economic front. Without good health the quality of life too suffers. Improving women’s health is a vital section of sustainable economic growth.

Health in one phase of life affects the health in other phases of a woman’s life. It also affects the health of her children and therefore of generations to come. Nearly two-thirds of our country’s population comprises women in the reproductive age group and children below fifteen. Their good health is therefore important for the country.

The reproductive period is the most important phase in a woman’s life. It extends from menarche to menopause, the intervening periods being marriage, pregnancy, and childbirth. The average age of a woman today in the developed world is about 85 years; but in a developing country it is about 45 years or even less. This variation becomes accentuated with gender bias prevailing in a country. This gender bias reflects in the social disadvantages to which women are subjected, the conditions in which they are born, live and work. This bias is because of the failure on the part of society to appreciate and value the role a woman plays in the life of a man.

The norms and bringing up of females in a society have a strong bearing on their health status. It is the culture of ‘silence’, ‘shame’, ‘tolerance’, and ‘fatalism’ that are engraved in the minds of girls in our society since early childhood. In their later adult life all these swell up as enormous barriers to good health.
This study deals with such socioeconomic variables as place of residence, age, religion, caste, education, standard of living, etc. and the effect care during delivery, antenatal and postnatal healthcare has on a woman’s general health. It also explores the importance of birth spacing, breastfeeding, immunization and awareness of RTI/STI and diseases like AIDS has on the health of a woman and children.

The present study shows that these socio-economic variables have a significant bearing on the health of both, the mother as well as the child. The findings of the study are based on the following parameters:

A. Background characteristics of respondents
B. Housing characteristics
C. Availability of health facilities and services to households
D. Antenatal care
E. Delivery care
F. Use of family planning methods
G. Child care and immunization
H. Awareness of RTI/STI and HIV/AIDS

The conclusion drawn from the study can be summarized as follows:

A. BACKGROUND CHARACTERISTICS OF RESPONDENTS

In this part I have dealt with the socioeconomic and demographic analysis of women. Most of the women have selected from urban area and 20-25 years age group. Majority of the sample women are Hindus and belong backward castes. In this part I have dealt with the socioeconomic and demographic analysis of women. Less proportion of Muslim women are both in urban and rural areas. Housewives and Education of women up to high school, nuclear families and women who have two children as a major part in our sample.
B. HOUSING CHARACTERISTICS

Most of the households have electricity connection in both city and village areas. In urban households, drinking water is supplied through wells, piped connections and submersibles. Flush toilet facilities are available in cities as well as villages. Most interviewees use LPG/electricity for cooking fuel. LPG/electricity widely used in urban area, while firewood used in village areas. Majority of the sample population live in pacca houses. Rural women live in semi-pacca houses more than urban area. Urbanites use more electronic gadgets such as washing machines and refrigerators than those living in the villages.

Standard of living of the households has been measured by the annual income of the family. More than half of the households fall in the middle income group. The number of families with medium and high standard of living is comparatively higher in cities than in villages.

C. AVAILABILITY OF HEALTH FACILITIES AND SERVICES TO HOUSEHOLDS

Most of the rural women use community health centres, and urban women use district hospitals for accessing health services. Villagers have to travel greater distance to avail of health facilities than women in rural areas. Rickshaw is reported to be a major transport facility for carrying women and children to health centres in cities as well as villages. Maternal checkup before delivery is available in cities as well as villages, but facility of ASHA is available only to villagers.

By analyzing the various tables prepared for reproductive and child health care, the following findings are summarized by socio-economic variable:

🔧 Place Of Residence

This study reveals that the chances of city women accessing before delivery, during and after delivery healthcare, delivery in a hospital are greater than women in the villages. They are also more aware
about the use of contraceptive methods, and have greater knowledge about sexually transmitted diseases, HIV and AIDS than their village counterparts. The study also found that urban women have far greater awareness of breast-feeding and immunization. However, surprisingly a higher proportion of urban women feel antenatal checkups as redundant. In the cities most deliveries were found to be normal which was not the case in the villages.

❖ **Age**

The present study shows that age is also a factor affecting women’s health. The study reveals that very young women and very old women are a disadvantaged lot as far as maternal and child health care is concerned. Women below 20 and above 35 years of age are less aware of antenatal care, institutional delivery, use of contraceptive methods, and of problems that might occur in the antenatal and postnatal phase and during delivery as compared to women in other age groups.

❖ **Educational Level**

❖ The study also found that the educational level was another vital factor influencing the reproductive and child health care. In the district of Etawah I found that the level of education played an important role in women accessing antenatal, postnatal and during delivery healthcare, in choosing the right contraceptive method or child healthcare (breast-feeding and immunization). Women who are illiterate are less likely to have awareness of RTI/STI and how HIV/AIDS are spread than educated women.

To conclude women’s reproductive health is positively correlated with these three most important factors hygienic residential conditions, mature age group of 25-35 tears and sufficient education level.
pañ Reliigion

The study also reveals that religion is another important factor that influences various spheres of life including woman’s health during pregnancy, delivery, and after delivery. The percentage of Muslim women suffering from problems during pregnancy is much higher compared to Hindu women due to lack of accessibility to related services. Also, the Muslim women are less educated as compared to Hindu women and this adversely impacts the awareness of the Muslim women about ANC services, delivery care, use of contraceptives, etc. Overall, women belonging to the Hindu religion are much more aware of child healthcare than Muslim women.

♦ Caste

Caste is an important factor whether a woman is going to or not doing to access ANC. The chances of SC women and those belonging to OBC to access ANC, institutional delivery, use any contraceptive method, have awareness of breastfeeding and immunization, or to know about STDs and HIV or AIDS are lesser than of those hailing from General Category.

♦ Standard of Living

The study indicates that women with a higher standard of living are more aware of antenatal care, delivery care, use of contraceptive method, knowledge of RTI/STI and HIV/AIDS, breastfeeding and immunization as compared to from low or middle income groups.

The remaining three socioeconomic factors mentioned above are uncontrollable and the poor and marginalized women need special attention under different programmes aiding women's health.
CHILD HEALTH CARE

Similar findings come out of the study regarding child health care and immunisation. The strongest factor that influences the mother in coping with their child health care and immunization is education at least up to high school level. Then second most important factor is the standard of living hygienic surroundings. Since more and more Hindu women are penchant for going out of the house for jobs now a days due to increased social circle their awareness towards child immunisation has increased.

It can be stated that there is a wide variation in the maternal health seeking behaviour among the different socio-economic groups in Etawah District. The study reveals that some of the factors governing maternal health were education of women, place of residence, standard of living, pregnancy related problems and delivery related complications. It can be concluded that there is a difference between factors affecting the health of the mother in the city and the village. Living in the city makes it more likely that the woman will have delivery in a hospital and will have skilled assistance. In rural Etawah it was found that though facilities for institutional delivery were there but were not being utilized to the extent they are in the cities. That explains to some extent, urban-rural divide in this regard. Illiterate women were less likely to access maternal healthcare services than educated women.

Some of the suggestions for improving the reproductive and child health can be listed as follows:

* Education of women is strongly associated with the health of both the woman and the children. In this context one cannot ignore the importance of linking health with development programmes, especially programmes dealing with female literacy. Female education is positively related to socio-economic development and reproductive health care. There is a need for an approach that could include all sectors especially women education and better
nutrition for them in the antenatal and postnatal phase, and to deal sternly with cases gender bias on legal basis and to provide better nutrition to women throughout life.

* The vast majority of women living in rural area remain unaware of the health and medical services available to them. When people are informed about the arrangements and availability of health services, the utilization of such services will increase. Therefore, Information, Education and Communication (IEC) the material must include a section to impart knowledge regarding health checkups and immunization.

* Healthcare strategies and budgeting must focus on the poorest of the poor mothers and their children. More money has to be spent on such overheads as staff, ambulances, medical equipment, drugs and training of healthcare workers.

* The researcher strongly feels that India being a country with the highest number of maternal and child deaths, Etawah needs to improve on a priority basis health care, transportation and infrastructure facilities, particular in rural areas for pregnant women to enable them to reach health care facilities.

* Low level of education, and poor access to health services are major contributors to poor maternal and child health. These are complex issues requiring improvement on several fronts. Etawah shows certain non-uniformity in awareness levels, in spread of education and in access to healthcare facilities and practices of contraceptive methods.

* Adolescent girls and their mothers in Etawah must be made a part of intervention programmes in order to increase their awareness of general hygiene, sanitation, proper nutritional diets, and the hazard of early marriage and pregnancy. This will result in creating more empowered and healthy young women. There is a
strong need to encourage women to participate in the various health care programmes in their area.

* Antenatal care is essential for mothers and infant. There is need to motivate the women for antenatal checkups and delivery in health facilities through ASHAs and related programmes.

* The ASHA and Aganwadi worker can be trained as health and nutrition entrepreneurs who can advise mother on health and nutrition, ensure antenatal check-ups and care, delivery care, treatment of minor ailments by charging for the drugs, and ensure referral of all risky cases.

* There is a need to nurture a core group of midwives so that trained ante, post and during delivery healthcare become available to all women across the board. There is also a need to create a permanent post of a resident midwife in PHCs and CHCs and in private healthcare facilities. A trained midwife also needs to be posted in the village. They should be available on 24 hour basis with a specialist doctor to backup.

* Improvement in the nutritional status of women during and after pregnancy. This will have a definite impact on improving the birth weight of the neonate. The high prevalence of anemia should be addressed by improving better counselling, IFA distribution and sufficient health dietary intake during pregnancy with iron folic acid and calcium supplements.

* Majority of the deliveries occur at home and are attended to largely by members of the family or dais who are unskilled. They all need to be given healthcare education so that they may access healthcare personnel for safer deliveries to reduce MMR and CMR.

* The study recommends making the healthcare infrastructure, including nutrition and neonate healthcare in the district of Etawah stronger. Etawah has a high under-five CMR.
- The study also stresses on the importance of improving referral services, reducing MMR and CMR in Etawah, and promoting programmes that may lead to better early childhood development. It also important to increase neonate birth weight through better nutrition to the mother.

- Adolescent girls and their mothers in Etawah must be made a part of intervention programmes in order to increase their awareness of general hygiene, sanitation, proper nutritional diets, and the hazard of early marriage and pregnancy. This will result in creating more empowered and healthy young women.

- There is a strong need to encourage women to participate in the various health care programmes in their area.

- Neonate feeding conventions have an important bearing not only of the baby but also of the mother. Therefore an awareness must be created among mothers of the correct breastfeeding practices. ASHAs and ANMs should emphasize initiation of early and exclusive breast-feeding for six months, in their interactions with pregnant and lactating mothers.

- There is a need to set up a reliable registration system of maternal and neonatal deaths. This will help the system to keep a watch on the health of the mother as well as the baby and to assess the effectiveness of measures taken.

- Improvement and maintenance of the existing healthcare system so that there could be drastic improvement in the healthcare services being provided to mothers and babies.

- Blood supply for obstetric care is vital to deal with emergencies and to save the life, especially of mothers who are anaemic. There should be therefore an efficient network of blood banks and accessibility to them must be improved. Medicos and paramedics must be trained in blood-banking practices.
* The government should integrate various programmes and take a holistic approach to immunization, nutrition, health care, drinking water, cleanliness, health infrastructure, trained personnel, etc. in order to bring about an improvement in maternal healthcare.

* In the villages, the government should organise mobile clinics and camps for expectant mothers keeping in mind the convenience of the local women.

* Availability of contraceptive methods such as condoms, pills, sterilization for family planning along with proper counselling must be strengthened at all facilities from Sub-Centres to District Hospitals.

* In the field of reproductive healthcare services there has been a shortage of essential supplies at the grassroots over a long a period of time. This has led to people avoid visiting government healthcare facilities. All this indicates towards an unsatisfactory public health system in the community. Most problems related to maternal and child health will need awareness in mothers and efficiency in government departments for proper utilization of health facilities.

* The healthcare system of India requires induction of a greater number of trained healthcare personnel for essential services without which access to proper, quality healthcare at cheap rates for women throughout their lives will remain a dream. There is also an urgent need to make preventive programmes for promoting women’s health stronger. Investing in women’s health has a strong synergistic effect on other aspects of national development.