Summary

Reproductive health is one of the fundamental human rights. Reproductive health care is also defined as the constellation of methods, techniques and services that contribute to reproductive health and well being by preventing and solving reproductive health problems. Reproductive health gets much more attention in the context of illness and death during pregnancy, childbirth and to some extent issues related to contraceptive use. The foundations of the reproductive health are laid in childhood and adolescence and are influenced by factors such as nutrition, education, sexual status, cultural practices and the socio-economic environment. Women’s reproductive health is inextricably woven with social and cultural factors that influence all aspect of their life and consequences not only for the women themselves but also for the well being of their family.

The thesis “Reproductive and Child Health Care: A Sociological Study, With Special Reference to Etawah District of U.P.” explores various aspects related to causes and the factors that can affect mother and child health in the Indian urban-rural context. Introduction chapter starts with the background of the study, conceptual description and meaning of reproductive health and child health.

The second chapter on ‘Review of Literature’ has been divided mainly into four heads namely reproductive and child health status, factors affecting mother and child health, mortality causes of mother and child, and reproductive and child health care services. It mainly covers studies on high maternal and child mortality in the world, especially in developing countries including India focusing factors related to sexual and reproductive health socioeconomic conditions, demographic aspects like menarche and marriage-related issues, nutrition, anthropometry, prenatal, natal and postnatal care, and various customs prevailing in the community.

The third chapter describes various programs and policies like Family Welfare Programmes, Reproductive and child health
programmes, National Population Policy, National Rural Health Mission run by the government are mentioned according to their objectives, their scope, problems and prospects. The aim of all such programs is reduction in maternal mortality by promoting medical assistance at delivery, provision of aseptic delivery kits, and strengthening of first referral units to deal with high risk and obstetric emergencies through Emergency Obstetric Care (EmOC). By adoption of various strategies, most of the programs have succeeded in reducing the maternal and child mortality.

The forth chapter deals with the health care sector which is divided into three sectors comprising the public health sector, private health sector and private non-profit sector. The health care services in the country extend from the national to the village level. The chapter also deals with the health personnel situation in India and especially in Uttar Pradesh. After independence, India has worked continuously to improve the health care system as well as maternal and child health services with several initiatives taken by the Government. Several challenges for reducing the maternal and child mortality ratio have been identified, including lack of managerial capacity, shortage of skilled human resources, non-availability of blood in rural areas, and infrastructural and supply bottlenecks.

The fifth chapter describes the demographic profile and health status indicators in India and its States. The health seeking behavior of the women of Uttar Pradesh and its districts has been described with the help of graphs and tables. India has made considerable progress in social and economic development in recent decades, as could be seen in indicators such as life expectancy, mortality and fertility levels. However, the crude birth, crude death, total fertility, maternal mortality, neonatal death, infant and child mortality rates in some of the States are highly as compared to the all India average. Uttar Pradesh has also significantly high mortality and fertility rates.

The sixth chapter is based on primary study. The findings of the study are based on the following section:
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 study reveals that there is a wide variation in the maternal health seeking behaviour among the different socio-economic groups in Etawah District. Some of the factors governing maternal health were education of women, place of residence, standard of living, and pregnancy related problems and delivery related complications. It can be concluded that determinants of maternal health care services are not the same in urban and rural areas. Residence in an urban area increases the likelihood of institutional delivery and assistance during delivery. The rural-urban differential in the use of maternal health care services is likely to be due to differences in the utilization of maternal health care services, particularly for institutional delivery and delivery assistance by health personnel in the rural areas of Etawah.

Research concluded that very young women and very old women are a disadvantaged lot as far as maternal health care is concerned. Probably, it is due to the unawareness of maternal health care among the women of lower age group and lack of spare time available of maternal health care to women belonging to the higher age group.

In the same way, rural, Scheduled Caste, Muslim, non-literate and women having lower standard of living too belong to this group. The some of the reasons behind this are lack of availability of maternal health care services near the village, lack of conveyance, etc. poverty, expensive treatment, taboos related to caste and religion, and ignorance due to lack of educations.