

KNOWLEDGE ABOUT RCH SERVICES AMONG WOMEN IN A SELECTED RURAL AREA OF MEERUT

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Abstract

Around 800 women die from preventable causes related to pregnancy and childbirth. 99% of all these deaths occur in developing countries. Various strategies like RCH-II had been successful in halting the progress of maternal mortality, but we still lag behind from our counterparts. The utilization of all components of RCH is necessary to accomplish the goal. As the utilization also depends on awareness levels of beneficiaries, the authors undertook this study to determine knowledge levels of women regarding RCH services. Objectives of the study are to assess the knowledge levels of women regarding RCH services and to determine the association of knowledge levels of women with their socio-demographic variables. A structured interview schedule was administered to 105 women from rural area of Meerut District. The sample was selected using purposive sampling technique. The cross-sectional survey design was most suited for the study. The data analysis was done using both descriptive and inferential statistics. None of the women were found to have adequate knowledge. While only 16% of the subjects had moderate knowledge regarding RCH services. Around 50% of the women had utilized private health facilities during the time of illness. 24% women had more than two children, showing lack of family planning response among them, as only 41% women had knowledge regarding family planning services. The women did not have adequate knowledge regarding RCH services, and it was found to be influenced by education status of women, the type of family they lived in and the number of children of women. Study suggests appropriate and innovative strategies to be planned to provide information regarding RCH services in the community. This will have positive impact on the utilization rates of RCH services.

Key words: Women, RCH services.

Introduction

The World Health Organization (WHO) has estimated that, globally out of 536,000 maternal deaths each year, 136,000 deaths take place in India.¹ Each year, more than half a million women die from causes related to pregnancy and childbirth, and nearly 4 million newborns die within 28 days of birth.² Most of these deaths and conditions are preventable and could be averted if women had access to essential maternity and basic health-care services.³ Maternal mortality rates may vary across the states in India, with the large proportions of deaths occurring in North Indian states like Uttar Pradesh and Rajasthan, which have high rates of fertility and maternal mortality.⁴

The major complications that account for nearly 75% of all maternal deaths are: severe bleeding, infections, PIH, complications from delivery and unsafe abortion etc.⁵ Conditions like eclampsia, ectopic pregnancy and rupture of uterus also form a significant proportion of maternal mortality. The condition is more dangerous in mothers living in hard to reach areas. Maternal mortality ratio is also seen higher in poorer section of the community and in rural areas.⁶

Various factors are responsible for maternal health status like use of maternal health services, educational and economic status of women, cultural practices, knowledge and information regarding healthy practices and services available etc. According to NFHS-3, women with low economic status had availed 13% of institutional deliveries compared to 84% by women of the high wealth quintile.⁷ Maternal health and newborn health are also closely linked. The factors like mother's education and rural-urban place of residence and birth order etc., have an impact on child's overall health. Studies have identified strong associations between maternal factors and childhood mortality. Mother's education is considered as one of the important factor in child survival.⁸⁻⁹ Maternal and child health is also determined by the utilization of the health care services. In a study conducted by ICMR, New Delhi, awareness of care during pregnancy and knowledge of pregnancy related complications were associated with increased utilization of antenatal care services.¹⁰ Keeping all above in view, the study was conducted to determine the knowledge levels of women regarding RCH services.

Objectives:

1. To assess the knowledge levels of women regarding RCH services
2. To determine the association of knowledge levels of women with their socio-demographic variables.

Methodology

The study was aimed at assessing the knowledge levels of women regarding reproductive and child health (RCH) services. A cross-sectional survey was conducted on 105 women living in rural area of Meerut. The selected sample was comprising of women residing in rural area of Meerut, who were selected using purposive sampling technique.

Structured interview schedule, consisting of knowledge based questions, was used to collect the data regarding knowledge levels of the subjects regarding RCH services. While developing the interview schedule components under RCH-II program and services provided under various schemes like JSY, JSSK etc were taken into consideration. The interview schedule consisted of questions on antenatal services (15), intra-natal services (9), postnatal services (8) and child health services (15) respectively. Maximum scores for knowledge levels were 47.

The knowledge levels of the respondents were categorized as adequate (>75%), moderate (50%-75%), and inadequate (<50%) respectively, based on the responses marked by the interviewer. Before the data collection an informed consent was taken from the subjects. The anonymity and the confidentiality of the subjects were maintained throughout the study.

Results

The study sample consisted of 105 women from rural area of Meerut district. Majority of the subjects (43.8%) were in the age group 18-28yrs. 36% of the subjects had no formal education. 91% of the subjects were homemakers, while 8% were employed. Approximately, 57% of the subjects had small family (1-2 children). Private health facilities were approached by 50.48% of the subjects, while 6.67% used the alternate system of medicine during the time of illness. 65.72% of the women get the information related to mother and child care from health professionals, while 20.96% women get the information from media. The data revealed that the mean knowledge score of women was 18.37 ± 4.90 which means that women have inadequate knowledge level regarding the RCH services. The component wise analysis also revealed the inadequate knowledge levels of women regarding various services like: antenatal, intra-natal, postnatal and child health services. None of the study participants had adequate level of knowledge regarding RCH services. 16% of

the study sample had moderate knowledge regarding RCH services as measured by the structured interview schedule. While majority i.e 84% women had inadequate knowledge regarding RCH services.

Table No.1. Knowledge regarding RCH services among the study participants

N=105

S.No	Variable	Frequenc y	Perce nt
1.	Registration	18	17
2.	Frequency of antenatal visit	7	6.
3.	Laboratory investigations	28	26
4.	T.T. immunization	23	21
5.	Iron supplementation	22	20
6.	Institutional delivery	41	3
7.	Janani Suraksha Yojna	3	2.
8.	Post Natal visits	7	6.
9.	Immunization services	48	45
10.	Vitamin A prophylaxis	18	17
11.	ORS therapy	11	10
12.	New born services	7	6.
13.	Freely available contraceptive devices	30	28
14.	Permanent method of family planning	12	11
15.	Child Health services	39	37
16.	WIFS scheme	5	4.

The study data in the Table no.1 shows the knowledge regarding various aspects under RCH services. Majority, 45.7%, of the participants had knowledge regarding Immunization services under RCH. The concept of institutional delivery was also known to 39% of the study participants. Very few had knowledge regarding frequency of antenatal visits (6.6%) during pregnancy, post natal visits (6.6%), ORS therapy (10.4%) and WIFS scheme (4.7%). The study participants (22%), had knowledge regarding iron supplementation. The study shows that very few had knowledge on various components under RCH services and majority of the participants were not even aware of the services under RCH programme. 71% participants did not have knowledge regarding freely available contraceptive services under RCH programme. More than 80% were not aware regarding the registration done during antenatal period

Table No.2. Association of knowledge regarding RCH services and demographic variables of study participants N=105

Variable	Knowledge Level		p-Value
	Moderate	Inadequate	
Education Status			
Illiterate	3	35	p<0.1
Primary	6	36	
Secondary	6	12	
Graduation and above	2	5	
Type of Family			
Nuclear	7	60	p<0.05
Joint	10	28	
Number of children			
Nil	6	13	p<0.1
One	5	24	
Two	5	26	
More than two	1	25	

The data in the Table No. 2 reveals the association of the selected demographic variable with the knowledge scores of the women regarding RCH services. It was found that the knowledge scores was found to be significant with type of family (p<0.05), education status (p<0.1) and number of children(p<0.1). The other variables like age, religion, family income and facility used during illness were not found to be associated with knowledge scores of women regarding RCH services

Discussion

This study assessed the knowledge of women regarding RCH services. The study was conducted in rural area of Meerut District. The data revealed that none of the women had adequate knowledge regarding various components under RCH services. While 16% had moderate level of knowledge regarding RCH services. When compared components wise, the data revealed that 43% of the women participants under the study had moderate level of knowledge regarding post-natal and family planning services. The study has also revealed that mean knowledge scores of the subjects were 18.37 ± 4.90, which reveals that subjects had inadequate knowledge regarding RCH services. The study findings are consistent with the findings of the study conducted by Devi, LB (2016), where the study reported unawareness of the women regarding RCH services like: antenatal, postnatal and family planning services.¹¹ Study conducted at Nellore also showed similar findings, where 90% of the subjects were found to have inadequate knowledge regarding RCH services.¹² However, some studies show contrast findings, i.e. women had adequate knowledge

regarding antenatal services except for the minimum number of antenatal visits for ANC.¹³

The study revealed that 97% of the study subjects were not aware regarding schemes like Janani Suraksha Yojna. Consistent findings were reported by the study conducted in Madhya Pradesh, where 89% of the subjects were unaware about the schemes like Janani Suraksha Yojna and Ladli Lakshmi Yojna.¹⁴ The present study reveals that the 48% of the subjects had adequate knowledge regarding immunization services for children under RCH services. 23% of the subjects had awareness regarding TT immunization.

Knowledge regarding services under post natal period for women shows inadequacy. The data depicted in Table No.2, shows very few had knowledge regarding post natal visits, new born services and ORS therapy. Findings in a study depicted that females lacked knowledge in the area of immunization.¹⁵ According to Devi L.B., nutritional needs during pregnancy and post natal period were poorly understood by the women. The immunization status of the children was also found to be low because of lack of awareness among the women in Bishnupur District of Manipur.¹¹

In the present study, the knowledge of women was found to be associated with the type of family, education status of the women and number of children of women. Family income, source of information and education status of women can also influence knowledge of women regarding RCH services.¹⁵ It also evident from various studies that adequate knowledge levels also affects the utilization status of the RCH services.^{16,17}

Conclusion

The knowledge regarding RCH services among women is inadequate. They lack knowledge regarding some of the basic services under the program. The knowledge of the women can be influenced by their educational status, type of family they live in and number of children they have. The study recommends the innovative interventional strategies like involvement of community functionaries, health melas etc. to create awareness among women regarding these services. The improved knowledge level of the women will be having positive impact on the utilization of the RCH services.

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