

**HEALTH CONDITIONS OF RURAL PREGNANT WOMEN
IN BIJNOR DISTRICT (UTTAR PRADESH):
A SOCIOLOGICAL STUDY**

DR. DEEPENDRA

Department. of Sociology

C.C.S.U. Campus Meerut

Email: dpsoci02020@gmail.com

Abstract

It was attempted to provide maximum facilities to rural pregnant women through Public health protection. Women are the basis of the family. A healthy woman is the foundation of a healthy family. If a pregnant woman is healthy, only then she can give birth to a healthy child. Services are provided by the Government for the baby and mother's health, family planning prevention of infections diseases, vaccination, treatment of common diseases, water, and environmental hygiene, health education, free distribution of medicines, etc. As a result, maternal mortality has been controlled, the average age has increased, but ignorance, lack of education, superstition, lack of medical systems, poverty, lack of traffic facilities and resources, etc. are the points that prove to be a hindrance in protecting the health of the pregnant women in rural areas. Women have to face many problems during pregnancy due to a lack of pure drinking water and lack of civic consciousness.

Key words: *Health, rural, pregnant woman, family planning, ignorance.*

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DR. DEEPENDRA

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Introduction

Health means ‘a healthy mind in a healthy environment’. The accepted definition of health is given by the W.H.O. “Health is not merely the absence of diseases and weaknesses, but it is the overall state of physical, mental and social well-being.”¹

The health status of rural pregnant women in rural areas of India is not very satisfactory. Scholars such as Marriott², Opples³, Leviran⁴, Khare⁵, and Pathak Indu⁶ have found in their studies that the concepts of the wrong food, natural power, and divine predation are associated with the concept of disease and health in rural areas. The living conditions of the rural people, their socio-economic conditions are the important factors that determine their health conditions. Besides these, Kamble⁷ has held the environment, consumption patterns, property, ownership, and socio-economic status responsible for the health conditions. Therefore, in modern society, there is an urgent need to study the health care, health routines from a sociological point of view. The multiple factors influencing the health are in reference to the nature of the reaction to the diseases in women. For the study of this perspective, the presented topic, ‘the health condition of rural pregnant women a sociological study’ has been discussed.

The study was limited to the Bijnor district and 200 pregnant women were selected on the basis of convenient day-to-day methodology with the objective that different educational levels, socioeconomic levels should be of gestational age. The major findings of the study are drawn from the analysis of the compiled facts.

Family size has been studied with reference to the demographic characteristics of the respondents, with the number of members of most families being found between 5 and 8. The joint family pattern was found in 74 percent of the respondents. From the facts obtained by the study, it is known that on the basis of age structure, the majority of the respondents (36 percent) were found in the age group of 30 to 55 years. It is also clear that most of the respondents (41percent) are related to low social status, in which a lack of health-related consciousness was found. Our hypothesis that ‘pregnant women have low health awareness in low social-economic backgrounds’ is correct. Most respondents (36 percent) were educated up to graduation based on educational status, which suggests that in rural areas, consciousness is also developing towards women’s education. Also, it is known from the study that there is a greater awareness of self-interest among the highly educated class pregnant women.

As per occupation, the main occupation of 61 percent of women’s husbands is farming. Based on joint annual income of 28.5percent women’s husband was

found between Rs.50000 to Rs.1,00,000/-Categorised on the basis of religion, 74 percent women were found to be Hindus. On the basis of caste, 67.5percent of respondents were found to be belonging to the 'general' category. The social plight of pregnant women in traditional rural villages is dissatisfactory. They are married at very young or underage. But the rising level of education has lessened it. Ignorance related to procreation after marriage, lack of balanced diet, frequent conception, child deliveries, and the abortion practices affect their health adversely. Consequently, she becomes feeble both physically and mentally. It is very important that in families, women must be healthy since the responsibility to take care of the aged members of the family, children, and the other members of the family is borne by her. When asked about their age at the time of their wedding, it was found that 66 percent of women happened to be in the age group of 20 to 25 years. It shows that even in villages, the tendency of not getting married in under age is developing. A perspective about the number of children in the family shows that 50 percent of respondents think that having a son and a daughter is enough and proper. In Indian rural families, the desire for a male child is universal. The viewpoint about contraception methods is very positive (75 percent) as most of them believe that a small family is a happy family. The respondents who disagree with the concept of a limited family believe that every family must have at least one male child. It is clear from the facts related to the ideal small family adopted by the family members that 71 percent of the respondents agree to this. Of the 57 percent of respondents who use the means of family planning (68.5%) are used by women and 31.5percent by men.

Due to the tendency of the respondents to discriminate between the boy and the girl, its effect is also reflected in the conception. The study of the rest and sleep habits of the respondents is known. Most of the respondents (48%) get up at 5'o' clock. Women get up early in the morning to work in rural areas. The family has an important role in building food habits. These habits keep on transferring from one generation to another. Elderly women of the family give information related to diet to the pregnant women. She describes that diet is appropriate during pregnancy. It is clear from the data related to the food items used by the respondents that the majority (66%) of the households in the respondents consume a non-vegetarian food. In the morning snacks are taken with stale bread or paratha, Jaggery, milk, curd tea, or why 20 percent of the respondents take morning refreshment and lunch together. Most of the respondents have their meals before noon. Some villagers consume milk at dinner or at bedtime. In addition, the change in food content is observed according to the season. Dietary prohibition is also prevalent in villages where meat, fish, eggs, etc. are prohibited for pregnant women on religious grounds, while the prohibition of

false food is found. It is clear from the data obtained that there is a lack of balanced diet and nutrients in the food of the respondents, due to which poverty is also the main reason.

Information was obtained from the respondents about the number of times they have conceived. Most (44%) units have conceived for the second time. It is known from the information regarding age at the time of first pregnancy that most (48%) of the respondents got pregnant for the first time at the age of 20-25 years. There is a gap of 2-3 years in the birth of children of 57.05% of the respondents. The frequency of miscarriages was also known from the respondents 22 percent of the respondents have had an abortion once and 72 percent of respondents have not had them once. Looking at the causes of miscarriage, it known that most (50 percent) of the children were aborted due to differences between them.

During pregnancy, women feel nauseous, do not sleep, increased blood pressure, vomiting, dizziness, swelling, and backache. Due to which the tendency of taking medicines by the village doctor was seen more by adopting domestic prescriptions for resolving them. Some pregnant women also made complaints of mental anxiety and restlessness. It was also told by some units that they have a girl first, this time even if they do not have a girl again, there a worry about it.

Most (56percent) of the respondents took medical advice on the second month of pregnancy after conception. Regarding the period of medical examination, it was known from the respondents that pregnant women are regularly examined. So percent of the respondents have got the vaccine of Tetanus during pregnancy. The reason for this is that the such vacciner are given free of cost at the Primary Health Centre on certain days.

Measures to control the pregnancy tell by facts that most (44%) women protect their pregnancy by way of medical counsel. But besides this traditional talisman and other means used in Indian Villages are used. As to who took care of the pregnant women in rural areas at the time of their pregnancy, 68% of the respondents said that they were looked after by their mother-in-law. From the data related to the frequency of food received by the respondents, it is known that the most (64%) are the women who consume food thrice a day. On being asked questions regarding the type of consumption, it was found that most (78%) of the respondents consume normal food. Regarding the taste of food during the period of pregnancy 52% of the respondents said that they liked hot and spicy food.

Information regarding the period of rest during the time of conception was also obtained from the respondents. Most (60%) of the respondents had relatively

more rest in the first three months at the time of delivery and the women who conceived for the first time also took the same amount of rest.

Information about their preferences at the time of conception was also obtained from the respondents. In weight, food, cleanliness, pictures of beautiful children in the room, and vaccination, the highest (37%) women preferred vaccination, the highest (37%). Women preferred vaccination. In addition, respondents have held traditional views at the time of pregnancy. For example not going out of home after sunset, not passing through under a peepal tree, not climbing up and down the stairs, not attending the house of a deceased person, or not going out in the afternoon. Most (34%) of the women said that it is advisable not to go to the house of a deceased person.

In the joint family, the role of elderly members and that of the husband is very important in the decision-making process. Regarding the decisions pertaining to pregnancy 48% of women said that such decisions are made by their mothers in law. In rural areas, trained midwives and A.N.M's are registering their presence in the task of delivery, but considering the facilities provided by the Govt. most (88%) of the women prefer the delivery by a Govt. Doctor.

In rural areas, some safety measures regarding the labor are taken by the family members, especially mothers in law such as putting money in the household temple or using amulets. In the familiar of the most (48%) women grain is donated for the safe delivery of the child.

Information regarding the Pre-delivery food has been obtained from the women who conceived for the 2nd, 3rd, or 4th time. They said that if there is something special, it is tea which is given. As far the food of the Post-Partum women, it is known that after delivery, the popular nutrition food is given which is called Herrera. It is a concoction made from dry fruits, coconut, thymol seeds, dry ginger, clarified butter, and sugar/Jaggery. It is given to the postpartum women for 10-12days consecutively.

There are some prohibitions for the post-partum women in rural areas which include giving the postpartum mother milk for one and a quarter of a month, applying cosmetics, and henna and going out of the house for one and a quarter of the month. Besides, some charms or amulets are also done, like putting a knife or onion under the mattress of the postpartum women.

The ritualr after the delivery is equally significant which is linked with the health and diet of the women. On the 6th day after the delivery, the rite known as " Chhathi" is observed. From that day onwards the postpartum woman is given the normal food

instead of “Herrera”. From the 10th to the 37th day after the Muhurt is told by the priest, the ceremony of the baptism of the child and Hawan is performed. Along with this, the postpartum mother avoids a cold diet and is given thymol seeds, ginger, or dry ginger in her normal food. Besides this, breastfeeding mothers are also given milk and laddoos made of dry fruits.

It is the result of the initiative taken by the Central Govt. that almost in every village there has been not only an improvement in the public hospitals but also the arrangement of sufficient staff. It is known on the basis of the dialogue with the respondents that even in public hospitals, all those facilities are available. Mediciner is being provided free of cost. It has benefitted the poor people living in rural areas. The Govt. is committed to making available the better medical facilities in rural areas as well as creating awareness for health education.

During the dialogue with the units, when asked about the Government’s mother protection scheme, the most (86.5%) women respondents said they were aware of this scheme. What are the sources of getting information about the schemes run by the Government in rural areas? To clarify this fact, data was collected from the respondents in which most (43.5%) respondents said they get information via the television medium because, in this novel era, even the lowest of families receive information via television.

In imparting information regarding the protection of pregnancy and delivery the role of Asha and A.N.M. are most crucial. It was known from the data collected from the respondents that most (88.5%) respondents were contacted by ASHA and given complete information about every facility provided by the Government. 97.5% of units have complete information about the safe delivery and they all prefer the delivery by the trained personnel. The information about the post-partum encouragement amount provided by the Government is known to most (96.5%). Most (96.5%). Most (96.5%) pregnant women respondents were given the information about vaccination and as per the times of pregnancy, respondents were vaccinated by ASHA and public hospitals on certain days in the campaign.

The information about the availability of Iron and Vitamin pills was given to the most (88.5%) respondents by Govt. hospitals, A.N.M., and ASHA. Some respondents got these medicines on a private level.

Due to the lack of vehicle facilities in rural areas at the time of labor, delivery work is done at home, in which the life of both mother and baby is in danger. And often the absence of trained hands threatens the life of both mother and baby. Government ambulance has been provided by the Government to reduce maternal

mortality rate and for mother safety. It is known from the data related to this facility that most (81.5%) of the respondents are aware of this facility. From the study presented in the background picture which emerges from the study related to the health conditions of pregnant women in rural areas, it is clear that adequate health consciousness is developing in rural familiar instead of illiteracy and ignorance. However, in rural areas, apathy towards progressive ideology, lack of knowledge, etc. are the inhibitors that are affecting the female health conditions in rural areas. But the study presented is hopeful that now these barriers are gradually corrected, but the condition of the improvement programs and health schemes are very important.

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