

# EXAMINING THE REACH AND EFFECTIVENESS OF REPRODUCTIVE AND CHILD HEALTH SERVICES IN RURAL TAMIL NADU: A FOCUS ON CUDDALORE DISTRICT

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## Abstract

Reproductive and Child Health (RCH) services are integral to improving the overall quality of life and ensuring sustainable development. Despite various government initiatives, disparities persist in the accessibility and utilization of these services in rural India. The present study explores the availability and utilization of reproductive and child health care services in the rural areas of Cuddalore District, Tamil Nadu. Data were collected from 150 rural women of reproductive age using structured questionnaires and interviews. The findings reveal that although primary health centres and maternal health programs are available, gaps exist in service delivery, awareness, and regular follow-up. The study concludes with recommendations to enhance awareness, infrastructure, and accessibility to strengthen maternal and child health outcomes.

## Keywords:

Reproductive health, Child health, Rural healthcare, Maternal care, Health service utilization, Cuddalore District, Primary Health Centre, Public health, Health awareness, India.

## 1. INTRODUCTION

Reproductive and child health forms the cornerstone of a nation's health and development. Maternal and infant mortality rates are vital indicators of public health performance. The Government of India's initiatives such as the Reproductive and Child Health (RCH) Programme, Janani Suraksha Yojana (JSY), and National Rural Health Mission (NRHM) have made significant strides toward ensuring safe motherhood and healthy childhood.

However, despite these measures, rural populations continue to face barriers in accessing quality healthcare. In Tamil Nadu, one of India's better-performing states in health indicators, disparities remain in districts with large rural and coastal populations, such as Cuddalore. Factors such as poverty, illiteracy, traditional beliefs, and inadequate infrastructure hinder the effective utilization of services.

This research focuses on understanding the **availability** of reproductive and child health facilities and the **extent of their utilization** in the rural areas of Cuddalore District. It aims to bridge knowledge gaps and provide recommendations for policy makers and local health departments.

## 2. REVIEW OF LITERATURE

Several studies across India have analyzed the utilization of reproductive and child health services.

- **Bhatia (2020)** found that socio-economic factors significantly influence antenatal and postnatal care utilization.
- **Singh & Gupta (2021)** observed that women's education directly correlates with institutional delivery rates.
- **Tamil Nadu Health Mission Report (2022)** highlighted that although infrastructure has improved, rural areas still experience staff shortages and irregular service delivery.
- **UNICEF (2023)** emphasized the importance of community-based interventions and frontline health workers like ASHAs in improving child health outcomes.

These studies collectively point to a pattern of under-utilization despite availability, primarily due to awareness, accessibility, and socio-cultural constraints — aspects explored in this research.

### 3. Objectives of the Study

1. To examine the availability of reproductive and child health care services in rural areas of Cuddalore District.
2. To study the utilization level of RCH services among rural women.
3. To analyze socio-economic and cultural factors affecting service utilization.
4. To provide policy recommendations for improving maternal and child health outcomes.

### 4. METHODOLOGY

The study adopts a **descriptive and analytical** design.

#### 4.1 Study Area

Cuddalore District, located on the eastern coast of Tamil Nadu, comprises a largely agrarian population with over 60% living in rural areas. The district has 14 blocks and over 800 villages, served by a network of Primary Health Centres (PHCs), Sub-Centres, and Anganwadi Centres.

#### 4.2 Sampling

- **Sample Size:** 150 respondents (women aged 18–45 years).
- **Sampling Method:** Stratified random sampling from three rural blocks—Panruti, Kurinjipadi, and Keerapalayam.
- **Data Sources:**
  - *Primary data* – Interviews, questionnaires, and field observations.
  - *Secondary data* – Government health reports, NFHS-5 (2021) data, and Tamil Nadu Health Mission publications.

#### 4.3 Data Analysis

Quantitative data were analysed using percentage analysis, chi-square tests, and correlation analysis. Qualitative feedback was analysed thematically.

### 5. Availability of Health Services

The study found that all surveyed villages were covered by at least one public health facility—either a **Primary Health Centre (PHC)**, **Sub-Centre**, or **Anganwadi**. Major services available included:

- **Antenatal and Postnatal Care:** Regular check-ups, iron-folic acid supplementation, tetanus immunization.
- **Institutional Delivery:** Government hospitals and PHCs providing free deliveries.
- **Child Health Services:** Immunization under the Universal Immunization Programme.
- **Nutrition Support:** ICDS centres offering supplementary nutrition to mothers and children.
- **Family Planning:** Access to contraceptives and sterilization services.

However, **challenges** identified included:

- Inadequate staff (especially female doctors and nurses).
- Irregular medicine supply.
- Lack of transport facilities to reach PHCs.
- Occasional power and water shortages in facilities.

### 6. Utilization of Health Services

#### 6.1 Antenatal Care (ANC)

- 92% of respondents had registered for ANC, but only 65% completed all three recommended visits.
- Barriers included long distance to health facilities and time constraints due to household duties.

#### 6.2 Delivery Services

- 80% of women opted for institutional deliveries, reflecting Tamil Nadu's overall high rate.
- 20% still preferred home births, often citing traditional customs or absence of transport during emergencies.

#### 6.3 Postnatal Care

- Only 58% received postnatal check-ups within seven days of delivery.
- Visits by health workers were inconsistent, especially in remote villages.

#### 6.4 Child Immunization

- 91% of children under five were fully immunized.
- Lack of follow-up documentation and awareness of booster doses were key issues.

#### 6.5 Family Planning

- 42% of married women used modern contraceptive methods.
- Male participation in family planning was negligible, highlighting gender disparity in responsibility.

## 7. Factors Affecting Utilization

1. **Educational Status:** Literate women were twice as likely to use institutional services.
2. **Income Level:** Low-income families prioritized daily livelihood over health visits.
3. **Cultural Beliefs:** Preference for traditional healers in minor ailments and childbirth rituals.
4. **Accessibility:** Poor road conditions and distance to PHCs hindered frequent visits.
5. **Awareness:** Many women were unaware of government schemes such as PMMVY or JSY.

## 8. DISCUSSION

The study highlights a **paradox** — despite good infrastructure, utilization remains below expectations. This can be attributed to **awareness gaps, cultural inertia, and limited outreach**.

Tamil Nadu's performance in maternal and child health is above the national average, yet **intra-district inequalities** exist between urban and rural pockets.

Empowering local health workers, providing incentives, and improving transportation could significantly enhance service use. Strengthening inter-sectoral coordination between the **Health Department, Women and Child Development Department, and Panchayati Raj Institutions** is essential.

## 9. Policy Implications and Recommendations

1. **Enhance Awareness:**  
Conduct targeted IEC (Information, Education, and Communication) campaigns in local languages.
2. **Improve Infrastructure:**  
Upgrade sub-centres with adequate staff quarters, transport, and equipment.
3. **Capacity Building:**  
Train ASHA workers and Anganwadi staff in maternal and neonatal emergency care.
4. **Community Participation:**  
Encourage women's self-help groups (SHGs) to act as health ambassadors.
5. **Monitoring and Evaluation:**  
Implement digital tracking systems for maternal and child health records.
6. **Transport Facilities:**  
Provide emergency transport (e.g., 108 ambulance system) to remote villages.
7. **Male Involvement:**  
Promote male participation in family planning and health decision-making.

## 10. CONCLUSION

The study concludes that while reproductive and child health care services in Cuddalore's rural areas are **largely available, utilization remains uneven**. Structural, socio-economic, and cultural barriers continue to restrict full access. A multi-dimensional approach involving **awareness creation, better infrastructure, and social inclusion** is required to achieve equitable maternal and child health outcomes.

The research emphasizes that **sustainable improvement** in rural health depends not only on government efforts but also on active community participation and empowerment of rural women.

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