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A study of attitude and practices regarding reproductive health and family planning devices of eligible couples

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Abstract
Birth of a child is a blessed event in the family. But it adds to many challenges and problems to self, family and nation. Population growth is matter of great concerns but more serious problems are health care of the citizen in general and mother & child in specific. Education is an important tool which has its impact on human behaviors and action. To ascertain the attitudes and practices in relation to reproductive health and family planning among eligible couple having different education strata, is the overall objective of study. The Sample selection technique was random. 150 household were selected as sample. A schedule was prepared for eliciting information in the area of use of family planning devices & practices, attitude towards them, pre-natal and antenatal services available, reproductive track affections, immunization and education to collect the data.The study regarding sexual and Reproductive Health of the couples and attitude & practices towards family planning devices of eligible couples were taken in two villages of Moga. The population of the village is about 10,000. Most of the resident of the area are agrarian. The area is pre-dominated by Sikh community which contributes to 75.72% age whereas Hindu Population is very low i.e. 4.28. Most of the females get marry by the age of 25 years. As far as the attitude towards family planning is concerned approximately 30.7% couples are not aware about family planning methods. In the sample 85% women are in an active reproductive process and 68 of them want to have another child whereas out of this 15% wants to have child very soon. For the healthy citizen there should be 100% Immunization for the children.

Keywords: attitude, practices, reproductive health and family planning

Introduction
Literacy among women and educational status of families and sibling enhance the health care among women. Economic status and empowerment are other factors which elevate the status of the women especially in the area of women reproductive rights. Sexual and reproductive health is a part of reproductive right. It's a right of a person to enjoy adequate sexual and reproductive health. It refers to a general state of well-being as a result of ingeneration of biological, mental and social aspect related to reproductive systems, etc function and processes etc.

Nutrition is a major health issue for pregnant mother. The growth is a very sensitive indicator of nutritional status. Therefore by periodic measurement of height and weight one can monitor the growth of pregnant lady. Growth requires enough and adequate supply of essential micronutrient like, iodine, and vitamins. Malnutrition especially Anemia is common among pregnant females. This is due to insufficient intake of iron rich food like green leafy vegetables, fruits, milk etc by pregnant mother which ultimately affects the health of child.

Mother and child health is major contribution to the healthy population. Reduction in mortality depends upon the natal and antenatal care given to the mother. The deficiency in implementation of Mother and Child Health Programme has been responsible for high rate of maternal and child/infant mortality and low health status of women and child.

To bring about the spacing in children, eligible couples must avoid unwanted pregnancy & by using contraceptive for maintaining spacing between two children. Health promotion of children through Child Survival & Safe motherhood (CSSM) Programmes was started during 8th plan. All other programmes were integrated under Child Survival and Motherhood Programme and implemented from 1992-93.

Reproductive health ensures that outcome of pregnancy is successful in terms of maternal and child survival. This means that every couple is able to have the child when they want. The pregnancy is without a major problem and the safe delivery services are available. Reproductive health care programme aims at reduction in infant mortality rate, neonatal mortality rate and maternal mortality rate through better immunization, antenatal care, safe delivery, breast feeding and weaning, family planning & contraceptives etc. However, despite these national efforts, the pace of health development, especially reproductive health and acceptance of F.P devices has not been commensurate with time, efforts and material inputs and adoption of family planning devices. Continuing population growth, rising of educational level and irresponsible sexual health behavior has made reproductive health more different & difficult and added new dimensions.

The Government of India has developed National Perspective Plan for women for 2000 AD and National Health Policy that

speak of development programme including reproductive health and FP devices services which can be in operation and cover the eligibility couples.

Overall objectives since the beginning have been that the population of the country should be stabilized at the level consistent with the requirement of national development.

To bring out the population growth at the required level for sustainable development (growth) of the country the health of the mother and child is of utmost importance.

Objectives of the Study

- To ascertain the attitude of eligible couple towards family planning.
- To find out the practices and devices being used by eligible couple for family planning.
- To determine the attitude of people toward reproductive health.
- To assess the facility available for report active health promotion.
- To work out the facility available to the pregnant mother for prenatal and antenatal services.

Sample

The study purports to study the response of towards reproductive and Child Health (R.C.H) in rural area of Moga. The sample was selected from two villages namely Ghal Kalan and Droli Bhai. The Sample selection technique was random. 150 household were selected as sample. Out of these one hundred & fifty household those eligible couples were selected who have child/children below two years of age. The investigator and field workers visited the area to know the ground realities. Informal interaction was done with the habitant & health workers of the village. A schedule was prepared for eliciting information in the area of use of family planning devices & practices, attitude towards them, pre-natal and antenatal services available, reproductive track affections, immunization and education to collect the data. The field workers were trained for how to establish a mental rapport with the people in the village and skill of eliciting information and filling up schedule Performa.

With the help of framed schedule, the data was collected personally by the field workers. Field workers personally interacted with the households and eligible couples and filled up the schedule. To seek information from women, lady field workers were engaged and to get information from males/male field workers were engaged.

Analysis and Interpretation of the Data

Field workers were helped to fill up the schedule of five persons for practices and further clarification if required. The data collected was analyses % age wise and a comparative study of variables was done which has been shown through bar graph also.

Inequality in reproductive health and FP device acceptance status is due to its various determinates like education, poverty, superstition and social cultural and its norms.

In the present study data was collected from one hundred and fifty household. There were one hundred and forty eligible couples hence one hundred fifty women in the age group 15-49 years ever married women.

The present age of the male is shown in the Table No-1.1. Two males are in the age group of 41-45 years, maximum seventy five males are in the age group of 26-30. Three females are in the age group of 30-40 & none of the females in the sample is in the 40-45 years age group. Maximum seventy five females are from 20-25 age groups. The age range and no. of females has been shown in Table No - 1.1 And the graphical representation of age of male & female of present centre is shown in Figure-1.1.

Table 1: Age of Eligible couple

Age in Years	Below 20	20-25	26-30	31-35	36-40	41-45
Number of Male	00	26	75	28	9	2
Number of Female	6	75	49	7	3	00

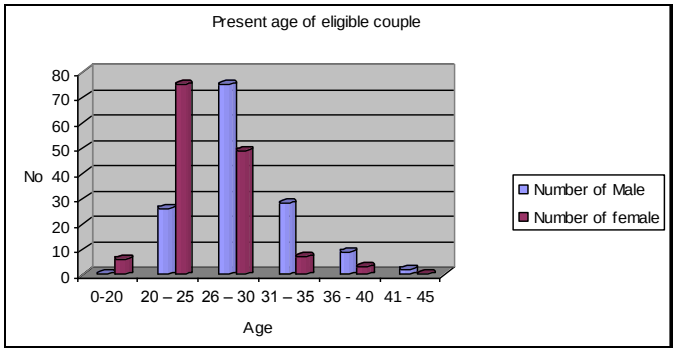

Fig 1: Age of Male & Female of Eligible Couples

Marriage Age of Eligible Couple

Marriage is an important event in the life time of male and female. It is also important that procreation take place during their reproductive age. Age at the time of marriage of male in the present sample is most in the age group of 20-25 years. While maximums females got married who was in the age group of 36-40 years. The data has been shown in Figure-1.2

Table 2: Age at Marriage of Male & Female -eligible couple

Age in Years	Below-20	20-25	26-30	31-35	36-40	41-45
Number of Male	11	92	31	6	00	00
Number of Female	70	62	7	00	1	00

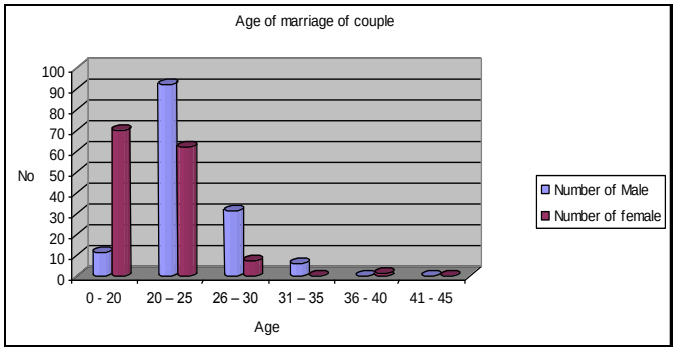

Fig 2: Age of Marriage of Eligible Couple

Education Level of the Eligible Couple

In the present sample only 18 males have studied above high school while 54 are illiterate. The illiteracy is most in the females with the number of 63 females. Only females have studied above high school. It shows that the population in the villages is not very highly qualified and literacy rate is also poor. It is only 61% for female and 55% females are illiterate. The sample has been drawn from the rural population where

the main work is farming and manual labor. Another factor which has affected illiteracy rate is the prevalence of drug addiction in youth. The data has been shown in Table No- 1.3 and its graphical representation in Figure 1.3

Table 3: Educational Level of Eligible couples

Education Status	Illiterate	Literate < Middle School Complete	Middle School Complete	High School Complete	Above High School Complete	% age
Male	54 (38.5)	26	10	32	18	61.42%
Female	63 (45)	28	12	26	11	55%

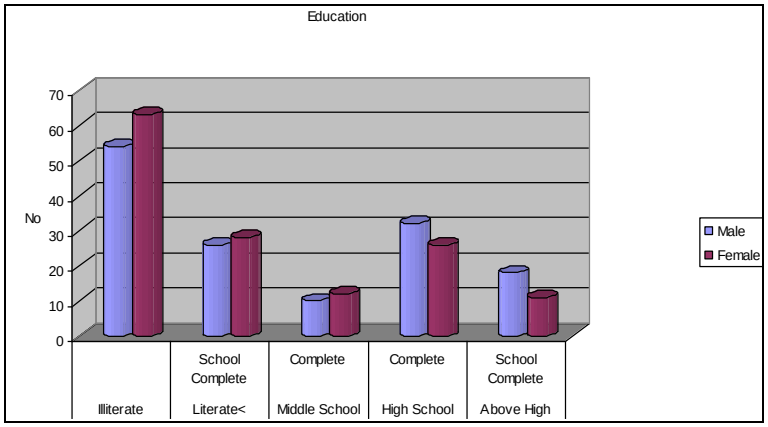

Fig 3: Educational Level of Eligible Couples in Various Age Groups

Literacy Level of the sample in various Age groups

In the present sample literacy level of male and females taken together shown that maximum no. i.e. forty eight members are in age group of 36-40 are illiterate. While below 20 are only four. The persons who are literate but could not complete middle school are again maximum in age group of 26-30 but who have complete middle school are fourteen in age group of 25-30 years age group has completed high school. Maximum twenty one have studied above high school and they are in the age-group of 26-30.years in the present sample. There is none below twenty years who has gone to middle school level. This is shown through figure 1.4 and Table No -1.4 only 4.2% are illiterate. This is in accordance with the rate of Punjab (MF HS India 1999)

Table 4: Literacy Level of the Sample in Various Age Groups

Age / Literacy Level	0-20	20-25	26-30	31-35	36-40	41-45
Illiterate	4	37	48	22	6	00
Literate < Middle School Complete	2	20	28	2	2	00
Middle School Complete	00	14	8	00	00	00
High School Complete	00	20	22	9	1	00
Above High School Complete	00	8	21	2	3	1

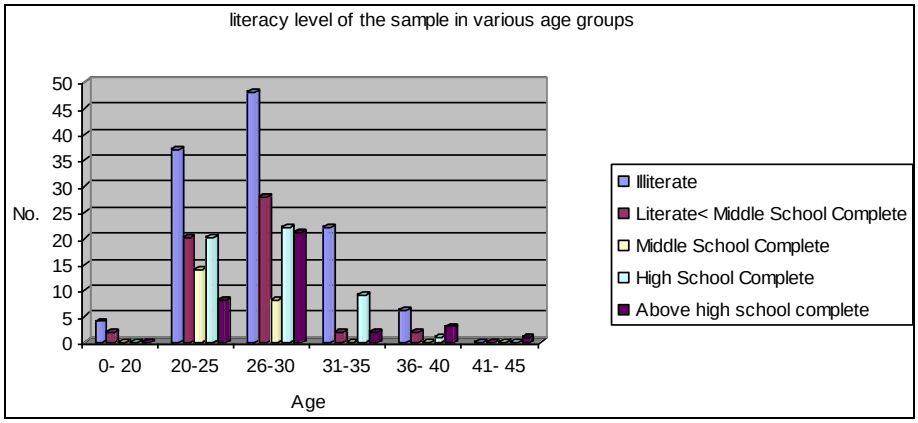

Fig 4: Literacy Level of the Sample in Various Age Groups

Religion & Literacy

To see the correlation between religion and literacy the data was analyses on the basis of religion. In the present sample main community which is existing in two villages are Sikhs, Hindus & Mazbi Sikhs while investigator could not find single family practicing Muslim /Chrishan religion. There are Sikh, Hindu, Mazbi Sikh when male and female taken together, the percentage of Sikhs those who are illiterate are 5.78 %age and those of Mazbi Sikhs is 76.92 %age. The percentages of Hindus who are negligible in sample are 4.2 %age.

Table 5: Religion & Literacy

Literacy / Religion	Illiterate		Literate < Middle School Complete		Middle School Complete		High School Complete		Above High School Complete	
	M	F	M	F	M	F	M	F	M	F
Sikh	36	45	19	22	8	7	28	21	14	10
Hindu	3	2	1	1	1	1	00	1	1	1
Muslim	00	00	00	00	00	00	00	00	00	00
Majbi Sikh	13	17	6	5	1	4	5	2	3	00
Others	00	00	00	00	00	00	00	00	00	00

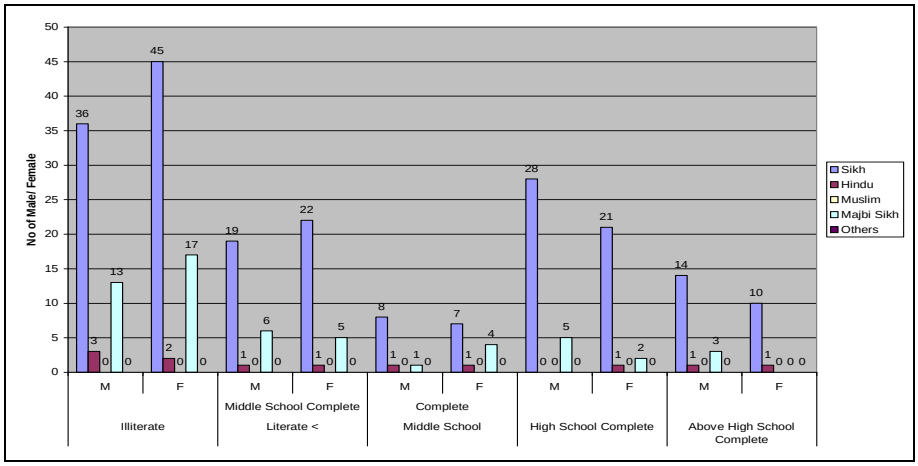

Fig 5: Religion & Literacy Rate

Age at Marriage of Female Belonging to Various Religions

Age of marriage is directly related to population of the country. If the marriage is solemnized at very early age there is lot of probability that number of children produced will be more and if it is teenage marriage the mortality rate of the mother and child would be high. The same is for health care. In the present sample maximum females from the Sikh religion got married below twenty five years of age. The same is with Mazbi Sikhs and Hindus. The percentage is more of Mazbi Sikhs who got married below the age of twenty years. It is 10.7% of the females. The data has been shown on Table No -1.6 and it is graphical represented by Figure 1.6.

Table 6: Age at Marriage of Female & Religion

Religion	Below 20	20-25	26-30	31-35	35-40	41-45
Hindu	3	2	1	00	00	00
Muslim	00	00	00	00	00	00
Sikh	52	51	5	00	1	00
Majbi Sikh	15	9	1	00	00	00
Others	00	00	00	00	00	00

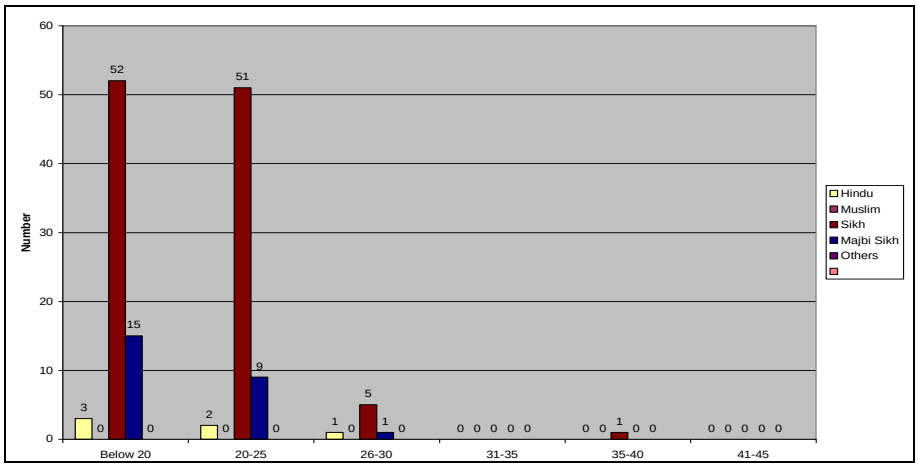

Fig 6: Age at Marriage of Female Belonging to Various Religions

Number of Children of the Eligible Couples

In the present sample when asked about the number of children below the age of two years, It was found that there were sixty five below the age of twelve months and eighty children who are between thirteen months to 24 months.

Table 7: Number of Children of Eligible Couples

	Below 12 months	12 – 23 months
No. of children of the couple having one child.	21	32
No. of children of the couple having more than one child.	41	47

Section II

Eighty eight women got married when they were less than 20 years old. Forty five women got married at the age of 21-25 years of age. All of them started living with their husbands immediately. In some communities, where the girls get married at very early age, they start living with husband at later years. This tradition is not prevailing in Punjab. The eighty eight women who started living with their husband when they were twenty years or below, out of them 84 conceived first time. Median age of cohabitation for women age 20-49 year in Punjab is at 20.1 years.

Table 8: Age at Marriage

	15-20 Years	21-25 Years	26-30 Years	31-35 Years	36 & Above
Number of women	88	45	7	00	00

Table 9: Age of Cohabitation

	15-20 years	21-25 years	26-30 years	31-35 years	36 and above
Number of women	88	45	7	00	00

Table 10: Age of Women at First Conception

	15-20 Years	21-25 Years	26-30 Years	31-35 Years	36 & Above
Number of Women	84	48	7	1	00

Age of Eligible Women (in completed years)

The population of the country should be stabilized at the level consistent with the level of national development. To maintain the growth of population at the desired levels the couple should be free to choose contraceptive to avoid or delay the pregnancy. There should be cafeteria approach for the selection of contraceptive. To know the services of the couple about the family planning devices, it is assumed that a couple may use more than one device. The age group of women who should using contraceptive are shown in the Table No - 1.11 couples preferred females sterilization /IUD Copper-T, condom/Nirodh equally as per as male sterilization is concerned only one couple has opted for it as compared to 16 female sterilization. It shows that there is still apprehensive about Males sterilization i.e. vasectomy. It has been shown in the Table-1.11.Hundred % age of women in Punjab have some knowledge of contraceptive whether its modern & traditional methods.

Table 11: Age of Eligible Women (in completed years)

Age Group	15-19 Years	20- 24 Years	25-29 Years	30-34 Years	35-39 Years	40-45 Years	45-49 Years
No. of women	5	62	51	16	5	1	00

Table 12: Number of Eligible Couples Using Any Method to Avoid/Delay Pregnancy

Modern Method	No. of couple	0-3 Months	4-6 Months	7-12 Months	13 Months & above
Female Sterilization	16	6	3	4	3
Male Sterilization	1	00	00	1	00
IUD/ Copper-T	16	2	3	8	4
Oral Contraceptive Pills(daily)	5	3	00	2	00
Weekly Pills (Saheli, Cetron)	1	1	00	00	00
Condom/ Nirodh	16	5	3	6	2
Rytham/ Safe period	14	3	4	7	00
With drawl	3	1	1	1	00
Other	00	00	00	00	00

Number of Women Currently Getting Menstrual Cycle

In the sample of 140 eligible couple only 119 women are currently getting menstrual cycle. The reason for Twenty one women not getting menstrual cycle is that five are under lactation amenorrhea, women never menstruated are two and ten of the eligible women who have either as menopause or hysterectomy only four women are not getting menstrual cycle due to another reasons.

Table 13: Number of Women Currently Getting Menstrual Cycle

Yes	No	Total
119	21	140

Table 14: Reasons for Not Getting Menstrual Cycle

Reason	No. of women
Lactation amenorrhea	5
Never menstruated	2
Menopause / hysterectomy	10
Other	4

Women in active reproductive age wishing to have another child are sixty eight while sixty six women don't wish to have another child while six female did not give any confirmed answer. When they were asked after how long they would like to have another child twenty two are not sure and twenty one wanted another child very soon.

Reasons for currently not using any method of family planning was analyzed depend upon the mind set and attitude of the individual member or couple together. In the Table No-1.15 the various options are shown of the couple gave more than one reason for not using contraceptive. Maximum couples forty three have told about the lack of knowledge. As the sample has been taken from the rural population 41.8 %age is illiterate. It requires more awareness about the family planning method in the rural area.

Table 15: How long would you like to wait to have an another child

Soon	12 Months	13- 24 Months	After 2 Years	Not sure
21	8	16	7	21

In the decision making process for making choices for family planning or its devices, husbands play a very crucial and assistive role. If husband is not having favorable attitude towards family planning the female cannot negotiate for it. Twenty seven husbands in the sample were opposing use of family planning devices. Ultimately it has impact on women folk. Sterilization should be most opted option but there also three responses are for "Afraid of sterilization" & one for "one cannot work after sterilization" twelve were worried about the costs also. It again showed unfavorable attitudes towards family planning in general and vasectomy in specific. The other methods were also not found favorable due to inconvenient to use & procure. One female was very apprehensive & fearful for using family planning device. A large percentage of couple having unfavorable mind set towards family planning devices is a matter of great concern. In the present sample level of education is low and rate of fertility is very high, knowledge about contraception is also very low. To popularize family planning methods it is suggested that community health volunteer should be developed by NGO's for sake of promotion of contraceptives among rural areas. The data is presented in Table No-1.16

Table 16: Reasons for currently not using any Method of Family Planning Devices

Possible Reasons	No. of Eligible Couple
Lack of knowledge about family planning methods	43
Against the religion	1
Opposed to family planning	2
Husband opposed	27
Other family members opposed	10
Do not like existing methods	6
Afraid of sterilization	3
Cannot work after sterilization	1
Worry about side effects of methods	12
Costs too much	12
Health does not permit	8
Difficult/ inconvenient to get method	2
Inconvenient to use method	1
Difficult to become pregnant after use	00
Fear of using any family planning method	1
Others	19

Section III

For the health of women and child, a pregnant mother should have regular ante-natal checkup and safe delivery. When asked from pregnant female, did they go for ante-natal checkup only fifty two out of sixty five i.e. 80 % responded positively.

The fifty two women who underwent check have been shown in Table No -1.17. Max. Female preferred Govt. Hospital or nursing home. There were eighteen female i.e 26.5% age who visited Govt. Hospital and the same number who visited nursing home or private hospital. It has been shown in Table-1.17. Table No. - 1.18 shows the number of female whom did they see for antenatal checkup, maximum was checked & seen by ANM and staff nurse. The number was Seventeen out of fifty two i.e. 32.6% to see the doctor who are M.B.B.S and above.

Table 17: Places of Check up

Places of Check up	No of Times
Govt. Hospital	18
PHC	8
CHC	00
Govt. Dispensary	5
Sub- Centre	00
Nursing Homes/Hospital (Pvt.)	18
NGO Clinic's	3
Other	13

Person Approached by Pregnant Women for Antenatal Check Up

The pregnant women who took the medical advice went to doctor having M.B.B.S and above degree are Seventeen & only one first time approached to traditional birth attendant/RMP

Table 18: Person Approached for Check Up

Person Approached for Check Up	Number of Times
Doctor (MBBS and Above)	17
ANM/Staff Nurse/ LHV	31
NGO Health Worker	00
RMP	1
Trained Birth Attendant	3
Traditional Birth Attendant	1
Other	12

When asked the women, when they were pregnant did health worker visited their home for any checkup. Only thirteen responded positively. In reality, may be the health workers don't go and visit assigned locality. The women who received the ante-natal checkup were pregnant for 1-5 months. Maximum women, who were having two month pregnancy went for antenatal checkup, were seventeen in number It has been shown in Table- 1. 20.

Table 19: Visit of Health Worker When women's were pregnant, did any health worker visit at home for any check-up?

	Yes	No
Number of Women's	13	52

Table 20: First Reception of Antenatal Checkup How many months pregnant were you when you first received antenatal check-up?

	1 Month	2 Months	3 Months	4 Months	5 Months	Other	No
Number of women	6	17	14	5	9	10	4

How many times did you receive antenatal check-up during this pregnancy when asked from the females maximum twenty one i.e. 32.3 % age have gone for medical checkup during their pregnancy, only once thirteen women i.e. 20 % age women went for medical checkup five times & five women i.e. 7.7% age did not go even ones for antenatal check up

Table 21: Number of Times Received Antenatal Check Up

	1 Time	2 Times	3 Times	5 Times	7 Times	9 Times or Above	0 Times
Number of women	21	9	11	13	2	4	5

Did you receive any of the following check-ups at least once during any of your antenatal visits? For this pregnancy the responded gave the following figures.

It shows women who went for checkup at least once during antenatal visit during pregnancy. The response was that their urine test and blood test was done where abdominal examination and weight measurement were done at lesser times.

Table 22: Number of Times & Antenatal Check Up

Type of check-ups	Number of Times
Weight measurement	18
Height measurement	4
Blood pressure measurement	34
Abdominal examination	20
Blood test	42
Urine test	38

Table-1.23 shows the treatment received by pregnant women. Thirty six times they received iron tablets or syrups but only 24 times it was consumed whereas 16 pregnant women told that they were not given TT injections or IFA Tablets. In the rural area people has to depend upon the dispensary at local level area. It reflects that more efforts must be done for safe motherhood.

Table 23: Treatment Received By Pregnant Women

Receive the following	Number of Times
TT injections in the arms	26
IFA tablets/ syrups bottles received	36
IFA tablets/ syrup bottles consumed	24
Never	16

When enquired about the place of delivery Maximum women delivered in private hospital, clinic or maternity home while ten opted for Govt. /municipal hospital but there was a reasonable trend that they preferred delivery in their home or at their parent's house. It shows that either they don't trust Govt. Hospitals or they are ignorant about the safe delivery. The traditional methods are still being in practices which are not very hygienic and safe.

Table 24: Where Did Women Give Birth to the Child?

Place	Number of Women
Govt./Municipal Hospital	10
Govt.Dispensary	00
UHC/UHP/UFWC	00
CHC/Rural Hospital	1
PHC	1
Sub-Centre	00
Other Public Health Facility	00
Pvt. Hospital/Clinic/Maternity Home	20
Other Private Health Facility /Private Doctor	4
NGO Trust/Hospital/ Clinic	1
Your Home	16
Parent's Home	10
Other Home	2

When it was asked that what are the reasons that the women did not go to any Govt. centre and not opted for any facility provided by Govt. Max. Women did not go to the health centers fearing the too much cost and nine did not think it necessary to go. Five responded that better care could be arranged at home. Again it shows the trend that there is lack of awareness & education about the safe delivery. Three respondents were worried about poor quality of services. It may be that health workers are not be able to develop health interest in beneficiaries with low educational level. It also contributes to the action taken by the eligible couples. Data has been shown in Table No- 1. 25

Table 25: Main Reasons for Not Opting For Health Facility Provided By Government

Reason	Number Of Women
Not necessary	9
Not necessary	00
Cost too much	15
Too far/No transport	7
Poor quality service	3
No time to go	4
Family did not allow	1
Better care/ safe at home	5
Lack of knowledge	00
Fear of injection	1
Others	00

Who assisted you during the delivery when it was asked maximum response was for nurse & traditional birth attendant. In the villages, maximum couples are dependent on and have trust on traditional birth attendant. Female traditional birth attendant are also share their confidence for female feoticide. For the safe delivery more facility and commitment is required at local level by heath workers. See Table No- 1.26.

Table 26: Persons Assistant for the Delivery

Health professional	Number of women
Doctor(MBBS and above)	8
ANM	00
Nurse	27
LHV	00
Trained Birth Attendant	5
Traditional Birth Attendant	23
RMP	00
Other	00

Section IV

For the better child health, immunization is very important. Govt. is planning its level best to educate people for pulse polio and vaccination for every child. To know the status of immunization in last one year record of children was checked who are between the ages of 13 months to 24 months. Table No- 1.27 presents the data.

For an eligible woman with child between 12-23 months

Gender of the Child

	Male	Female
Number of children	46	34

Table 27: Age of the child

No of Months	12	13	14	15	16	17	18	19	20	21	22	23
Age	8	8	4	7	5	2	31	1	3	1	3	7

Table 28: Age of the child Card of availability of card of vaccinations

	Yes	No
Number of children	45	35

Table 29: Type of vaccination given

Injection/ drops	Number of children
Polio 0	38
BCG	44
DPT 1	45
DPT 2	42
DPT 3	40
Polio 1	45
Polio 2	41
Polio 3	39
Measles	28

The eligible women who has child b/w 12-23 months, there were 46 males and 34 females age of the child and no. of children has been shown in Table No-1.27. Out of 80 respondent only 45 children was having card where vaccination was written. Table No- 1.28 shows the various vaccine given to number of children Parents who gave vaccine to their children has given them properly. About forty four times BCG vaccination against Polio was given. Seventy two children were having scar on upper left aim. This has been shown in the Table No - 1.30. DPT vaccine was given maximum three times to maximum children age But Twenty four responded in negative, where 24 children did not get vaccine and Maximum i.e. 48.7% got 3 times. As far as measles vaccination is concerned 38 did not go for vaccination whereas 40 received only one time and two Children received twice. Table No -1.31.

Table 30: A BCG vaccination against TB Look for Scar on Left Upper Arm

	Yes	No	Total
Number of children	72	8	80

Table 31: A DPT vaccination against diphtheria, whooping, caught and tetanus Probe how many times injection gives at the back/thigh

	1	2	3	0
Number of children	11	6	39	24

Table 32: OPV drops given in mouth and number of times

	1	2	3	0
Number of children	13	8	35	8

Table 33: Measles Probe that injection given on right upper arm

	1	2	3	0
Number of children	40	2	00	38

Table 34: For Eligible Women

Diseases	Number of women having problem	Number of women having no problem
Do you have any of the following symptoms?	-	-
Foul smell, unusual vaginal discharge (discharge could be white, yellow/ green)	21	119
Pain during intercourse especially in the lower abdomen	9	131
Genital sores or blisters with or without pain	2	138
Swollen and painful lymph glands in the groin	2	138
Pain or burning during urination	12	128
Painful or itchy genital region	8	132

Reproductive health of male and female is of almost important. The urinary tract infection, STD etc. causes uncomfortness but also diseased body. These infections affects venereal phase of eligible couple. They are not able to enjoy and it may effect features also. The eligible women were enquired about having any of the symptom of reproductive tract infection some of them they responded positively. The detail has been shown in Table-1.26, 1.27 women reported i.e 15% female reported about foul smell and reported pain during intercourse especially in the lower abdomen the % age is 6.43. The genital source or blisters were reported by only 2 female and the same is with peaceful limp gland in groin region. The % age for both were 1.43, 12 female has reported the symptom of urinary infection that comes out opportunity to 8.26% painful & itehy getal region was reported by 8 respondent which is opportunity 5.7% out of these 54 women who reported for only type of these symptoms were out of these Max. took the treatment from private doctors and hospitals whereas 6 females went to Govt. hospital or village doctor or quake out of this 26 women all completed their treatment but only 22 get well.

The data shows 38.26% women had some infection. It again suggests that the level of awareness is very poor among women about the hygiene and reproductive tract infections.

The same types of data were also gathered for eligible men. As compared to women less no. of males have shown

symptoms of infection. 5 have reported for blisters 3 for swell & Painful lymph gland in grow, 3 reported for unusual discharge from use there, 3 for itching & plan during urination and 2 reported about painful intercourse. Out of these 16 males only 14 seek treatment, 5 has gone to private hospitals whereas 8 took treatment from govt. hospital/Govt. Dispensary or PHC. Male who took the treatment all completed the treatment and all got well.

Discussion and Recommendation

The study regarding sexual and Reproductive Health of the couples and attitude & practices towards family planning devices of eligible couples were taken in two villages of Moga. The population of the village is about 10,000. Most of the resident of the area are agrarian. It has been observed that the population is broadly divided into two categories. The first category of the people are who own the large area of land & Second category is of who actually work in the field and do all manual work related to farming. The area under study has shown low literacy rate. It contributes to poor of knowledge about family planning devices and child health. The area is pre-dominated by Sikh community which contributes to 75.72% age whereas Hindu Population is very low i.e. 4.28. Most of the females get marry by the age of 25 years. Awareness about family planning devices is not very high. Twenty one women are from the eligible couple group but presently out of the reproductive process. As far as the attitude towards family planning is concerned approximately 30.7% couples are not aware about family planning methods and 19.3% cases. The husbands are having unfavorable mind towards family planning. These villages have govt. hospitals, dispensaries, sub centers, NGO clinic etc at their disposal but they preferred only their home. Visit of the health workers is not frequent in the village. Only 21% cases were visited by Health workers. Women or female in the study received their first ante natal checkup in 2nd or 3rd month of pregnancy. By 2nd and 3rd month most of the women go for ante-natal checkup for confirmation.

There is a large variation in number of visits for ante-natal checkup. This again suggests that they don't give much consideration for the ante-natal checkup. Women who visited for the necessary tests were done and medicines and injections were given twenty six women in the sample delivered at home. It may be their own or parent's house. They still considered home is a safe place to deliver. They are unaware about problems and side effects of delivery at home. The reason why they have not gone for health delivery services, they think that it is not necessary & it costs too much. But a remarkable number of female is seven reported about facility not available nearby, they informed that either the health centre is too far or no transport is available to go to health centre. In max cases, traditional birth attendant (Dai) and in the hospital nurses conducted the delivery 23 cases i.e 36.5% relied and trusted traditional birth attendant which also indicate that TBA is most popular in the villages as it also helps them for prenatal elimination of female. Number of children in the sample is far above the national demographic data because the labour class working in the fields belong to low cast category and they have sometimes 5 to seven children.

Max. Eligible women are in the age year of 20-29. the most prevalent & favoured method of family planning are female sterilization, copper-t, IUT, condom and the second most popular method reported was safe period.

In the sample 85% women are in an active reproductive process and 68 of them want to have another child whereas out of this 15% wants to have child very soon.

The main reason for not using family planning methods is lack of knowledge & unfavorable attitude of the husband for this lot of awareness programmes needs to be organized. It's better if these programmes are organized in the small group at the work place of the male & nearby the habitant of female at the convenient time. The programmed should remove the misconcepts, fear and anxiety from the mind of the eligible couple. The programmed specially should be organized for the poor worker class who are having from 5-7 children. The same way one has to develop favourable attitude for the antenatal checkup.

The frequency of the health workers must be upgraded for proper health care at the time of pregnancy will go long way for the health of the mother.

Immunization

For the healthy citizen there should be 100% Immunization for the children. The present sample for approximately 60% children is immunized. More efforts are required in this direction.Free from any type of infections given more health there, conformable sexual reproductive life to the eligible couple 15% which is the highest in the sample is suffering from foul unusual discharge followed by pain or burning during urination, painfull intercourse painful or itchy quintal region and the only 26 women did seek treatment. Women should be counseled, motivated to come forward for their treatment the same way number of male suffering from infection are much lower as compared to female 3.57% followed by other categories. Here man needs to make more aware about their sexual health or sexual health of their partners.

Recommendation

1. Awareness programmes should be arranged at village level. The numbers of children of some families are very high which shows the rate of growth in this area needs to attend immediately.
2. Student community from the college should be suggested to make these couples aware about families planning, reproductive health & child care. It should be on the basis of "Each one Teach one". Only then reproductive & child Health may be improved large no. of colleges have come up in Mega Distt. It the student population are trained to further train & educate of children will decline.
3. Free medical checkup for various types of infections should be arranged in the villages & their follow up must be done at village health centre.

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