

# REPRODUCTIVE HEALTH ISSUES OF WOMEN: A STUDY IN RURAL AND TRIBAL AREAS OF VISAKHAPATNAM DISTRICT, ANDHRA PRADESH

By

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## ABSTRACT

*Reproductive health is a critical aspect of women's overall well-being, encompassing physical, mental, and social dimensions related to the reproductive system. This abstract explores the current status of women's reproductive health, highlighting key challenges and opportunities for improvement. Despite advancements in healthcare, many women worldwide face significant barriers to achieving optimal reproductive health. These include limited access to family planning, maternal healthcare, and education on sexual health, as well as high rates of maternal mortality, unintended pregnancies, and sexually transmitted infections (STIs). Cultural norms, gender inequality, and socioeconomic disparities exacerbate these challenges, particularly in low- and middle-income countries. Addressing these issues requires a rights-based approach that prioritizes access to quality healthcare, education, and empowerment for women. This abstract underscores the importance of comprehensive strategies that integrate healthcare services, policy reform, and community engagement to improve reproductive health outcomes. Enhancing women's reproductive health not only promotes gender equality but also contributes to broader societal and developmental goals.*

**Keywords:** *Health, Reproductive, Immunization, Women, Periods, Pregnancy.*

## Introduction

Reproductive health is a crucial component of overall well-being, encompassing physical, mental, and social aspects related to the reproductive system. It is a fundamental human right and an essential element of women's health. The reproductive health status of women is influenced by a variety of factors, including access to healthcare, education, cultural norms, socioeconomic conditions, and government policies. Globally, reproductive health issues disproportionately affect women due to biological, social, and economic factors. These issues include maternal mortality, unintended pregnancies, sexually transmitted infections (STIs), gender-based violence, and limited access to contraception and safe abortion services. Addressing these challenges is critical to ensuring women's empowerment, gender equality, and sustainable development.

Reproductive health is not merely the absence of disease or infirmity in reproductive processes but also includes the ability to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so. This requires access to comprehensive and quality reproductive healthcare services, including family planning, prenatal and postnatal care, and education on sexual and reproductive health rights. Efforts to improve the reproductive health status of women must be rooted in a rights-based approach, focusing on eliminating barriers to healthcare, combating harmful cultural practices, and promoting gender equality. Understanding the status of reproductive health among women provides insights into broader health disparities and helps shape policies and interventions aimed at improving outcomes for women globally.

### **Objectives of the Study**

The objectives of this study are given below:

1. To understand the importance of Reproductive Health Status of Women among rural, tribal women in the Visakhapatnam District
2. To assess the immunization accessibility of rural, tribal women in the Visakhapatnam District

### **Methodology**

Methodology is a catalogue of the various phases and facts relating to the formation of a research effort. It is the argument of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with social in procedure. Once the researcher determines what the research will entail, it is then necessary to address the study design. During this step, the unit of analysis is determined. The unit of analysis is often an individual or group of individuals that is sampled from the larger population to which the researcher wishes to generalize findings from the study.

However, even if the researcher chooses to use inductive methods, it would still be necessary to address many of the above issues. The study design portion of the process would involve determining sample size, who or what should be studied, and how the study would be conducted. Researchers must create a framework for their study for a number of reasons, including the need to coordinate the activities of more than one researcher and to obtain funding, among other things.

The next step in the research process is the collection of the data. This is accomplished according to the framework that has already been prescribed. In a quantitative study, researchers will most likely use a survey or some other type of questionnaire. In qualitative research, a list of questions would probably be employed, along with less-structured interviews. An important function of scientific inquiry is description. Qualitative studies in particular enable the researcher to describe situations and events in detail.

After the research data have been collected and organized, it is necessary to undertake the analysis. This may include statistical analyses of data gathered via quantitative methods, or more straightforward descriptive analyses of data obtained via qualitative methods. The data are then interpreted and summarized so the results of the research will be more accessible and available to others. Explanation is the natural by-product of research, and researchers hope that their projects provide information that answers the original research question.

## Reproductive Health Status of Women

Women's health and women's reproductive health are high priorities for each and every community in the world. The goal of present society is to improve women's health from menarche through menopause. It is important to take steps to protect it from infections and injury, and prevent problems including some long-term health problems. Taking care of pregnant women and making healthy choices can help protect not only the mother but also the infants. Protecting the reproductive system of woman also means having control of her health, if and when, she becomes pregnant.

**Table-1: Getting of regular menstrual periods by the respondents**

Regularity in menstrual Periods	Area		Total
	Rural	Tribal	
Yes	79 (26.3)	192 (64.0)	271 (45.2)
No	221 (73.7)	108 (36.1)	329 (54.9)
<b>Total</b>	300 (100.0)	300 (100.0)	600 (100.0)

The Table-1 shows the observation of regularity in menstrual periods of reproductive health status among women in rural and tribal areas. The data makes out that out of total rural 73.7 percent women not get regular menstrual periods, 26.3 percent women get regular menstrual periods. The Table makes out that out of total tribal area 64.0 percent women get regular menstrual periods, 36.1 percent women not get regular menstrual periods.

Hence the overall data reveals that the 54.9 percent women not get regular menstrual periods, 45.2 percent women get regular menstrual periods.

**Table-2: Experience of menstrual related problems by the women**

Experience	Area		Total
	Rural	Tribal	
Yes	97 (32.3)	75 (25.0)	172 (28.5)
No	203 (67.7)	225 (75.0)	428 (71.5)
<b>Total</b>	300 (100.0)	300 (100.0)	600 (100.0)

The Table-2 shows the experience of menstrual related problems by the women in rural and tribal areas. The data makes out that out of total rural 67.3 percent women not get menstrual related problems, 32.9 percent women get menstrual related problems. The Table makes out that out of total tribal area 75.6 percent women not get menstrual related problems, 24.4 percent women get menstrual related problems.

Hence the overall data shows that the 71.5 percent women not get menstrual related problems, 28.5 percent women get menstrual related problems.

**Table-3: Experience of painful periods by the women**

Experience	Area		Total
	Rural	Tribal	
Yes	72 (24.0)	65 (21.7)	137 (22.8)
No	228 (76.0)	235 (78.3)	463 (77.2)
<b>Total</b>	300 (100.0)	300 (100.0)	600 (100.0)

The Table-3 shows the experience of pains during menstrual periods of women in rural and tribal areas. The data shows that out of total rural 24.0 percent women getting painful periods, 76.0 percent women do not get painful periods. Out of total tribal area 21.7 percent women getting painful periods, 78.3 percent women not get any painful period.

Hence the total data reveals that the 22.8 percent women getting painful periods, 77.2 percent women do not get painful periods.

**Table-4: Observation of prolonged bleeding during menstrual period**

Observation	Area		Total
	Rural	Tribal	
Yes	184 (61.3)	142 (47.3)	326 (54.3)
No	116 (38.7)	158 (52.7)	274 (45.7)
<b>Total</b>	300 (100.0)	300 (100.0)	600 (100.0)

The Table-4 shows the observation of prolonged bleeding during menstrual period of women in rural and tribal area. The Table makes out that out of total rural 61.3 percent observing prolonged bleeding, 38.7 percent not observe prolonged bleeding. The Table makes out that out of total tribal area 52.7 percent not observe prolonged bleeding, 47.3 percent observing prolonged bleeding.

Hence the overall data exposes that the 54.3 percent observing the prolonged bleeding, 45.7 percent not observe the prolonged bleeding.

**Table-5: Methods of protection followed by women in rural and tribal areas during menstrual period**

Response	Area		Total
	Rural	Tribal	
Using cloth	83 (27.7)	164 (54.7)	247 (41.2)
Sanitary Napkin	217 (72.3)	136 (45.3)	353 (58.8)
<b>Total</b>	300 (100.0)	300 (100.0)	600 (100.0)

Methods of protection followed by women in rural and tribal areas during menstrual period are presented in the Table-5. The data shows that out of total rural area 72.3 percent women are using sanitary napkin method in protection during menstrual period, 27.7 percent women are using cloth method of protection during menstrual period. The Table makes out that out of total tribal area 54.7 percent women using cloth method of protection during period, 45.3 percent women using sanitary napkin method of protection during menstrual period.

Hence, the overall data shows that the 58.8 percent women using sanitary napkin method of protection during menstrual period, 41.2 percent women using cloth method of protection during menstrual period.

**Table-6: Anyone of study women got problems in getting pregnant**

Response	Area		Total
	Rural	Tribal	
Yes	174 (58.0)	156 (51.8)	330 (55.0)
No	126 (42.0)	144 (48.0)	270 (45.0)
<b>Total</b>	300 (100.0)	300 (100.0)	600 (100.0)

Regarding anyone got problems in getting pregnancy the perceptions of the study women in rural and tribal area presented in the Table-6. In this regard it shows that out of total rural area 58.0 percent get problems in getting pregnant, 42.0 percent not get problems in getting pregnant. The Table makes out that out of total tribal area 51.8 percent get problems in getting pregnant, 48.0 percent not get problems in getting pregnant.

Hence, the overall data show that the 55.0 percent get problems in getting pregnant, 45.0 percent not get problems in getting pregnant.

**Table-7: Details of the current conception of pregnant women**

Conception	Area		Total
	Rural	Tribal	
<b>First</b>	173 (57.7)	98 (32.7)	271 (45.1)
<b>Later</b>	127 (42.3)	202 (67.3)	329 (54.9)
<b>Total</b>	300 (100.0)	300 (100.0)	600 (100.0)

The Table-7 represents the details of current conception of women in rural and tribal areas. It is observed from the data that out of total rural area 57.7 percent said that it is the first conception and 42.3 percent said it is the later conception. Among the total tribal women 67.3 percent said that it is the first conception and 32.7 percent said it is the later conception.

Hence, the overall data show that 45.1 percent women surveyed first conception and 54.9 percent women surveyed later conception.

**Table-8: Induced abortion any time among the study women**

Induced abortion	Area		Total
	Rural	Tribal	
Yes	147 (49.0)	134 (44.7)	281 (46.8)
No	153 (51.0)	166 (55.3)	319 (53.2)
<b>Total</b>	300 (100.0)	300 (100.0)	600 (100.0)

The Table-8 shows the data related to induced abortion among the study women in rural and tribal areas. It shows that out of total rural area women 51.0 percent said they never induced any abortion, but 49.0 percent women said they induced abortion. Out of total tribal area 55.3 percent women did not experience any abortion, but 44.7 percent women said that they induced abortion in the previous pregnancy time.

Hence, the overall data show that the 46.8 percent women induced abortion, but 53.2 percent women no induced abortion

**Table-9: Awareness about Reproductive Tract Infection (RTI) / Sexual Transmitted Infections**

Awareness	Area		Total
	Rural	Tribal	
Yes	183 (60.8)	175 (58.3)	358 (59.7)
No	117 (39.0)	125 (41.7)	242 (40.3)
<b>Total</b>	300 (100.0)	300 (100.0)	600 (100.0)

The Table-9 reveals the awareness about Reproductive Tract Infection (RTI) / Sexual Transmitted Infections among the women in rural and tribal. This table can be shows that out of the total rural area respondents' 60.8 percent are awareness about Reproductive Tract Infection, 39.0 percent they no awareness about Reproductive Tract Infection. From the total Tribal area respondent's 58.3 percent are awareness about Reproductive Tract Infection, 41.7 percent no awareness about Reproductive Tract Infection.

Hence the overall data exposes that 59.7 percent awareness about Reproductive Tract Infection, 40.3 percent is no awareness about Reproductive Tract Infection.

**Table-10: Source of information heard about RTI /STI (multiple)**

SL. No	Particular	Area		Total
		Rural	Tribal	
1	Electronic media	67 (22.3)	59 (19.7)	60 (20.1)
2	Print media	190	175	365

		(100.0)	(100.0)	(100.0)
3	Doctor	57 (19.0)	68 (22.7)	125 (20.8)
4	Health workers	129 (43.0)	3 (1.0)	132 (22.0)
5	ASHA	67 (22.3)	56 (18.7)	123 (20.5)
6	Other	189 (100.0)	175 (100.0)	364 (100.0)

The Table-10 shows about the source of information heard about RTI /STI (multiple) by the women in rural and tribal area. Out of total rural area respondent's 100 percent print media are sources of information about RTI /STI (multiple), 43.0 percent health worker are sources of information about RTI /STI (multiple), 22.3 percent Electronic Media and Asha Foundation are sources of information about RTI / STI (multiple), 19.0 percent doctor sources of information heard about RTI/STI (multiple). From total tribal area respondent's 100 percent print media are sources of information about RTI /STI (multiple), 22.3 percent doctors are sources of information about RTI /STI (multiple), 20.1 percent electronic media are sources of information about RTI/STI (multiple), 19.0 percent are sources of information about RTI/STI (multiple), 1.0 percent health worker are sources of information about RTI/STI (multiple). The both rural and tribal area 100 percent others sources of information about RTI /STI (multiple).

Hence the overall data mention that 100 percent print media sources of information about RTI /STI (multiple), 22.0 percent health workers sources of information about RTI /STI (multiple), 20.8 percent doctors are sources of information about RTI /STI (multiple), 20.5 percent Asha foundation are sources of information about RTI /STI (multiple) and 20.1 percent electronic media sources of information about RTI /STI (multiple).

**Table-11: Awareness about transmission of RTI/STI**

SL. No	Particular	Area		Total
		Rural	Tribal	
1	Unsafe delivery	45 (15.0)	69 (23.1)	114 (19.0)
2	Unsafe IUD insertion	39 (13.0)	3 (1.0)	42 (7.0)
3	Unsafe sex	77 (25.7)	58 (19.3)	135 (22.5)
4	Unsafe sex with workers	141 (100.0)	191 (100.0)	332 (100.0)

The Table-11 shows the awareness about transmission of RTI/STI in rural and tribal areas. This table can be shows that out of the total rural area respondents 100 percent unsafe sex with workers having awareness about transmission of RTI/STI, 25.2 percent unsafe sex are awareness about transmission of RTI/STI, 15.0 percent unsafe delivery are awareness about transmission of RTI/STI, 13.0 percent unsafe IUD insertion are awareness about transmission

of RTI/STI and From the total tribal respondents 100 percent unsafe sex with workers are awareness about transmission of RTI/STI, 23.1 percent unsafe delivery are awareness about transmission of RTI/STI, 19.7 percent unsafe sex awareness about transmission of RTI/STI and 1.0 percent unsafe IUD insertion awareness about transmission of RTI/STI.

Hence overall data refers that majority 100 percent unsafe sex with workers are awareness about transmission of RTI/STI, remaining all 22.5,19.0, 7.0 percents unsafe sex, unsafe delivery, unsafe IUD insertion are awareness about transmission of RTI/STI.

**Table-12: Observation texture of discharge among women**

SL. No	Particular	Area		Total
		Rural	Tribal	
1	Abnormal vaginal discharge	53 (17.7)	69 (23.1)	122 (20.3)
2	Wet under cloths	6 (2.0)	3 (1.0)	9 (1.5)
3	White discharge	157 (100.0)	175 (100.0)	332 (100.0)
4	Sticky mucoid	185 (100.0)	184 (100.0)	369 (100.0)
5	Frothy	188 (100.0)	173 (100.0)	361 (100.0)
6	Cur dish	173 (100.0)	167 (100.0)	340 (100.0)
7	Pus like	167 (100.0)	174 (100.0)	341 (100.0)
8	Odour of Discharge Foul	199 (100.0)	194 (100.0)	393 (100.0)

The Table-12 reveals the observation texture of discharge among women in the study area. Out of the total rural and tribal area respondent's 100 percent are observed white discharge, sticky mucoid, frothy, cur dish, pus like, odour of discharge foul is observing texture of discharge. It is also observed 17.7 percent rural women and 23.1 percent tribal women found abnormal vaginal discharge and 2.0 percent rural women and 1.0 percent tribal women experience wet under clothes is observing texture of discharge.

Hence the overall data mention that 100 percent white discharge, sticky muciod, frothy, cur dish, pus like, odour of discharge foul is observing texture of discharge, remaining all 20.3 percent abnormal vaginal discharge and 1.5 percent wet under clothes is observe texture of discharge.



**Table-13: Consult to any one of the following for treatment of texture of discharge among women**

SL. No	Particular	Area		Total
		Rural	Tribal	
1	Government Doctor	82 (100.0)	95 (100.0)	177 (100.0)
2	Private Doctor	211 (100.0)	194 (100.0)	405 (100.0)
3	Medical Shop	141 (100.0)	180 (100.0)	321 (100.0)
4	Others	53 (17.6)	69 (23.1)	122 (20.3)

The Table-13 shows the perceptions of rural and tribal area women about their consultation to any of the above-mentioned list for treatment of texture discharge. This shows that out of the total rural area respondents 100 percent government doctors, private doctors and medical shop is consultant to any one of the following for treatment, 17.6 percent others are having consultant to any one of the following for treatment. From the table out of the total tribal respondent's 100 percent government doctors, private doctors and medical shop is consultant to any one of the following for treatment, 23.1 percent others are having consultant to any one of the following for treatment.

Hence overall data show the majority 100 percent government doctors, private doctors and medical shop is consultant to any one of the following for treatment, 20.3 percent others are having consultant to any one of the following for treatment.

### Immunization status

**Table-14: Gender-wise immunization data to children**

Sex of the Child	Area		Total
	Rural	Tribal	
Male	124 (41.3)	74 (24.7)	198 (33.0)
Female	176 (58.7)	226 (75.3)	402 (67.0)
<b>Total</b>	300 (100.0)	300 (100.0)	600 (100.0)

The Table-14 reveals the gender-wise immunization of children in rural and tribal areas. This table can be shows that out of the total rural area respondents' 58.7 percent are female sex of child, 41.3 percent male Sex of the Child Infection. From the total Tribal area respondent's 75.3 percent female sex of the child, 24.7 percent female sex of child.

Hence the overall data exposes that 67.0 percent female sex of child, 33.0 percent is male sex of child.

**Table-15: Possession of Vaccination card by study women**

Reasons	Area		Total
	Rural	Tribal	
Yes Seen	168 (56.0)	215 (71.7)	383 (63.8)
Yes Not Seen	132 (44.0)	85 (28.3)	217 (36.2)
<b>Total</b>	300 (100.0)	300 (100.0)	600 (100.0)

The Table-15 reveals the possession of vaccination card with the women in rural and tribal areas. Out of the total rural area respondent's 56.0 percent have to see Possession of Vaccination card, 44.0 percent not seen Possession of Vaccination card. From the total Tribal area respondent's 71.7 percent have seen Possession of Vaccination card, 28.3 percent not seen Possession of Vaccination card.

Hence the overall data exposes that 63.8 percent have seen Possession of Vaccination card, 36.2 percent is not seen Possession of Vaccination card.

**Table-16: Immunization of Vaccination Details**

SL. No	Response	Rural		Tribal		Total
		Yes	No	Yes	No	
1	BCG	186 (62.0)	114 (38.5)	179 (59.7)	121 (40.3)	600 (100.0)
2	POLIO-0	152 (50.7)	148 (49.3)	130 (43.3)	170 (56.7)	600 (100.0)
3	DPT-1	75 (24.9)	226 (75.1)	75 (25.1)	224 (74.9)	600 (100.0)
4	DPT-2	216 (71.8)	84 (28.0)	223 (74.6)	77 (25.7)	600 (100.0)
5	DPT-3	161 (53.7)	139 (46.3)	146 (48.7)	154 (51.3)	600 (100.0)
6	POLIO-1	195 (65.0)	105 (35.0)	208 (69.3)	92 (30.7)	600 (100.0)
7	POLIO-2	121 (40.3)	179 (59.7)	98 (32.7)	202 (67.3)	600 (100.0)
8	POLIO-3	149 (49.7)	151 (50.3)	140 (46.7)	160 (53.3)	600 (100.0)
9	MEASLES	177 (59.0)	123 (41.0)	172 (57.3)	128 (42.7)	600 (100.0)
10	VITAMIN-A	187 (62.3)	113 (37.7)	175 (58.3)	125 (41.7)	600 (100.0)

The Table-16 presents the immunization of vaccination details followed by the women in rural and tribal areas. This table can be a show that out of the total rural area respondent's 62.0 percent BCG immunization is vaccinated, 38.5 percent BCG immunization is not vaccinated. 50.7 percent polio-0 immunization is vaccinated, 49.3 percent polio-0 immunization is not vaccinated. 24.9 percent DPT-1 immunization is vaccinated, 75.1 percent DPT-1 immunization is not vaccinated. 71.8 percent DPT-2 immunization is vaccinated, 28.0 percent DPT-2 immunization is not vaccinated. 53.7 percent DPT-3 immunization is vaccinated, 46.3 percent DPT-3 immunization is not vaccinated. 65.0 percent polio-1 immunization is vaccinated, 35.0 percent polio-1 immunization is not vaccinated. 40.3 percent polio-2 immunization is vaccinated, 59.7 percent polio-2 immunization is not vaccinated. 49.7 percent polio-3 immunization is vaccinated, 50.3 percent polio-3 immunization is not vaccinated. 59.0 percent measles immunization is vaccinated, 41.0 percent measles immunization is not vaccinated. 62.3 percent vitamin-A immunization is vaccinated, 37.7 percent vitamin-A immunization is not vaccinated. From the table out of the total tribal respondent's 59.7 percent BCG immunization is vaccinated, 40.3 percent BCG immunization is not vaccinated. 43.3 percent polio-0 immunization is vaccinated, 56.7 percent polio-0 immunization is not vaccinated. 25.1 percent DPT-1 immunization is vaccinated, 74.9 percent DPT-1 immunization is not vaccinated. 74.6 percent DPT-2 immunization is vaccinated, 25.7 percent DPT-2 immunization is not vaccinated. 48.7 percent DPT-3 immunization is vaccinated, 51.3 percent DPT-3 immunization is not vaccinated. 69.2 percent polio-1 immunization is vaccinated, 30.7 percent polio-1 immunization is not vaccinated. 32.7 percent polio-2 immunization is vaccinated, 67.3 percent polio-2 immunization is not vaccinated. 46.7 percent polio-3 immunization is vaccinated, 53.3 percent polio-3 immunization is not vaccinated. 57.3 percent measles immunization is vaccinated, 42.7 percent measles immunization is not vaccinated. 58.3 percent vitamin-A immunization is vaccinated, 47.1 percent vitamin-A immunization is not vaccinated.

Hence overall data show the majority 100 percent BCG, polio-0, DPT-1, DPT-2, DPT-3, polio-1, polio-2, polio-3, measles and vitamin-A immunization is some percent vaccinated and some percent not vaccinated.

**Table-17: Details of vaccination centers given to the children**

SL. No	Reasons	Area		Total
		Rural	Tribal	
1	Government	127 (42.3)	137 (45.7)	264 (44.0)
2	Private	104 (34.7)	115 (39.0)	221 (36.8)
3	Hepatitis-B	27 (9.0)	18 (6.0)	45 (7.5)
4	Not given vaccination	42 (14.0)	28 (9.3)	70 (11.7)
<b>5</b>	<b>Total</b>	<b>300 (100.0)</b>	<b>300 (100.0)</b>	<b>600 (100.0)</b>

The Table-17 shows the vaccination centers where the sample women have been vaccinated during their pre-and post-pregnant period. The Table notice that out of total rural area respondent's 42.3 percent vaccines are given by the government, 34.7 percent vaccines are given by the private, 9.0 percent vaccines are given by the hepatitis and 14.0 percent vaccines are not given. From the table out of total tribal area respondent's 45.7 percent vaccines are given by the government, 39.0 percent vaccines are given by the private, 6.0 percent vaccines are given by the hepatitis and 9.3 percent vaccines are not given.

Hence the overall data mention that 44.0 percent vaccines are given by the government, 36.8 percent vaccines are given by the private, 7.5 percent vaccines are given by the hepatitis and 11.7 percent vaccines are not given.

**Table-18: Motivated persons to give vaccination**

SL. No	Reasons	Area		Total
		Rural	Tribal	
1	Doctor	67 (22.3)	29 (9.7)	96 (16.0)
2	ANM	126 (42.0)	82 (27.3)	208 (34.7)
3	Health worker	52 (16.7)	85 (27.8)	135 (22.5)
4	Anganwadi Worker	43 (14.3)	35 (11.7)	78 (13.0)
5	ASHA	14 (4.7)	69 (23.0)	83 (13.8)
	<b>Total</b>	<b>300 (100.0)</b>	<b>300 (100.0)</b>	<b>600 (100.0)</b>

The above Table-18 shows the motivated persons to give vaccination on rural and tribal area. The Table notice that out of total rural area respondent's 42.0 percent ANM motivated by them, 22.3 percent women are motivated by doctors, 16.7 percent women are motivated by health workers, 14.3 percent women are motivated by Anganwadi workers. And remaining 4.7 percent women motivated by Asha organization from the table out of total tribal area respondent's 27.3 percent women are motivated by health workers, 27.3 percent women are motivated by ANM, 11.7 percent women are motivated by Anganwadi workers, 9.7 percent women are motivated by doctors and remaining 23.0 percent women are motivated person to given vaccination by Asha organization.

Hence the overall data mention that 34.7 percent women motivated by ANM, 22.5 percent women are motivated by health workers, 16.0 percent women are motivated by doctors. 13.8 percent women motivated by Asha foundation and 13.0 percent women motivated person to given vaccination by Anganwadi workers.

**Table-19: Heard about family planning methods**

Response	Area		Total
	Rural	Tribal	
Yes	207 (69.0)	107 (36.1)	314 (52.3)
No	93 (31.0)	193 (64.3)	286 (47.7)
<b>Total</b>	300 (100.0)	300 (100.0)	600 (100.0)

The Table-19 reveals the knowledge of women in rural and tribal villages about family planning. This table can be shows that out of the total rural area respondents' 69.0 percent are know the family planning methods, 31.0 percent they don't know the family planning methods. From the total Tribal area respondent's 64.3 percent are don't know the family planning methods, 36.1 percent women are knowing the family planning methods.

Hence the overall data exposes that 52.3 percent know the family planning methods, 47.7 percent are don't know the family planning methods.

**Table-20: Awareness of family planning methods**

SL. No	Reasons	Area		Total
		Rural	Tribal	
1	Male sterilization	96 (46.4)	45 (41.7)	140 (44.6)
2	Female sterilization	83 (40.1)	31 (29.0)	114 (36.3)
3	IUD	7 (3.4)	3 (2.8)	10 (3.2)
4	Oral pills	13 (6.3)	17 (15.9)	30 (9.6)
5	Condom	8 (3.9)	12 (11.2)	20 (6.4)
	<b>Total</b>	<b>207 (100.0)</b>	<b>107 (100.0)</b>	<b>314 (100.0)</b>

The above table shows that if yes, what the methods on rural and tribal area are. The Table notices that out of total rural area respondent's 41.7 percent male sterilization method, 29.0 percent female sterilization method, 15.9 percents oral pills method, 3.9 percent condom method. And the rest of method is 2.8 percent IUD method. from the table out of total tribal area respondent's 41.7 percent male sterilization method, 29.0 percent female sterilization method, 15.9 percent oral pills method, 11.2 percent condom method and remaining 2.8 percent IUD method.

Hence the overall data give out that 44.6 percent male sterilization method, 36.3 percent female sterilization method, 9.6 percent oral pills method, 6.4 percent condom method and remaining 3.2 percent IUD method.

**Table-21: Presently using Family Planning Methods**

SL. No	Reasons	Area		Total
		Rural	Tribal	
1	Male sterilization	185 (61.5)	164 (54.8)	349 (58.2)
2	Female sterilization	59 (19.6)	85 (28.4)	144 (24.0)
3	IUD	33 (11.0)	18 (6.0)	51 (8.5)
4	Oral pills	15 (5.0)	21 (7.0)	36 (6.0)
5	Condom	9 (3.0)	11 (3.7)	20 (3.3)
	<b>Total</b>	300 (100.0)	300 (100.0)	600 (100.0)

The perceptions of the rural and tribal area women about the current using family planning methods are presented in the above Table-21. It is observed that out of the total rural area respondent's 61.5 percent male sterilization method is presently using for family planning, 19.6 percent female sterilization method is presently using for family planning, 11.0 percent IUD method is using for family planning, 5.0 percent oral pills method is using for the family planning and remaining 3.0 percent condom method is using for the family planning. And from the total tribal area respondent's 54.8 percent male sterilization method is using for family planning, 28.4 percent female sterilization method using for family planning, 6.0 percent IUD method using for family planning, 7.0 percent oral pills method using for family planning and remaining 3.7 percent condom method is using for family planning.

Hence the overall data give out that 58.2 percent male sterilization method is using for family planning, 24.0 percent female sterilization method is using for family planning, 8.5 percent IUD method is using for family planning, 6.0 percent oral pills method is using for family planning and remaining 3.3 percent condom method is using for family planning.

## Conclusion

The study on the reproductive health status of women in rural and tribal areas of Visakhapatnam district reveals significant disparities and challenges that require urgent attention. The findings highlight that many women face issues such as irregular menstrual periods, menstrual-related problems, and difficulties in accessing adequate healthcare and hygiene facilities. While rural women demonstrate better access to sanitary napkins, tribal women rely more heavily on traditional methods, indicating a need for improved awareness and resources in tribal areas. The data also indicate a concerning prevalence of prolonged bleeding, painful periods, and challenges related to conception, underscoring the necessity for enhanced reproductive healthcare services.

Awareness about reproductive tract infections (RTIs) and sexually transmitted infections (STIs) remains limited, though print media emerges as a key source of information. Vaccination coverage and family planning awareness vary significantly, with tribal women lagging behind in both areas compared to their rural counterparts. Overall, the study emphasizes the critical need for targeted interventions to address these gaps. Strengthening healthcare infrastructure, promoting health education, and ensuring equitable access to reproductive health services can significantly improve outcomes. Empowering women through community engagement and policy reform will not only enhance their reproductive health but also contribute to broader goals of gender equality and societal development.

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