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Knowledge, Attitude and Practice of Reproductive Health Care Services among the Members and Non-members of Self Help Groups (SHGs)

Dr.K.Jothy Associate Professor, Annamalai University, Annamalai Nagar, Tamilnadu

ABSTRACT

The women members of SHGs seem to have embarked on the non traditional tasks like marketing and non traditional enterprises Women's access to and control over their savings, credit and income have improved. The adoption of family planning and contraceptive methods by the women members of SHGs indicate the improvement of the control of women over their reproductive choice. The studies discussing the Knowledge, Attitude and Practice of the members of SHGs on Reproductive Health Care seeking behavior are very limited. It is in this context, an attempt has been made in this study to compare the level of Knowledge and Practice of Reproductive health Care services among members and non-members of women Self Help Groups in the rural areas of Chidambaram Taluk of Tamilnadu. This study involves a comparative analysis of reproductive health care knowledge and practices among the member and non member of women SHGs in Chidambaram area of Tamilnadu.

KEYWORDS: Self Help Groups, Antenatal care, Postnatal, Care, Delivery Practices, Intra natal care

Background

Self Help Groups (SHGs) are fast emerging as powerful tool of socio economic empowerment of the poor in rural areas of India. The Self Help Group is a small body formed by the people for meeting their specific objectives, particularly credit. It is managed by the rules and regulations formed by them and functions on the democratic principles. In Self Help Groups, it is assumed that all poor households need to save and to have the inherent capacity to save small amounts regularly, easy access to credit is more important than cheap subsidized credit which involves intricate bureaucratic procedures; the poor people are the best judge of their credit needs and are good users and re-payers of credit when formed in Groups. Self-help is expected to contribute towards improving population health outcomes and reducing government health care expenditure. Self-help groups are voluntary unions of peers, formed for mutual assistance in accomplishing a health-related purpose. Studies have revealed that the linkage of SHGs with banks has improved the socio-economic conditions of its members by way of positive impact on income, savings and self confidence. SHGs have proved to be successful in addressing the interest of women in a sustained manner. In addition they serve as an ideal mechanism for bringing women out of their homes, making them more articulate and honing their leadership qualities and their skill as motivators. The women members of SHGs seem to have embarked on the non traditional tasks like marketing and non traditional enterprises. The women have improved control over their labor to this extent. Women's access to and control over their savings, credit and income have improved. Women have improved freedom to move and interact with the officials and other women after joining the SHGs. The adoption of family planning and contraceptive methods by the women members of SHGs indicate the improvement of the control of women over their reproductive choice. There are numerous studies available to analyze the reproductive behavior of women. The relationship between status of women and fertility behavior has been analyzed in several studies in the past. But the Studies discussing the Knowledge, Attitude and Practice of the members of SHGs on Reproductive Health Care seeking behavior are very limited.

It is in this context, an attempt has been made in this study to compare the level of Knowledge and Practice of Reproductive health Care services among members and non-members of women Self Help Groups in the rural areas of Chidambaram Taluk of Tamilnadu.

Objectives

The prime objectives of this study are to

- Study the socio economic and demographic profile of the members and the Non-members of women SHGs.
- Compare the Knowledge, Attitude and Practice of Reproductive Child Health Care services among the members and non members of women SHGs.

Data and Methods

This study involves a comparative analysis of reproductive health care knowledge and practices among the member and non member of women SHGs in Chidambaram area of Tamilnadu. In Chidambaram taluk, there are four blocks namely Kumaratchi, Keerapalayam, Parangipattai and Mel Buvanagri comprising 3798 Self Help Groups. Two SHGs from each block were selected randomly in the first stage. In the second stage, 25 members were selected randomly from each of the selected SHGs of 4 Blocks. In the 100 women members were selected in all the four blocks. Like wise 100 non-member women were selected from the respective village of the Self Help Groups. As a whole 100 members and 100 non-members were selected for the enumeration.

A detailed schedule for adoption of interview method to elicit information on social, economic and demographic characteristics, knowledge and practices of the members and non members of Self Help Groups on Antenatal, Delivery and Post natal health care was prepared and administered to the selected respondents.

Knowledge and Practices of Ante-natal health care

Maternal health, child health and fertility regulation interventions with reproductive health, ante-natal care (ANC) refers to pregnancy related health care provided by a doctor or health workers in a medical facility or at home.

Table-1 is about here

Information relating to awareness and practices of antenatal checkups were collected from the women members and non-members of Self Help Groups and cross- classified with some socio-economic and demographic characteristics. From the above table it is evident that the percentage of awareness about the ante natal care among scheduled caste women members of SHGs is higher than that of most backward community. But in the case of non-members of SHGs, the awareness percentage is higher among backward community women than the women belong to scheduled caste and Most Backward community. Hence it can be inferred that Self Help Groups members are more informed than the non members.

It is revealed from the table that the awareness belong to nuclear family is higher among the member of Self Help Groups. The percentage of women practicing ante natal care checkups is higher among the nuclear family respondents of the members and non-members of Self Help Groups. The awareness of ante natal checkups among mothers with secondary level of education is higher than the illiterate mothers and primary level education irrespective of membership in Self Help Groups.

The occupational distribution of mothers also reveals that there is no significant variation in the knowledge and practice of antenatal care services among mothers. The cross-classification of awareness and practices of ante natal care services with the age at marriage of the mothers shows that the level of knowledge and practices are higher among the mothers of the members and non-members of SHGs and increase with the age of marriage of the women in the case of non member of SHGs. The practices of Antenatal care is higher among the non members than the member of SHGs. It can be inferred that there is no significant association between age at marriage of women and the knowledge and practices of antenatal care services irrespective of

membership in Self Help Groups. The insignificant association between the family size and knowledge and practice levels among the women has also been proved

Delivery practices

To assess the delivery practices of the women members and non-members of SHGs, the information relating to place of delivery and delivery attendant were obtained and this information were cross classified with important socio economic and demographic characteristics of the women.

Table 2 is about here

From the table it is interesting to note that irrespective of caste differences majority of the births were occurred in Government Hospital for both members and non-members of Self Help Groups. Majority of the respondents in the nuclear family in both members and non-members category of SHGs had their deliveries in Government Hospital. Only 2 respondents out of 72 from nuclear families reported that they delivered children in thus home. It is also observed that except 2 respondents from members of SHGs and 3 respondents from non-members of SHGs delivered children in any of the health facilities. Hence, it is also observed that there is no significant variation in the place of delivery among members and non-members of SHGs.

Table-3 is about here

Majority of the births were attended by Nurse and private doctors in case of members of SHGs. Among non- member's women, majority of births were attended by private Doctors, trained Dais and Nurses.

Post natal care

To assess the status of post natal care practices of the women, the information relating to the frequency of post natal visits to the health facilities and the place of their visits for post natal care services were obtained and cross classified with the socio-economic and demographic characteristics of the members and non-members of SHGs. From the table, it can be inferred that 66 percent of the respondents in the members of SHGs visited health facilities once in two months for their post-natal health needs. Government hospitals played an important role in rendering health care services to the women in the study area. There is no significant variation in the frequency visits to the health facility and the place of post natal care and socio-economic and demographic characteristics of the members and non-members of women SHGs.

Conclusion

It is evident that the percentage of awareness about the ante natal care among scheduled caste women members of SHGs is higher than that of most backward community. But in the case of non-members of SHGs, the awareness percentage is higher among backward community women than the women belong to scheduled caste and Most Backward community. Hence it can be inferred that Self Help Groups members are more informed than the non members. It is revealed from the table that the awareness belong to nuclear family among the member of Self Help Groups. The percentage of women practicing ante natal care checkups is higher among the nuclear family respondents of the members and non-members of Self Help Groups. The awareness of ante natal checkups among mothers with secondary level of education is higher than the illiterate mothers and primary level education irrespective of membership in Self Help Groups. Majority of the births were attended by Nurses and private doctors in case of members of SHGs. Among non- member's women, majority of births were attended by private Doctors, trained Dais and Nurses. It is also observed that there is no significant in the place of delivery among members and non-members of SHGs.

There is no significant variation in the frequency visits to the health facility and the place of post natal care and socio-economic and demographic characteristics of the members and non-members of women SHGs. However, the awareness related to the maternal and child health care among members of SHGs is lower than or equal to non member women. Hence, effective measures are to be taken to create awareness on antenatal, intra natal and post natal care among women members of Self Help Groups.

APPENDICES

Table: 1 Distribution of Respondents by their Knowledge and Practices of Ante Natal Care

Characteristics	Knowledge						Practices					
	Members of SHGs			Non-member of SHGs			Members of SHGs			Non-member of SHGs		
Caste	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
SC	26	-	26	30	6	36	24	2	26	32	4	36
MBC	44	4	48	35	11	46	44	4	48	35	11	46
BC	8	18	26	18	-	18	8	18	26	14	4	18
Total	78	22	100	83	17	100	76	24	100	81	19	100
Family type												
Nuclear	58	14	72	74	9	83	56	16	72	76	7	83
Joint	20	8	28	9	8	17	20	8	28	5	12	17
Total	78	22	100	83	17	100	76	24	100	81	19	100
Educational level												
Illiterate	2	-	2	7	-	7	2	-	2	7	-	7
Middle	52	20	72	55	12	67	50	22	72	53	14	67
Secondary	22	-	22	21	5	26	22	-	22	21	5	26
Hr.sec/Hr. Education	2	2	4	-	-	-	2	2	4	-	-	-
Total	78	22	100	83	17	100	76	24	100	81	19	100
Occupation												
Agri laborer	26	8	34	35	5	40	25	9	34	31	9	40
House wife	52	14	66	48	12	60	51	15	66	50	10	60
Total	78	22	100	83	17	100	76	24	100	81	19	100
Age at marriage												
19-22	68	12	80	64	14	78	62	18	80	61	17	78
23-26	7	9	16	19	03	22	12	4	16	20	2	22
27-30	3	1	4	-	-	-	2	2	4	-	-	-
Total	78	22	100	83	17	100	76	24	100	81	19	100

Table: 2 Distributions of respondents by Place of delivery Care

Place of delivery										
Characteristics	Members of SHGs					Non-member of SHGs				
Caste	Home	PHC	GH	Pvt Doctor	Total	Home	PHC	GH	Pvt Doctor	Total
SC	-	2	20	4	26	1	2	21	12	36
MBC	1	4	35	8	48	1	5	26	14	46
BC	1	2	19	4	26	1	1	8	6	18
Total	2	8	74	16	100	3	10	55	32	100
Family type										
Nuclear	2	4	54	12	72	-	10	51	22	83
Joint	-	4	20	4	28	3	-	4	10	17
Total	2	8	74	16	100	3	10	55	32	100
Educational level										
Illiterate	2	-	-	-	2	1	-	5	1	7
Middle	-	4	56	12	72	2	8	34	23	67
Secondary	-	4	18	0	22	-	2	16	8	26
Hr.sec/Hr. Education	-	-	-	4	4	-	-	-	-	-
Total	2	8	74	16	100	3	10	55	32	100
Occupation										
Agri laborer	1	4	24	5	34	1	4	24	11	40
House wife	1	4	50	11	66	2	6	31	21	60
Total	2	8	74	16	100	3	10	55	32	100
Age at marriage										
19-22	1	5	61	13	80	2	7	45	24	78
23-26	1	2	12	2	16	1	3	10	8	22
27-30	-	1	1	1	4	-	-	-	-	-
Total	2	8	74	16	100	3	10	55	32	100

Table: 3 Distributions of respondents by Delivery attendant

Delivery Attendant										
Characteristics	Members of SHGs					Non-member of SHGs				
Caste	Nurse	TD	UTD	Doctor	Total	Nurse	TD	UTD	Doctor	Total
SC	3	5	1	17	26	9	12	1	14	36
MBC	14	8	1	25	48	13	15	1	17	46
BC	7	5	-	14	26	4	6	1	7	18
Total	24	18	2	56	100	26	33	3	38	100
Family type										
Nuclear	12	18	-	42	72	24	24	2	33	83
Joint	12	-	2	14	28	2	9	1	5	17
Total	24	18	2	56	100	26	33	3	38	100
Educational level										
Illiterate	1	-	-	1	2	4	1	-	2	7
Middle	17	12	1	42	72	17	22	2	26	67
Secondary	5	5	1	11	22	5	10	1	10	26
Hr.sec/Hr. Education	1	1	-	2	4	-	-	-	-	-
Total	24	18	2	56	100	26	33	3	38	100
Occupation										
Agri laborer	3	7	1	23	34	11	13	1	15	40
House wife	21	11	1	33	66	15	20	2	23	60
Total	24	18	2	56	100	26	33	3	38	100
Age at marriage										
19-22	20	14	-	46	80	18	27	2	31	78
23-26	3	4	1	8	16	8	6	1	7	22
27-30	1	1	-	2	4	-	-	-	-	-
Total	24	18	2	56	100	26	33	3	38	100

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