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Empowering People: Effective Social Work Approaches & Strategies



# REPRODUCTIVE HEALTH AND RIGHTS: A POWERED TOOL FOR EMPOWERMENT AMONG MARRIED KOTA TRIBAL WOMEN IN KOLLIMALAI, THE NILGIRIS, TAMIL NADU

KEYWORDS

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**ABSTRACT** *Reproductive health implies that people have the ability to reproduce, to regulate their fertility and to practice and enjoy sexual relationships. In Tamil Nadu, Tribal population is 1.1% and the literacy rate was 41.5% and Kotha was one the primitive tribe. The aim of the study is, understanding the reproductive health and rights of the married Kota tribal women in Kollimalai, the Nilgiris district. The universe was married Kota tribal women and self-structured interview schedule and simple random sample method were followed. The respondents were under age group 45–53 years (32%). About 36% of the respondents got their puberty in the age of 13 years. The majority of the respondents (72%) have regular menstrual periods followed by 28% have irregular menstrual period. 52% had not gone for regular checkup during pregnancy. 56% have accepted that, they don't have health awareness, so they should be given awareness on reproductive health about maternal, antenatal and post natal care, importance of regular checkup during pregnancy and its vaccines. The interventions programs should be conducted on cervical cancer, breast cancer and sexual transmitted infections.*

**Introduction**
Reproductive health (RH) is a universal concern, special importance for women, particularly during the reproductive years. RH is a crucial part of general health and had reflection of health during childhood, adolescence and adulthood. According to WHO, RH is a state in which the people have the ability to reproduce and regulate their fertility, women are able to go through pregnancy and childbirth safely; the outcome of pregnancy in successful in terms of maternal and infant survival and well-being, and couples are able to have sexual relation free from fear of pregnancy and contracting.

Reproductive health is such an important component of general health it is a prerequisite for social, economic and human development. It extends to the equal opportunities, rights and conditions of all people to have a safe and satisfying sexual life, and to be able to decide over their own bodies without coercion, violence or discrimination. However, men have particular roles and responsibilities in terms of women's reproductive health because of their decision-making powers in reproductive health matters.

**Tribal and Reproductive Health**
Nearly 8.2% of the country's population is comprised of tribal and indigenous people. According to Census 2011, Tamil Nadu tribal population is 1.1% and the literacy rate was 41.5%. Out of the 36 Scheduled Tribe communities in the State, Six Tribal Communities i.e., Toda, Kota, Kurumbas, Irulur, Paniyan and Kattunayakan have been identified as primitive tribal. Kotas have always been a small group not exceeding 1,500 individuals spread over seven villages for the last 150 years. Kotas have their own unique language that belongs to the Dravidian language family. Kota religion was unlike mainstream Hinduism. Kotas have transformed their previous traditional relationships away from serving other so called high prestige ethnic groups and upgraded their socio-economic status. They still practice their traditional practices.

The reproductive health indicators of tribal population are poor due to low level of literacy, lack of information, their prevailing cultural beliefs, customs, poverty, indebtedness, problems related to nutrition, loss of control over to natural resources, poor status of women, displacement and rehabilitation. The Reproductive health research among tribal population should be context specific and with community involvement. Due to change in the ecological conditions some of these tribal populations have migrated to urban areas but face social exclusion, marginalization and exploitation.

**Reproductive rights and women**
Women have the right to:
- Attain the highest standard of sexual and reproductive health
- Have the information and means to decide freely and responsibly the number, spacing, and timing of their children;
- Have the right to be physically, mentally, and socially healthy with access to medical, mental, and social facilities, services, and supports to exercise sexual and reproductive rights
- Prevention and management of reproductive disorders, including sexually transmitted infections;
- Prevention of unsafe abortion and management of the consequences of unsafe abortion;
- Provision of safe motherhood services and infant care during and after pregnancy;
- Access to good quality family planning services, counseling that respects the reproductive needs of individuals and couples, and prevention of unwanted pregnancy

**Need of the study**
Several studies have demonstrated that the optional reproductive age of mother between twenty and thirty years, higher reproductive wastage, in the form of abortion, stillbirth, congenital malformation and higher maternal death occur among mothers under the age of nineteen years. The minimum legal age of marriage of girls is eighteen years. Yet, because of the existing social taboos and practices as significant percentage of girls are getting pregnant before the age of nineteen years. These practices not only disrupt their psychological develop-

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ment and expose them to the hazards of teenage pregnancy, but these also deny them any opportunities for proper education intellectual ability and consequently economic independence. As a result, they are prevented from playing an effective role in the decision making process, and empowerment in personal as well as family life. The status of girls and women in society, and how they are treated or mistreated, is a crucial determinant of their reproductive health. Educational opportunities for girls and women powerfully affect their status and the control they have over their own lives and their heath and fertility.

**Review of literature**

Ramana and Usha Rani (2014) studied on Reproductive health status - issues and concerns of tribal women in Andhra Pradesh, and focused on to assess and understand the reproductive health status of tribal women. Examination of reproductive health concerns of Tribal women was useful in assessing the extent to which population enjoyed the human rights to maximize their opportunity to enhance reproduction in a secured environment.

Vedapuri Eswaran and Shankar (2012) studied on health and nutritional status of Paniyas tribal women in India. The nutrition and health of a society was intimately related to its value system. The effects of malnutrition on the intergenerational life cycle showed consequences of inadequate weight and height micronutrient deficiencies.

Srinivasan and Ilango (2010) focused on Reproductive health care of tribal women in Kolli Hills at Nammakal District, Tamil Nadu. The objectives were to study the antenatal care practice of tribal women, to find delivery related practice of tribal women, to identify misbelieves regarding food and working status of women during pregnancy. Gaps in knowledge regarding the health of tribal women have been identified and a plan of action has been suggested for improving their health.

Aparna Mitra (2006) studied on the topic the status of women among the Scheduled Tribes in India. The author stated that gender equality among tribal groups was a complex phenomenon that needs to be addressed in the context of various issues such as family structure, fertility, child mortality, literacy, sex-ratio, religion, culture, and exposure to the mainstream population. This study showed that tribal women seem to fare better in terms of literacy rate, sex-ratio, work patterns and fertility rates.
De and Mishra (2000) conducted a study on health service utilization among tribes. Increasing emphasis was being laid on the health needs of either to neglected groups- tribal women. The health services for tribal women and child, during pregnancy, children, after, were inadequate schedules reveals that round 30% of the health facilities were utilized in rural areas.

**Methods & Materials**

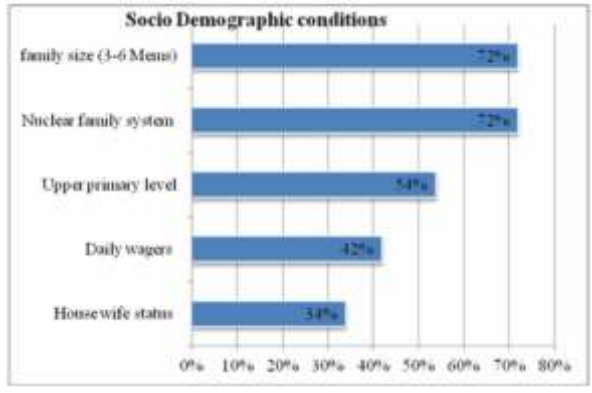
The aim of the study is, understanding the reproductive health and rights of the married Kota tribal women in Kollimalai, Nilgiris district, Tamil Nadu. The specific objectives were to study the socio-demographic profile of the Kota tribal women; to know about the menstrual health and diseases related to reproductive health; to know about the birth control measures, antenatal and postnatal care; to study early marriage practice and its effects; to know the individuals rights in reproductive health.

The researchers visited and knew the study feasibility and researcher did pre-test among ten respondents. The universe of the study was 65 married Kota tribal women residing at Kollimalai. The self-structured interview schedule and simple random sample method were used. The sample size of the study was 50 from 65 women under age group of 18-53 years. The descriptive research method was followed.

**Results & Discussion**

- The respondents were under age group 45–53 years (32%) and followed 30% were in the age group of (27–36) years and (36–45) years and all respondents have own houses.

- Among the respondents, they were daily wagers (42%), house wife status (34%) agriculture workers (22%), upper primary level education (54%) and non-literate (18%).




- Among the respondents 18% were non-literate status and 54% were in upper primary level.
- While analysis the family system and size, 70% followed nuclear family system and extended family system (30%) moreover, 72% had 3-6 members in the family.
- About 36% of the respondents got their puberty in the age of 13 years, whereas at 14 years (26%), 11 years (18%) and 12 years (14%).
- The majority of the respondents (72%) have regular menstrual periods followed by 28% have irregular menstrual period. Even though 64% of the respondents had fatigue feeling and physical illness during their menstrual time and 32% of the have depressed feeling during the onset of the menstrual cycle.
- About 4% of the respondents had problem in their breast and problem in their uterus.
- While analysis the health care awareness, all had no awareness on STIs; breast and cervical cancer (56%); and HIV/AIDS (44%).
- The majority of the respondents (68%) make use of contraceptives whereas rest of 32% of the respondents does not make use of contraceptives.
- About 38% of the respondents have 2 children whereas 22% of the respondents have 1 child. Besides 18% of the respondents have 3 children and 16% of the respondents have above 3 children.
- The half of the respondents (50%) had of spacing of about 2 – 4 years, whereas 18% of the respondents of spacing of about 1 – 2 years. The less child birth spacing created complication on reproductive health like irregular menstruation.
- The majority of the respondents (88%) had taken care by their family during pregnancy in way of nutritious food given.
- The half of the respondents (52%) had not gone for regular checkup during pregnancy and 26% of the delivery was conducted in home. Till one fourth of child birth delivery are under dangerous zone.
- The majority of the respondents (80%) had no abortions whereas 20% of the respondents had abortions.
- Early marriage system: About 38% of the respondents had married below the age of 18 years among Kota tribal women. The early marriage system was taken place due to custom (74%) and they faced adjustmental problems, understanding problems, and complication in child birth among the tribes.

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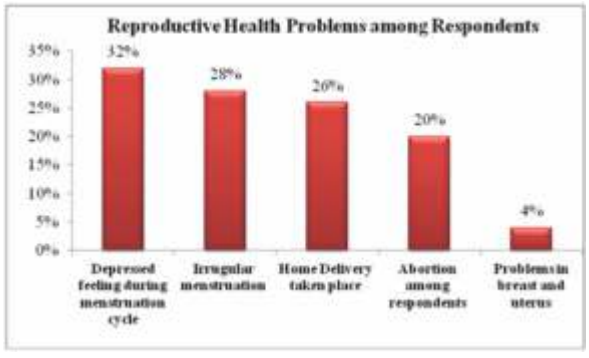


- The majority of the respondents (70%) had no knowledge on rights related to reproductive health however 94% perceived that women and men were equal in rights.
- About 52% of respondents had no autonomous choice on reproduction freely and 34% of the respondents had no independent right for the decision of another baby.

**Suggestions**

- About 26% of the respondents felt that their income level was inadequate to meet their basic needs. The income generating activities is needed to increase their income level. Self-employment and skill training should be promoted among Kota tribal women.
- Half of the respondents expressed that they need on health and reproductive health awareness. RCH related schemes should be propagated to the tribal women with content of maternal, antenatal & post natal care, importance of regular checkup during pregnancy and its vaccines. The interventions programs should be conducted on cervical cancer, breast cancer and sexual transmitted infections.
- About 70% of the respondents need advocacy and education on reproductive health rights and individual rights should be given to the tribal women.

**Social Work Intervention**

The social case work can be done to the tribal to enhance their reproductive health problems and also solve their psychological related problems through case work intervention, counseling. The group work can be conducted to explain about the intake of nutritious food to the tribal women and also care during antenatal and postnatal can be done. Community organization plays a vital role in Right to participation. Advocacy should be given on importance of gender equality, reproductive health and reproductive rights.

**Conclusion**

The analysis in the study on reproductive health and rights among married kotha indicated that the present generation are educated and early marriage does not takes place now days it has been changed as a culture of their community but the tribal women lack knowledge on reproductive rights and health. The awareness is needed to tribal women. The tribal development programs are to be implemented effectively so that the tribal women's will be benefitted a lot to maintain a good reproductive health had equal rights in gender equality and reproductive rights.

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