Research Paper Medical Science

Understanding Mothers Awareness About Maternal Health Care Services Among Baiga Tribe In Madhya Pradesh

Dr. Dinesh Kumar | Scientist D, National Institute for Research in Tribal Health (Indian Council of Medical Research), PO-Garha, Nagpur Road, Jabalpur-482003, M.P. India

Mr. Ajai Kumar Goel | Technical Assistant(Research), National Institute for Research in Tribal Health (Indian Council of Medical Research), PO-Garha, Nagpur Road, Jabalpur-482003, M.P. India

ABSTRACT

Improving maternal health among tribal population is important due to poor utilization of health care services. Study aimed to perceive awareness of maternal health care services among women in Baiga tribe of district Dindori, Madhya Pradesh. This cross sectional study was conducted during 2009-10. A total of 460 women were interviewed to be acquainted with their knowledge. Knowledge about the Maternal health services, younger women was 58% statistically higher (Z=2.8245, P<0.05) than older 44%. Knowledge about resource of ANC checkup as Anganwari Kendra , ANM & first ANC visit in fist trimester was significantly higher in younger women. Awareness of danger signs during pregnancy were seen higher (16.6%) among older women (Z=2.13,P<0.05). Awareness regarding better place of delivery as health institution among younger women was 51.2% significantly elevated (X^2=2.306, P<0.05) Awareness on MCH issues were poor except little better in younger women.

KEYWORDS Awareness, Maternal, Baiga tribe, India

Introduction:
It is far and wide accepted that the use of maternal health services helps in reducing maternal morbidity and mortality. Knowledge of maternal and child health is considered essential for the health of both the mother and the child. The maternal factors contribute neonatal mortality have their origin before the baby born. In rural and tribal areas of Madhya Pradesh, mostly women are socially backward, low economical development, illiterate and not aware regarding the utilization of health services (1,2). The Millennium development Goals (MDG) of the United Nations has set the target of achieving 200 maternal deaths by 2007 and 109 per lakh of live births by 2015 (3). To reduce the maternal and infant mortality, the Govt. launched CSSM programme with assistance of World Bank & UNICEF (4). National policy 2000 and National health policy 2003 adopted by GOI(Govt. of India) strongly reiterated the government commitment to reduce maternal and infant mortality by setting goals to reduce maternal mortality to 100 per lakh live birth and infant mortality 30 per thousand live birth(5 &6). Maternal age, illiteracy and low awareness of MCH services were observed for poor use of antenatal care services among Kamar tribe in Chhattisgarh(7). Antenatal care and delivery practices in North Bengal is poor due to low awareness(8). IMR reduced 72 to 61 in rural area from 2001 to 2007 and MMR 327 to 301 from 2001 to 2003. While IMR in rural area of MP is 77 compared to national figure (61) and MMR in MP is 269 compared to 212 (India). Govt. introduced Janani suraksha Yojana under National rural health Mission (NRHM) for promoting Institutional deliveries, full ANC and PNC check through ASHA(9,10,11). This study aimed to assess the mothers awareness of maternal health care services among Baiga tribe in M.P.

The Tribe: The Baiga tribe is one of most ancient & primitive aboriginal tribe of India. The habitat area of primitive Baigas is known as Baigackak of District Dindori in Madhya Pradesh(10). The Baiga tribe inhabits in dense hilly forest area and tattooing is an integral part of their lifestyle of women and isolated from the main stream, their economy depend on agriculture pursuits(11,12). They are socially and economically backward, illiterate and not to a great extent aware regarding the utilization of health care services.

Objective:
To assess the younger and older mothers awareness on maternal health care services particularly antenatal and natal care during pregnancy.

Material and Method:
A study was carried out among Baigas tribe in three blocks Bajag, Samanapur and Karanjia of district Dindori in Madhya Pradesh in 2009-10. A cross sectional survey aws conducted in 24 villages with 500 ever married women were covered from 460 household with a probability proportion to size sampling technique. This study had a detail interviewed with 460 currently married women regarding their knowledge about what needs to be done when pregnant. The data were collected of last five years from the survey date after getting written consent for the participation in the study. Awareness about health problems that occur during pregnancy required their own initiative in utilization of antenatal care services, decision about place of delivery, etc. The quantitative data were analyzed using SPSS 20.0. A chi square and proportion test was used as test for significance.

Result and Discussion:
Backgrounds of Respondent:
Background as socioeconomic condition as respondent education and occupation shown in (Table-1). Out of 460 currently married women, 297 were less than 30 year (younger age group) and 163 were more than 30 year (older age group). It was observed that 5% women literate among older age while it was 21.5 % in younger age group. Rate of literacy among younger women was significantly higher (x^2=19.03, P<.01). Most of the women (87%) in younger and similar 88% in older group were dependent on daily wages as labor work. The average age at marriage of women having observed 17 years.

Awareness among mothers of Antenatal Care:
Table-2 describes the knowledge of Antennal care components among the two groups of currently married women. As regards 58% of younger and 44% of older women knew about the maternal health care services. In this concern younger women having more knowledge (p<0.0024) than to older women. It was

observed about 50% women in both group know the source of ANC checkups as Anganwadi Kendra and younger women having more knowledge (41%) as ANM/LHV concern. About seventy five percent women in both groups know that ANC required during pregnancy. Twenty four percent younger women having more knowledge than older women 16% for first visit of ANC check-up in first trimester (<3 month of pregnancy). Twenty nine percent younger women know that first ANC required in second trimester and 19% in third trimester of pregnancy, while 29% percent older women reported knowledge of first ANC in second trimester and 30% in third trimester. Knowledge regarding the month first ANC between younger and older women was found statistically significant. Information about knowledge regarding immunization of tetanus toxide injection 68.7% and consumption of recommended Iron folic Acid tablet 68.4% was also little higher in younger group. There are very slight difference between younger and older women for the knowledge of tetanus toxide injection and consumption of Iron folic Acid. It was also observed that knowledge of full dose of tetanus toxide injection in younger women (51%) higher than older women (45%). About seventy two percent older women do not know the recommended full dose of Iron folic acid while 56% in younger women. Younger women having more knowledge for consumption of Iron folic Acid than older women. Due to poor literacy and ignorant for health facility, knowledge of danger sign during pregnancy was very poor in both group of women but elder women having little more knowledge.

Awareness among mothers of Delivery Care:

Described the result as per table-3, about 53% women reported that home delivery is better than institutional delivery. Fifty one percent younger women reported that health institutional delivery is better place of delivery than older women (40.5 percent). About sixty percent older women opined that home delivery is better place of delivery than to younger women (48.8%). Knowledge regarding better place of delivery between younger and older women is statistically significant ($\chi 2=4.82, p<0.028$). Forty two percent younger women know that deliveries were assisted by ANM compared to twenty nine percent in older women. It is very surprisingly that knowledge for use of home disposable kit for home delivery was very poor in both groups of women.

Conclusion:

The knowledge of maternal health care services among tribal women is very poor, especially in older women. Only 10 percent are literate up to middle in younger women than only 2 percent in older women. The knowledge for month of first ANC visit is very poor in both groups. Only twenty four percent younger women know the first ANC services within first trimester than 16 percent in older women. There is very slight difference among younger and older women for the knowledge of TT injection and consumption of Iron folic acid. The additional percent of younger women reported that institutional delivery is safe for mother and child than older women. Though young women population having more literacy and knowledge of ANC component than elder. Overall 53% women knew at least one ANC checkup required during pregnancy period and only 21.3% women knew the month of first ANC within 3 month, 12% know the danger signs during pregnancy and 47% women knew about health institutional for delivery as better place. So, for improve the knowledge on MCH services, they needs special key intervention in relation to MCH services.

Table-1: Backgrounds of respondent

Description	Women in 15-49 years		Total	x^2-test statistics
	Younger women (15 -29 year)	Older women (30-49 year)		
Number of women	297	163	460	
Literacy Status 1. Illiteracy 2. Education - primary 3. Middle 4. High school	233(78.5) 34(11.44) 26(8.75) 4(1.34)	155(95.1) 5(3.06) 2(1.2) 1(.60)	388 39 28 5	$x^2=22.49$ p=.5.2E-05 Significant at p<.001
Occupation Status 1. Own Agriculture 2. Labor (including agricultural labor) 3. Others	30(10.1) 258(86.9) 9(3.03)	17(10.4) 144(88.3) 2(1.22)	47 402 11	$X^2=1.47$ p=.48 Not Significant at p<.05

Table-2: Awareness of antenatal care among mothers

Knowledge of antenatal care services	Women in 15-49 years		P- value
	Younger women (15 -29 year) n=297	Older women (30-49 year) n=163	
At least one ANC checkup compulsory during pregnancy	172(58.0)	72(44.0)	Z=2.8245 P=.0024 Significant at p<.05
Source of ANC checkup 1. Anganwadi 2. ANM/LHV 3. Don't know	146(49.16) 123(41.41) 28(9.43)	75(46.01) 49(30.06) 39(23.92)	$\chi 2=19.03$ p=.7.4E-05 significant at p<..001
Month of first visit of ANC 1. First trimester 2. Second trimester 3. Third trimester 4. Time not known	72(24.24) 86(28.96) 56(18.86) 83(27.94)	26(15.95) 47(28.84) 49(30.06) 41(25.15)	x2=9.49 p=.0234 significant at p<.05
Tetanus toxide immunization 1. About T.T immunization 2. One immunization 3. Two or more immunization	204(68.7) 100(49.01) 104(50.99)	109(66.8) 60(55.05) 39(44.95)	Z=.3995 P=.344 Not Significant at p<.05
Consumption of Iron folic acid (IFA) Tablet 1. Full course 2. Incomplete course	203(68.35) 89(43.84) 114(56.16)	106(65.0) 38(27.92) 68(72.08)	Z=.7252 P=.2327 Not Significant at p<.05
Knowledge of danger sign	29(9.8)	27(16.6)	Z=2.13 P=.017 Significant at p<.05

Table-3: Awareness of delivery care among mothers

Knowledge of delivery care	Women in 15-49 years		P- value
	Younger women (15 -29 year) n=297	Older women (30-49 year) n=163	
Better place of delivery 1. Health Institution 2. Home	152 (51.2) 145 (48.8)	66(40.5) 97(59.5)	$x^2=4.82$ p=.028 significant at p<.05
Assisted during delivery 1. ANM 2. Untrained dai 3. Doctor 4. Trained dai 5. Don't know	125(42.08) 100(33.67) 22(7.41) 27(9.09) 23(7.74)	47(28.83) 58(35.58) 18(11.04) 25(15.33) 15(9.20)	$x^2=10.55$ p=.032 significant at p<.05
Use of disposable kit	16(5.39)	10(6.13)	

References:

1. D Kumar, A Verma, VK Sehgal, Neonatal mortality in India, Rural and Remote Health, 7:833.(Online), 2007, Available from: http://www.rrh.org.au
2. Pandey G.D & Goel Ak 1999: Socio-Demographic Characteristics of Abujmaria of Madhya Pradesh. South Asia Anthropologist, 1999,20:85-89
3. Maternal Mortality In India 2007-09: Sample Registration System, Office of Registrar General, India
4. Trends in maternal mortality: 1990 to 2010 WHO, UNICEF, UNFPA and The World Bank estimate
5. National Population Policy 2000. Department of family welfare Ministry of Health and Family Welfare. Government of India, New Delhi.
6. National health policy 2003, Department of family welfare Ministry of Health and Family Welfare. Govt. of India, New Delhi.

7. D Kumar, A K Goel, A Verma: Utilization of antenatl care services by tribal women in Chattisgarh, India, Tribal Health Bulletin: Vol.22No.1&2 January -July 2015.
8. PK Manna,et al 2011:Knowledge attitude and practices for antenatal care and delivery of the mothers of tea garden in Jalpaguri and Darjeeling Districts,West Bengal,National Journal of Community medicine 2011,Vol2,Issue1
9. National Health Profile 2008, GOI Centra Burea of Health intelligence, DGHS, MOH & FW)
10. Tiwari,D.N:Primitive tribes of Madhya Pradesh .Ministry of Home Affairs ,New Delhi
11. http://www.tribuneindia.com/1999/99apr25/sunday/head2.htm
12. Elvin varrier: The Baigas. Wyman, London (1939):