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Utilisation of Health Care Services and Natal Care - A Study of Tribal Women

Prof. D. Usha Rani — Director, Centre for Extension Studies &UGC Centre for Women's Studies, Sri Venkateswara University, Tirupati- 517502 Andhra Pradesh

Dr.D. Ramana — Academic Consultant, Centre for Extension Studies &UGC Centre for Women's Studies, Sri Venkateswara University, Tirupati-517502 Andhra Pradesh

ABSTRACT

Reproductive Health was a universal concern, but was of special importance for women particularly during the reproductive years. Although most Reproductive Health problems arise during the reproductive years, in old age general health reflected earlier reproductive life events. In the lightening of this issue the study was carried out assessed in the aim Utilisation of Health care services and Natal care - A study of Tribal women. The data revealed that many of the Tribal women went only for general tests but not specific tests involving blood and urine samples, Xray's etc. Maternal literacy and use of ANC services were important predictors of birth preparedness

KEYWORDS Health care services, Tribal women, Complications

Reproductive Health represented the overall health condition of a population. The reproductive role of women all through the process of gestation, birth, breastfeeding, and child-rearing placed her at the focal point of a population's Reproductive Health (Shankar and Thamilarasan, 2003).

Antenatal Care (ANC) refers to pregnancy-related health care, which is usually provided by a doctor, an ANM, or another health professional, to monitor a pregnancy for signs of complications, detection and treating of pre-existing and concurrent problems of pregnancy, and provides advice and counselling on preventive care, diet during pregnancy, delivery care, postnatal care, and related issues. As per the estimates of NFHS-3, the likelihood of having received care from a doctor is lowest for scheduled tribe mothers (only 32.8 percent compared to all India total of 50.2 percent and 42 percent for Schedule Caste).

The percentage of Scheduled Tribe women consuming Iron Folic Acid (IFA) for at least 90 days and who took a drug for intestinal parasites during their pregnancy was only 17.6 and 3.7 respectively. Among ST women who received antenatal care for their most recent birth, only 32.4 percent of ST mothers (lowest among all social groups) received advice about where to go if they experienced pregnancy complications. Only 17.7 percent of births to ST mothers are delivered in health facilities compared with 51% of births to mothers in category 'others'. Though Obstetric care from a trained provider during delivery is recognized as critical for the reduction of maternal and neonatal mortality, only 17.1% of births to ST women were assisted by a doctor, compared with 47.4% of births to women, who do not belong to a SC,ST, or OBC category ('others').

Need for the study

There have been a number of studies on the tribes, their culture and the impact of acculturation on the Tribal society. There were a number of studies on the status of women relating to their socio- cultural problems, their economic rights, their participation in management, their access to employment, food, health, etc. But these issues also need to be reviewed in the light of changing socio-economic conditions especially with focus on Tribal women.

Research Design

The present research study was systematically undertaken. The Objective of this study was to examine the Reproductive Health and Utilisation of Health care services and Natal care - A study of Tribal women. The data was Collected from both primary and secondary sources.

The present study was carried out in the three regions of the state of Andhra Pradesh (59,18,073 lakhs of Tribal population) before bifurcation of the State. One district from each region namely Andhra, Telangana and Ralayaseema were selected giving due representation and weightage to the inhabitation of Tribal population. The sampling unit of the study was a married Tribal woman with at least one living child. A list of married women in the age group of 25-45 years was prepared and adopting purpose stratified random sampling technique, 400 Tribal women were selected from one district from each region, totaling a sample of 1200

Results of the study

A pregnant woman was required to go for six types of medical examinations during her ante-natal period: general examination, weight, fungal examination, blood pressure checkup, urine examination and blood examination. These examinations were required to save her from complications.

Unfortunately the percentage of ST respondents who had undergone the above mentioned examinations during their last pregnancy varied from 12.7 to 38.4 percent, the lowest being the blood examination and the highest being the general examination (Nagi and Revendra Singh, 1996).

Utilization of selected services during Antenatal Care

Table-1: Percentage Distribution of respondents by utilization of Selected services during Antenatal Care

Services	Warangal		Kadapa		Visakhapatnam	
	Frequency	%	Frequency	%	Frequency	%
Weight	226	56.50	232	58.0	197	49.25
Blood pressure measured	110	27.50	170	42.50	210	52.50

Urine sample taken	60	15.0	90	22.50	40	10.0
Blood sample taken	73	18.25	76	19.0	57	14.25
Abdominal examination	260	65.0	239	59.75	237	59.25
*Others	10	2.50	27	6.75	31	7.75

*Internal examination, Breast examination, X-ray, Sonography /ultrasound etc.

The data from Warangal district showed that the highest number of respondents (260) went for general abdominal checkups during antenatal period, followed by 226 members who had their weight checked as a part of antenatal care. Another 110 members had their blood pressure checked regularly. 73 members had given samples of blood for examination and 60 members of the respondents gave samples of urine for examination during antenatal period. Only ten respondents received other health care services like Internal examination, Breast examination, X-ray, Sonography /ultrasound etc.

The data from Kadapa district showed that majority of the respondents (239) had regular abdominal examination during their last pregnancy followed by 232 of them who had their weight checked 170 respondents reported that they had their blood pressure checked regularly while 90 respondents gave urine samples for testing. 70 respondents gave blood samples for examination as part of their antenatal health care. 27 respondents received other health care services during their last pregnancy period.

The data from Visakhapatnam district revealed that a large (237) proption of the respondents had abdominal examination as part of antenatal health care. 210 of them said they had regular blood pressure checkups followed by 197 respondents who had checked their weight regularly. 57 respondents gave blood samples and 40 of them urine samples for examination. 31 respondents utilized other services (Internal examined, Breast examined, X-ray, Sonography /ultrasound etc) as part of antenatal care during their last pregnancy.

Majority of the respondents in the three districts had regular abdominal checkups and had their weight checked.110, 170 and 210 respondents had their blood pressure checked regularly. A higher proportion in Kadapa (90) as also 60 in Warangal and 40 respondents in Visakhapatnam had given blood samples as adviced. About 75 women in Warangal and Kadapa and 57 women in Visakhapatnam had given urine samples for testing. The data revealed that many of the Tribal women went only for general tests but not specific tests involving blood and urine samples, Xray's etc. These examinations and tests were essential for detecting any health problems which the pregnant women may have and which would be further aggravated during pregnancy endangering both the mother and the fetus.

Pregnancy complications

The DLHS-III data undertaken in Andhra Pradesh showed that as much as 45.80 percent of Schedule tribe women had complications during pregnancy in respect of the Warangal (49.9%), Visakhapatnam (60.3%), Kadapa (41.7%) districts in general.

Table-2: Percentage Distribution of respondents by Complications during pregnancy

Complications	Warangal		Kadapa		Visakhapatnam	
	Frequency	%	Frequency	%	Frequency	%
Swelling of hands and feet / edema	284	71.00	312	78.00	320	80.00
Paleness	24	6.00	8	2.00	26	6.50
Bleeding	11	2.75	8	2.00	-	-
Weak or no movement of foetus	44	11.00	28	7.00	36	9.00
Abnormal position of foetus	7	1.75	12	3.00	4	1.00
Others-Visual disturbances, convulsions etc	30	7.50	32	8.00	14	3.50
Total	400	100	400	100	400	100

The data revealed that a large percentage of the respondents reported swelling of hands and feet / edema at the time of pregnancy -- Visakhapatnam (80%), Kadapa (78%) and Warangal (71%) respectively. Weak or no movement in the fetus was also cited by 11, 7 and 9 percent of the respondents. A small proportion of the respondents – 1.75% in Warangal, 3% in Kadapa and 1% in Visakhapatnam reported abnormal position of fetus. About 7, 8 and 3.50 percent of the respondents in the three districts respectively cited that they had other complications like visual disturbances, convulsions etc. Many of the complications were related to poor dietary habits, low nutritional status and poor antenatal care.

Conclusion and implications

India is making progress toward reduced maternal mortality and improved access to Reproductive Health care. However, evidence shows that the progress made is uneven and inequitable. In this concerns the present study suggest a significant measures as like:-

Effective advocacy is essential in creating awareness of reproductive rights and Reproductive Health and can be facilitated by the use of effective information, education and communication strategies.

The government of India and state governments should consider following specific steps to reduce the service gap. There has to be substantial improvement of services in terms of capacity and quality in the public system where the poor and vulnerable live. Maternal and health care needs to be provided close to their homes, thus reducing the distance barrier.

Maternal literacy and use of ANC services were important predictors of birth preparedness The Indian Government should develop and annually publish special rates of infant mortality rate, maternal mortality rate, and still birth rate for marginalized groups, such as the poor and Tribals, through an expansion of the Sample Registration System already implemented. One of the reasons that services are poor in remote rural and Tribal areas is difficulties in recruiting doctor or health workers to these areas, thus creating barriers to service delivery or health education. This can be reduced by creating a special cadre or force of doctors, nurses, and health staff to run the health centers in remote and poor areas. The staff recruited will have to be specially selected based on commitment and attitude for serving the poor and marginalized. Furthermore, incentives, in the form of high salaries and other benefits such as better housing, need to be provided to recruited staff. A special strategy in regards to services during delivery will be needed to reach out the most vulnerable and marginalized.

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