



ORIGINAL RESEARCH PAPER

Management

TRIBAL WOMEN'S HEALTH PROBLEM IN KERALA AND MANAGEMENT OF PUBLIC HEALTH CARE SERVICES: A STUDY OF ERNAKULAM DISTRICT

KEY WORDS:

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1. BACKGROUND AND RATIONALE OF THE STUDY

Kerala state which sets an example for the rest of India and third world countries in providing primary health care, now gropes in the dark and is fast losing the edge. The great achievements in the fields of mortality and fertility have reached a plateau, the near universal immunization coverage achieved in the nineties has fallen in most districts. The state is regularly visited by emerging outbreaks of leptospirosis, dengue fever and other insect borne viral fevers; the latest entrant is chikungunya. Natural ecology has been tampered with and the once-famous backwaters of the state are polluted and weed infested. Waste disposal in the municipalities and corporations still remains a formidable challenge. Conventional methods like land fill evoke furious protests from local inhabitants. Critics have re-christened 'God's Own Country' as 'God's own junkyard'.

As in the case of the deteriorating situation of general public health in Kerala, equally serious is the issue of women's health in the state. In fact, the developmental indicators relating to women (such as lower maternal mortality rates, higher literacy among women, low fertility rates among women etc.) were being looked at positively in the state developmental indicators. However, recent research evidence has showed that there were a number of invisible problems related to women's health that remained neglected or unaddressed in Kerala.

Data on women's utilisation of health care services showed that the utilisation was very high for care related to pregnancy and childbirth such as ante-natal care during pregnancy, where the percentage of women seeking health care was as high as 94 to 99%. Almost 100% of the deliveries in Kerala were institutional with 88% of the deliveries taking place in private hospitals. A few cases of home deliveries were found in Malappuram and Palakkad districts, which were socio-economically backward as compared to other districts.

Manju (2006) has pointed out that the indicators based on rates and ratios masked the realities in the state and provide an incomplete picture of the health situation of women in the state. For example, in spite of the uniform distribution of health services; there were instances of maternal mortality in the state. However, no records existed for these maternal mortalities. There were 126 reported deaths in 2005.

Accordingly, there is a need to conduct an audit of maternal mortality deaths in the state. IMR rates in Kerala were comparable with those of advanced nations like Sweden and Britain, but MMR rates were comparable with the most backward states like Bihar and other northern states in India.

2. REVIEW OF RELEVANT LITERATURE

Study by Manju S Nair (2006) has observed that there has been deterioration in the general health situation of women in Kerala, in spite of the fact that the state had an enviable history in this regard in the whole country.

Sheela Shenoy (2006) has observed that many cases of maternal mortality of women are preventable if proper healthcare services are available, and it has been noted that 41 percent of women die within homes, 50 percent at hospitals and 09 percent while in transit.

A very recent study regarding the health situation of women in Kerala by Ajith Kumar and Radha Devi (2010) has observed, "while

on an average women live longer than men, they spend more years in poor health than men and thus the number of years needing geriatric care is also more".

It may be noted here that except for some overall studies as above, systematic and scientific research studies on women's health care is very scarce. The proposed study seeks to bridge the above research gap by undertaking a focused study with special reference to Ernakulam district in Kerala.

3. RESEARCH QUESTIONS

- What were these invisible problems among women?
- What was the health situation among women from different socio-economic and vulnerable groups such as women from the marginalised communities like the tribal and fishing communities?
- What was the situation of the health care services in the state, namely the government and the private health care systems?
- What has been the efficacy of the government healthcare services in addressing the needs of women, particularly those from marginalized groups?
- How could the proper management of public healthcare institutions improve the women's health situation and what could be the strategies that may be adopted for that?

4. STATEMENT OF THE RESEARCH PROBLEM

To study the health situation of women in Kerala with special reference to Ernakulam district, with a view to examine the efficacy of the public healthcare services to effectively address the healthcare needs of women, to identify the inter-relationship between the health status and socio-economic condition of women, and to suggest suitable strategies for more effective management of public healthcare services.

5. OBJECTIVES OF THE STUDY

- To make a comparative study of the health situation of women from different socio-economic and vulnerable groups, such as women from the marginalised communities like the tribal and fishing communities;
- To analyse the efficacy of the government health care services in Kerala in addressing the health needs of women, and also to compare the same with private sector services;

6. RESEARCH METHODOLOGY

7.1. Data Sources

The study seeks to use both primary and secondary data. Primary data are sought to be collected with the help of a carefully drafted, pre-tested Questionnaire from women who need healthcare. Another set of Questionnaire is used to collect the data from doctors / other medical practitioners of public healthcare services (like, Government hospitals, primary health care units etc.). Secondary data are proposed to be collected from authentic sources like publications of health departments of State / Central governments, NSSO statistics etc.

7.2 Tools and Techniques

The data collected as above are analysed using popular techniques of statistical and economic analysis (like, ANOVA, Trend Analysis, etc.). Popular software packages like SPSS, STATA, MS-Excel, E-Views etc. are sought to be used for the analysis.

Findings

Most of the respondents got married between the age of 18-25,

and other set of respondents who married after 25 yrs, around 19% of them married before the age of 18. There is no special condition relates with marriage ,the main factor is that women as wife needs to look after the house hold activities ,ready work in fields , needs to go to fetch water ,etc. there isi no special consideration is provided to women's

Pregnancy and child bearing is treated as natural phenomenon and women's treat child birth as a natural process. Sex education is not formally given to girls, they understand things from surroundings. After marriage womens are under the subordination of husband's and mother in laws. The decisions even relating with the number of children are either taken by the huband or by the mother in laws.

Here around 44% of the respondents have one or two chidren, 23% of them have three-four childrens and few respondents have more than four children, most of them boy baby and it decides the number of child.

Here around 27% of the suffers the problem of infertility, researcher try to find out reason by asking with other respondents and health workers analysed the fact that women's consuming certain tablets that usually provided as contraceptives , but here there aim is to delay the menstruation. Because during the time periods they need to stay away from home and to live alone in a special hut called "marapura". Every one hesitated to this thing and increased use of tablet is one o Regarding the utilization of medical facilities by the respondents, most of them reported that, although they go to those centres despite the long distance. Because they cannot. afford the expenses of private doctors or nursing homes, but they were not satisfied at all with the services of PHC: and MHCs. and some respondents told that they never went to either PHC or government dispensaries.f the important reason of infertility.

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