



A Study On Awareness To Tribal Labor Women Of Amma Magapperu Sanjeevi Scheme (Siddha Medicine) In Jawadhu Hills, Tamilnadu

*K.Boopathi

**Dr.P.Magudapathy

*Research Scholar, Department of Public Administration, Government Arts College (Autonomous) Coimbatore

** Assistant Professor, Department of Public Administration, Government Arts College (Autonomous) Coimbatore

ABSTRACT

Amma Magapperu Sanjeevi Scheme is one of the important to Labor women health during pregnancy time and after birth baby care in the present situation the Amma magaperu sanjeevi Scheme bouquet of siddha medicines it will provide positive result only each kit will comprise medicines for three Trimesters of pregnancy and post delivery is after baby delivery and baby care. This study is mainly focusing in Amma Magapperu Sanjeevi Scheme in Siddha Medicine existing understand Tribal labor Women. This study mainly conducted to identify the Tribal Labor Women Awareness, Understand and Utilization.

Index Terms- Amma Magapperu Sanjeevi Scheme, Siddha Medicine, Tribal Labor Prime Women, and Multy Gravida Tribal Labor Women and Jawadhu hills.

INTRODUCTION

Tamilnadu Government was introduced Amma Magapperu Sanjeevi Scheme which will have a bouquet of 11 Siddha Medicine for pregnancy women and Newborn. Launched on January 11, 2016.

Amma Magapperu Sanjeevi Scheme, the Siddha Medicine are very useful and use properly in pregnancy time to Avoid major complication in delivery time. The Pregnancy is divided into trimesters. The First trimester From the first week to end of 12 week in this time They are giving Madhulai Manappagu, Karuveppilai Podi uses of reducing vomiting sensation and controlling giddiness. The second Trimesters are from the 13 week to the end of the 26 week in this period they are giving Nellikkai Legiyam, Elathy Tablet and Annabedi Tablet. This medicine Improving Immunity level and solving Anemic Problem Balancing iron deficiency. The third trimesters is from the week 27 to the end of the pregnancy in this period they are giving Ulundhu Thailam(external), Paavana Panjakula Thailam(external) and Kunthirika Thailam(external) this is used for removing the ache and for normal delivery. After the delivery the mother care and baby care purpose there are giving Pinda Thailam (both for external application), Sataavari Thailam (internal) and Urai Tablet This is used for removing the ache, increasing the breast milk secretion and the tablet to improving the immunity power and controlling early stage diseases to the baby.

Siddha is a Tamil word derived from “siddhi” Its origin goes back to B.C 10000 to B.C 4000. The Government of India and Tamilnadu Government regulate training in siddha medicine. Siddha medicine is a traditional medicine in Tamilnadu which is the first using the methods siddhars they were knowledgeable, learned the detailed all the disease and treatment of the disease they were lived in forest and mountain caves. They are the first Doctors and developed the natural siddha medicine format.

Siddha formulation are Kashayam (extracts),Churman(powder),Tailam(medicated oils) Lehiams (confections),Guligai(pills),Chenduram(metal complexes),Bhasmam(calx prepared by calcinations),Ghritam(medicated ghee)And Mezhu(gu(waxes),or tinir (distilled essence).

The Tribes are called as “adivasis” The term ‘Tribe’ has not been defined in the constitution of India, but the term “Scheduled Tribe” was inserted in the constitution vide Article 342.According the constitution “any tribe or tribal community or part of or group within any tribe or tribal community as deemed under Article 342 are scheduled tribes the purpose of the constitution. The tribal peoples are interested to marriage only tribal community because they feel they only understand their tradition. The pregnancy tribal Women all are going to hospital regular check up like scan, blood check up and they are taking also Siddha medicine etc.

The study on the tribal labor women of jawadhu hills in Tirupattur district Tamilnadu. There is a siddha hospital and Amma Magapperu Sanjeevi Scheme is available. The Amma Magapperu Sanjeevi Scheme for pregnancy women.

Primi Labor Women that means mother who is pregnant for the first time, Multi Gravida Labor Women that means mother who has been pregnant more than once.

OBJECTIVES

- 1) To measure the level of Awareness to the Amma Magapperu Sanjeevi Scheme.
- 2) To understand the existing Amma Magapperu Sanjeevi Scheme for Primi Tribal labor Women Multi Gravida Tribal Labor Women.
- 3) To find out the Extent of Utilization of Amma Magapperu Sanjeevi Scheme for Primi Tribal labor Women and Multi Gravida Tribal Labor Women.

HYPOTHESIS

On the basis of above objectives following hypothesis were formulated.

- There is no significant difference between the mean score on Awareness of Amma Magapperu Sanjeevi Scheme for Primi Tribal Labor Women and Multi Gravida Tribal Labor Women.
- There is no significant difference between the mean score on Understand of Amma Magapperu Sanjeevi Scheme for Tribal labor Primi Women and Multi Gravida Tribal Labor Women.
- There is no significant difference between the mean score on Utilization of Amma Magapperu Sanjeevi Scheme for Primi Tribal Labor Women and Multi Gravida Tribal Labor Women.

RESEARCH METHODOLOGY

Research Design is the structure of any scientific work it gives direction and systematizes the research. An exploratory research will be conducted to measure the Awareness, Understand and Utilization on the Amma Magapperu Sanjeevi Scheme in between Primi Tribal Labor Women and Multi Gravida Women. Tribal Labor Women in Jawadhu Hills are universe for this research study. Overall Sample Size is 80 structured interviews Schedule were used as tools to aid the collection of the data for the study.

ANALYSIS OF DATA

This chapter presents the statistical analysis has been divided into two sections namely introduction and existing Amma magapperu sanjeevi Scheme for Tribal Labor Women of the respondents, The study analyzed as on between the mean source of Amma Magapperu Sanjeevi Scheme Awareness, Understand and Utilization level inter between to Primi Tribal Labor Mother and Multi Gravida Tribal Labor Women By T-Test.

RESPONDENTS PROFILE

To Assess the Respondents profile, the study Labor mother had identified variables like age of Respondents, family type, Qualification, working women and house wife, Type of Gravida (primi or Multi), Pregnancy Trimester, High risk complication of Respondents, Amma Magapperu Sanjeevi Scheme Using Mother, Amma Magapperu Sanjeevi Scheme Non Using Mother, How did get Awareness, Understand and uses of Scheme Utilization of Respondent

Table -1

T –Value of Amma Magapperu Sanjeevi Scheme Awareness level of Primi Tribal Labor Women and Multi Gravida Tribal Labor Women.

Awareness Level of Scheme	Group	N	Mean	S.D	T –Value	Level of Significant
	Primi Women	40	2.88	40.38	-8.29	Significant
	Multi Gravida Women	40	4.45	15.9		

From Table: 1 showing the mean value of Primi Tribal Labor Women Awareness is 2.88, which is lower than that of Multi Gravida Tribal Labor Women, i.e.4.45. The SD values are found 40.38 and 15.9 respectively. The t-value is -8.29249. The p-value is <.00001. The result is significant at p<.05.

Table -2

T –Value of Amma Magapperu Sanjeevi Scheme Understand level of Primi Tribal Labor Women and Multi Gravida Tribal Labor Women.

Understand level of Scheme	Group	N	Mean	S.D	T –Value	Level of Significant
	Primi Women	40	2.3	24.4	-9.74	Significant
	Multi Gravida Women	40	3.85	15.1		

From Table: 2 showing the mean value of Primi Tribal Labor Women Understand are 2.3, which is lower than that of Multi Gravida Tribal Labor Women, i.e.3.85. The SD values are found 24.4 and 15.1 respectively. The t-value is -9.74082. The p-value is <.00001. The result is significant at p<.05.

Table -3

T –Value of Amma Magapperu Sanjeevi Scheme Utilization Level of Primi Tribal Labor Women and Multi Gravida Tribal Labor Women.

	Group	N	Mean	S.D	T –Value	Level of Significant
Utilization Level of Scheme	Primi Women	40	2	18	-9.07	Significant
	Multi Gravida Women	40	3.45	21.9		

From Table: 3 showing the mean value of Primi Tribal Labor Women Utilization are 2, which is lower than that of Multi Gravida Tribal Labor Women, i.e.3.45. The SD values are found 18 and 21.9 respectively. The t-value is -9.06659. The p-value is <.00001. The result is significant at $p < .05$.

Finding of the Study after statistical analysis of the data.

- i) There is Awareness Level difference between the Primi Tribal Labor Women and Multi Gravida Tribal Labor Women is Significant.
- ii) There is Understand Level difference between the Primi Tribal Labor Women and Multi Gravida Tribal Labor Women is Significant.
- iii) There is Utilization Level difference between the Primi Tribal Labor Women and Multi Gravida Tribal Labor Women is Significant.

CONCLUSION

Through this study, we can understand the fact there is much difference between Primi Labor Tribal Women, Multi Gravid Labor Tribal women.

According to the factories the Primi Tribal Labor Women Awareness, Understand and utilization the Amma Magapperu Sanjeevi Scheme less than comparing to Multi Gravida Tribal Labor Women.

SUGGESTION

- Aasha worker, Anganvadi Workers and Village health nurse give more Awareness to the Tribal Labor Women and check the Utilization of the Scheme.
- Amma Magapperu Sanjeevi Scheme explanation banner fix the Tribal area.
- Conduct the cultural program to their own traditional style it will be understand very easy.
- Every Anti natal and Post natal check up time hospital staff Nurse must check the details of Amma Magapperu Sanjeevi Scheme.

REFERENCE

- [1] James, Paul (2006). Globalism, Nationalism, Tribalism: Bringing Theory Back In. London: Sage Publications.
- [2] James, Paul (2001). "Relating Global Tensions: Modern Tribalism and Postmodern Nationalism". *Communal/Plural*. 9 (1):11-31. doi:10.1080/13207870124780.hdl:1885/41671.
- [3] The Johns Hopkins Manual of Gynecology and Obstetrics (4 Ed.). Lippincott Williams & Wilkins. 2012. P.438. ISBN 978-1-4511-480-5. Archived from the original on 10 September 2017.
- [4] "What is some common complication of pregnancy?" Eunice Kennedy Shriver National Institute of Child Health and Human Development. 12 July 2013. Archived from the original On 26 February 2015 Retrieved 14 March 2015.
- [5] LONG-TERM HEALTH EFFECTS OF PREMATURE BIRTH". *March of Dimes* Retrieved 3 June 2021.
- [6] "Definition of Term Pregnancy – ACOG". www.acog.org. Retrieved 27 September 2019.
- [7] "Siddha medicine". *Encyclopedia Britannica*. Retrieved 29 November 2020.
- [8] "About Siddha medicine: Origins". *National Institute of Siddha*. 2020. Retrieved 16 February 2020.
- [9] KK Aggarwal, VN Sharma (2014). "IMA, Anti Quackery Wing". *Indian Medical Association* Archived from the original on 31 January 2020. Retrieved 28 November 2019
- [10] Michael Safi (2 January 2018). "Indian doctors protest against plan to let 'quacks' practice Medicine". *The Guardian*. Retrieved 28 November 2019. The government is giving Sanction to quackery. If those doctors make mistakes and people pay with their lives, who Is going to be held accountable?
- [11] "Siddha medicine: Basic concepts". *Ministry of AYUSH, Government of India*. 25 February 2016. Retrieved 16 February 2020.
- [12] "About the Central Council for Research in Ayurvedic Science". *Central Council for Research in Ayurvedic Sciences, Ministry of AYUSH, Government of India*. 2017.
- [13] "Siddha medicine: Courses". *National Institute of Siddha*. 2020. Retrieved 16 February 2020.
- [14] "Home page of the Central Council of Indian Medicine". *Central Council of Indian Medicin*. 200. Retrieved 11 February 2020.