



REPRODUCTIVE HEALTH OF TRIBAL WOMEN IN KERALA

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Abstract: Reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. Despite efforts at many levels, improving the accessibility of health care and improving the quality of health care for women, is challenging. As the country strives to achieve sustainable development goals, the maternal and reproductive health of women, especially the marginalised tribal women, is an area of substantial concern. Kerala State holds a unique position in the tribal map of India. Kerala is performing much better in the delivery of maternal health care services. In Kerala, the maternal and reproductive health indicators of tribal women show significant differences from nontribal women. This study attempts to analyse the reproductive health of tribal women in Kerala. The research design is descriptive design. The study analyses the reproductive health of the tribal women in Kerala with respect to maternal care. The aspects related to antenatal care, natal care and postnatal care of tribal women in Kerala are assessed. The challenging targets of sustainable development goals could be met only with a functioning health system with an efficient system of communication, referral, and transport. The various implications of the study related to the improvement of reproductive health of tribal women are explicated.

Index Terms- Reproductive Health, Tribal Women, Kerala

1. INTRODUCTION

India has the largest concentration of tribal population in the world. Tribals constitute 8.61 per cent of the country's total population, numbering 104.28 million (Census, 2011), and cover about 15 per cent of the country's area. Kerala State holds a unique position in the tribal map of India. According to the 2011 census, the Scheduled Tribe population in Kerala is 4, 84,839 and constitutes 1.4 % of the total population. The composition of males and females are 2, 38,203, and 2,46,636 respectively. 96.0% of the Scheduled Tribes are residing in villages. Kerala is performing much better in the delivery of maternal health care services. The coverage of reproductive and child health services by caste shows that the utilization of the services among Scheduled Tribes (ST) and Scheduled Castes (SC) is comparatively lower than in other social groups. In the contemporary scenario, the maternal and reproductive health of women especially the marginalised is an area of growing concern. In Kerala, the maternal and reproductive health indicators of tribal women show significant differences from nontribal women. This study attempts to analyse the reproductive health of tribal women in Kerala.

2. REPRODUCTIVE HEALTH

The International Conference on Population and Development (ICPD) 1994, stressed the importance of women's health, especially reproductive health for overall development. ICPD defined reproductive health as "A state of complete physical, mental and social wellbeing and not merely an absence in all matters relating to reproductive system and to its functions and processes". The World Health Organization (WHO) define reproductive health as: "A state of physical, mental, and social well-being in all matters relating to the reproductive system. It addresses the reproductive processes, functions and systems at all stages of life. To maintain good sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. People must be informed and empowered to protect themselves from sexually transmitted infections. When persons decide to have children,

women must have access to skilled health care providers and affordable quality services that can help them have a safe pregnancy, safe birth and healthy baby.

3. REVIEW OF LITERATURE

This section highlights some of the relevant research conducted in the field of reproductive health among tribal women in India in recent years. Chandraker et al. (2009) conducted a study in the Dhur Gond tribal community of Chhattisgarh, to understand pregnancy-related issues, women's Reproductive Health, infant and child mortality, and nutritional status of mothers and children under-five. The study showed that 47.12 % of mothers were undernourished (BMI <18.5 kg/m²) and all the children suffered from malnutrition. Results revealed that 51.72% of mothers had not done antenatal check-ups, 41.38% of antenatal mothers had not taken tetanus toxoid immunisations and 56.32% of antenatal mothers had not taken iron and folic acid tablets during pregnancy, 94.83 % of deliveries were performed at home, 57.47% of births were done mainly by untrained traditional birth attendants. Infant and child mortality rate was 5.92 and 4.28 per 100 live births respectively.

Srinivasan and Ilango (2010) examined the reproductive healthcare of tribal women in Kolli Hills in Namakkal District, Tamil Nadu. The objectives of the study were to assess the antenatal care and delivery-related practice of tribal women. The study could find out gaps in knowledge regarding the health of tribal women and could formulate a plan of action for improving their reproductive health. Negi, Sekher & Ganguly (2010) did a study on tribals of Chhattisgarh and Jharkhand regarding antenatal care of tribal and non-tribal women. The study examined the influence of socio-economic variables and demographic variables on the utilization of antenatal care services by the public or other health professionals among tribals and non-tribals. The study assessed the utilization of antenatal care services and the effect of the availability and accessibility of Reproductive and Child Health services. The analysed data revealed that tribal women are lagging behind non-tribal women in the accessibility and utilization of public health services in both states.

Susuman (2012) in his study on antenatal care and postnatal care among tribal women in India relates the socio-economic characteristics and demographic characteristics of the currently married Scheduled Tribes women in eight districts of Chhattisgarh with factors associated with antenatal and postnatal care. A representative sample of 1569 currently married Scheduled Tribe women aged 15-44years, residing in eight districts of Chhattisgarh. The study showed that tribal women who had institutional delivery and received full antenatal check-ups were 2.5 times higher than those pregnant women who did not receive any antenatal check-ups. Swain (2013) conducted a study on reproductive and child health (RCH) in four villages of Koraput Block and four villages of Jeypore block having mixed populations of Scheduled Castes, Scheduled Tribes (Paraja, Gadaba, Bhumia, and Kondha), and Hindu population. The study findings suggested that Reproductive Child Health programme require an ideological change in its structure for the benefit of the targeted community and stressed that Reproductive Child Health Programme should include health education, particularly for women and girl child. Ramana and Usha Rani (2014) studied issues and concerns about the reproductive health status of tribal women in Andhra Pradesh. The study was useful in assessing the scope to which the population enjoyed human rights to maximize their opportunity to enhance reproduction in a secured environment.

4. RESEARCH METHODOLOGY

The study throws light on the reproductive health of the tribal women in Kerala with respect to maternal care. The aspects related to antenatal care, natal care and postnatal care of tribal women in Kerala are assessed. The research design is descriptive design. The sampling design adopted is simple random sampling. Five districts are randomly selected for the study. The area of this present study is confined to 5 districts of Kerala such as Wayanad, Palghat, Idukki, Kottayam and Kollam. In each of these chosen districts, 2-3 panchayaths are selected on the availability of dominant tribal groups. 80 samples are to be taken from each district. Married tribal women belonging to the age group 18-49 years, having at least one child is selected as samples. The sample size is 400. According to Guadagnoli and Velicer (1988), the minimum number of participants required for the generalizability of the results is 300-450. Primary data is collected by an interview schedule. The data collection period is in January 2022. Questions are asked on reproductive health considering the antenatal period, natal period, and postnatal period of the most recent pregnancy. Secondary data is analysed from the recent NFHS reports of Kerala State. Quantitative data is analysed using SPSS 21.00 Version. Data is presented in tables.

5. RESULTS AND DISCUSSION

5.1. Socio-demographic details of respondents

5.1.1. Type of tribe of the respondents

Among the respondents, 20.0 % of the respondents belong to Paniyan and Irula communities. Malayarayan communities constitute 28.5% of the samples studied, out of which 6.0% are Christian malaarayan and the remaining are Hindu malaarayan. The tribal communities of the rest of the respondents are as follows: 4.5% are Ulladar; 14.3% are Malavedar; 4.3% are Malampandaram; 1% are Kanikkar, 5.8% are Mannan and 1.8% are Paliyan. The samples of the study are representatives from ten tribes in Kerala.

5.1.2. Type of family of the respondents

Among the respondents, 48.7 % belong to the nuclear family and 51.8% belong to the joint family.

5.1.3. Religion of the respondents

Among the respondents, 97.3% belong to the Hindu religion and 2.7% belong to the Christian religion.

5.1.4. Education of the respondents

7.5% of the respondents never went to school, 11.5 % of the respondents studied in Lower Primary school; 14.5 % of the respondents studied in Upper Primary school; 34.8% of the respondents studied in High school; 17.3 % of the respondents studied in Higher Secondary school; 8.8 % of the respondents studied for graduation; 1.5 % of the respondents studied for post-graduation; 0.3 % each of the respondents studied nursing, ITI and Diploma in Pharmacy. 1% and 2% of the respondents have done a Diploma course and Teachers Training Course (TTC) respectively. 0.5% of the respondents have Bachelor's degree in Education (B Ed).

5.1.5. Occupation of the respondents

50.5% of the respondents stated that they don't have a paid job and they manage their routine home affairs; 37.8 % of the respondents participate in Employee Guarantee Programme (EGP) jobs; 1.5 % of the respondents are engaged in Agriculture; 3.5 % and 2.3% of the respondents do Govt. job and Govt. Contract jobs respectively; 0.5 % of the respondents work with Private jobs; 3.3 % of the respondents work on Daily wages; 0.3% of the respondents work as tailors; For 0.5 % of the respondents, the income is from rearing animals.

5.1.6. Income category of the respondents

5.0 % of the respondents belong to Above Poverty Line (APL) and 95.0% of the respondents belong to Below Poverty Line (BPL).

5.2. Antenatal Care of Most Recent Pregnancy

5.2.1. Registration of pregnancy in the health facility

All the respondents have registered their pregnancy in a health facility for follow-up and care.

5.2.2. Opinion of respondents regarding the frequency of antenatal examination by doctors in the health facility

The opinion of respondents regarding the frequency of antenatal examination by the doctor during the antenatal visit in a health facility is shown in the following table.

Table 5.1.

Opinion of respondents regarding antenatal examination by doctor during antenatal visit in health facility

Opinion of respondents regarding antenatal examination by doctor during an antenatal visit in the health facility	Frequency	Per cent
Sometimes examined	13	2.3
Often examined	227	74.3
Always examined	90	22.5
Total	400	100

As shown in Table 5.1., only 22.5% of the respondents opined that they were always examined by a doctor during their antenatal visit in a health facility; 74.3% of the respondents opined that they were often examined by a doctor during their antenatal visit in the health facility; 2.3% of the respondents opined that they were sometimes examined by a doctor during their antenatal visit in a health facility;

5.2.3. Availing of antenatal care by respondents in the health facility

Among the respondents, 99.8% of respondents reported that they have availed regular antenatal care in health facilities. Only one among the 400 respondents has not availed of regular antenatal care in the health facility.

99.8% of the respondents reported that they have availed of at least one antenatal care in a health facility in the first trimester. According to NFHS 5 report, 93.6 % of mothers had an antenatal check-up in the first trimester.

99.8% of respondents reported that they had at least four antenatal visits to a health facility during the most recent pregnancy. NFHS 5 report of Kerala state shows that mothers who had at least four antenatal care visits are 78.6%. The percentage of mothers who had at least four antenatal visits dropped down to 78.6 % in NFHS 5 from 90.1 % in NFHS 4. The World Health Organization (WHO) recommends that antenatal mothers should receive at least eight antenatal care visits, in which a health worker can check for signs of ill health (such as underweight, anaemia, hypertension, or infection) and monitor the health of the fetus.

5.2.4. Personnel who visited the homes of respondents for care during pregnancy

Among the respondents, 100 % of the respondents reported that ASHA worker, Anganwadi worker and Health worker have visited them in their homes during the antenatal period and has given them need-based consultation and care. During the antenatal visits, women are counselled on nutrition and hygiene to improve their health prior to, and following, delivery.

5.2.5. Consumption of iron and folic acid during pregnancy

Among the respondents, 99.8% consumed iron and folic acid during pregnancy for more than 180 days. Mothers in Kerala who were pregnant in the past five years, who consumed iron folic acid for 180 days or more when they were pregnant, is 80.0% as per NFHS 5 Kerala state report.

5.2.6. Immunisation during pregnancy

Among the respondents, all the respondents availed of two doses of Tetanus Toxoid injection during pregnancy. As per the NFHS 5 report of Kerala state, the percentage of antenatal mothers whose last birth was protected against neonatal tetanus is 95.2%.

5.2.7. Opinion of respondents regarding awareness received during pregnancy

Respondents are asked regarding awareness received by them during pregnancy from health facilities regarding complications during pregnancy, care of baby, family planning etc.

Table 5. 2

Opinion of respondents regarding awareness received during pregnancy

Awareness received during pregnancy on:		Frequency	Per cent
Intake of nutritional diet during pregnancy	Yes	276	69.0
	No	124	31.0
Complications during pregnancy	Yes	226	56.5
	No	174	43.5
Need for institutional delivery	Yes	349	87.3
	No	51	12.7
Importance of breast feeding	Yes	180	45.0
	No	220	55.0

Hygienic care of baby	Yes	180	45.0
	No	220	55.0
Immunisation of baby	Yes	121	30.3
	No	279	69.8
Family planning	Yes	121	30.3
	No	279	69.8
		400	100

As shown in Table.5.2.,69.0% and 56.5% of respondents mentioned that they received awareness respectively on intake of nutritional diet during pregnancy and complications during pregnancy .87.3% of respondents received awareness on the importance of institutional delivery. 45.0 % of each of the respondents mentioned that they received awareness of the importance of breastfeeding and hygienic care of babies 30.3 % of each of the respondents mentioned that they received awareness of immunisation of the baby and family planning. Health education and awareness on nutritional diet during pregnancy, possible complications during pregnancy, the need for institutional delivery, the importance of breastfeeding and immunisation for the baby, hygienic care of the baby and the necessity for family planning, should be given to all antenatal mothers in the health facility.

5.2.8. Antenatal complications

None of the respondents mentioned that they had any antenatal complications during their most recent pregnancy. 21.0 % of the respondents reported that they had anaemia during their previous pregnancy. According to the NFHS 5 Kerala state report, anaemia in pregnant women has gone up from 22.6% in NFHS 4 to 31.4% in NFHS 5.

5.3. Natal Care of Most Recent Pregnancy

5.3.1. Place of most recent delivery

The data regarding the place of the most recent delivery is shown in the following table.

Table 5.3
Place of most recent delivery of the respondents

Place of the most recent delivery of the respondents	Frequency	Per cent
Govt. hospital	307	76.8
Private hospital	89	22.3
Home	4	1.0
Total	400	100

As per Table 5.3., 76.8% of the respondents had their delivery in a Government hospital, 22.3 % of the respondents had their delivery in a Private hospital and 1.0% of the respondents had their delivery in their own home. Among the respondents, 99.0 % of the respondents had institutionalized deliveries. All the children born at home were taken to a health facility for a check-up within 24 hours of birth. As per NFHS 5 Kerala state report, the State has 99.8 % institutional deliveries, of which 34. 1% had their birth in a public facility, and 100% of births were attended by skilled health personnel.

5.3.2. Person who assisted in the most recent delivery

The data regarding the person who assisted in the most recent delivery is analysed and is shown in the following table.

Table 5.4

Person who assisted the respondents in the most recent delivery

Person who assisted the respondents in the most recent delivery	Frequency	Per cent
Doctor	288	72.0
Nurse	108	27.0
Relative	4	1.0
Total	400	100

In Table 5.4., 72.0 % of the respondents mentioned that they are assisted mainly by the doctor in the most recent delivery and 27.0 % of the respondents mentioned that they are assisted mainly by the nurse in the most recent delivery; For 1.0% of the respondents who had home delivery, their relative assisted them in the most recent delivery.

5.3.4. Type of most recent delivery

The data regarding the type of the most recent delivery, is analysed and is presented in the following table.

Table 5.5.

Type of most recent delivery of respondents

Type of most recent delivery of respondents	Frequency	Per cent
Normal delivery	271	67.8
Caesarean Section	113	28.3
Vaginal delivery with instruments	16	4.0
Total	400	100

As shown in Table 5.5., the most recent delivery of 67.8% of respondents is normal delivery; 28.3% of respondents had a caesarean section, and 4% had vaginal delivery assisted with instruments. As per NFHS 5 Kerala state report, births delivered by caesarean section is 38.9%.

5.3.5. Gestational age of baby of most recent delivery

The data regarding the gestational age of the baby of the most recent delivery, is analysed and is presented in the following table.

Table 5.6
Gestational age of baby in most recent delivery of respondents

Gestational age of the baby in most recent delivery of respondents	Frequency	Per cent
Full term	310	77.5
Preterm	90	22.5
Total	400	100

As shown in Table5.6., the gestational age of the baby in the most recent delivery of 77.5% of respondents is full term and that of 22.5 % of respondents is preterm.

5.3.6. Complications during the most recent delivery

Respondents are asked regarding the occurrence of complications, if any during the most recent delivery. Among the respondents,193 respondents (48.3%) mentioned that they had complications during the most recent delivery. Data is analysed and the type of complications that have occurred, as mentioned by the respondents is presented in the following table.

Table 5.7
Complications during the most recent delivery

Complications during the most recent delivery	Frequency	Per cent
Prolonged labour	139	34.8
Bleeding per vagina	6	1.5
Foetal distress	48	12.0
Total	193	48.3

Among the respondents, 51.8% of the respondents, did not have any complications during the most recent delivery. The occurrence of complications during the most recent delivery is mentioned by 48.3 % of respondents. Type of complications mentioned are prolonged labour (34.8%), bleeding per vagina (1.5 %) and foetal distress (12.0%).

5.3.7. Unique practices during delivery

Among the respondents, none of the respondents mentioned that they have followed any unique socio-cultural practices related to delivery, during their most recent pregnancy.

5.4. Postnatal Care of Most recent Pregnancy

Occu 5.4.1. Occurrence of postnatal complications for respondents in the most recent delivery

Respondents are asked whether they had any postnatal complications in the most recent pregnancy. 88.5% of the respondents opined that they did not have any postnatal complications and 11.5% of the respondents had postnatal complications in the most recent pregnancy.

5.4.2. Postnatal complications that had occurred for the respondents in the most recent delivery

Among the respondents, only 11.5% of the respondents had postnatal complications. The type of postnatal complication stated by the respondents is presented in the following table.

Table 5.8

Postnatal complications that had occurred for the respondents in the most recent delivery

Postnatal complications that had occurred for the respondents in the most recent delivery	Frequency	Per cent
Increased bleeding per vagina	21	5.3
Back pain	1	0.3
Breast swelling	24	6.0
No complications	354	88.5
Total	400	100

As shown in Table 5.8., Among the respondents, 88.5% of the respondents did not have any postnatal complications. Postnatal complications suffered by the respondents in the most recent delivery are: increased bleeding per vagina (for 5.3%), back pain (for 0.3%) and breast swelling (for 6.0 %).

5.4.3. Postnatal follow-up in a health facility by the respondents

According to the respondents, 100% of the delivered mothers and newborn babies received postnatal care from a doctor/nurse/midwife within 2 days of delivery.

Respondents are asked whether they had at least one postnatal follow-up with a doctor within 6-7 weeks of delivery. Data is analysed and is shown in the following table.

Table 5.9

Respondents who have done postnatal follow-up with doctor within 6-7 weeks of delivery in the most recent delivery

Whether the respondent had at least one postnatal follow-up with a doctor within 6-7 weeks of delivery	Frequency	Per cent
Yes	376	94.0
No	24	6.0
Total	400	100

The respondents opined that, 100% of the delivered mothers and newborn babies received postnatal care from a doctor/nurse/midwife within 2 days of delivery. Analysed data shown in Table 5.9., reveals that 96.0 % of the respondents had at least one postnatal follow-up with a doctor within 6-7 weeks of delivery. 4.0 % of the respondents did not have at least one postnatal follow-up with a doctor within 6-7 weeks of delivery.

5.4.5. Reasons mentioned by the respondent for not doing at least one postnatal follow-up with the doctor within 6-7 weeks of delivery

As seen in Table 5.9., among the respondents, 4.0% of the respondents did not have at least one postnatal follow-up with the doctor within 6-7 weeks of delivery; 2.3% of the respondents could not do at least one postnatal follow-up with the doctor within 6-7 weeks of delivery as they faced difficulty in getting transportation to go to the health facility and 3.8% of the respondents could not do at least one postnatal follow up with doctor within 6-7 weeks of delivery as they had to look after other children.

6. SUGGESTIONS AND RECOMMENDATIONS

Access to accurate, and up-to-date sexual and reproductive health information on aspects such as menstruation, safe sex practices, contraception, preparation for pregnancy, self-care during the antenatal period and postnatal period, possible complications during pregnancy and labour, etc. should be provided to tribal women.

Integration of different health care services for tribal women related to pregnancy period, natal period and postnatal period, preventive services for ensuring reproductive health, and menopause care to be done.

Maternal death and disability can be reduced significantly, if every woman has access to health services throughout her lifecycle, especially during pregnancy, childbirth, postpartum and postnatal periods. The focus should be to eliminate delays in decision-making to seek healthcare services, ensure timely transportation to proper health facilities and enable the availability of quality treatment on arrival at healthcare facilities.

Health programmes for women should provide an opportunity for all the vulnerable and marginalised tribal women throughout their life course, by giving importance to the biopsychosocial aspects of health.

7. CONCLUSION

As the consequences of poor sexual and reproductive health are magnified for marginalized tribal women, equitable and universal access to health care should be ensured for them. Numerous barriers prevent many tribal women, from making autonomous decisions about their sexual and reproductive health. These barriers also need to be identified to ensure that all tribal women will be able to exercise their equal rights to sexual and reproductive health. The tribal health programs are to be implemented effectively, so that the tribal women will be able to experience good reproductive health. Reproductive health programmes for tribal women must place emphasis on improving access to quality reproductive health services. With local participation and human resources, health education and research to incorporate tribal health needs, the state of tribal healthcare can be improved.

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REFERENCES

- [1] Chandraker, R., Chakrabarty, S., Mitra, M., & Bharati, P. (2009). A study of reproductive and child health among the Dhur Gond tribal community of Mahasamund District, Chhattisgarh, India. *Studies of Tribes and Tribals*, 7(2), 97-103.
- [2] Government of India. (2010). Statistical Profile of Scheduled Tribals in India. Ministry of Tribal Affairs, Statistical Division, New Delhi.
- [3] Government of India Census. (2011). *Censusindia.gov.in*. retrieved 10 July 2020.
- [4] Guadagnoli E., & Velicer WF. (1988). Relation of sample size to the stability of component patterns. *Psychol Bull.* 103(2): 265–275. pmid:3363047.
- [5] International Institute for Population Sciences (IIPS) and ICF. 2021 National Family Health Survey (NFHS-5 First phase), 2019-20: India. Mumbai: IIPS.
- [6] International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS.
- [7] Navaneetham, K., & Dharmalingam, A. (2002). Utilization of maternal health care services in Southern India. *Social Science & Medicine*, 55(10), 1849-1869.
- [8] Negi, N. S., Sekher, T. V., & Ganguly, S. (2010). Antenatal care among tribals: A Study of Chhattisgarh and Jharkhand. *Studies of Tribes and Tribals*, 8(2), 77-86.
- [9] Srinivasan, S., & Ilango, P. (2013). Reproductive health care of tribal women in Kolli hills at Nammakal district, Tamil Nadu. *SLAP Journal of Social Science ISSN-0975, 9999*.

- [10] Susuman, A. S. (2012). Correlates of antenatal and postnatal care among tribal women in India. *Studies on Ethno-Medicine*, 6(1), 55-62.
- [11] Swain, M., & Nayak, D. (2013). Reproductive Health Seeking Behavior of Tribal Women: A case study among PARAJA tribes of Laxmipur Block, Koraput district, Odisha, India. *Education*, 6(1).

