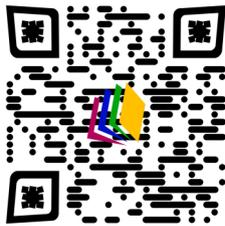


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## **Reproductive Health Status of Tribal Women in Odisha: A Study of Pre and Post Natal Health Care of Tribal Mother and Their Quality of Life in Harichandanpur Block of Keonjhar District**

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### **ABSTRACT:**

Health status of tribal women in India is greatly determined by the quality of pre and post natal quality health care. Tribal women morbidity is high in India and in Odisha due to absence of any proper maternal health care which is less studied and the present paper is an attempt to understand and comprehend the conflicting current of the issue at the micro level in Harichandanpur Block of Keonjhar district in Odisha. The quality of life of tribal mothers during pre and post natal stage is very important to access their actual health status. Maternal health care at this stage is extremely important as it witness physical, emotional and social changes, which affect their reproductive health. The objective of this paper is to investigate and examine the quality of life of tribal mother in Harichandanpur block of Keonjhar district during both pre and post natal period. Attempt also has been made to examine and highlight the determinant variables impacting their quality of life and health status.

**KEY WORDS:** Reproductive health, Women Morbidity, Gender Equity, Antenatal Care, Tribal Mother, Cultural Fabric.

### ***Introduction***

Health status of tribal population is largely noticed to be in a deplorable condition due to their inaccessibility to modern health care facilities. Besides the poor health condition of tribal people in general is greatly influenced by insanitary conditions, lack of personal hygiene, and lack of awareness. The health status of tribal women particularly the reproductive health in India and Odisha in particular is highly alarming one and major public health issues.

A sound maternal health care and quality of life of pregnant women both at ante natal and post natal steps refers to a complete state of complete physical, mental and social well being. Maternal health care includes varied aspects of women health care such as family planning,

pre conception, pre natal and post natal care which can reduce effectively maternal morbidity and mortality. A WHO source reveals that every day nearly 800 women die due to pregnancy related child birth related complications. It is also found that about 99 percent maternal death are from developing countries. Again it is found that the rate of maternal mortality is quite higher in rural and tribal areas, where there is widely prevalent of illiteracy and poverty. So due to poverty and illiteracy, the tribal women normally keep themselves away from basic maternal health care facilities. As per various studies, it is largely found that due to inaccessibility and less accessibility to health care facilities, the tribal mothers are most often deprived of such reproductive health facilities which creates risks for their motherhood and birth of a healthy new born. Lack of awareness and poor health seeking behavior found to be major reason for not availing proper pre natal and post natal care delivered through Govt. health facilities.

### **Pre & Post Natal Health Care; A Precondition for Safe Motherhood and Child Birth**

Pre natal health care is very important for safe motherhood and birth of a healthy new born. Proper ANC check up and care prevents maternal morbidity and reduces still birth. So during pregnancy, proper ante natal care with providing of nutritional standard, awareness on personal hygiene practices and counseling are extremely important for maternal and child health outcome. Studies have revealed that while sufficient attention has been given and health care professionals are crucially involved in pre natal care, but post natal care found to be a neglected aspect of women's health care (Torkan, Parsay, 2009). For safe pregnancy and safe delivery, pre natal care includes regular ANC check-ups by doctors or midwives for treatment and prevention of potential health problems throughout

the course of the pregnancy which could promote healthy lifestyles benefiting both mother and the child. During the regular ANC, pregnant women are given information on all the healthy and personal hygiene practices to be followed and to be adapted all physiological and biological changes in pregnancy. Besides providing of prenatal vitamins is also extremely important to ensure safe and healthy pregnancies. Proper and routine pre-natal care with pre natal screening and diagnosis, helps immensely reducing the frequency of many pregnancies related complications such as miscarriages, birth defects, low birth weight, neonatal infections, many preventable health problems and above all substantially reduces maternal deaths or maternal mortality rates. As per report of World Health Organization (WHO) around 830 women die every day because of problems related to pregnancy and childbirth. The MMR and IMR is very high in poor and developing countries, where as such rate is abysmally low in developed or rich countries.

To ensure quality health care for pregnant women, WHO recommended four minimum antenatal visits must be made for each pregnant woman from date of conceive till child birth in order to spot and treat health problems and give proper immunizations. In order to ensure proper ante natal care and increase pregnant women's access to such health care facilities, the health system needs to bring changes in initiatives new health policies, educating health workers and reorganizing health services. All such interventions if properly addressed may help in improving the situation of number women receiving antenatal care for safety pregnancy with safe child birth.

Post natal health complications resulting in women morbidities is also a recurrent phenomena in

several countries, ( Cheng, Fowles and Walker, 2006). It has been found that post natal care is often terminated while mothers are still struggling with hard reality to adapt with new roles and changes in the family environment (Ahmadi, Montazerietal, 2014). Post natal health complications are found by several studies as fatal and critical. In post natal stage, a mother develops problem such as fatigue or tiredness which is experienced by more than half of mothers (Woude, Pijnenborg and Vries, 2015). These fatigueless creates depression for many mothers and breast feeding problem(Cheng and others, 2006). Pain in various parts of bodies is another frequent symptoms in continuance hemorrhoids. Besides many health complications are also witnessed with a mother in the post natal stage which includes pain in various parts of the body constipation, sleeping disorders and a variety of emotional changes with depressive symptoms affecting their physical and psychological health ( Bothare, Sethi, Beletal , 2015). All these health problems due to lack of proper post natal care of mothers not only influenced the mothers only but also affects their infants well being ( Prick, Bijlenga, 2015). Thus any negligence or any in adequate post partum surveillance and health care facilities may grossly affect the quality of life of mothers and child survival.

### **Review of Literature**

Sesia (2007) has studied the reproductive health and reproductive rights of women in which discussion has been on post Cairo Consensus and the subsequent public health policies and its shortcomings in Oaxaca Mexico. The author argues that due to budgetary constraints the Mexican health sector could not able to implement comprehensive reproductive health care facilities. Mavalli and Srivastava in their field based quantitative study have highlighted the reproductive

health status of women in the matrilineal tribes of Meghalaya. They found that reproductive health risks such as anemia and abnormal blood pressure are commonly noticed among women in Garo tribes. They suggested for indigenous interventions as part of the NHM programmes to be followed to mitigate the ill effects of reproductive health issues. Torkan and Parsay(2009) in their empirical research have pointed out that health care professionals while emphasizing pre-natal health care have completely neglected the post natal health complications and care aspects which they described a major cause of concern.

Jose, Sarkar. Kumar & Kar(2014) in their empirical study have found that the coverage of maternal health care services in Kerala is relatively better compared to other States in India. They have identified the factors contributing to better coverage in Kerala and also found out the reasons for non utilization of such services by pregnant tribal women, which has created child birth complications and maternal morbidity among tribal women.

Sathiya Susman(2012) in his study has found that the tribal women, who have availed complete ANC facilities and given birth child in health institution or their delivery is attended by trained paramedical professional are reported with better child survival and less of maternal mortality cases. The study highlighted the factors associated with antenatal and post natal care of tribal mother in the select area of the study. The author concludes that as the tribal women in the study area are very poor with low standard of living could not able to avail basic reproductive facilities. The author has suggested that in order to improve their maternal health care status, their basic needs have to be fulfilled by improving their quality of life through enhancing

their economic standard.

### Objectives of study

The present paper has been written and the study has been undertaken taking the following objectives into account:

- To study maternal health care and status of tribal mothers in the select block of keonjhar district, Odisha.
- To study prenatal and post natal health complications of tribal mothers.
- To study socio-economic and psychological status of the tribal women of reproductive age group in the study area
- To study the quality of reproductive health care and explore various aspects of pre natal and post natal health care of tribal mothers.
- The study wants to examine the quality of life of tribal mother in the select block of Keonjhar district during pre and post natal period which is greatly influenced by their prevailing culture and value system as against their desired goals, expectation and standard.

**Methods of study:** The methodology adopted to write this particular research paper is survey method. Both primary and secondary data has been used to elicit information to meet the study objectives. A field based quantitative study was conducted among randomly chosen 78 tribal women of reproductive age group (19-45 years) from selected tribal villages of Harichandanpur block of Keonjhar district of Odisha. To elicit primary information, a semi structured validated questionnaire consisting of the socio economic profile, reproductive health status, blood pressure and hemoglobin level and pre & post natal health care, institutional delivery and quality of life has been administered to randomly selected

respondents. Besides, FGD has been conducted among selected respondents as part of important qualitative tools to elicit information.

As part of secondary sources, books, journals, periodicals, Govt. information reports have been widely consulted.

### Field Study Analysis

#### **A situational analysis on quality life of tribal mothers in Harichandanpur block of Keonjhar district.**

Quality of life of individual is greatly determined by their performance and achievement in physical, psychological, social and spiritual filed. The World Health Organisation(WHO) has described quality of life as individuals perceptions of their life in the context of culture and value system in which they live and in relation to their goals, expectations, standards and concerns (Vehedi, 2010). Quality of life of women during maternity is greatly determined by their perception on maternal related health care and the effectiveness of maternal and child health intervention. ( Simon, Mackay and Ruta, 2003).

The present paper aims at to study and examine the pre and post natal care and quality of life of tribal mother in Harichandanpur block of Keonjhar district of Odisha. The population of present study includes all the tribal women of Harichandanpur, who were pregnant and less than six months passing since delivery. However for the convenience of the study, a sample of 78 tribal pregnant women and mothers has been chosen.

**Table 1: Distribution of Mother respondents according to age, education and occupation, Types of family, Family income/ month ,Main source of income**

Variable	Frequency	Percentage
<b>Age</b>		
16 to 18 years	32	41.02
19 to 25 years	46	58.97
<b>Education</b>		
Illiterates	07	8.90
Standard 1 to 5 <sup>th</sup>	28	35.80
6 <sup>th</sup> to 10 <sup>th</sup>	23	29.40
+ 2 & above	20	25.60
<b>Occupation</b>		
House wife	15	19.23
Daily Labourer	28	35.89
Selling of leaf /vegetable/ Mahuli/ Handia	35	44.87
<b>Types of family</b>		
Joint family	62	79.48
Nuclear family	16	20.51
<b>Family income/ month</b>		
≤ Rs2000/-	20	25.64
Rs.2000- 3000	27	34.61
Rs.≥ 3000	31	39.74
<b>Main source of income</b>		
Agriculture	38	48.71
Business	15	19.23
Job	08	10.78
Labourer	17	21.78

**Table 2: The place of delivery, birth attendant and type of deliveries among the tribal mother**

Characteristics	Total	
	Number	Percentage %
<b>Place of Delivery</b>		
Home	35	44.87
Private Health Center	15	19.23
Govt. Health facility	28	35.89
<b>Birth attendant</b>		
ANM	33	42.30
Elders	25	32.05
Doctors	20	25.64
<b>Types of delivery</b>		
Normal	58	74.35
C- Section	12	15.38
Episiotomy	08	10.25

The above table furnishes information on types of delivery and place of delivery of tribal women in the study area. Out of the total sample of tribal mothers it is found that 44.87% of delivery at home, where as 35.89% and 19.23% have their delivery at Govt. health center and private health center respectively. The table also shows the result of type of delivery, where the percentage of normal delivery is 79.30%, C-Section is 15.38% and Episiotomy 10.25%. With regard to birth attendant, ANM has attended 42.30%, Elders 32.05% and doctor have attend 25.64% case.

**Table 3: Pregnancy related Health Complication among Mother**

Complication	Total			
	16-19 years	Percentage %	19-25 years	Percentage %
Vomiting	05	15.15	06	13.33
Blood pressure	05	15.15	07	15.55
Infection	07	21.21	08	17.77
Miscarriage	04	12.12	08	17.77
Still birth	06	18.18	07	15.55
Anemia	03	09.09	04	08.88
Low birth weight of body	03	09.09	05	11.11
<b>Total</b>	33		45	

Out of the total sample of 78 pregnant women were participated in the study out of which 32 women were belongs to age groups between 16 to 18 years and 46 women belongs to age groups 19 to 25 years. On the basis of data majority of women having education below 5<sup>th</sup> standard (35.8%) where as only 25.6% women have education above 12<sup>th</sup> standard and about 8.9% tribal women are illiterate. The table reveals that tribal women are economically independent to the great extend as we find about 19.23% as house wife. Tribal community as a live in forest area, so they mainly depend on forest and forest food livelihood. For smooth work down they lives in joint family. Here we found 79.48% women live in joint family where as 20.51 % women live in nuclear family. This table also shows that 48.71% family mainly depend on agriculture as main source of income where as only 10.78% of tribal are having jobs.

The data has been elicited with regards to pregnancy related complications and diseases during pregnancy that created morbidity and new born survival. The above table shows the result of the different health problem during pregnancy of different age groups. On basic of data the percentage of Vomiting, Blood pressure, infection, miscarriage, still birth, anemia, low birth weight of body on comparing the percentage, in the age group of 19 to 25 years are more prone to vomiting and still birth. The findings of present study shows that low birth weight baby generally find in 19 to 25 age groups. The problems such as blood pressure, infection anemia, still birth are found in age group of 16 to 18 years.

It is found that as the morbidity aspect is more with elderly tribal women, they have witnessed greater risk of child birth. It is also socking to know that majority proportion of tribal women irrespective of their age group have not received delivery care which has greatly affected their reproductive quality of life.

### **Conclusion**

To conclude, the findings of study highlights the insufficiency in pre and post natal care of tribal mothers in the study area which has directly affected their quality of life. The study findings unfold that tribal mother, who had regular pre natal visit reported higher quality of life. The Study results also clearly shows that the qualities of life between tribal women with normal delivery and caesarean delivery is marked with great difference and higher rate of qualities of life is noticed with tribal mother with normal delivery. In the study area tribal mothers aged younger than 20 years found to have better qualities of life in comparison to women with higher age group.

Women with higher educational background

particularly with college education have higher score in mental health and physical function. Tribal mother with higher family monthly income have availed better pre and post natal care which has resulted better score in their quality of life. Pregnant tribal women with history of disease have developed with child birth complications and reported to have poor quality of life. Though educated and employed, tribal mothers have higher health knowledge and better access to health care facilities, but in general inadequate pre and post natal health care facilities in the study area has reported for less quality of life of tribal mothers, resulting in higher morbidity among the tribal mothers in the study area.

To address the bottlenecks that stand as barrier to the quality of life for tribal mothers in the study area, appropriate measure needs to be taken to educate them at village level and community mobilization by health workers like ASHA, ANM can be very useful to improve the reproductive health status of tribal mothers. Besides, there is a great need for teaching the young tribal mothers and their families about the importance of timely and proper ANC check up, intake of nutritional diet and maintaining of proper personal hygiene during pregnancy and correct breast feeding techniques for child survival.

To sum up, better quality of life could be ensured to tribal mothers by providing adequate pre natal and post natal health care with special emphasis to housewife and less educated tribal women as well as to women with disease history during pregnancies.

### **References**

B Torkan, S. parsay, M. Lamyion and A. Karemnejit; " Post natal quality of life in women after normal vaginal delivery

- and caserian section” BMC pregnancy and child birth , Vol 9 article -4, 2009
- C.Y.Cheng, E.R. Fowles, L.O. Walker, “ Post partum maternal health care in the United States; A critical review” , The journal of Peri-natal education, vol.15-3, PP 34-42, 2006.
- S.E. Ahmedi, A. Montazeri, R. Mozafari, A. Azari, M.R.Nateghi and M. Ashrafi, “ health –related quality of life and pre migravid : A comparative study of natural conception and conception by assisted reproductive technologies (ARTs)”, International journal of Fertility and sterility, Vol-8, No. 2 PP. 167-174. 2014.
- D.A.A. Vander Woode, J.M.A. Pijnenborg and J. De Vries, “ Health status and quality of life in post partum women; A schematic review of associated faefors, European journal of obstetrics, Gynecology and reproductive biology, Vol.185, PP. 45-52, 2015
- T.N. Bodhare, P. Sethi, S.D.Bele, D. Gayatri and A.Vivenanada, “Post natal quality of life depressive symptoms and social support among women in southern India” Womrn & health, Vol-55, No-3, PP. 353-365, 2015.
- B.W. Prick, D. Bijlenga, A.J.G. Jansenotal, “ Determinant of health-related quality of life in the post partum period after obstetric complications” , European journal of obstetrics Gynecology and reproductive biology, Vol.185, PP. 88-95, 2015.
- Jose JA, Sarkar S, Kumar SG and Kar S (2014), “ Utilization of maternal health – care service by tribal women in kerala” Journal of Natural Science , Biology and Medicine, 01 January 2014, 5(1): 144-147
- A Sathya Sasuman(2017), “ Correlates of ante natal and post natal care among tribal women in India” Studies on ethno medicine 6 (1), April 2012.
- S. Vehedi, “ World Health Organization qualities of life scale (WHOQOL-BREF); Analysis of their item response theory properties based on the graded reposes model”, Iranian journal of psychiatry, vol.5. no-4,pp-140-153, 2010.
- A. Symon, A. Mackey, and D. Ruta, “ Post natal quality of life; A pilot study using the mother generated index”, Journal of advanced nursing, vol.42, no-1,pp-21-29, 2003
- Begun S, Sebasting A, Kulkarni R, Singh S, Donta B. Traditional practices during pregnancy and childbirth among tribal women from Maharashtra; a review. Int J Community Med Public Health 2017; 4:882-5.
- Pandey G.D., &Lakra, V.R. (2000). Maternal and child health care among Birhors of Madhya Pradesh. Tribal health Bulletin, 6 (1), 16-18.
- Sesia, Paola; (2007) “ Reproductive health and Reproductive Rights after the Cairo Consensus” in Sexuality Research and Social Policy, Journals of NSRC, Sept. 2007, vol-3 P-34
- Choudhry, UK. Traditional practices of women from India: pregnancy, childbirth, newborn care . J obstetGynecol Neonatal Nurse 1997; 26:533-9.
- Ravishankar ,a.K., Ramachandra, S., &Subbiah, A. (2008). Thends and issues in tribal studies. In S.R. Padhi 7 B. Padhy (Eds) Safe Motherhood Practices among Indian Tribal Communities (1-26). New Delhi: Abjhijet Publications. Retrieved April 10, 2014 from <http://medind.nic.in/jah/t12/i1p34.pdf>
- Article, O. (2013). Food Preferences and taboos during ante-natalperiod among the tribal Liamputtong, P., Yimyam, S., Parisunyakal, S., Baosoung, C., saniriphun, N., 2005. Traditional beliefs about pregnancy and child birth among women from Chaing Mai Northern Thailand. Mid Wifery 21,139-155.
- Thatte N, Mullany LC, Khatri SK, et al. Traditional birth attendants in rural Nepal: Knowledge, attitude, and practices about maternal and new born health, Glop Public Health 2009, Vol.4 (pg 600-17)
- Sharma , B. (2003). Traditional practices followed during pregnancy and lactation by Gaddi tribe in Kangra district (H.P.), M.Sc. Thesis, MaharanaPratap University of Agriculture and Technology Udaipur, RAJASTHAN, INDIA.
- Mum bare S, Rege R. Antenatal care services utilization, delivery practices and factor affecting them in tribal area of north Maharashtra. India J Comm Med. 2011; 36 (4): 287-90.
- Sinny Joseph Maretil, Subash Chandra Srivastava; Reproductive health Status of women of matrilineal tribes of Meghalaya, NCMPH.