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Pregnancy related information of adolescent tribals from Buldhana district

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Abstract

World Health Organization (WHO) has defined adolescent as the age between 10 to 19 years. Health scenario of the population would remain incomplete if adolescent group is excluded. About 80% of the tribal in India live in remote forest areas and hilly regions, without an access to the modern socio economic inputs. Current status of tribal population as reported 2011 census is 8.6% of the nation total population, whereas the tribal population of Maharashtra is 8.6 million. Tribal population of Buldana District is 115,000 (Revenue division TRTI, Pune) Buldana District falls under Amravati division. Early marriages result in low birth weight of infants. Adolescent pregnancy is a major risk factor for both mother and infant as the girl may not have finished growing making child birth dangerous. (Jacob, 2001). Adolescent pregnancy a common factor in tribals hence, pregnancy related information was studied of the pregnant women. The pregnant woman in the study were distributed on parameters like number of pregnancy, total number of children born, previous pregnant history, problems faced during and after pregnancy and their awareness about free distribution of tablets and injection given to pregnant women. It was observed that number of pregnancy was high, number event full pregnancy was very less larger woman reported vomiting coupled with morning sickness, majority were aware about free distribution of tablets and delivery was conducted at home. It can be suggested that nutritionist from the periphery should council about diet and nutrition and safe and better practices to be followed during pregnancy.

Keywords: Adolescent, Pregnancy, Morning Sickness

1. Introduction

The Tribal people are the most conservative orthodox and superstitious which impede their growth and development in all walks of life. India is considered to be an anthropological laboratory because of its religious social and linguistics, diversities. It has always attracted the attention of the world as being one of the oldest civilizations with kaleidoscopic variety of rich cultural heritage. About 80% of the tribal's in India live in remote forest areas and hilly regions, without an access to the modern socio – economic inputs. Most of the tribes are poor, backward and generally lead a hard and miserable life. Due to the part of developmental efforts, tribal's are forced to rehabilitate in a totally new environment, settlement. But unfortunately because of the lack of education and the life of Comparative Exclusiveness, the scheduled tribes find these adjustments more difficult particularly in an alien location. Similarly sharp decline in the forest area and all forms of wild life brings in accelerated changes in their habits and practices and even in their lifestyles which are not conducive for their health and well-being. The tribal's have their own socio-economic and cultural system and are mostly illiterate, ignorant and economically backward. Further, tribal custom marriage at an early age has compounding effect on the adverse health and nutrition situation of the adolescent girls. According to different statistical studies tribal girl gets married at an early age of 15.5 years. It is unfortunate that they are not even aware of the legal age for marriage. Among Korkus the mean age at marriage of girl ranges from 12-16 years and for boys 16-20 years. Early marriages result in low birth weight of infants. Adolescent pregnancy is a major risk factor for both mother and infant as the girl may not have finished growing making child birth dangerous. (Jacob, 2001) [6]. It is custom in the tribals to marry at an early age resulting in adolescent pregnancy hence, it was of keen interest to probe into the pregnancy related information of the adolescent pregnant women. The pregnant women in the study were distributed on parameters like number of pregnancy, total number of children born, previous pregnant history, problems faced during and after pregnancy and their awareness about free

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Distribution of tablets and injection given to pregnant women.

Review of literature

Singh and Singh (2008) [11], observed number of children among Korkus of Mealghat region they reveal reveal maximum number of families have three children and their percentage is 34.7 the percentage of families having 4 and 5 children are 16.3 and 10.3 respectively where as the percentage of 1 and 2 children are 10.7 and 15.7 respectively.

A peculiar aspect observed among tribal pregnant women which may lead to eventful delivery is that no special care or provision was not taken care of Indira Naik (2001) [5].

A larger percentage (35.42) women reported morning sickness coupled with vomiting followed by those who experienced none of the symptoms (24) percent The problems faced by lactating women were found to be considerably low as a maximum 60.42 percent indicated none of the problems.

Nayak and Babu (2001) [9], report tetanus is a major factor behind neonatal health. In many tribal communities it has been found that the cattle sheds and goat/sheep sheds are very close to their houses as the excretory materials of these animals are congenial host for tetanus bacilli (Park and Park, '91) and since most of the deliveries among tribal communities take place at home it is therefore essential to administer tetanus toxoid to pregnant mother.

Singh and Singh (2008) [11]. Report about vaccination among Korku from Melghat region revealing 96.3 percent people have vaccinated their children thus showing awareness of vaccination among Korku.

Singh and Singh (2008) [11]. Report that 84 percent of delivery take place at home however 60 percent call trained nurse for delivery, 15 percent report absence of nurses 8.3 percent report, delivery conducted by neighboring and ladies at home.

Datta *et al* (2003) [3, 4], report tribals from Arunachal Pradesh of Mijis tribes delivery is conducted by experienced and elderly women from the village. Tribals from Wancho tribe too conduct deliveries by elderly and experience women. Tribals of Kolaghas tribe of Gujrat also called elderly women conducting delivery (Mandira Nanda, 2003) [8], same procedure was observed among tribals of Singphos (Datta and Chaudhari 2003) [3, 4] and tribals of Bangnis of Arunachal Pradesh (Das and Sengupta, 2003) [2]. However tribals of Mechs tribe from West Bengal call midwife or a member of the same community at the time of child birth (Niloy Bagchi, 2003) [1].

Saha (2003) [10]. Report on the status of RCH services in including 26 tribals District revealing delivery in tribal area is generally conducted by the relatives. It is a notable feature that intuitional deliveries are two low. Mothers are brought at PHC, CHC for delivery in a very critical condition at the last moment. Dais conduct delivery in home and it is well known that the dais in tribal areas is not train.

Aim of study

Looking at the above reviews it was aimed to study pregnancy related parameters of the adolescent mothers from the present study area.

Methodology

The details of methodology are presented in following paragraph.

2. Selection of area: The objective of present study was to cover adolescent girls. It was therefore planned to reach the same Tribal infested area the tehsils of Buldhana district

namely of Sangrampur and Jalgaon-Jamod were selected for study. While selecting area it is important to know tribal population of region and district. Tribal population of Amravati division 1,116 thousand and that of Buldhana district being 115 thousand (Revenue division, TRTI, Pune.) Buldhana district comes under Amravati region.

3. Duration of survey: Duration of survey continued for one year. Several small visits as when required were observed. Hilly areas were not accessed during rainy season.

4. Subjects: Subjects included adolescent girls (including pregnant status)

5. Description of tools and techniques used in survey

1) Sampling Technique: Purposive sampling method was used to collect data. Since only adolescent group was assessed purposive method of sampling was adopted.

2) Statistical Survey: Collection of data from tribal household on the basis of questionnaire and interview method. Responses tabulated and subjected to statistical analysis.

3) Interview: Illiteracy a major hurdle with respect to recording responses from questionnaire, hence tribal's were interrogated and responses were filled in. Selected informants like anganwadi seweka, local inhabitants, school teachers, doctors were interrogated for relevant information.

4) Questionnaire: A well-structured pretested questionnaire was framed to collect relevant information.

5) Pregnancy related questions:

1) Pregnant women based on number of pregnancy and total number of children born.

2) Distribution of pregnant women based on previous history of pregnancy.

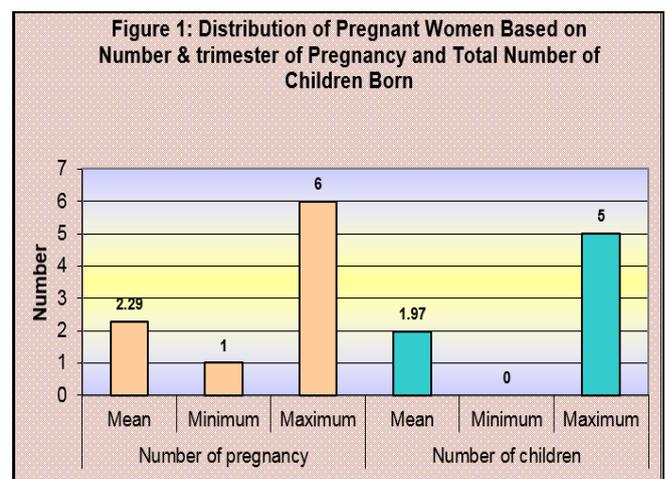
3) Problems faced by pregnant women during and after pregnancy.

4) Awareness about free distribution of iron and calcium tablets and vaccination for pregnant women.

5) Delivery assistance and type of delivery.

6. Result and discussion

The responses received from the above questions is represented graphically.



It is observed from fig 1 that the maximum number of pregnancy was six even at that young age, as only adolescent pregnant women were selected from the study further the maximum number of children were found to be five, which is considerably more.

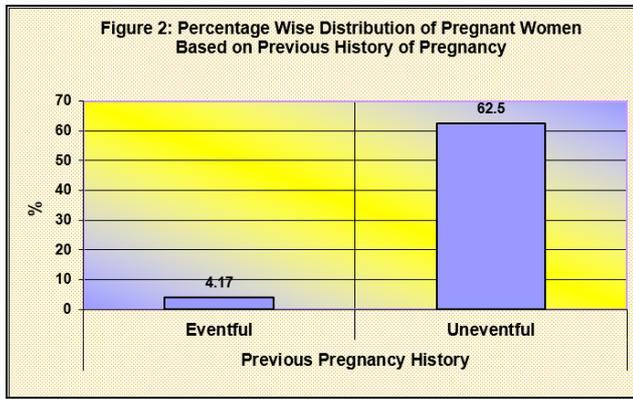


Fig 2: reflects the history of the pregnant adolescent under study.

It was observed that only 4.7 percent reported eventful while 62.7 percent reported uneventful and there was no response from rest of the pregnant women, as they were pregnant for the first time.

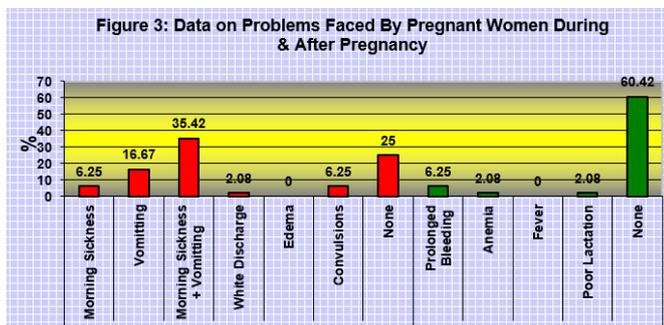
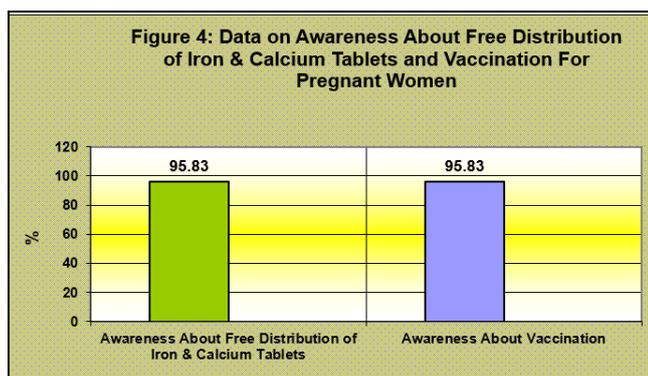


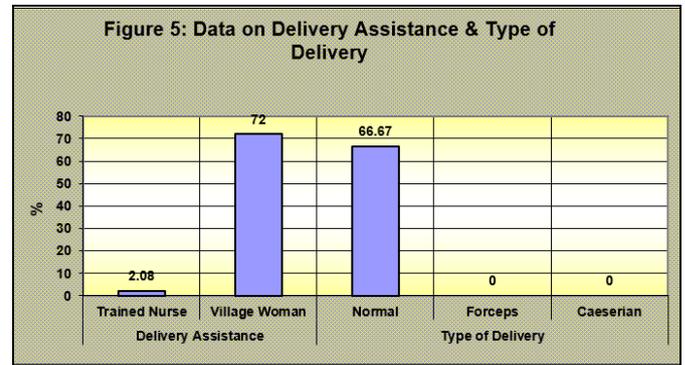
Fig 3: shows problems that are faced by pregnant women during the course of pregnancy or after delivery.

A peculiar aspect observed among tribal pregnant women which may lead to eventful delivery is that no special care or provision was not taken care of Indira Naik (2001) [5].



Information was collected on the awareness of iron and calcium tablets distributed from primary health center to pregnant women. It was enquired whether they were aware about the tetanus toxide injection being given in the last trimester of pregnancy. Results from the graph reveal fairly good awareness about distribution of iron and calcium tablets 95.83 percent where as awareness about injection was found to be 95.83 percent. This awareness could be contributed to the role played by anganwadi sewika.

Further data was subjected to delivery assistance and type of delivery and the results interpreted in fig. 5.



It is observed that the pregnant women in spite of availing the facilities from PHC were not delivering children in hospitals. A high percentage (72) percent were being assisted by village women to deliver their children, while with only 2% trained nurse helped in the delivery. Normal delivery was reported by 66 percent of the percent of the pregnant women. The remaining number were primi and yet to deliver.

7. Conclusion

It can be concluded from the above observations that maximum number of pregnancy was six, high enough with respect to adolescent group reason could be attributed to the marriage custom as mentioned earlier. It was pleasing to note that only 4.17 percent of females had eventful pregnancy, which could have been due to their non-sedentary life style. Vomiting and morning sickness was observed considering it a normal phenomenon. It was pleasing to note 95.83% of women were aware about distribution of Iron, Calcium tablets and need for tetanus toxide injection. This awareness could be contributed to the role played by anganwadi sewika. It was a common sight observed anganwadi sewika and her helper commuting from house to house with relevant work. Many studies have reported of conducting deliveries at home similar observation confirm the results 72% of deliveries were conducted by village women at home. The remaining were primi and yet to deliver. In spite of primary health services in both the tehsil the tribals preferred home delivery revealing strong adherence to their age old custom of delivery at home. Further it can be concluded that, Non sedentary life style could have initiated normal delivery. Pregnancy and delivery were considered a normal phenomenon which needs no special assistance and care. Traditional method of conductive delivery at home was preferred. It can be suggested that nutritionist from the periphery should council about diet and nutrition and safe and better practices to be followed during pregnancy.

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