Cover Page

INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY EDUCATIONAL RESEARCH
ISSN:2277-7881; IMPACT FACTOR :8.017(2023); IC VALUE:5.16; ISI VALUE:2.286
Peer Reviewed and Refereed Journal: VOLUME:12, ISSUE:2(3), February: 2023
Online Copy of Article Publication Available (2023 Issues)
Scopus Review ID: A2B96D3ACF3FEA2A
Article Received: 2nd February 2023
Publication Date:10th March 2023
Publisher: Sucharitha Publication, India
Digital Certificate of Publication: www.ijmer.in/pdf/e-CertificateofPublication-IJMER.pdf

DOI: http://ijmer.in.doi./2023/12.02.60
www.ijmer.in

# AWARENESS ABOUT REPRODUCTIVE AND CHILD HEALTH SERVICES AMONG MALEKUDIYA WOMEN IN DAKSHINA KANNADA DISTRICT OF KARNATAKA STATE

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**Abstract**

Aim of this paper is to present findings of the study conducted to understand the level of awareness among women belonging to Malekudiya tribe regarding Reproductive and Child Health (RCH) services available to them so that some intervention to increase their awareness level could be thought of. This descriptive study was undertaken to study the awareness about different aspects of RCH as well as the RCH services of Malekudiya women of reproductive age group and who had child less than five years of age during the time of data collection. Primary data for the study was collected from 280 eligible Malekudiya women to understand their socio-demographic details, level of understanding of RCH and RCH services.

**Keywords:** Reproductive Health, Child Health, Family Planning, Maternal and Infant Mortality.

## Introduction

Health sector in India has been facing many constraints right from the urgent need to reduce child and maternal mortality rates to improving infrastructure, to ensure provision of health insurance and trained medical personnel. Along with these increasing the awareness regarding health and health related services has been a major challenge, especially among the poor and illiterate who are not aware of their health and reproductive rights (Laishram Bina Devi, 2016).

In the recent past, there is an awakening in India regarding the need to improve awareness regarding Reproductive and Child Health (RCH) services as these are not only directly related to better utilization of these services but are proven to be directly proportional to the reduction in maternal and infant mortality rates. They also significantly improve the health conditions of the mother and the child. However, the government has been facing many challenges in reaching out to the tribal population despite employing anganwadi and ASHA workers to sensitise the people regarding RCH and RCH services. It is against this backdrop that the present study was conduct among the women of Malekudiya tribe which lives mostly in the hilly parts of Dakshina Kannada District in Karnataka.

## Area and Rationale of the Study

India has 705 different tribes which constitutes around 8.61% of the total Indian population (Census 2011). Tribals are the marginalized communities who live mostly in hilly terrains, lacking modern amenities and services.

Karnataka has 42,48,987 tribal people of whom 50,870 belong to the primitive group. Although these people represent only 6.95 per cent of the population of the State, there are as many as 50 different tribes notified by the Government of India, living in Karnataka, of which 14 tribes including two primitive ones, are primarily natives of this State. Extreme poverty and neglect over generations have left them in poor state of health and nutrition (Roy Subarna. et.al, 2015).

Malekudiya tribals are found mostly in Dakshina Kannada, Chickmagalur and Udupi districts of Karnataka State. The name Malekudi implies that they are closely connected with the hill, with 'male' denoting hill or forest (Manjunath, K.M. 2015). The traditional occupation of Malekudiyas is to extract juice from the palm tree. They also engage in shifting cultivation to supplement their income. Today most of the traditional activities have not remained in practice. Most of them have migrated to the nearby villages and are working as agricultural labourers while women have started rolling beedies at home in order to supplement their family income (Gayathri N, 2011).

It has been observed that tribal people in India fare very poorly in almost all the health indicators when compared with the general population. It is because most of them live in remote, hilly regions. Hostile physical conditions, inadequate personal hygiene and sanitation, malnutrition, and lack of access to potable water have rendered them vulnerable to different types of illnesses.

Dasra's Report (2016) has noted that tribal populations, being the poorest and most marginalized groups in India, have been facing extreme levels of health deprivation. A Report of the World Bank (2012) too has observed that government programs to raise

Cover Page

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health awareness and improve their accessibility to primary health care among the tribal population have not had the desired impact. It has noted that tribal people continue to suffer illnesses of greater severity and duration, with women and children being the most hit, despite the health system and services made available by the government. Higher maternal and child mortality rates have been reported among the tribal population (Yadav K, et.al 2021).

Of all the health concerns, mother and child health issues are of great concern among the tribal community. One of the reasons for this concern is related to their age-old practices relating to sexual behaviour, child bearing child rearing. For instance, studies have revealed that there are practices among some tribes of reducing the food intake of pregnant woman from sixth month of pregnancy with the intention of making the process of delivery easy (Sonowal & Praharaj 2007). Such practices, along with the usual challenges, make it extremely important not only to make available the RCH services but also to improve the awareness regarding them among the tribal population so that their utilisation results in better maternal and child health indicators.

**Review of Literature**

There are many studies which have been conducted to understand the level of awareness among tribal communities regarding RCH services. Notable ones have been reviewed here in order to provide an overview regarding the studies conducted so far.

**Biyyala Renuka et al (2018)** in their research paper titled "Awareness about mother and child health services among tribal women of reproductive age group in Kurnool division of Kurnool district, Andhra Pradesh" have concluded that antenatal, intra-natal and post-natal care is the single most important determinant of infants as well as mothers' morbidity and mortality. They have also found that maternal educational level plays a very important role in determining the knowledge of MCH services.

**Kankana (2017)** in her article titled "Health Awareness among Tribes of Rural India", based on her study where data collected was collected through interviews with 200 tribal adolescents, has revealed that majority of rural tribal people are suffering from skin disease, sexually transmitted infection, reproductive tract infections, diahorrea, TB and leprosy' The study found that despite suffering from all these illnesses the tribal people lack knowledge about nature and cause of most of these illnesses.

**Bajaj A, Latha P, and Sharma U. (2017),** with the help of an exploratory study aimed at assessing knowledge and attitude among primigravidae mothers regarding safe Reproductive Child Health in a selected hospital of Moga in Punjab found that awareness regarding all aspects of RCH will enable mothers to adopt positive attitude resulting in to reduction of maternal and infant mortality rates.

**Mishra P.J. (2013)** conducted a study regarding the awareness and utilization pattern of rural women regarding Reproductive and Child Health Program. Study was carried out in two Indian States, i.e. Haryana and Rajasthan. Samples consisted of 300 rural women who were selected randomly from cluster of villages from Hisar and Karnal districts of Haryana and Bikaner and Nagpur districts of Rajasthan. The researcher, based on the results of the study, concluded that awareness regarding RCH services is not only significant for utilization of services provided by different health care programmes but an integrated approach is the need of the hour.

**Kumar A et al. (2013)** conducted a community health survey in Bekhel of Udaipur, a tribal village, to understand the level of awareness and prevalence of Maternal and Child Health Care. Family was considered as a unit of study for this research. Research design used for the study was cross-sectional survey. The result of the study revealed that the tribal people very little awareness regarding availability of MCH services, family planning methods and routine immunization.

**Nayak G. M. et al. (2010)** in their article titled "A Study on the awareness of utilization of Reproductive and Child Health (RCH) Services in the Selected villages of Udupi district Karnataka" have found that around 84.2% of women had good knowledge and 15.8% had average level of knowledge on RCH. With regard to family planning, 77% of women were practicing different kind of family planning methods and 23% of women were not practicing any kind of family planning method.

Review of literature has clearly established the need for the study on the level of understanding of RCH services among women belonging to Malekudiya community of Dakshina Kannada district in Karnataka as there are no studies conducted on this issue so far. Further, people of Malekudiya tribe live in remote places, are tradition-bound, and their awareness regarding RCH services and needs have not been studied in a systematic manner. Hence, a need was felt to carry out the present study.

**Materials and Methods**

Descriptive Research Design was used to describe the level of understanding of Malekudiya women regarding different aspects of Reproductive and Child Health (RCH) as well as the RCH services. Sample size was determined by using the statistical formula devised by Taro Yamane (1967), n = N/ 1+ N(e)2. In the formula, 'n' is the required sample size from the population under study, 'N' is the whole population that is under study, and 'e' is the sampling error (0.05). So, the sample size for the population of 938 eligible Malekudiya women of reproductive age group is 280. Primary data for the study was collected with the help of an interview schedule

Cover Page

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www.ijmer.in

from 280 eligible Malekudiya women of reproductive age group who are residing in five taluks of Dakshina Kannada district in order to understand their socio-demographic details, level of understanding of RCH and RCH services.

## Results

The data analysed with the help of SPSS has been presented here in the form of tables.

**Table No. 1: Age-wise Distribution of the Respondents**

| | | Frequency | Percentage |
|---|---|---|---|
| Age of the Respondent | 20-25 | 31 | 11.1% |
| | 26-30 | 94 | 33.6% |
| | 31-35 | 79 | 28.2% |
| | 36-40 | 76 | 27.1% |
| | Total | 280 | 100.0% |
| Age of the Respondent at Marriage | 18-20 | 13 | 4.6% |
| | 21-25 | 96 | 34.3% |
| | 26-30 | 128 | 45.7% |
| | 31-35 | 43 | 15.4% |
| | Total | 280 | 100.0% |
| Age of the Respondent at First Conception | 18-20 | 4 | 1.4% |
| | 21-25 | 65 | 23.2% |
| | 26-30 | 154 | 55.0% |
| | 31-35 | 57 | 20.4% |
| | Total | 280 | 100.0% |

**Table No. 2: Distribution of the Respondents based on their Education and Occupation**

| | | Frequency | Percentage |
|---|---|---|---|
| Educational Attainment of the respondent | Illiterate | 2 | 0.7% |
| | Neo-Illiterate | 3 | 1.1% |
| | Primary | 63 | 22.5% |
| | High School | 122 | 43.6% |
| | PU | 41 | 14.6% |
| | Graduation and above | 43 | 15.4% |
| | Diploma | 6 | 2.1% |
| | Total | 280 | 100.0% |
| Occupation of the Respondent | Home Maker | 219 | 78.2% |
| | Rolling Beedi | 31 | 11.1% |
| | Agricultural Labourer | 4 | 1.4% |
| | Domestic Help | 4 | 1.4% |
| | Teachers | 12 | 4.3% |
| | Govt. Jobs | 5 | 1.8% |
| | Private Company/Shops | 5 | 1.8% |
| | Total | 280 | 100.0% |

**Table No. 3: Distribution of Respondents based on their Opinion Regarding Appropriate Age for First Pregnancy**

| | | Frequency | Percentage |
|---|---|---|---|
| Opinion regarding appropriate age for first pregnancy | 18-20 | 9 | 3.2% |
| | 20-22 | 28 | 10.0% |
| | 22-24 | 88 | 31.4% |
| | 24-26 | 110 | 39.3% |
| | 26-28 | 45 | 16.1% |

Cover Page

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**Table No. 4: Distribution of Respondents based on their Opinion on Family Planning**

| | | Frequency | Percentage |
|---|---|---|---|
| Opinion on if Family Planning is necessary | Yes | 207 | 73.9% |
| | No | 18 | 6.4% |
| | Not Sure | 55 | 19.6% |
| | Total | 280 | 100.0% |
| Opinion on why Family Planning is necessary | To be able to determine spacing and number of children | 87 | 42.0% |
| | To be able to ensure better health for mother and child | 44 | 21.3% |
| | To be able to provide quality education to the expecting child or children | 19 | 9.2% |
| | Financial Stability | 28 | 13.5% |
| | To control population | 29 | 14.0% |
| | Total | 207 | 100.0% |

**Table No. 5: Distribution of Respondents based on their Awareness regarding Contraceptives**

| | | Frequency | Percentage |
|---|---|---|---|
| Awareness regarding contraceptives | Yes | 197 | 70.4% |
| | No | 83 | 29.6% |
| | Total | 280 | 100.0% |
| Contraceptive methods the respondent is aware of | Pills | 36 | 18.3% |
| | Copper T/ Loop | 78 | 39.6% |
| | Condoms | 8 | 4.0% |
| | Women Sterilization | 29 | 14.7% |
| | Pills and Copper T | 9 | 4.6% |
| | Copper T and Condoms | 5 | 2.5% |
| | Pills, Copper T and Safe Period | 4 | 2.0% |
| | Pills, Copper T, Contraceptive injection | 2 | 1.0% |
| | Copper T, Pills, Women Sterilization | 17 | 8.6% |
| | Condoms, Pills, Women Sterilization | 9 | 4.6% |
| | Total | 197 | 100.0% |

**Table No. 6: Distribution of Respondents based on their Awareness regarding Government Schemes**

| | | Frequency | Percentage |
|---|---|---|---|
| Awareness regarding Janani Suraksha Yojana | No | 142 | 50.7% |
| | Yes | 138 | 49.3% |
| | Total | 280 | 100.0% |
| Awareness regarding Pradhan Mantri Matru Vandana Yojana | No | 141 | 50.4% |
| | Yes | 139 | 49.6% |
| | Total | 280 | 100.0% |
| Awareness regarding Mathrupoorna | No | 157 | 56.1% |
| | Yes | 123 | 43.9% |
| | Total | 280 | 100.0% |

Cover Page

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**Table No. 7: Distribution of Respondents based on their Awareness regarding Services Available to Pregnant Women through PHCs and CHCs**

| | | Frequency | Percentage |
|---|---|---|---|
| Awareness regarding services available to pregnant women through PHCs and CHCs | Not aware | 51 | 18.2% |
| | Aware | 229 | 81.8% |
| | Total | 280 | 100.0% |
| Services available to pregnant women through PHCs and CHCs | Health Check-up | 37 | 16.2% |
| | Health Check-up and vaccination | 53 | 23.1% |
| | Health Check-up, vaccination and health care advice | 19 | 8.3% |
| | Health Check-up, vaccination and health care advice and medicines | 120 | 52.4% |
| | Total | 229 | 100.0% |

**Discussion**

Government of India has been making concerted efforts towards improving maternal and child health, especially among tribal population. As a witness to this, RCH-I programme was launched throughout the country on 15th October 1997, mainly with the intention of addressing the serious issues of the health of women and children. Subsequently, RCH-II was launched on 1st April 2005. The prime motive behind the program was to bring about improvement in three important health indicators i.e., reducing total fertility rate, infant mortality rate and maternal mortality rate with a view to realizing the outcomes envisioned in the Millennium Development Goals. In 2013, RMNCH+A approach was adopted in order to address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care and services (Reproductive and Child Health Portal).

Findings of the present study reveal that majority of the respondents (33.6%%) belong to 26-30 age group. 11.1% of the respondents belong to 20-25 age group. 28.2% of the respondents are in the age group of 31-35. 27.1% of the respondents are in the age group of 36-40. In India. As per Prohibition of Child Marriage Act the minimum or legal age of marriage for girls is 18 based on the increased maternal mortality rate. In this study, 45.7% of the respondents have married at the age of 26-30. 34.3% of the respondents have married at the age of 21-25 and only 4% of the respondents have married at the age of 18-20. According to the American College of Obstetrics & Gynaecology (ACOG), the chances of conceiving are highest in 20 - 30 years of age. Table No. 1 depicts that majority of the respondents' (55%) age at first conception was 26-30, and 20.4% of the respondents' age was 31-35 at first conception.

The present study recorded that majority of the respondents (60%) are lactating mothers. Out of 280, 247 respondents are from rural areas. Though they are from rural and remote areas, majority (43.6%) of the respondents have completed high school studies and 14.6% of the respondents have completed PU and 15.4% have done graduation and higher studies and 2.1% of the respondents have done Diploma in nursing/Teaching. Table No. 2 depicts that 78.2% of the respondents are home makers, 11.1% of them are doing Beedi rolling work. 4.3% of them are teachers in private schools, 1.8% of the respondents have got government jobs as Teacher/ Anganawadi worker / ASHA worker. This shows that majority of the respondents are financially depending on their husband.

Findings of the study show that majority of the respondents (55.4%) opined that 24-28 is the appropriate age for first pregnancy. 74% of the respondents believe that family planning is necessary. Out of them 42% of them opined that family planning is necessary to be able to determine spacing and number of children. 40% of the respondents were aware about contraceptive method, Copper T, 18% of them aware about Pills and 15% of them aware about women sterilization. 9% of the respondents aware about Copper T, Pills as well as Women sterilization. 30% of the respondents do not know about any Contraceptive method.

Cover Page

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DOI: http://ijmer.in.doi./2023/12.02.60
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Table No. 6 depicts the Distribution of Respondents based on their Awareness regarding Government Schemes which are available for pregnant and lactating mothers. 49.3% of the respondents were aware and 50.7% of them were not aware about Janani Suraksha Yojana. 49.6% of the respondents were aware and 50.4% were not aware about Pradhan Mantri Matru Vandana Yojana. 43.9% of the respondents were aware and 56.1% were not aware about Mathrupoorna Yojana. The findings of the study also shows that 81.8% of the respondents are aware and 18.2% of the respondents are not aware about the services available to pregnant women through PHCs and CHCs.

**Conclusion**

From the above discussion it can be concluded that though majority of the respondents have good understanding about RCH and RCH services, still 30% of the respondents are not aware about the importance of family planning, 29.6% of the respondents do not know about contraceptive methods, 42.5% of the respondents have only moderate understanding about Reproductive and Child Health, 50.7% of the respondents are not aware about Janani Suraksha Yojana, 50.4% are not aware about Pradhan Mantri Matru Vandana Yojana and 50.7% are not aware about Mathrupoorna. Also, 18.2% of the respondents are not aware about the services available to pregnant women through PHCs and CHCs.

The reduction of the maternal and infant mortality rate is possible only when women of reproductive age group have proper awareness about RCH and RCH Services. Hence, collective and concerted efforts should be made to increase the awareness among women belonging to Malekudiya community regarding RCH and services available to them with the help of Anganawadi and ASHA workers as well as Non-Governmental Organizations.

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