



## Health Status of Tribal Women during Maternity Period

CHANDRIKA THALARI<sup>1</sup> AND K. SURENDRANADHA REDDY<sup>2</sup>

<sup>1</sup>Post-Doctoral Fellow, Dept. of Anthropology, Sri Venkateswara University, Tirupati – 517 502  
E-mail: [chandrikathalari@gmail.com](mailto:chandrikathalari@gmail.com)

<sup>2</sup>Dept. of Anthropology, Sri Venkateswara University, Tirupati – 517 502, E-mail: [katarisn@gmail.com](mailto:katarisn@gmail.com)

Received: 04 Nov. 2020 / Revised: 07 Nov. 2020 / Accepted: 10 Nov. 2021 / Published: 15 January 2021

---

**Abstract:** Health is a fundamental right of every citizen. State has to provide good health to all. As of now nearly 80,000 women die owing to pregnancy related complications in India and 61 percent tribal women also die in every year. The maternal problems are hemorrhage, hypertensive disorders, sepsis, abortions, caesarean sections, prolonged or obstructed labour, infection following vaginal delivery, Influenza, anaemia, etc., The Government of India and State Governments have been introducing number of health schemes, programmes for the welfare of women in terms of maternity. But the impact or success rate is not upto the mark among women in general and tribal women particular. That's why the researcher has chosen this topic entitled "health status of tribal women during maternity period". The objectives are to find that the health status of tribal women during maternity period in terms of antepartum, intrapartum, postpartum and also find out the health facilities within their jurisdiction. The sample is 100 tribal women and their location is Nellore district. The paper is trying to elicit the health status information based on primary data. The data analysis will be done by using simple statistical techniques i.e. frequency and percentages will be given. Conclusions and suggestions will be given to improve the maternity health status of tribal women.

**Key words:** Tribal Women, Diseases, Maternal Health Status

---

### I. INTRODUCTION

Women is the most beautiful creature of the God in earth. Women's health is most important because of her responsibility in executing several roles including as mother, care giver and wage earner and her interaction with the social and economic as well as cultural circumstances influences the overall development of family and as well society. In patriarchal system women's formal participation in decision making is weak, it also limits women in poor education and largely informal employment, hence powerless to improve the circumstances in which they live.

In general the health status of the tribal population in India is very poor. Prospective studies have highlighted that tribal cultural attributes are attached to the concept of health and diseases. It is observed that in case of serious illness people tend to attend modern

---

health care facilities. But in many cases accessibility of such facilities does not confirm people's acceptance of modern health care system. There has been some concern on the general health and maternal morbidity status of women in India but very little attention has been given to reproductive morbidity of women. Women in India suffer from at least one maternal morbidity health problem. On the other hand, many women may report the morbidity but due to lack of social awareness and decision making power women are not visiting the health facilities.

As per the Census 2011, the 'tribals' constitute around 8.6% of the total Indian population, and almost 90 per cent (89.97%) of them live in rural areas. Majority of the tribal women were still away from health care facilities and subjected to menstrual health problems. Lack of education, poor economic status, unhygienic practices, male dominance and inaccessible to health systems are predominant causative factors for the observed menstrual health problems. Hence understanding the various phenotypes that are subjecting women to enjoy maternal health problems will be invaluable to formulate strategies to curb the condition.

As per NFHS-3 estimates the under five mortality rate and the child mortality rate are much higher for STs than any other social groups/castes. According to UN figures at present, India tops the rate of maternal deaths worldwide in general and tribes in particular. As per the estimates of NFHS-3 the likelihood of having received care from a doctor is lowest for scheduled tribe mothers only 32-8 percent compared to all India total of 50.2 percent and 42 percent for scheduled caste due to lack of literacy. Indeed the Government of India and State Governments have introduced number of maternity schemes/programmes for the welfare of women in terms of health, yet a significant portion of women still suffering with several maternal health problems,

In India very little attention has been given to reproductive morbidity of women. Existing literatures tell us very little about the several dimensions of reproductive (Obstetric) morbidity. National Family Health Survey- III reported that almost 62 percent women in India suffer from at least one obstetric health problem, which has motivated the researcher to choose this area to study the health status of tribal women in terms of maternal morbidity.

### **OBJECTIVES OF THE STUDY**

1. to study the socio-economic conditions of the Yanadi women.
2. to find out the various forms of maternal morbidity conditions among the Yanadi women.

## II. METHODOLOGY

The long term objective of the present study is to describe various parameters regarding the maternal morbidity, and factors affecting it among the Yanadi tribe. As the information on maternal morbidity in tribal populations is very scanty, it becomes a necessity to describe various features of the population and incidence and prevalence of morbidity and its determinants.

The study was conducted in Nellore District. Six villages were selected for the study and majority of the Yanadi population are living in five villages of Venkatachalam mandal. The population is mostly located in rural and drought prone areas. Majority of the people depend upon cooli, agriculture labour, fishing, hunting and living below poverty line. A random sampling techniques was applied to draw the sample and the sample size is 100 from five villages. To indentify the health status of tribal women with reference to maternal morbidity, two types of tools have been exercised. One schedule was prepared for the household assessment and other one is on maternal morbidity. The data was collected by administering the tools in the selected sample population. The investigator has visited selected villages and lived with them for fortnight to develop good rapport and feasible atmosphere with them. All the women were explained the study objectives and obtained their consent, The data collection was based on anthropological techniques such as observation, interviews, focus group discussions etc.

The data analysis was done by using the appropriate simple statistical techniques such as frequency and percentages. The tables were prepared and interpretation was done.

## III. RESULTS AND DISCUSSION

Women's health status in terms of maternal morbidity were presented in table 1.

### Marital Status

**Table 1**  
**Distribution of Respondents by their Marital Status**

<i>S. No</i>	<i>Marital Status</i>	<i>Number</i>	<i>Percent</i>
1	Married	83	83.0
2	Widow	11	11.0
3	Divorce/Separated	6	6.0
	Total	100	100.0

The data shows that majority of the respondents (83 per cent) were married, followed by 11 per cent widowed and a meager (6.0 per cent) were separated/divorced. This shows the universal practice of marriage prevailing among the Yanadis.

### Type of House

**Table 2**  
**Distribution of Respondents by their Type of House**

<i>S. No</i>	<i>Type of House</i>	<i>Number</i>	<i>Percent</i>
1.	Hut	18	18.0
2.	Kutchra	15	15.0
3.	Semi-Pucca	27	27.0
4.	Pucca	40	40.0
	Total	100	100.0

Yanadis live in sangams/hamlets isolated and faraway from the main village. Their housing pattern was varied depending upon their economic status. 40 per cent of the respondents were having pucca houses, followed by 27 per cent with semi-pucca houses. Nearly 15 per cent of the respondents were having kutchra houses and only minor proportions (18 per cent) were having huts.

On the whole, majority of the respondents were having Pucca and Semi-Pucca houses. This may due to the State Government Housing Scheme which provides houses without any cost to the poor and marginalized.

### Annual Income of the Family

**Table 3**  
**Distribution of Respondents by their Family Annual Income**

<i>S. No</i>	<i>Annual Income (Rs.)</i>	<i>Number</i>	<i>Percent</i>
1.	Less than 15000	57	57.0
2.	15001 to 25000	27	27.0
3.	25001 to 35000	11	11.0
4.	35000 and above	5	5.0
	Total	100	100.0

More than half of the respondents (57 per cent) income was less than Rs. 15000/- per annum followed by more than one fourth of the Yanadis (27 per cent) family income was

between Rs. 15001 – 25000/-. Only 11 per cent of the respondents family income was in between Rs. 25001 – 35000/- and a minor proportion (5 per cent) was having a family income of Rs. 35000/- and above. Most of the respondent's family income was less than 15,000/- per annum. This reflects their poverty.

### Educational Status

Education plays an important role in improving the socio-economic conditions of the people. Education broadens the scope for employment, higher income, etc. It is a well known fact that education has an indirect relationship with fertility and direct relationship with contraceptive adoption.

**Table 4**  
**Distribution of Respondents by their Educational Status**

<i>S. No</i>	<i>Educational Status</i>	<i>Number</i>	<i>Percent</i>
1	Illiterate	37	37.0
2	Neo-literate	43	43.0
3	Primary	16	16.0
4	High School	4	4.0
	Total	100	100.0

43 per cent of the Yanadi women were neo-literates, followed by 37 per cent of the respondents were illiterates and 20 per cent of the respondents who have primary and high school education. It indicates tribal women were lagging behind in education. It is not good sign and also setback in their life.

**Table 5**  
**Distribution of Respondents by their Occupation**

<i>S. No</i>	<i>Occupation</i>	<i>Number</i>	<i>Percent</i>
1.	Agriculture	12	12.0
2.	Agricultural Labour	38	38.0
3.	Fishing	15	15.0
4.	Petty Business	9	9.0
5.	Brick Making	4	4.0
6.	Collection of forest products	16	16.0
7.	Other's	6	6.0
	Total	<b>100</b>	<b>100.0</b>

Table 5 reveals that the occupational status of the respondents. It is clear that 38 per cent of the respondents were agricultural laborers, followed by 12 per cent engaged in own agriculture, collection of forest products (16 per cent) and fishing (15 per cent) followed by 4 per cent who have taken up brick making. A very minor proportion (6 Percent) was in other category like tailoring and basket making, followed by 9 per cent in Petty business. On the whole, majority of the Yanadi women were agricultural laborers.

### Types of Morbidities

Rama Padma, (2004) have classified maternal morbidity based on severity as 'Life threatening', 'Serious', and 'Mild'. A similar classification is adopted for the present study.

### Antepartum Morbidities

Ante-partum haemorrhage is bleeding from genital tract after 20 weeks of gestation until delivery (Amitava et al., 2010).

In the present study women had symptoms, the percentages of care-seeking for less frequently reported morbidities such as fits and convulsions, haemorrhage, hypertension, fluid retention in the body parts, severe vomiting, anemia, giddiness, blurred vision, fever >3 days, and ulcers.

**Table 6**  
**Distribution of Respondents by their Antepartum Morbidities during last pregnancy**

[N=100]			
<i>S. No</i>	<i>Morbidities during antepartum period</i>	<i>Yes (%)</i>	<i>No (%)</i>
1.	Life threatening		
	Fits/Convulsions	4.0	96.0
2.	Haemorrhage	2.0	98.0
	Serious		
	Hypertension	16.0	84.0
	Fluid retention in the body parts	60.0	40.0
	Fever > 3 days	10.0	90.0
	Abdominal pain	30.0	70.0
3.	Severe vomiting/Nausea	45.0	55.0
	Mild		
	Anemia	53.0	47.0
	Giddiness	40.0	60.0
	Blurred vision	5.0	95.0
	Ulcer	6.0	94.0

The data in table 6 reveals that 4 per cent of the Yanadi women were suffering from life-threatening condition of convulsion, followed by 2 per cent of the respondents who suffered from life-threatening condition of haemorrhage. 16 per cent of the women were suffering from serious complication of hypertension, and more than 60 per cent of the respondents informed that they suffered from serious complications of fluid retention in the body parts. About 10 per cent suffered from fever for more than three days and 30 per cent of the pregnant women pass through abdominal pain, 45 per cent experienced severe vomiting and 53 per cent of the women suffered from prevalence of anemia, followed by 40 per cent of the respondents suffered from giddiness respectively. Only 5 per cent were suffering from blurred vision whereas 6 per cent were suffered from ulcer.

### Intrapartum Morbidities

**Table 7**  
**Distribution of Respondents by their Intrapartum Morbidities during last pregnancy**

[N=100]			
<i>S. No</i>	<i>Morbidities during intrapartum period</i>	<i>Yes (%)</i>	<i>No (%)</i>
1.	Life threatening		
	Fits/Convulsions	7.0	93.0
	Haemorrhage	13.0	87.0
	Ruptured uterus	4.0	96.0
2.	Serious		
	Prolonged labour	12.0	88.0
	Sepsis	11.0	89.0
	Bleach presentation	5.0	95.0
	Hyper tension	10.0	90.0
	Fever > 3 days	12	88.0

The results in table 7 shows that 7 per cent of the Yanadi women were suffering from life-threatening condition convulsion, followed by 13 per cent suffered from life threatening condition of haemorrhage. 4 per cent of the women suffered from serious complication of ruptured uterus during delivery, followed by 12 per cent with prolonged labour and 11 per cent from sepsis. Only 5 per cent suffered from bleach presentation at the time of delivery. About 10 per cent suffered from hypertension and only 12 per cent suffered from fever for more than three days.

### Postpartum Morbidities

Postpartum maternal morbidity is a serious public health problem. Major acute and long-term obstetric morbidities affect the life and reproductive career of women. Only scanty information is available on nature and extent of postpartum problems and women's needs during postpartum period. The most frequently reported problems are genital infections, stress incontinence, backache, bladder problems, headaches, pelvic pains, hemorrhoids, perineal pain, and dyspareunia, and breast problems. In a perineal management trial, more than 20% of women experienced pain 10 days postpartum, and 7.5% still had complaints after 3 months (Sleep *et al*, 1984). The post-partum period is a high risk period for both mothers and new born babies.

**Table 8**  
**Distribution of Respondents by their Postpartum Morbidities during last pregnancy**

[N=100]			
<i>S. No</i>	<i>Morbidities during postpartum period</i>	<i>Yes (%)</i>	<i>No (%)</i>
1.	Life threatening		
	Fits/Convulsions	6.0	94.0
	Haemorrhage	13.0	87.0
2.	Serious		
	Pain in lower abdomen	25.0	75.0
	Fever > 3 days	19.0	81.0
3.	Mild		
	Foul discharge	42.0	58.0
	Burning sensation while urinate	23.0	77.0

The results in table 8 revealed that 6 per cent of the women suffered from life-threatening condition of convulsion, followed by 13 per cent of the respondents were suffered from life threatening condition of haemorrhage. 25 per cent of the Yanadi women suffered from serious complication of pain in lower abdomen, followed by 12 per cent suffered from fever for more than three days and 42 per cent of the women suffered from foul discharge. Only 23 per cent suffered from burning sensation while urinating. In the present study postpartum complications of life threatening conditions are higher than intrapartum complications.

### IV. CONCLUSION

In conclusion, it is learnt that a significant portion of the Yanadi women were suffering with obstetric problems, They are inaccessible to health care facilities, It is also learnt that

the Yanadis depend upon their own therapeutic practices in managing various ailments. In the light of these facts, Yanadi women thought to be a suitable cohort to understand various insights into the maternal morbidity.

### *References*

- Sleep *et. al.*, (1984). West Berkshire perineal management trial. *Br Med J*: 1984; 289: 587-590.
- Census of India 2011.
- Ministry of Tribal Affairs, Statistics Division, Govt. of India. [www.tribal.nic.in](http://www.tribal.nic.in).
- National Family Health Survey (NFHS-3), 2005-06: India: Volume. 1, Mumbai: IIPS. NFHS III.
- Rama Padma, (2004). Maternal Morbidity in Rural Andhra Pradesh, Working Paper No. 63 November, 2004  
Centre for Economic And Social Studies.
- UNICEF, 2017. Maternal health, UNICEF's concerted action to increase access to quality maternal health services.