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ANTENATAL PRACTICES AMONG KANI TRIBAL WOMEN IN KERALA

Prof. Sindhu Kuruvilla

ABSTRACT :

The study focus on Kani tribes nomadic community lives in forest area of agastyavanam hills of kerala. This study is conducted to find out the antenatal practices and related problems of kani tribal women. Quantitative cross sectional survey was used. The study population was composed of kani tribal women. The sample of the study consists of 60 women, cluster sampling method was used to select the sample. The study reveals that there is moderately significant positive relation between minor ailments and unsafe practice of pregnancy. The study also proves that there is highly significant positive relation between danger signs and unsafe practice of pregnancy.

KEY WORDS: pregnancy related problems, safe and unsafe practices.

INTRODUCTION:

Globally, the tribal people are in minority



and their health status is often neglected due to several reasons. With 84.3 million tribal populations belonging to recognized groups, India has almost half of the world's tribal population and adds to 1 million neonatal deaths annually. Indian tribal people follow traditional norms, are socially and economically weaker and are conservative in nature, apart from being under-privileged. Habitually, they live in areas with scarce resources and are often deprived of medical facilities. It is reported that in India tribal areas contribute about 80% of home deliveries by unskilled traditional birth attendants. High Neonatal mortality of around 43 per 1000 and 65% of all infant deaths

also turn up in tribal areas. (Babu 2012). In a woman's life pregnancy is a unique amazing creative process and nurturing power providing a bridge to the future. Keeping birth normal and the striving to interfere as little as possible with the natural process can be defined as a goal for the nurse. The underpinning philosophy of an antenatal care is on normality and the natural ability of women to experience birth with minimum interventions. Tribals are a distinct ethnic group who are usually confined to a definite geographical area having a unique life style. They are culturally homogenous and they speak a common dialect. In general they live mostly in the forests, hills, plateaus and

regions of natural isolation. They are differently named as Adivasi (Original settlers), Aborigines (Indigenous), Vanavasi (Forest inhabitants) and known to have such names symbolizing either ecological economic or historical or cultural characters. "Kanikaran" and they are commonly known as "Kanis" means 'hereditary proprietor of the land' (Edgar Thurston, 1993). They are a jungle tribe distributed throughout the mountains of South-Travancore. According to (Bourdillon, 1908) those who live in the interior of the forest are called "Kanis" while those living in the other portions are known as "Velanmars". Kanikaran tribe is one of the largest groups belonging to a traditionally nomadic community, who now lead a primarily settled life in the forests of the Agasthyamalai hills of the Western Ghats in Thiruvananthapuram district of Kerala (90.3%). According to the census of India 2011, their population in Kerala is

21,677 of which 18,872 are settled in Thiruvananthapuram district. Among the Kani tribals in Thiruvananthapuram, 18,463 are residing in rural areas. (Data obtained from Census office, Thiruvananthapuram). Kani tribe live in deep forest in relative isolation to the external world. Their lifestyles were much different from that of the general population, Thiruvananthapuram. They were famous for their traditional wisdom on medicinal plants. Now they practice settled agriculture like cultivation of rice and tapioca. There are a number of medicinal herbs in the 'Agasthyakoodam' peak and their traditional knowledge system is noteworthy. For achieving our global goal of improving maternal health and to save women's lives we need to do more to reach those who are most at risk. That means reaching women in rural areas and poorer households, women from ethnic minorities and indigenous groups, and women living with HIV and in conflict zones. (Lake UNICEF)

NEED AND SIGNIFICANCE OF THE STUDY

Pregnancy is a normal, healthy state for most women. 78000 women die each year in India from causes related to pregnancy and childbirth. (UNICEF, 2009) This implies that in India an average every seven minutes one woman die from complications related to pregnancy and childbirth. There is regional disparity here as well. India's maternal mortality rate (MMR), or the rate of deaths among women during or after pregnancy, declined by 16% in 2011-12 from 2007-09, Although the MMR dropped from 212 deaths per 100,000 live births in 2007-09 to 178 in 2010-12, India is behind the target of 103 deaths per live births to be achieved by 2015 under the United Nations-mandated Millennium Development Goals (MDGs). The MMR in southern states fell 17% from 127 to 105, closer to the MDGs. Assam and Uttar Pradesh/Uttarakhand were the worst performing states, with an MMR of 328 and 292, respectively. Kerala and Tamil Nadu have surpassed the MDG with an MMR of 66 and 90, respectively. Kerala's MMR stands at 66 per one lakh live births.

The tribal areas are traditionally isolated, underdeveloped and are always altered by the development processes. There is a general agreement that the health status of the tribal population in India is very poor, deficient in sanitary conditions, personal hygiene, and health education. All told, the whole tribal community is deficient in adequate food intake and high rate of anemia due to less intake of nutritious food. The extent of knowledge and healthy practices of child birth related aspects was also found to be low among the Scheduled Tribes. There is a need for proper understanding of the different health aspects of tribal women and their specific health needs so that relevant health measures can be prepared and implemented. More particularly, there is a need for undertaking a region-specific study of the health of the tribal women, which will make planning for their welfare more successful.

Though there are many studies done among pregnant tribal women in India a detailed exploration of various health practices could not be identified. There have been a number of researches on the tribal society, but only few studies focus on the tribal women in India. The health of women in particular is conceptualized within the social context in which they are embedded. Since research in these areas of tribal women antenatal practices is sparse, it would be of immense value to study their health status and cultural pattern to acquire knowledge on it. Focusing this, diversified efforts and concerted endeavors have to be undertaken to promote their status. This study will provide insight in formulating policy decisions regarding provision of health care to tribal women.

STATEMENT OF THE PROBLEM

An exploratory study on antenatal practices among kani tribal women

OBJECTIVES OF THE STUDY

1. To understand the socio demographic profile of kani tribal women.
2. To identify the pregnancy related problems in tribal women
3. To determine the relationship of antenatal problems to safe and unsafe practices among kani women
4. To find the association between practices of pregnancy and selected demographic variables

OPERATIONAL DEFINITIONS

1. Tribal women It is a particular scheduled group residing in forest area or near the forest. In this study, tribal women denotes woman (15-45yrs) who has given birth to a child or children belonging to kanikar tribes of

thiruvananthapuram district, Kerala

2. Pregnancy-related problems In this study, it refers to pregnancy related minor ailments and danger signs of pregnancy as expressed by tribal women .

3. Antenatal Practices: In this study, it refers to pregnancy related practices taken by the women to get relief from the pregnancy-related problems as expressed by them on a semi structured interview schedule.

4. Safe practices: In this study, safe practices refers to measures followed by mothers to overcome minor ailments of pregnancy harmless to fetus and 80% of experts agree that they were safe.

5. Unsafe practices In this study, unsafe practices refers to measures followed by mothers to overcome minor ailments of pregnancy harmful to fetus and 80% of experts agree that they were unsafe.

METHODOLOGY

Research design

Research design refers to the researcher's overall plan or a blueprint for the conduct of the study. To accomplish the objectives of the study, the investigator selected a Qualitative approach with Cross sectional survey design. Investigator through this design tries to examine the relationship between pregnancy related problems and related practices, other variables of interest as they exist in a defined tribal population over a short period of time.

Setting

The study was conducted in 5 Kani tribal settlements in kuttichal panchayath, Vellanad block, Thiruvananthapuram district

Population

multiparous tribal women

Sampling procedure- Cluster sampling method

Sample size-60 multiparous tribal women

Inclusion / exclusion criteria

Inclusion criteria

1. Tribal women in age group 15-45yrs who has given birth to a child or children with I three years.
2. Who belongs to 'Kani tribe'

Exclusion criteria

1. Debilitating illness and bed ridden

Tools and techniques used for the study

The selection and utilization of suitable tool(s) is of vital role for the success of any research. The investigator decided to utilize semi structured interview schedule to collect the data A careful analysis of the literature and consultation with experts were also undertaken prior to the construction of the tool .the questions were systematically arranged according to socio demographic profile ,minor ailments as per the body system and danger signs of pregnancy.

The tools consist of 3sections:

Socio demographic along with reproductive profile

minor ailments of pregnancy and related practices

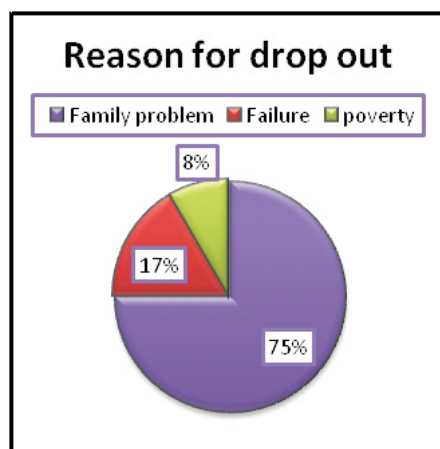
Danger signs of pregnancy & related practices

RESULTS

Major Findings of the Study

Socio demographic profile

1. The study reveals that majority of tribals have Higher level of education upto higher secondary level. It is found that reason for drop out from education was family problem



2. It is found that 25% of tribal families are still have more than 7 member families.
3. It is clear from the study that there is only few consanguinity among the kani tribes.
4. It is found that the proportion of the chronic diseases among study group was about 16% and also 5% of disability in the family.
5. Majority reported that they don't have supplementary food like pulses fruits vegetables regularly & milk in the diet.
6. It is found that diet is lacking of nonveg items like fish meat and egg in the daily food.
7. The study reveals that 73% women were current users of tobacco chewing with betel leaves.
8. It is clear from the study that 83.3% of kani tribal family were current users of alcohol, smoking or use of smokeless tobacco daily
9. The study shows that s age at first conception was 18-20 years among kani tribes.
10. The study reports that almost 73.3 % of them had regular antenatal check up
11. The study reports 15% of anemia among tribal women.
12. The study reports about 7% of home deliveries.
13. The study also shows that majority of women not used any family planning measures.

Problems of pregnancy

14. The study shows that among 60 women 38 (63.3%) women experience giddiness as the rank first ailment. nausea and vomiting 30 (60%) as rank second minor ailment among kani tribal women and least problems were breathing difficulty and change in mood.
15. The study reports that trimester's is not a significant factor which influence the ailments of tribal women. Hence the hypothesis that the ailments will not differ with respect to the trimester is accepted.
16. (69%) had no awareness on danger signs as were not able to mention even one danger sign correctly.
17. The study reports that trimesters are a significant factor which influences the danger signs of tribal women. Hence the hypothesis that the danger signs will not differ with respect to the trimester is rejected.

Pregnancy related practices

18. Practices like chewing pan with tobacco for excessive salivation & heart burns, decreased intake of food and fluid in severe vomiting, application of kerosene for leg discomforts use of ash and charcoal for pica are some of unsafe practices (literature support & expert opinion).
19. The study proves that majority of women had undertaken safe practices for the minor ailments during pregnancy.
20. The study concluded that more mothers chosen unsafe practices for tackling danger signs among the kani tribes.
21. The study shows that there is highly significant positive correlation between minor ailments and safe practice for problems of pregnancy.

- 22.The study reveals that there is moderately significant positive relation between minor ailments and unsafe practice for problems of pregnancy
- 23.It is found that there is week significant positive correlation between danger signs and safe practice of pregnancy
- 24.The study proves that there is highly significant positive relation between danger signs and unsafe practice of pregnancy.
- 25.The study shows that there is association between the practices for giddiness and selected variables like age and marital status, there is no significant association between education pregnancy, ANC, type of delivery &family planning.
- 26.The study reveals that there is association between the practices for vomiting and selected variables like age and education and no. of pregnancy& there is no significant association between education ,marital status, ANC, type of delivery &family planning.
- 27.The study depicts that t there is association between the practices for swelling of feet and ANC, there is no significant association between age, marital status education pregnancy, , type of delivery &family planning
- 28.The study shows that there is no association between the practices for heart burns and age, marital status education pregnancy, ANC, type of delivery &family planning.
- 29.The study proves that there is no association between the practices for excessive salivation and age, marital status education pregnancy, type of delivery &family planning.
- 30.The study found that there is no association between the practices for pica and age, marital status education pregnancy, ANC, type of delivery &family planning
- 31.The study shows that there is no association between the practices for heart burns and age, marital status education pregnancy, ANC, type of delivery except for family planning.
- 32.The study shows that there is no association between the practices for pica and age, marital status education pregnancy, ANC, type of delivery &family planning
- 33.The study shows that there is no association between the practices for back ache and age, marital status education pregnancy, ANC, type of delivery &family planning

LIMITATIONS OF THIS STUDY

Limitations of the Study

1. The foremost limitation of the study is the time.since it was a 3 week project work there was lack of sufficient time to conduct the study extensively
- 2.The size of samples is only 60 women. The sample size is limited due to inaccessibility &unavailability of samples
2. Physical health parameters like blood test or physical examinations could not be included in the study.

SUGGESTIONS OF THE STUDY

Based on the highlight of major findings following recommendations are put forth.

- Safe practices of tribal women should be enhanced by conducting more awareness generation programme about pregnancy related problems.
- The involvement of local people and other community members in guidance and support so that more positive attitude can be developed. Adolescent girls must be given the opportunity to develop life skills ,including self-esteem, so that they can act to protect their own health
- Women must have freedom to determine their own health and life choices within families and communities; they must be given opportunities to learn about their rights and their health and to develop a feeling of entitlement to reproductive health care, and other services.
- Women must have access to information on reproductive health and high quality, women centered care
- Women must have access to education and economic opportunities, and control over economic resources
- Women must be supported by policies and laws that promote and ensure safe motherhood, good quality maternal care and gender equality; correspondingly, governments must engage woman in planning, implementing, monitoring and evaluating health programs for women.

CONCLUSION

Kani tribal settlements, a resource poor settings where choices are limited, the excavator report support that ANC to be incorporated with necessary health education regarding safe and unsafe practices during pregnancy Maternal health policies and strategies have been an important contributor towards the transition from home to hospital delivery in tribal areas.. The health system needs to find innovative and effective ways to strengthen midwifery care and ensure the availability of and accessibility of midwives at community level.

BIBLIOGRAPHY

1. Amarnath S Bhicle , Ammeets patki, Jesse M Levi, (2013), A Textbook of obstetrics for nurses & mid wives , preganancy and child birth, Medical (p) Ltd, Jaypee Brothers, New Delhi.
2. Bergstrm M. et al., (2010) "Effects of antenatal education" journal of midwifery womens health
3. Betty Sweet R, Mayers Midwifery " A Textbook for Midwives 11th Edition Dindal ", Tindal English language book society, Ballier.
4. Bijoi sree Senguota , "Obstretrics for post graduates and practitioners" first edition, B.I Churchil Livingston Pvt. Ltd.
5. Bobek Jensen, (2014), " Maternity and gynaecological care" fifth edition , Mosbey Publication , Philadelphia.
6. Burroughs "Maternity nursing, An introduction text", 7th edition W.B. Saunders company, London.
7. Carpentio.J. Lynda (2011). "Nursing diagnosis, Application to clinical practice, 5th edition, J.B.Lippincot company.
8. Chamberlain.G.(2011) Obstetrics for PG and Practitioners 3rd edition, Churchill livingstone private limited.
9. Daftary Chakravarti, (2013), "Manual of obstetrics" 2nd edition published by Elsevier.
10. Dewhurst's (1999) "Text book of Obstetrics and gynaecology for PG, 6th edition, Blackwell science, London.
11. Diane M. Franser, Margret .A Cooper."Myles textbook for Midwivews, 14th edition, Churchill livingstone, London.
- 12.. DeClerq E, Sakala, C, Corry M, Applebaum S, Risher P. Listening to mothers:Report of the First National U.S. Survey of Women's Childbearing Experiences. New York: Maternity Center Association, 2002.
- 13.. Dutta D.C (2014) "Text book of Obstetrics including perinatology and contraception, 6th edition, Calcutta, New central book agency private limited.
14. Gangadharan. Kd, & Vinesh Kumar K V Reproductive health complications Among tribal women and their health Seeking behavior kerala perspectives India International Journal of Contemporary Research in Social Science, Volume 1 Issue 4 February 2015
15. Gulanik.M.,(2003) "Nursing care plan, diagnosis and nursing intervention" 5th edition, Mosby publications, London.
16. Gupta S.P.,(2012) "Statistical methods" sulvian and son publication, New delhi.
17. Jacob Annamma (2013), A Comprehensive textbook of midwifery, Medical publishers (p) limited. Jaypee brothers, New Delhi.
18. Jinu Annie Jose, Soali Sarkar, S ganesh, Sitanshu Saker Kur Utilization of maternal health-care services by tribal women in Kerala Journal of Natural Science, Biology and Medicine, 2014, Volume : 5 Issue : 1 Page : 144-147
19. Lowdermilk, Pery Bobak (2011). "Maternity and women's health care, 7th edition Mosby publishers, Philadelphia.
20. Lynna Y. Littleton, Joan Engebreston C. (2012). "Maternal, Neonatal and Women's health nursing" published by William brottnller, Delmar.



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