

Knowledge on Reproductive Health of Tribal and Non Tribal (Rural) Mothers

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ABSTRACT

Reproductive health represents overall health condition of a women population. Reproductive health is associated with a wide range of issues including the sexual health of an individual or of a community and the condition of the environment. The reproductive role and knowledge regarding the process of gestation, birth, breastfeeding and child-rearing, among women influences their health status. Knowledge on reproductive health was elicited during 2017 from, 120 (60 tribal and 60 non tribal) mothers through random sampling technique from six villages of Dharwad and Uttar Kannda Districts, Karnataka. Through interview schedule demographic characteristics of mothers were noted. Knowledge on reproductive health was assessed, by self-structured questionnaire. The reliability of the structured questionnaire was found to be 0.75. The preference rating was given as scoring and the total score of knowledge on reproductive health were divided into three categories like low (0-53), medium (54-107) and high (108-160). The knowledge of reproductive health of tribal and non-tribal mothers was studied using differential research design. Correlation analysis was used to know the relationship between education and knowledge on reproductive health of mothers. The findings revealed that, highly significant difference was observed between tribal and non tribal mothers. Non tribal mothers possessed more knowledge on reproductive health as compared to tribal mothers. Education of the tribal and non tribal mothers were significantly related to the knowledge on reproductive health. This indicates that, higher the education, better the knowledge on reproductive health. Hence education awareness regarding reproductive health enhances the quality of life of the women.

Key words: Reproductive health, Tribal mothers, Non tribal (rural) mothers.

INTRODUCTION

The reproductive health encompasses the reproductive processes, functions and system at all stages of human life⁵. Reproductive health is associated with a wide range of issues including the sexual health of an individual or a community and condition of

the environment where the reproduction takes place. It is collaborative and reciprocal relationship between human and environment. Reproductive health is an indicator of the state of social justice, human rights and empowerment of the tribal population central to social work values.

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Rapid economic development of India has not benefited at all and income gap between rich and poor shows an increasing trend. This is particularly true for the marginalized social class such as tribals of India, who appears to be dispossessed by the Indian society resulting in exclusion from the mainstream socioeconomic development process.

The word 'Tribe' denotes a group of people living in conditions characterized by low level of social and economic development as compare to other people. The tribals of India constitute about 104 million (8.6 %) of the total population. Lifestyles and food habits are different from that of their rural neighbours. They depend on forest produce and manual labour for livelihood. They may not have adequate income. Their food consumption pattern is dependent on the vagaries of nature and varies from extreme deprivation (in the lean seasons) to high intakes (in the post-harvest period). Education of the tribal people is very low and knowledge on reproductive health was found to be poor. Present study deals with the *Siddis* tribe of Karnataka which is one of the ethnic group, members are descended from Bantu peoples from Southeast Africa, that were brought to the Indian subcontinent as slaves by Portuguese merchants. There are 50,000 *Siddi* populations across India, of which more than a one third lives in Karnataka. *Siddis* are Roman Catholics, Hindus and Muslims. *Siddis* mainly speak the Kannada language. Some also speak other languages, such as Konkani and Marathi. It was found that tribal people have less knowledge on reproductive health⁴. This Poor knowledge on reproductive health is due to poverty, lack of awareness about, access to and utilisation of the available health camps, social barriers preventing the utilisation of various reproductive awareness programme and services, and lack of contact of health workers and hospitals.

There is a great need for undertaking a region-specific study on knowledge of reproductive health of *Siddi* tribal women and role of tribal women which alone can throw up data that will make planning for their welfare

more meaningful and effective. There are only a few studies on the reproductive health status of tribal women in India. Hence there is a need for proper understanding of their knowledge on reproductive health of rural and *Siddi* tribal mothers.

MATERIAL AND METHODS

The present study was conducted among rural and *Siddi* tribal mothers on a sample of 120 mothers of which 60 were rural mothers and 60 were *Siddi* tribal mothers (age range 18-49 years) were selected. The population was selected randomly from six villages of both Dharwad and Uttar Kannada districts, which consisted of 600-625 households. Data pertaining to age, occupation, educational status, type of family, number of children, caste and type of diet were collected from both rural and *Siddi* tribal mothers using a pretested self structured questionnaire.

Knowledge on reproductive health in terms of awareness during pregnancy and lactation was collected through self structured questionnaire and its reliability was found to be 0.75. The tool consisted of 70 questions divided in to 10 categories like knowledge about pregnancy, food and diet, regarding hospital delivery, scientific care, factors which effects on pregnancy, practices related to care during pregnancy, medical information, practices that, may affect pregnancy, family planning, lactation and supplementary foods. The preference rating is given as scoring and the total score are divided into three categories as low (0-53), medium (57-107), and high (108-160) knowledge on reproductive health.

RESULTS AND DISCUSSION

Personal characteristics of rural and *Siddi* tribal mothers includes age, occupation, education, size of the family, no of children, type of family, caste and type of diet. The distribution of the rural and *Siddi* tribal mothers with regard to personal characteristics are presented in Table 1. In rural mothers 55.0 per cent of them belonged to 18-28 years age group followed by 45.0 per cent belonged to 29-39 years and none found in the 40-50 years

age group. Among *Siddi* tribal mothers 55.0 per cent of them belonged to 29-39 years age group followed by 31.7 per cent belonged in 18-28 years and 13.3 per cent of respondents belonged to 40-50 years age group. Totally half of them belonged to 29-39 years followed by 43.3 per cent were in 18-28 years and only 6.6 per cent belonged to 40-50 years age group.

Regarding the occupation of the rural mothers more than half of them (66.7 %) found to be self employed with income Rs. <5000 followed by service at shops, home, transport, own cultivation of land (23.3) and self employed or petty business with income Rs. > 5000 (10 %). While 86.6 per cent and 13.3 per cent of the *Siddi* tribal mothers found to be the self employed with income Rs. < 5000 and service at shops, home, transport, own cultivation of land respectively. Overall, majority of them (75.7 %) found to be self employed with income Rs. < 5000 followed by service at shops, home, transport, own cultivation of land (18.3 %) and very few (5.0 %) found to be to self employed or pretty business with income Rs. > 5000.

With respect to education 31.7 per cent of rural mothers possessed education up to tenth class pass but less than graduation as well as less than primary education followed by primary pass but less than 10th (18.3 %), Illiterate (13.3 %) and just literate but no schooling (5.0 %). In case of *Siddi* tribal mothers 63.4 per cent of them found illiterate followed by less than primary but attended school for at least one year of education (16.7 %), just literate but no schooling (8.3 %), primary pass but less than graduation (6.7 %) and tenth class pass but less than graduation level of education (5.0 %). Overall 38.3 per cent respondents were illiterate followed by less than primary education but attended school for at least one year (24.2 %), tenth pass but less than graduation (18.3 %), primary pass but less than tenth (12.5 %) and only 6.7 per cent were just literate but no schooling.

Regarding the size of the family 56.7 per cent of rural mothers had < 5 member's family followed by 43.3 per cent of them had 5 >

members. In case of *Siddi* tribal mothers 55.0 per cent of them had > 5 members family size followed 45.0 per cent of mothers had < 5 members. Overall half of them (50.0 %) belonged to < 5 family size as well as > 5 member's family size. Regarding the no. of children, half of the rural mothers (51.1 %) had 3-4 children followed by 1- 2 (38.3 %), and ≥ 5 (10.0 %). While in case of *Siddi* tribal mothers more than half per cent of them (65.0 %) had 3-4 children followed by ≥ 5 (23.4 %) and 1-2 (11.7 %). Total majority of the mothers had 3-4 children (58.3%) followed by 1-2 (25.0 %), and ≥ 5 (16.7 %). With respect to the type of family 60.0 per cent of rural mothers and 78.3 per cent of tribal mothers belonged to nuclear family followed by 40.0 per cent and 21.7 per cent belonged joint family respectively. Over all similar trends was observed that, majority (69.2 %) and (30.8 %) of mothers belonged to nuclear and joint type of family respectively.

Regarding caste, majority (71.7 %) of the rural mothers belonged to upper caste followed by Dalits (18.3 %) and OBC (10.0 %) where cent of the *Siddi* tribal mothers belonged to tribal caste. Over all half of them (50.0 %) belonged to tribals followed by upper caste (35.83 %), Dalits (9.1 %) and very few OBC (5.0 %). Among rural mothers 63.3 per cent of them consumed non vegetarian diet followed by vegetarian (36.7 %). Whereas, in *Siddi* tribal mothers majority of them (81.3 %) consumed non vegetarian type of diet followed by only 18.3 per cent had vegetarian diet. Overall 72.5 per cent of them consumed non vegetarian followed by vegetarian type of diet. (27.5%)

Knowledge on reproductive health between rural and *Siddi* tribal mothers were depicted in the table 2. It is evident from the table that, maximum (81.7 %) of rural mothers had medium level of knowledge on reproductive health followed by 11.7 per cent had low knowledge on reproductive health and very few (6.7 %) of them had high knowledge on reproductive health (Fig. 1). But in case of *Siddi* tribal mothers more than half (55.0 %) of them possessed low knowledge on

reproductive health followed by medium knowledge (40.0 %) and only 5.0 per cent of them acquired high knowledge on reproductive health. The mean scores of the rural mothers on knowledge of reproductive health (78.1 ± 20.8) is higher than *Siddi* tribal mothers knowledge (58.7 ± 19.0), which indicated that, highly significant difference and association was observed in knowledge on reproductive health between rural and *Siddi* tribal mothers. It was note worthy that, majority of rural mothers (81.0 %) were possessed medium knowledge, whereas half of *Siddi* mothers possessed medium and low knowledge on reproductive health, it may be due to less contact of *Siddi* tribal mothers with government health educators and doctors. These results are par with Gogoi and prusty¹ who conducted a study in the North-Eastern parts reported that, tribal women reporting less knowledge on reproductive awareness than non tribal mothers. Interestingly it was noted that, only 5 per cent of them gained high knowledge on reproductive health. This showed that, even though the maximum educational attainment was found in rural mothers, was up to degree level and up to college in *Siddi* mothers were not helping much in acquiring knowledge on reproductive health.

Table 3 represents relationship between knowledge on reproductive health and education of rural and *Siddi* tribal mothers. Among rural illiterate mothers, 75.0 per cent of them acquired medium knowledge on reproductive health. Rural mothers who had primary education (84.0 %), high school (87.5 %) and college (72.7 %) of them gained medium knowledge on reproductive health, where as primary (16.0 %) and high school (87.5 %) and college (72.7 %) of them gained medium knowledge on reproductive health, where as primary (16.0 %) and high school (12.5 %) showed low knowledge on reproductive health. None of the rural mothers with primary and high school education showed high knowledge on reproductive health, but only who attained education up to college level (27.3 %) acquired the high

knowledge on reproductive health. There was significant association but no relation was observed in rural mothers with respect to knowledge on reproductive health and education. However it was noticed that, higher the education higher knowledge on reproductive health. Education helps the mothers to aware about various issues related to reproductive health, approaches the health care facilities and getting benefits from the government personals. These results are in line with Hasaan *et al.*⁶, who stated that, educational status found to produce significant main effects on reproductive health awareness. Illiterate contrasted with literate ones had lower reproductive health awareness.

It was observed that, majority (71.1 %) of *Siddi* illiterate mothers had low knowledge on reproductive health followed by 28.9 per cent had medium knowledge on reproductive health. (Table4). *Siddi* mothers who educated up to primary class had medium knowledge on reproductive health followed by low (31.6 %) and high (10.5 %) knowledge on reproductive health. 66.7 per cent of the mothers who completed high school level of education had medium knowledge on reproductive health. There was significant association as well as positive relation was found between knowledge on reproductive health and education of the *Siddi* tribal mothers, indicating that, higher the education, higher will be the knowledge on reproductive health. These results were in agreement with Mohanty, G³ who reported that, education was highly significantly associated with reproductive knowledge of tribal and non tribal mothers. It was observed that, majority of *Siddi* mothers were subjected to domestic chore activities involved in taking care of children. Another interesting thing to quote that, in *Siddi* mothers, girls were confined to their home soon after attainment of menstruation, entitled to get ready for marriage and prepared to lead a marital life, such cultural practices hindered them from educational benefits.

CONCLUSION

In brief, findings of the present study observed that, highly significant difference and association in knowledge on reproductive health between rural and *Siddi* tribal mothers, where *Siddi* tribal mothers gained significantly low knowledge on reproductive health than rural mothers. With respect to knowledge on reproductive health and education, significant association was evident in both rural and *Siddi* tribal mothers, indicating mothers who attained higher education have acquired high

knowledge on reproductive health. *Siddi* tribal mothers acquired low reproductive knowledge. Hence reproductive health education should be spread on the priority basis among tribal population, as it helps them to seek early treatment. Adequate information education on reproductive health may increase the quality of life of tribal mothers. Tribal population lives in geographically scattered areas, which are not easily accessible; therefore, well equipped health centres are required for meeting their basic reproductive health needs.

Table 1: Personal characteristics of rural and *Siddi* tribal mothers

N = 120

Sl. No.	Variables	Rural (n = 60)	<i>Siddi</i> (n = 60)	Total (N = 160)
I	Age (years)			
	18-28	33 (55.0)	19 (31.7)	52 (43.3)
	29-39	27 (45.0)	33 (55.0)	60 (50.0)
	40-50	-	8 (13.3)	8 (6.6)
II	Occupation			
	Service at shops, home, transport, own cultivation of land	14 (23.3)	8 (13.3)	22 (18.73)
	Self employed or petty business with income >5000	6 (10)	-	6 (5)
	Self employed with income <5000 (labourer, house wife)	40 (66.7)	52 (86.6)	92 (75.8)
	None of the family member is employed	-	-	-
III	Education			
	10 th class pass but <Graduation	19 (31.7)	3 (5.0)	22 (18.3)
	Primary pass < 10 th	11 (18.3)	4 (6.7)	15 (12.5)
	<primary but attended school for at least one year	19 (31.7)	10 (16.7)	29 (24.2)
	Just literate but no schooling	3 (5.0)	5 (8.3)	8 (6.7)
	Illiterate	8 (13.3)	38 (63.4)	46 (38.3)

Contd....

Sl. No.	Variables	Rural (n = 60)	Siddi (n = 60)	Total (N = 160)
IV	Size of the family (no. of members)			
	<5	34 (56.7)	27 (45.0)	61 (50.8)
	>5	26 (43.3)	33 (55.0)	59 (49.1)
V	No of children			
	1-2	23 (38.3)	7(11.7)	30 (25)
	3-4	31(51.7)	39(65.0)	70(58.3)
	≥5	6(10)	14(23.4)	20(16.7)
VI	Type of family			
	Nuclear	36 (60.0)	47 (78.3)	83 (69.2)
	Joint	24 (40.0)	13 (21.7)	37 (30.8)
VII	Caste			
	Upper caste	43 (71.7)	-	43 (35.8.3)
	OBC	6 (10.0)	-	6 (5.0)
	Dalits	11 (18.3)	-	11 (18.33)
	Tribals	-	60 (100.0)	60 (50.0)
VII	Type of diet			
	Vegetarian	22 (36.7)	11 (18.3)	33 (27.5)
	Non vegetarian	38 (63.3)	49 (81.3)	87 (72.5)

Figures in the parenthesis indicate percentage.

Table 2: Knowledge on reproductive health between rural and Siddi tribal mothers

N = 120

Mothers	Knowledge on reproductive health			Mean ± SD	t-value
	Low	Medium	High		
Rural	7 (11.7)	49 (81.7)	4 (6.7)	78.1 ± 20.8	5.31***
Siddi	33 (55.0)	24 (40.0)	3 (5.0)	58.7 ± 19.0	
χ^2	25.6**				

Figures in the parenthesis indicates percentage

***Significant at 0.001 level NS = Non significant

Table 3: Relationship between knowledge on reproductive health and education of rural mothers

N = 120

Mothers	Education	n	Knowledge on reproductive health			Modified χ^2	r-value
			Low	Medium	High		
Rural	Illiterate	8	1 (12.5)	6 (75.0)	1 (12.5)	12.08*	0.20 ^{NS}
	Primary	25	4 (16.0)	21 (84.0)	-		
	High school	16	2 (12.5)	14 (87.5)	-		
	College	11	-	8 (72.7)	3 (27.3)		

Figures in the parenthesis indicates percentage

*Significant at 0.05 level NS = Non significant

Table 4: Relationship between knowledge on reproductive health and education of *Siddi* tribal mothers
N=120

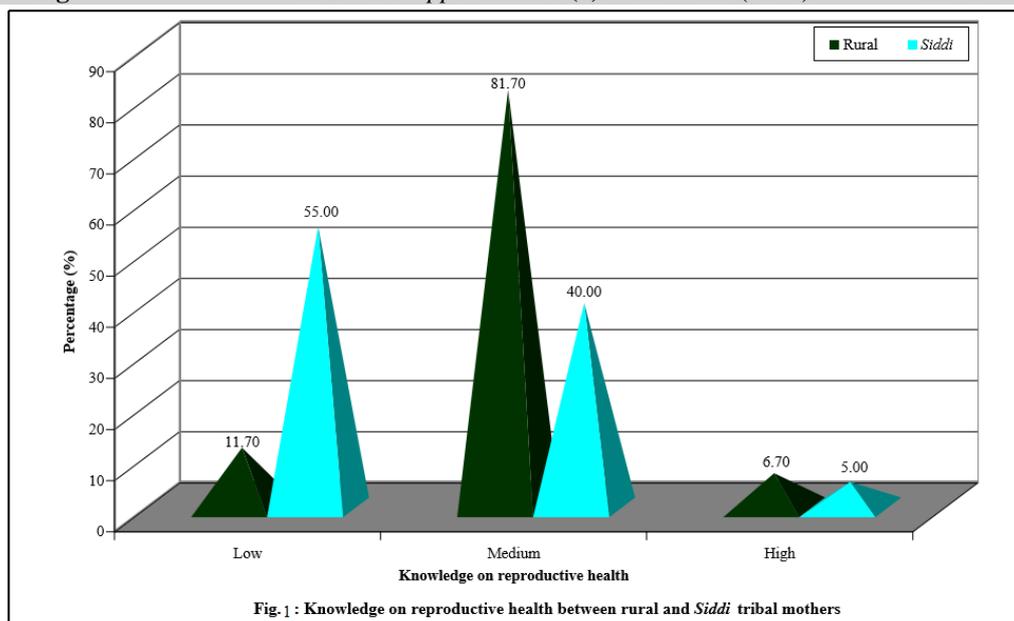
Mothers	Education	n	Knowledge on reproductive health			Modified χ^2	r-value
			Low	Medium	High		
<i>Siddi</i>	Illiterate	38	27 (71.1)	11 (28.9)	-	16.41**	0.57**
	Primary	19	6 (31.6)	11 (57.9)	2 (10.5)		
	High school	3	-	2 (66.7)	1 (33.3)		

Figures in the parenthesis indicates percentage **Significant at 0.01 level

Following images predicts researcher in action



Figure 1 Knowledge on reproductive health between rural and *Siddi* tribal mothers



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