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Study on the reproductive health behaviour prevalent among the tribal hamlets of Thiruvananthapuram district in Kerala

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ABSTRACT

Useful base information about maternal feeding practices is paramount to planning health service interventions designated to improve maternal and infant health. The health and survival of the new born baby is dependent upon the health status of the mother and care rendered to mother during pre and post natal stages. This study enquires into the reproductive health behaviour prevalent in the tribal hamlets of Thiruvananthapuram district in Kerala. Hundred families were randomly selected for this study from the tribal hamlets. The study observed that on an average, the tribal woman gets married before the age of 15 years and men around 18 years of age. About two fifth have their first pregnancy before 20 years of age and more than two third deliveries have birth intervals of less than three years. The study observed that there is a higher percentage of LBW babies and there is a preference for antenatal or prenatal care than postnatal care. Due to lack of knowledge regarding proper reproductive health behaviour, the tribal community is caught in a vicious cycle of malnutrition.

Key Words : Malnutrition, Adolescence, Obstetric, Neonatal, Prenatal, Colostrums, Low Birth Weight (LBW)

INTRODUCTION

Childhood care and Education had been a topic of discussion among various disciplines hence, we can see many researchers trying to analyse and understand the dynamics from various angles. Research Studies (Mussen, 1970) views that child development in early days was a subject of great interest to all major theorists but considers gave atmost importance to analyse the character of the family for a clear understanding of the Child development. Likewise it is opined that (Joan and Michael, 1976) the steps that are to be taken to improve health system of one's country depend on cultural and ideological considerations and availability of economic resources. Studies viewed that motivation for raising levels of health cannot be manufactured or grafted on a society, but should come from roots of the society. Researchers (Ebrahim, 1983) even pointed out that the beginning of agriculture had resulted in concentration of a few species of plants that are more productive and rewarding with reference to inputs which finally resulted in formation of various

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nutritional disorders. But the general view prevailing among the Researchers is that irrespective of caste/creed/community, (Das *et al.*, 1982) breast milk should be regarded as the ideal food for an infant in the first three months of life.

Tribal group forms an important segment of Indian population, which blooms in the isolated highlands and forest of India. Their settlements are scattered all over the country. Studies view that poverty and malnutrition are regarded as both sides of the coin and hence Tribal Communities are always categories as the 'Doomed Community' which knowingly or unknowingly becomes the prey of outsider's exploitation. It is viewed that (Sarkar, 1965) since the Aryan intrusion of India, driven by their love of freedom, institutions and from social degradation, these tribal communities refused to accept the status of being a depressed class at the time of and they migrated to the forests and hills. Researchers (Sinha and Pandey, 1998) are of the view that though there are many studies about their socio-economic status and cultural heritage, little is understood about their ways of bringing up their children.

METHODOLOGY

The study area selected is the Thiruvananthapuram District of Kerala which is inhabited by Kanikkar tribal communities. The sample size comprised of 73 mothers spread over 14 hamlets of this district. The respondents were randomly interviewed using structured and open ended questionnaire. The study focuses on the perception of the tribal communities, their knowledge regarding various attributes of reproductive health behaviour and the their adopted practices with regard to early childhood care.

RESULTS AND DISCUSSION

Reproductive health behaviour of a community or group conveys about their behaviour related to marriage, family planning practices, breast-feeding, childcare etc. This study observed that there is widespread ignorance and misconceptions about family planning, childcare, and breast-feeding among the tribal population. The details regarding the findings are explained under the following headings.

Age of marriage :

Age of marriage had a direct effect on the fertility of tribal women. It was observed that on an average, the tribal woman gets married before the age of 15 years and men around 18 years of age. The study also found out that many of the respondents were not aware of the legal age of marriage. In short one can say that the productive period for a tribal women is higher than those belonging to non-tribal communities.

Adolescence and pregnancy :

Maternal age is an important factor in determination of obstetric outcome. There are only limited studies on teenage pregnancy in India. Teenage mothers appear to be at higher risk during child bearing with poor obstetric outcome and require better obstetric and neonatal care. The study observed that teenage pregnancy is still rampant in the tribal hamlets. About two fifth have their first pregnancy before 20 years of age and more than two third deliveries have birth intervals of less than three years. The study also observed that more number of LBW babies was born to

mothers who were less than 20 years of age. This study is of the view that there is an urgent need to focus on empowerment of women to ensure right age at marriage and an improved usage of family planning methods particularly among the women belonging to the age group of less than 30 years. Teenage pregnancy should be discouraged not only to minimize pregnancy related problems of young pregnant mothers but also to limit family size. Subsequent pregnancy should definitely be discouraged to reduce further prenatal risks of rapid repeat pregnancies in young mothers. It is reported that teenage pregnancies are more prone to adverse outcome for mother and baby like high blood pressure, iron deficiency anemia, and low birth weight.

Maternal health care :

Maternal healthcare is another important aspect of health seeking behaviour, which are largely neglected. Throughout pregnancy the growing foetus is entirely dependent on its mother. The mother's diet, her general state of health and the amount of physical work done by the mother had its own effect. Therefore, proper antenatal care throughout pregnancy is essential. Expectant mothers to a large extent were not inoculated against tetanus. Majority of women do not take special care on their food even during pregnancy, which is also one of the factor for low weight babies. From the inception of pregnancy to its termination, women consumed no specific nutritious diet. It was observed that 84 per cent of pregnant women continued with the same diet as they were taking before pregnancy. In fact, 10 per cent of the women reduced their food intake because of the simple fear of recurrent vomiting. The consumption of iron, calcium, and vitamins during pregnancy was poor. It was reported that some women used to take alcohol even during pregnancy. Almost all the pregnant women continued with their usual activities till the last trimester. It is heartening to note that 90 per cent of the deliveries were conducted at hospitals and the percentage of home deliveries is less. Elderly ladies known as *Vitati* or *Marathothi* of the respective hamlets where in charge of taking care of the home deliveries. This type of delivery is more prevalent in the interior parts of forest than in the fringe areas. Majority of the respondents reported that they are not used to periodic check-ups, due to which they are not sure of the expected date of delivery. They usually get admitted to the hospital only at the time of the first pain, which is clinically know as *False Pain*. Normally the actual delivery will be only after two or three days and only in certain extreme cases, the delivery occurs within a short period of few hours. Only in these acute cases, they used the help of the *Vitati's*. No specific precautions were observed at the time of conducting deliveries, which resulted in an increased susceptibility to various infections. The study also observed that majority of the females suffered from ill health due to pregnancy and childbirth in the absence of a well-defined concept of health consciousness.

The quality or strength of childhood foundation is primarily determined by the kind of nutrition provided to the vulnerable segments of the population like infants, children, pregnant women, and nursing mothers. Faulty and inadequate feeding practices only contribute to weaken this base. An interesting observation was that during pregnancy, lactation, and ill health, severe restriction in food was observed. Only a negligible 9 per cent of respondents claimed that they consumed special food items such as fowl, fish seasonal fruits, and pulses during the vulnerable period to maintain good health. The tribal communities even had categorised certain locally available fruits like papaya, pineapple, and pumpkin as abortive foods.

A pregnant woman is required to go for the following six types of medical examination during her ante-natal period: general examination, weight, fundal examination, blood pressure check up, urine examination and blood examination. These examinations are required to save the women

from pregnancy complications. We observed that the percentage of respondents who had undergone the frequent check-up was less than 20 per cent. This attitude of neglect of gynaecological monitoring requires immediate attention of the concerned functionaries, which in the end will result in saving the lives of women belonging to the reproductive age groups.

Inherent maternal instinct and protectiveness towards their children had resulted in tribal women giving more attention to child welfare and child development programmes rather than mother care or family planning programmes. They contacted doctors more for antenatal or prenatal care than postnatal care because of their concern with the welfare of the foetus in the womb and in preparation for a safe labour. This study concludes that programmes should be charted to encourage both prenatal and postnatal care among the women in the tribal hamlets. Useful base information about maternal and infant feeding practices is paramount to planning any future health service interventions designated to improve maternal and infant health.

Childcare practices :

The nutritional and health status of the infants mainly depends on the feeding practices of the community. It is seen that the child rearing practices differ in different states, districts and among the people living in different regions in the same state itself. Mothers in the tribal hamlets used to breast feed their babies. But, most of them adopted harmful practices like discarding of colostrums, giving prelacteal feeds, delayed introduction of breast-feeding and complementary feeds. The study also highlights that the women expressed apprehension regarding taking certain particular foods during lactation.

Feeding of colostrums :

Full-term babies have a natural suckling instinct, and breast-feeding comes naturally to most as soon as they leave the womb. After delivery, levels of prolactin, the hormone that triggers milk production, begin to rise in the body. Although milk may take 2 – 7 days to produce, yet the glands will be filled with a substance called Colostrum. Colostrum, is low in fat, and high in carbohydrates, protein, and antibodies, which keeps the baby healthy. It contains large quantities of antibodies called secretory immunoglobulin A (IgA) and immunoglobulin G (IgG). It is extremely easy to digest, and is therefore the perfect first food for the baby. It is low in volume but high in concentrated nutrition for the newborn. Colostrum provides not only perfect nutrition tailored to the needs of the newborn, but also large amounts of living cells which will defend the baby against many harmful agents. Colostrum also contains high concentrations of leukocytes, protective white cells that can destroy disease-causing bacteria and viruses. Colostrum has a laxative effect on the baby, helping him pass his early stools, which aids in the excretion of excess bilirubin and helps prevent jaundice.

When the baby is breastfed early and often, the breasts will start producing mature milk around the third or fourth day after birth. Slowly, the milk will then increase in volume and will generally begin to appear thinner and lighter in colour. Later, when the mother is producing mature milk for the baby, the concentrations of the antibodies in the milk will be reduced, but the baby will be taking in much higher volumes of milk. The disease-fighting properties of human milk do not disappear with the colostrum. In fact, as long as the baby receives the milk, he will receive immunological protection against many different viruses and bacteria. By the tenth day after birth, the regular breast milk, containing more carbohydrates and fat and less protein, is produced. The amounts of carbohydrates and fat will gradually continue to increase, as will the quantity of the milk itself, to match the needs of the growing baby. Not only does breast milk change over time, its

composition also changes while an infant is nursing. It gradually becomes higher in fat and thus more filling, acting as a curb on the baby's appetite to prevent overfeeding. Although most full-term infants get all the necessary nutrients from breastfeeding, some may need supplements of Vitamins D and K.

Studies had shown that the first few days are extremely important to breastfeed the newborn at least 9 - 12 times in 24 hours - and more often is even better. This allows the baby to get all the benefits of the colostrum and also stimulates production of plentiful supply of mature milk. Frequent breastfeeding also helps prevent engorgement. From the Table 1, it is clear that majority of the respondents had started breast feeding in between 6 – 24 hours after birth. It was also observed that these respondents did their next feeding only on child's demand. In between this period, they also tries to feed the infant with sugar or glucose solutions. Pre-lactation supplementary feeding was given with the help of cotton or small piece of cloth soaked, in the solution, or by the use of tablespoon. This further reduces the intake of colostrums, which is more vital for the proper development of the children. Apprehensions were also raised regarding the benefits of first breast milk and some respondents even opined that it is harmful to the baby. After delivery, the child seems like it is sleeping and seeing this majority of the mothers surveyed even delayed the initiation of breast-feeding. But in reality, the child may be suffering from drowsiness. Thus it is clear that the amount of colostrums fed to the tribal children is less than what actually should be fed to them. Majority of the respondents also believed that the mothers should not breast feed her children during illness as it may have adverse effect on the child.

Table 1 : Details regarding initiation of breast feeding after child's birth

Time of breast feeding	Percentage of women
Less than 1/2 hour	0
1/2 – 2 hours	0
2 – 6 hours	22
6 – 24 hours	16
More than 24 hours	62
Not breastfed the child	0

When we assessed the source of knowledge regarding the time to initiate breast-feeding, majority of them reported that they initiated on the advice of the family members rather than by any health officials (Table 2). From this, it can be concluded that role of the anganwadis and the PHCs in disseminating awareness about the importance of early initiation of breast-feeding was not up to the expectation. Hence, it is suggested that nutritional awareness programmes should be further strengthened along with provision for timely advices regarding maternal and child health care.

Table 2 : Reasons for feeding Colostrum

Reasons	Percentage of women
As advised by family members	69
Based on personal knowledge	3
On doctor's advise	9
Advice of health worker's	19

Breast feeding practices :

Breast-feeding has its socio-economic, psychological, biological, and immunological aspects.

It is now universally acknowledged that the best milk for a normal young infant is human milk. It is not only the adequacy of the proximate principles but also the suitable proportions of various amino-acids, polyunsaturated fatty acids, medium chain triglycerides, etc., and presence of special factors such as bile-salt-stimulated and other lipases which make it nutritionally ideal. While economy and protection against infection are additional benefits, particularly for the under-privileged communities, nutritional excellence and possible protection against allergy are the bonuses of relevance even to the affluent groups (Indira, 1998). Human milk is known to be an ideal, safe and complete food for infants and being available at a suitable temperature, it helps to promote normal dental and facial development. But for the mother, biologically, it leads to earlier uterine involution, thereby restoring the size of the extended uterus (Puri, 1991).

Breast-feeding was a universal phenomenon among the tribal women. Therefore cent per cent of respondents had breast-fed their infants. Questions were also asked regarding the pattern of feeding adopted by the mother – whether they breast-fed periodically or on demand like feeding when the child cries. It was observed that 74 per cent of the women breast fed their babies only on demand and a sizeable proportion feed their child according to their will (Table 3). When we analysed the length of breast-feeding, it was observed that majority of the respondents used to feed the infants for not less than one year (Table 4). It can be opined that the child feeding practices were found to be unsatisfactory.

Table 3 : Pattern of feeding adopted by tribal women

Pattern of feeding adopted	Percentage of women
Demand	74
Schedule	9
As per the will of mothers	17

Table 4 : Details regarding length of breastfeeding

Pattern of feeding adopted	Percentage of women
Upto one year	69
Upto two years	18
More than two years	13

In the case of tribal children, majority of them are of low-birth-weight category. Hence the present attitude of demand feeding should be discouraged and periodic feeding should be encouraged. The schedule must be fixed after giving due consideration to the attitudes of the child rather than she alone fixing it arbitarily. The fact that poor women, despite their poor diets, poor body size and poor nutritional status are able to breast feed their infant for prolonged periods, unlike women of the affluent group, has tended to obscure the importance of maternal health/nutrition in ensuring and sustaining good lactation (Gopalan, 1997). Hence, this study is also of the view that there should also be stress for strengthening the maternal nutrition programme of the ICDS as well.

It was also disheartening to note that only 47 per cent of the mothers initiated semi-solids and fruit juices before the end of six months. This was possibly an important reason for inadequate intake of nutrients by the children. Moreover, in the tribal hamlets, male members were given preference in feeding than the females. Several instances where brought to our notice by tribal community that many of the mothers ignored younger female infants and breast-fed the elder male children. It was also observed that during lactating periods, based on certain beliefs, mothers do not

eat certain type of nutritious food e.g. green vegetables, lady's finger etc. We also found that the lactating mothers used to consume some special food items for increased lactation such as fermented rice, turmeric soup, papaya, *sathavari*.

It was estimated that in all developing countries (excluding China), breast-feeding and associated lactational amenorrhoea alone provided 35 million couple years of contraceptive protection compared to the 24 million couple years provided by government and privately sponsored family planning programmes (Bamji, 1994). The study observed that the tribal woman lacks knowledge regarding the role of breast-feeding in delaying next conception. Hence this study also stressed for encouraging a longer duration of breast-feeding among the tribal population.

Conclusion :

It can be concluded that due to early marriage, the productive period for a tribal women is much higher than those belonging to non-tribal communities. The study observed that as a result of teenage pregnancy, the number of LBW babies is much higher in the tribal hamlets. The tribal communities contacted doctors more for antenatal or prenatal care than postnatal care because of their concern with the welfare of the foetus in the womb and in preparation for a safe labour. It is also observed that the amount of colostrums fed to the tribal children is less than the required. The prevalence of demand induced breast-feeding in the tribal hamlets, which is followed by late introduction of semisolids, will adversely affect the proper nutritional development of the children. It can be opined that the tribal woman lacks knowledge regarding the role of breast-feeding in delaying the next conception.

Suggestions :

This study is of the view that there is lack of proper information regarding the reproductive health behaviour in the tribal hamlets of Thiruvananthapuram district. Hence it suggested that the need of the hour is to strengthen the educational wing of the ICDS programme. Institutional support should also be provided for setting up of homestead farms, which will increase the intake of nutritious green leafy vegetables, which will assist in the overall improvement in the nutritional health status of the tribal community. For achieving the socio-economic development of these areas, there is a need for concerted effort not only from the part of governmental machinery but also by the non-governmental and other social service agencies as well. Then only we can achieve the ultimate goal of a *healthy tribal population*.

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