

## **Reproductive Health Status of Irular Tribal women in Thiruvallur District of Tamil Nadu**

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### **Abstract**

The most important period in the life span of women is the reproductive period which extends from menarche to menopause .The intervening periods is marriage, pregnancy, childbirth and contraception. Here, this study attempts to understand the reproductive health status of Irular community women in the age of 15-49 years in Thiruvallur District of Tamil Nadu. To explore how the socioeconomic condition influence healthcare practice of women. However, government has not taken any effective steps till now. Despite the fact that more fatalities occur among women in a year due to poor reproductive health practices, nobody has exercised enough to create a movement for improving women's health.Hence, in this study we see reproductive health within the context of economic status, good marital relations and strength to cope with their lives. These findings point to the need to situate interventions in the life course of women, their health and that of their husbands and families; the importance of reproduction not only from a health services point of view, but also as regards women’s roles and responsibilities within marriage and their families; and taking into account of the harsh socio-economic conditions in their communities.

**Key Words:** Reproductive Health, Women, Irular Tribes.

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### **Introduction**

Globally, reproductive health effects has affected the lives of the people, including their economic situation, education, employment, living conditions family environment, social and gender relationships, and the traditional and legal structures within which they live. Sexual

and reproductive health behaviors are governed by biological, cultural and psychosocial factors. Therefore, the attainment of reproductive health is not limited that is why interventions by the health sector are poor. Nonetheless, most reproductive health problems cannot be significantly addressed in the absence of health services and medical knowledge and skills. Generally, developed studies have been focused on the health of the population and the weaker sections like women and children in particular, for quite some time and this focus has gained the important context of Globalization. Within the family, the women are found to be marginalized in terms of autonomy, which is very much true for tribal women, which is very much essential to boost their self-esteem. The role of women and the autonomy she enjoys in the society, can control the society rather than women in the society, like India. Women in the society hold low position in her family and also, women face lot of problems throughout their life cycle. Woman's health-seeking behaviour is very much limited by her status in the family and also by her self-perceived role that prevents her from taking decisions on herself. Various studies conducted in India have pointed out that "the self-perception of the illness as the main reason for women not seeking healthcare timely". Apart from this, there is a gap to access the good quality of reproductive healthcare services. Generally, women in the society are not designed keeping in view the low position and particularly within the family, is also found to shape women's health general perceptions of health, current health and reproductive health problems, pregnancy history, childbirth, infertility, family formation, contraceptive use, menopause and use of reproductive health services. During the monsoon, when they cannot find any work, the Irulas – listed as a Particularly Vulnerable Tribal Group in Tamil Nadu – manage without any income at all, and hunt in nearby forests for small animals to eat, or look for fruits and tubers to add to their meals and for women, even those dispersed jobs are rarely available.

Sometimes, they work with their husbands at nearby brick kilns, starting from January-February till around May-June. Reproductive Health, according to World Health Organization (WHO, 2008) is "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity; reproductive health addresses the reproductive processes, functions and systems at all stages of life". Concern on the importance of women's health was raised in the developing countries after two important international events, viz. the International

Conference on Population and Development held at Cairo in 1994, popularly known as ICPD, 1994 and the fourth World Conference of Women held at Beijing in 1995.

The issues of women's health and the approach of the prevailing health delivery systems were critically examined in these conferences and it was suggested to adopt a 'life cycle approach' in delivering healthcare for the women to boost their self-esteem. The role of women and the autonomy she enjoys in the patriarchal society, like India, is a well-researched area. Due to her low position in her family and society, women face a lot of problems throughout their life cycle.

The study also tries to find out the health problems of women – post- and pre-natal medical treatments. From the available literature it is understood that though many studies have been done on the health of Irular, yet there is a gap, which exists in reference to their reproductive health systems.

### **Objectives:**

- To explore the socio-demographic characteristics of Irular tribal women
- The present study is a modest effort which tries to bring out the problem of Reproductive health among the Irular tribe of Thiruvallur District of Tamil Nadu.
- The problem of Reproductive health of the tribal women will be focused through analyzing the socio-cultural aspects which include awareness of modern allopathic medicine, practice, availability of health units, nature of housing, electricity, availability of health workers, knowledge and uses of herbal medicines, rituals, beliefs, etc.

### **Methodology**

The study was carried out among the Irular women of age group between 15 years and 49 years. It is a descriptive study and a semi-structured interview was used to collect data; The sample size for this study is 60 Irular tribal women in the age group of 15 years to 49 years. The universe of this study was the Irular population in Ramakrishnapuram and Gangapuram Villages. The study was conducted in the year 2019.

The following section describes the sample in terms of the variables used in this study. Age group between 27 and 35 years consisted more than half (55.5%) of the respondents. Ninety-nine per cent of the women who participated were from rural areas, and the rest (1%) were living in urban

locations. In contrast of the mainstream Indian society, majority of the tribal women (98%) reported to be Hindus. The remaining two percent of the respondents was 'Christians'. Most of the tribal household head were male (93%), and on an average, each household had about six members, including one child of five or less than five years of age. About half of the respondents were found currently employed'. About 82% of the women were employed in the agricultural farms, and 18.5% on their family land, Mean age of the respondents was 31.5 years, even though more number of respondents (26%) of the respondents belonged to (25-29) age group, followed by (30-34) age group (19%). On an average, tribal women marry approximately at the age of 14 years, which is higher than the average marriage age of the mainstream society. Data shows that tribal women experience first sexual intercourse at an average age is 14 years . The total fertility rate of tribal women is about 9.20. About half (50%) of the respondents did not have any child-birth within last five years, and 30% of the respondents had at least one child-birth within the last five years. About 2% of the respondents were found using some type of contraceptives, of which 'female sterilization' was most prevalent (2%), followed by oral contraceptive pills (about 1%). In contrast of low prevalence of female sterilization, a very low prevalence was reported for male. Condom use as a contraceptive method was reported by only 2% respondents. Overall, 3% of the total participants reported aware of modern methods of contraceptive, and Only 1% of the women were found using traditional methods. About 89% of the respondents did not have any intention to use contraceptives.

About 23% of the respondents have health issues and had heard of STD. Twenty-five per cent did not have any knowledge of AIDS. With regard to using contraceptives, a bimodal trend can be observed. Overall, about half (49%) of the tribal women had some form of skin disease. About 47% of the respondents never used any contraceptive method in contrast with 45.6% of modern method users. About 27.5% of the tribal women reported using Natural method or method of contraception. About 71% of the women, who knew the modern method, heard of STD, where 54% of the non-user women had knowledge of STD. Similarly, about 42% of the women non-user of any contraceptive method, never heard of AIDS, where 65% of the modern contraceptive users heard of AIDS. About 48% of the respondents reported no birth in last five years and had no STD in last twelve months. Similar proportion of the respondents reported having no genital sore/ulcer. About 48% of the women who did not have childbirth in the last 12

months reported having no genital sores. About 88% of the respondents never experienced terminated pregnancy. In terms of economic activities, about half (50%) of the respondents reported to be employed, and 49% of the participants reported being unemployed. Among the currently employed women, more than half (59%) women depend on family members for the expenditure. Among the women who were employed all the year round, 44% had money for their own use; by contrast, 65% of seasonally employed women had money for their own use. Only 40% of the tribal women who were employed in the previous year reported to earn cash incentive for their labour. About 36% of the women reported that they were not paid at all in return of their work. In total, about half (46%) of the women were employed within last twelve months

### **Results and Findings:**

The socio economic and demographic characteristics which influence the treatment-seeking behaviour of respondents were caste, education of wife, occupation of husband, awareness of health facility, decision making, family members accompanying for treatment, empowerment of women and mass media exposure and these are significantly associated with health-seeking behaviour of women. Respondents belonging to Scheduled Tribe, illiterate, low standard, very much limited by her status in the family and also by her self-perceived role that prevents her from taking decisions on her own on healthcare. Various studies conducted in India have pointed out that “the self-perception of the illness as the main reason for women not seeking timely health care” (WHO, 1991; Rejoice Puthuchira Ravi, 2010). Apart from this, lack of access to good quality healthcare services, which are not designed keeping in view the low position of women in the society in general and in the family in particular, is also found to shape women’s health, general perceptions of health, current health and reproductive health problems, pregnancy history, childbirth, infertility, family formation, contraceptive use, menopause

### **Major Findings**

Reproductive health is a major indicator of women’s health. The early age of marriage of women, high birth rate, less spacing between child birth, lack of knowledge regarding contraceptive use, family planning methods, lack of awareness about STD and HIV are high

among the Irular tribal women, Compared to any other community Schedule Tribes, especially Irular are the most exploited, neglected, and highly vulnerable to disease.

### **Social worker intervention**

- To improve the antenatal care, delivery practice, and postpartum.
- To provide services for family planning, safe abortion, and contraceptive usage.
- Educate about sexually tract infections, including HIV, reproductive tract infection
- Promoting reproductive and sexual health education for Irular women
- Implement reproductive health programme for irular community women.

### **Conclusion:**

The findings address many issues. Tamil Nadu state has introduced many social and tribal welfare programmes for the tribes, but the welfare programmes have not reached them due to poor literacy, and occupation pattern. Train the women about health and help them to overcome the problem.

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