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BELIEFS AND PRACTICES INFLUENCE THE REPRODUCTIVE HEALTH OF TRIBAL WOMEN IN INDIA

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ABSTRACT

Good health status is a needed thing to all gender. The power, position, social status, social recognition, respect in family as well as society all determine the efficient health status of an individual. Reproductive health encompasses the full freedom which an individual decides about her own body. If a woman is having the holistic liberty to control her own biological processes, it is being considered as successful reproductive health. But in reality the hands of cultural and religious webs are indirectly controlling the women activities like domestic, social, political as well as their body too. Since the ancient period the woman did not have any rights over their reproductive health. The family system or the male members of the family were acted as the deciding authority over the reproductive health of women. The child marriages, early hood pregnancy, maternal death, passion of having male child were the common things which were affected the health of the women in the past periods. Pregnancy and childbirth are important in the stages of life as they are associated with maternal and infant mortality and morbidity. Culture has a profound influence on beliefs and practices of pregnancy and child care. The present study aims at exploring the beliefs and practices influencing the Reproductive health of Tribal women in India.

Key Words: Maternal health, culture, menstrual, reproductive health, Antenatal, Postnatal.

INTRODUCTION

The natural biological process of women is not an easy one like men, the process of attaining puberty, entering reproductive health, involving marriage life, sexual life, position of child bearing and rearing practices are totally shows the women are highly bearable and tolerable one.But the same bearable biological condition turns them in the position of socialized marginalized by their counterpart. They had become yield by the orthodox and patriarchal society practices, additionally their biological and natural processes questioned under the category of impurity. Individuals do face discrimination in all social aspects. The caste, community, education, region, religion, gender, economic status and also the physical statuses have been acted as a determining factor which promotes the health condition of anyone. The above said factors have influenced the health condition of the group or the society. Apart from that the sexual education and individual awareness is very important to overcome this type of issues. In this regard, the position of vulnerable or marginalized group women reproductive health status is totally backward and most of the studies have revealed

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the plight of reproductive order among the downtrodden community. Whereas in tribes, the person who is having health education is outnumbered, this type of social barriers has led to allow the reproductive health among the tribes as a challenged one.

Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others are harmful to a specific group, such as women. There is a dearth of scientific studies related to the customs and beliefs associated with pregnancy and child birth especially in a multi - ethnic state or country. An understanding of the traditional concepts of pregnancy, delivery and child care is necessary to avoid harmful practices and to build supportive links between the traditional and the formal health systems.

Menstrual Hygiene

Menstrual hygiene is an important issue that affects healthy adolescent girls and pre-menopausal adult women monthly. Around the world women have developed their own personal strategies to cope with menstruation, which vary from country to country and depend on economic status, the individual's personal preferences, local traditions and cultural beliefs and education status. Often methods of management can be unhygienic and inconvenient, particularly in poorer settings. In India, between 43% and 88% of girls wash and reuse cotton cloths rather than use disposable pads. However reusable material may not be well sanitized because cleaning is often done without soap and with unclean water, and social taboos and restrictions force drying indoors, away from sunlight and open air. Unhygienic washing practices are particularly common in rural areas and amongst women and girls in lower socio-economic groups. Menstrual hygiene management (MHM) is also likely to be affected by contextual factors, such as access to places where women can manage menstruation-related washing in privacy and comfort.

Reproductive Health and Rights of women

Reproductive health encompasses the full freedom which an individual decides about her own body. If a woman is having the holistic liberty to control her own biological processes, it is being considered as successful reproductive health. But in reality the hands of cultural and religious webs are indirectly controlling the women activities like domestic, social, political as well as their body too. Since the ancient period the woman did not have any rights over their reproductive health. The family system or the male members of the family were acted as the deciding authority over the reproductive health of women. The child marriages, early hood pregnancy, maternal death, passion of having male child were the common things which were affected the health of the women in the past periods. Obviously the woman they were considered as the unpaid domestic employee and the person to satisfy their male partner's sexual needs. This type of attitudes and ideologies were acted as a tool which control the women health by the society as well as the religion too.

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Issues Related with Health Issues of Tribal in India (World Bank)

Lack of awareness of health issues

Without awareness of health issues, most tribal populations tend to fall ill more frequently and wait too long before seeking medical help, or are referred too late by untrained village practitioners.

Lack of health facilities in remote rural areas

Coverage of remote tribal areas was found to be poor, a large number of positions lay vacant, the availability of drugs was inadequate, and vehicles frequently broke down because of poor maintenance. Even where brick-and mortar health facilities were set up, they were often insufficiently equipped with drugs and medical supplies and faced a shortage of trained doctors, nurses and paramedical staff.

Lack of emergency transportation

Typically, pregnant women or sick persons from remote tribal hamlets are unable to make it to health facilities in time for institutional deliveries or emergency medical care for want of easily available and affordable transportation.

Discriminatory behavior by health care providers

There are deep-rooted cultural chasms between tribal groups and the largely nontribal health care providers, resulting in insensitive, dismissive and discriminatory behavior on the part of health care personnel. Tribal people are frequently exploited for informal payments and are often referred to private chemists or medical practitioners with mal-intent. This is one of the main reasons why disadvantaged groups prefer to self-medicate or visit traditional healers rather than public or private health facilities.

Financial constraints to meet out health care

As most rural tribal populations live below the poverty line, the lack of funds influences how much and what type of health care they receive, and determines whether households are able to maintain their living standards when one of their members falls ill. Poor tribal people often have to borrow money, mortgage land or animals, or pawn jewelry to meet medical expenses, or else let the sick person die.

Beliefs and Practices are Influencing the Reproductive Health of Tribal Women

Research conducted by KH. Ringsuachong Aimol and Minoti Phukan (2014) the cultural beliefs associated with pregnancy and child birth among Aimol tribe in Manipur. The study that indicates traditional beliefs and practices have some beneficial effects like covering of head, warming of back near heater or firewood, wearing warm clothes and abstinence of sex for certain period. It also has potential harmful or negative effects to the mother and child health like avoidance of rich nutritious food such as vegetables, fruits and pulses. Rural Public Health Centres need to be equipped with proper infrastructure and manpower so that

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they can attract the services render by them. Provision of medical shops need to be made available at rural health centre where accesses for transportation are limited.

Research conducted by Amit Sengupta (2017) related with Maternal health in underserved tribal India southernmost part of Chhattisgarh state in India. This study revealed that pregnancy related beliefs and practices Typical practices during pregnancy and childbirth in the area were as follows. Foods such as local citrus and rabbit meat are consumed during pregnancy. It is usual for women to migrate to their mother's house for delivery. The birthing room is prepared by cleaning and plastering with a freshly prepared mix of cow dung and mud, but childbirth is sometimes conducted in a screened-off area in the open courtyard outside the house. Neem leaves, which are known to have anti-infective properties, are burned to raise the room temperature and repel mosquitoes. Oil is dropped on the abdomen to assess uterine contractions and predict the time of delivery. Women deliver in a squatting position. Normally, the women of the house wait for four to five hours from the onset of labour pains before they consult a local traditional physician, who decides if the government approved auxiliary nurse midwife should be called or not. Water boiled with a mix of rice or lentils is given in place of water during labour, and for 48 hours.

Research conducted by Bharati Sharma, Gayatri Giri , Kyllike Christensson , Ramani KV1 and Eva Johansson4(2013) related to childbirth amongst tribal women in Gujarat and how these have been influenced by modernity in general and modernity brought in through maternal health policies. This study shows that in resource poor settings where choices are limited and where mortality is high, women easily accept hospital births as a better option to save lives. Maternal health policies and strategies have been an important contributor towards the transition from home to hospital in regions with a good general economic development. However, in difficult regions with poor economic progress and where it is not possible to ensure hospital births, the same strategies may not work. Instead of taking away the limited existing choices available to the women, in terms of homebirths by TBAs there is a need to understand, respect and integrate cultural interpretations of childbirth with the maternal health policies. The health system needs to find innovative and effective ways to strengthen midwifery and ensure the availability of and accessibility to midwives at community level. Furthermore, this study finds that modern obstetric technology is interpreted, utilised and given meanings on the basis of socio-cultural conceptualisations of childbirth. These cultural interpretations should be considered in programme and policy designs for organising maternal health services. There is a need to pilot test strategies and create local evidence for policies prior to a wider implementation.

Research conducted by Sana Q. Contractor, Abhijit Das , Jashodhara Dasgupta and Sara Van Belle (2018). This study throws light on the experiences of tribal women with the formal health system, their lack of faith in the system and persistence of home deliveries despite the various incentives that are in place. Given the levels of impoverishment and destitution in the study community, it is no surprise that women are availing these incentives and the proportion of institutional deliveries is rising. However, it is important to reflect on

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whether a mere increase in childbirths conducted at the institution is a positive indicator in itself. These experiences suggest that there is a need for the health system to step back and reconsider its aggressive approach of institutionalizing deliveries. Action is required both in terms of strengthening the health system and addressing the physical and financial barriers to accessing maternal health services, as well as adapting health facilities to the needs of the community. This approach would truly improve maternal wellbeing, rather than using a carrotand-stick approach of incentives and disincentives to get the community to utilize formal health services. At the same time, there is a need to make some provision for those women who continue to deliver at home, especially in terms of provision of skilled birth attendance at home and swift access to emergency obstetric care in case of emergencies. In addition, there is a need for transparency, accountability and trust-building measures between the formal health system and the community. These measures can be established through platforms where the community can discuss their adverse experiences with the health system and can participate in designing and executing health programs. Sensitizing community outreach workers and health service providers to understand tribal customs and their unique problems will also serve to address the lack of trust between the providers and communities. Finally, the health system must find ways to cater to the specific cultural needs of tribal women during delivery (such as allowing women to choose a birthing position, allowing a birth companion, and so on) and build on their own existing systems, especially in terms of integration of traditional and informal providers.

Research conducted by Shahina Begum1, Ajeesh Sebastian , Ragini Kulkarni1, Shalini Singh and Balaiah Donta (2017) relating with Traditional practices during pregnancy and childbirth among tribal women from Maharashtra: a review. This study shows that majority of Maharashtrian tribal women preferred home delivery (90%) conducted by TBAs (81%). This was because of the strong faith in Dai and to practice rituals such as burying placenta near home for the survival of the newborn; burying umbilical cord next to house for strengthening the attachment of child to the house and family and for the safety of infant from wild animals, birds, human beings, and witchcraft. Similar findings have been reported from the tribes of Andhra Pradesh, Madhya Pradesh, Odisha and Gujarat who preferred home delivery conducted by Dai/TBAs. Babies were not breastfed on first day and generally were not given colostrum due to misconceptions. Practice of prelacteal feeding with honey, jaggery, sugar water, honey, ghee, decoctions, cow milk etc. was observed in Gujarat tribes.The women usually take rest for 7-8 days post-delivery after which majority of them go back to work which also deprive children from exclusive breastfeeding for six months.

Research conducted by Balaji Arumugam, Saranya Nagalingam, Priyadharshini Mahendra Varman, Preethi Ravi and Roshni Ganesa (2014). This study was done as a community based – cross-sectional study at the outskirts of Chennai. This was indicates The sociocultural practices or restrictions during menstruation were varied and still predominantly seen in rural areas and urban slum. However certain practices were common like to sleep alone during menstruation, religious practices like restriction to go to temple and pooja room irrespective of religion, residence, socioeconomic status, various cultural backgrounds from

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different states. This was elicited by various studies like Dasgupta and Sarkar[6] Narayan et al. In our study, many dietary habits and beliefs were noted among the women, like eating less food is good during menstruation, certain foods will hasten or delay periods, and most of them tried those food items during menstruation. These observations indicate that our sociocultural, dietary practices are still more prevalent in spite of improvement in literacy status in our country.

Research conducted by Miranda A Farage, Kenneth W Miller and Ann Davis Genital (2011) this study findings shows that hygiene is an important health issue in adolescent girls and women. Poor hygiene and counterproductive hygiene practices could negatively impact reproductive health. Menstrual management is a particular issue for adolescent girls and women. Menstrual management practices vary dramatically across the world and are influenced by the types of absorbent products and/or sanitation facilities available, as well as socio-cultural influences such as traditional taboos, media messages and religious beliefs. Despite the variability in social norms, girls across cultures are ill-prepared for menarche and nearly universally view menstruation as a shameful and embarrassing situation. Adolescent girls need to be taught that menstruation is a normal and important function of a healthy body. Intervention programs have demonstrated that programs that preparing girls for menstruation by communicating the physiological role of menstruation in female health and by teaching menstrual hygiene improve girl's attitudes toward and experiences with menstruation. Families, schools and medical professionals can better prepare girls for menarche. Positive cultural and educational approaches can help girls embrace their femininity and all it entails.

CONCLUSION

The cultural beliefs and practices are most influenced the menstrual hygiene practices tribal women As far as the sociocultural, practices and restrictions were concerned. These scenarios suggest that we have to go a long way in educating and creating awareness among the rural women in relation to improve the knowledge, behavior change, and practices. The research found harmless traditions, such as mothers believing in eating fruit to have intelligent and pretty children, avoiding looking at ugly things so as to have a peaceful pregnancy, providing the pregnant woman with whatever food she craves, taking a walk-in order to help deliver the baby without difficulty, concentrating on the birth by praying to God, and rubbing the expectant mothers back. On the other hand, such practices as rubbing the baby's mouth with a date, putting a knife under the baby's bed, attaching a safety pin to the baby's clothes, keeping the mother and baby at home for 40 days, and putting salt on the baby were determined to be harmful. It is recommended that harmless, acceptable or even potentially beneficial practices observed during pregnancy, birth, and the postnatal period be considered part of our cultural richness and supported, while harmful practices should be avoided with educational sessions provided in pregnancy classes and on hospital discharge.

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REFERENCES

1. Margesson LJ. Contact dermatitis of the vulva. Dermatol. Ther. 17(1), 20–27 (2004).
2. Ott MA, Ofner S, Fortenberry JD. Beyond douching: use of feminine hygiene products and STI risk among young women. J. Sex. Med. 6(5), 1335–1340 (2009).
3. Titaley, C.R. (2010). Why don't some women attend antenatal and postnatal care services?A qualitative study of community members' perspectives in Garut, Sukabumi and Ciamis districts of West Java Province, Indonesia. BioMed Central Pregnancy and Childbirth, 10:61, doi: 10.1186/1471-2393-10-61.
4. UNFPA (2011). Socio-cultural influences on the reproductive health of migrant women: A review of literature in Cambodia, Lao PDR, Thailand and Vietnam. UNICEF (2011). Programme guide on infant and young child feeding. Nutrition section, UNICEF programmes, UNICEF, NEWYORK, U.S.A.
5. Bharati Sharma (2013). The transition of childbirth practices among tribal women in Gujarat, India - a grounded theory approach, Sharma et al. BMC International Health and Human Rights 2013, 13:41.
6. KH. Ringsuachong Aimol and Minoti Phukan (2014). Asian Journal of Home Science Volume 9 | Issue 1 | June, 2014 | 11-16.
7. Sana Q. Contractor (2018). Beyond the template: the needs of tribal women and their experiences with maternity services in Odisha, India. Contractor et al. International Journal for Equity in Health (2018) 17:134.
8. Shahina Begum(2017), Traditional practices during pregnancy and childbirth among tribal women from Maharashtra: a revie, International Journal of Community Medicine and Public Health Begum S et al. Int J Community Med Public Health. 2017 Apr;4(4):882-885