GJMS

VOLUME-7

VOLUME 7, ISSUE 3, JANUARY 2022

MAILING ADDRESS
30, Shobhit Complex, Nagar Nigam Raod Jabalpur MP
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ISSN No: - 2348-0459

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Global Journal of Multidisciplinary Studies
ISSN:- 2348-0459

Volume 7, Issue 3, January 2022
Available online at www.gjms.edwin.co.in

Maternal and Child Health Care Practices and their Associated Socio Cultural & Environmental Factors

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Health is an important condition of human life. It is a bipolar concept. On the one hand it refers to a desirable balanced state of body and mind, and on the other it implies absence of disease. Health is even-man, woman's natural prerequisite for leading a successful and fruitful life. Life is materially and socially productive and culturally meaningful if one is endowed with physical and mental will-being. Human beings adapt to their environments by means of their biological and cultural resources.

The common beliefs, customers and practices connected with health and disease have been found to be intimately related to the treatment of disease. It is necessary to make a holistic view of all the cultural dimensions of the health of community. In most of the tribal communities, there is a wealth of folklore related to health. Documentation of this folklore available in different socio cultural systems may be very rewarding and could provide a model for appropriate health and sanitary practices in a given eco-system. Maternal and child care is an important aspect of health seeking behavior which is largely neglected among the tribal groups. (Basu, 1992).

It has been stated that in Balaghat region of Madhay Pradesh, tribals (those who are scheduled) are distributed at varied zones with different types of interactions with many types of people havingdifferent socio-economic status. As the groups of people are to articulate with many situations, we find different types of bending and angularities in their life style. So, problems differ from place to place as well as from group to group. Under such situation question of health care delivery as well as welfare and care is not easy. It requires systematic study as well as the understanding of the people and their mentality (Kolay, 2011).

This study focused how socio-cultural and environmental factor influenced to Maternal and Child health among the Bhatra tribal community of Titirgaon village of Balaghat district, Madhay Pradesh. Combined with information on childhood mortality, this information can be used to identify women and children who are at risk because of nonuse of health services and to provide information that would assist in planning interventions to improve maternal and child health.

Safe motherhood practices and child survival programs are critically important in a country that is experiencing high infant and child mortality and maternal mortality. Realizing the importance of maternal and child health care services, the Ministry of Health, Government of India, took concrete steps to strengthen maternal and child health services in the first and second five year plan (1951-56 and 1956-61). The integration of family planning services with maternal and child health services and nutrition services was introduced as a part of the minimum needs program during the fifth five year plan (1974-79). The primary objective was to provide basic public health services to vulnerable groups of the family welfare program in India and has now been

further strengthened by introducing the child survival ministry of health and family welfare has also sponsored special schemes under the maternal and child development of regional institutes of maternal and child health in states where infant mortality rates are high the universal Immunization program and maternal and child health supplemental program within the post partum program (Ministry of health and family welfare, 1992)

It is the accepted that due to geographical factors, certain area of Balaghatare more fertile than others. Some areas are favoured with regular monsoon rain, where as other are arid uplands or drought prone areas. Naturally nature of problems differs from place to place. Just to overcome difficulties, Government of India had set up the Planning Commission (1950). Implementation of welfare activities through the community development as well as health care delivery system and Panchayati Raj. Human resources had to be mobilized to utilize the maximum physical resources training and orientations were needed to reshape the mentality. Naturally full fledged maternal and child health care as well as development activities were in operation not only in this part but all over the country. Beside anthropological investigation was given priority just to diagnose the problems to overcome them and to see smooth health care delivery systems for mother and child to reach the goal.

Material & Methods

The present study was conducted among the Bhatra tribe of Madhay Pradesh. The data were collected from the Titirgaon village of Balaghat district. The sample size of the present study comprised of 98 Bhatra families. The data were collected using a semi structured schedule followed by focus group discussion and case studies method. Ante-natal, natal and post-natal care data were collected by pregnancy enumeration.

Study Area

The data were collected from tribal multiethnic village Titirgaon under Balaghat Block as well as the district of Madhay Pradesh. The state lies at 17°46′ N to 24°5′N latitude and 80°15′ E to 84°20′ E longitude Balaghat district -the largest district of Madhay Pradesh covers an area of 17020 sq. km and lies between North latitudes 18°38′8.5″ and 20°11′40.56″ and East longitudes 80°39′47.12″ to 82°14′51.29″.

Observation: Result & Discussion

Maternal health is the physical and emotional health of women, immediately before during and after child birth and also it refers to the promotive preventive, curative and rehabilitative health care for mothers. Maternal health starts from ones entry into motherhood till end of the life. Information on women's Maternal health and nutritional status is very less. However the little available information on maternal health problems and maternal mortality is disturbing. The infections malnutrition, addiction habits, different types of diseases related to pregnancy and child birth different problems related to reproductive organ, anemia, and goiter is vicious etc. are present and prevalent among the women in the world. Vast majority of tribal areas have limited access to health care because of their social status.

Occupation is most important factor for affecting health, table 1 shows occupational distribution of Bhatra family. It can be seen from the table that the highest frequency Occupation (76.11%) shown by labour. The frequency of service is

very rare (0.44%), other occupation like Agriculture 1.77%, Laour& Agriculture 17.26%, Labour/Agriculture & Service 3.10% respectively.

Table 1: Occupation of Bhatra family *Occupation*

Occuption	N=98 *Percent*
Labour	76.11
Agriculture	1.77
Service	0.44
Labor+ Agriculture	17.26
Labor+Agriculture+Service	3.10
Other	1.33

Table 2: Age at the first marriage is an important factor in the social life of person. In the village Titirgaon during the field work. It is reveals that maximum number of female 58.82 % and Male 65.49% received during 18-21 years. Although marriage below age 15 year is a statuary restriction but cases are detected among Bhatra female 3.36%. It is also seen that low frequency is female 3.36% married during the age 22-25 years.

Table 2: Age and Sex wise Marriage Age(*Year) Male*

Age(year)	*Male*		*Female*		*Number*	*Percent*
	Number	*Percent*	*Number*	*Percent*		
Below 15	0	0.00	4	3.36	4	1.74
15-17	15	13.27	41	34.45	56	24.35
18-21	74	65.49	70	58.82	144	62.61
22-25	23	20.35	4	3.36	27	11.74
After25	1	0.88	0	0.00	1	0.43
Total	**113**	**100**	**119**	**100**	**232**	**100.87**

Table 3, it is evident from the table that the 59.18% families had been registered of pregnancy and 40.82% was not registered among Bhatra family.

Table 3: Registration of pregnancy

Registration	*n*=98 %
Yes	59.18
No	40.82

Table 4 shows information regarding check up place during pregnancy. It is obtained from the table that 51.02% Bhatra women had been checked on primary health center, 8.16%females are check up on private nursing home and 5.10% checked on other places and 35.71% females did not check up during pregnancy.

Table 4: Check up place during pregnancy

Checkup	*n*=98 %

PHC (primary health center)	51.02
Private Nursing Home	8.16
Home	5.10
No	35.71

Table 5 exhibits of complication during pregnancy. It can be seen from the table that the higher frequency at during Pregnancy shows Malnutrition 21.43% as compared to the frequency of Blood pressure. And 51.02% had no complication during Pregnancy.

Table 5: Complication during pregnancy

Types of Complication	*t=98* %
Weakness	8.16
Anemia	7.14
Blood Pressure	5.10
Malnutrition	21.43
Other	7.14
Non	51.02

Table 6 It has been found that delivery mostly takes place in their house, rather than in health centers. It is reported by the key information that delivery in house is better, because in the house family deities and ancestral spirits can protect the mother and the child from the evil sprits (Kolay, 1997).The majority of the maternal deaths and much of the chronic morbidity resulting from childbirth are due to failure to get timely help for complications at delivery. It is essential that delivery be conducted under proper hygienic condition with assistance of a trained medical practitioner. Here in the present study 61.35% deliveries took place at home and only 32.65 percent were born hospitals and 06.00% were born at private nursing home.

Table 6: Place of Birth

Delivery	*n=98* %
Home	61.22
Govt. Hospital	32.65
Nursing Home	06.12

Table 7 the early Initiation of breast feeding is important because it benefits both the mother and the infant. As soon as the infant starts suckling at the breasts, the hormone Oxytocin is released, reducing in uterine contractions that reduce the risk of post partum hemorrhage and facilitate expulsion of placenta. Colostrums and immunity to the children. It is quite encouraging that 82.65% babies of the present study were given breast feeding immediately after birth and continue up the second year.

Table 7: Initiation of Breast Feeding

Time (Hour)	*n=98* %
Within a Hour	82.65

Within 24 Hour	12.24
After 24 Hour	5.10

Table 8 as far as family planning method is concerned for appropriate spacing the children in such a way that the women conceive with minimum risk of her as well as offspring's life and health. (Kolay,2005). Most people are not aware (20.51 percent) IUD//Loop/CUT method. Most of them knowledge about Oral pills 19.81 percent followed by above 16 percent knowledge about vasectomy and tubectomy.

Table 8: Level of Awareness of FP methods among Bhatra

Type of Contraceptive Method	*Responses 1598*			
	Yes		No.	
	No	%	No	%
Vasectomy	*53*	*16.67*	*17*	*5.45*
Tubectomy	*52*	*16.35*	*18*	*5.77*
Nirodh	*57*	*17.92*	*13*	*4.17*
IUD/ Loop/ CUT	*6*	*1.89*	*64*	*20.51*
Oral pills	*63*	*19.81*	*7*	*2.24*
Rhythm/ safe period	*20*	*6.29*	*50*	*16.03*
Abstinence	*20*	*6.29*	*50*	*16.03*
Withdrawal	*38*	*1.95*	*32*	*10.26*
Any other	*9*	*2.83*	*61*	*19.55*

Table 9 shows information feeding adaptation of family planning. It is obtained from the table that 40.00% Bhatra families have been adopted family planning and 60.00% families not adopted the family planning.

Table 9: Adaptation of Family Planning among Bhatra Women

Adaptation of Family Planning	*Number*	*Percent*
Yes	40	40.00
No	60	60.00

Table 10 Immunization is a National Health Progremme in India. All children under the age of six years are to be immunized against six serious and preventable disease (childhood tuberculosis, pertussis (whooping cough), tetanus, poliomyelitis, measles and Diphtheria in crucial for reduction of infant mortality. This programme is carried out in all government hospitals, dispensaries and Primary Health Centers. Children bellow the age of one year are given three doses of DPT (against diphtheria, whooping cough and tetanus), three doses of polio(against poliomyelitis), one dose of measles and B.C.G.each (against measles and T.B.). At the age of 18 to 24 months booster doses of DPT and pol. are given. The schedule that tells us when and how many doses of each are to be given is called immunization scheme.. It is seen from table 10 that Bhatra are highly motivates for immunizationprogramme. 77 percent of the children have been vaccinated for DPT, Polio and BCG etc.

Table 10: Status of child Immunization among Bhatra

Vaccination	*Respondent n=98*

	%
Yes	78.57
No	21.43

Summary, Conclusion & Suggestions

The Bhatra tribe is formed by the conglomeration of the Pit, Sebhatra and Amnet tribes. The Bhatra society holds their women in high regard and the modern and progressive society have complete liberty when it comes to choosing a husband of their choice. Live in relationships are surprisingly not an alien or taboo concept in their society. Like all other tribals the Bhatra too love to enjoy life to the hilt and regale in food, meat, drinking and merriment. It can be inferred that Bhatra of Balaghat are at different stage of demographic transition. Although they are lagging behind Indian National Population, a comparison with past studies on tribal health indicates that Bhatra are slowly but gradually progressing for better future. Morbidity trends among them are quite mixed up. Bhatra had very strong preference for utilizing the services of traditional healers. There were a number of private practitioners practicing in this area. Government health providers were doing stupendous job in Balaghat district. However, scattered population, poor transportation/connectivity and vacant position at various levels hamper effective health care delivery. It may be highlighted that Bhatra reveals neither literate nor economically affluent. It would be worthwhile to state here that besides progressive measures of economic and social development (including sturdy transport connectivity) placement of and the role of health providers are the most important factors in imprving health status of the tribal groups in India. Among the health providers the Government health providers are the key players. I say that the job of primary health care providers is stupendous. They are catering to a large segment of the society remarkably well. The primary health care delivery model now functioning under Government of India is doing fairly well. It should be understood that it provides enough width for some amount of regional variability within certain limits. Simply increasing the number of health care facilities and technical manpower is not going to solve the problem. Research studies should be directed towards understanding their knowledge and concept of health, felt needs for promoting and ensuring greater acceptance of purposeful modern health care practices.

The following strategies, if actively pursued could go a long way towards improving health and overall development not only the Bhatra of Balaghat but also all tribal population of India:

- Reaffirm the fundamental role of MCH in building a harmonious society. Give priority to MCH in social development and build a national strategy for MCH development that is integrated into the overall socio economic development strategy.
- Establishing or updating national policy and standard for midwifery practice for maternal and newborn care, family planning including post-abortion and induced abortion care (where not against the law), and developing a combination of regulatory measures to support these policies and standards.
- Health education should be imparted by the local people (preferably women) with guidelines provided by health functionaries. It can also be imparted through distribution of leaflets and playing of audio and where possible video cassettes, preferably in local dialects at weekly markets,

ghotuls and schools etc. Health Education through community participation.

- Encouraging home/ family, community-level practices that promote maternal and newborn health, and fertility regulation.
- Help Bhatra pregnant women to reach the relevant facility promptly especially during complications.

From the above summary it is observed that overall health standard of the pregnant women and lactation mother in Titirgaon village is not up to the mark. This may be due to the women from data are illiterate, live in unhygienic practices and not better medical facility. However it is also seen that the women generally go the doctor and district hospital at her emergency. There are so many problems like post partum hemorrhage, low back pain prolonged discharge. So the women and the local people should be properly educated for the health and hygiene and more medical facility should also be given to overcome the existing maternal health problem.

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