
ATTITUDE OF TRIBAL WOMAN TOWARDS REPRODUCTIVE HEALTH

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Abstract

Reproductive health is which relates to the reproductive system in all stages of life. Reproductive health begins with childhood and the teen age of the women which includes the reproductive health are nutrition, environment, education, income level, and cultural practices. A good reproductive health indirectly develops the health, socio-economic condition, and well being of the family. It can help every infant to grow up with love and healthy life. The present study concludes that 1/4th (59%) of the respondent's attitude are neutral, 21 percent of the respondent's attitude are positive, and 19 percent of the respondent attitude is negative towards sexual and reproductive health.

Key Words: Attitudes, Sexual Reproductive Health, Tribal, Women

INTRODUCTION

According to The World Health Organization_(WHO), Reproductive health is defined as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life .Reproductive health suggested to improve the re productive system were and men women have a right of access to safe, effective, affordable ,and acceptable methods of family planning of their option, and also women have right of appropriate health-care services during pregnancy and childbirth

Reproductive Health in India

The National Family Welfare Programme, established in India during the late 1950s, prevented about 168 million births since it has established. In major states of the country, in the northern region, the birth rates and maternal/infant morbidity and mortality rates remain high and unsafe abortions. There is little information about the prevalence of sexually transmitted diseases (STDs) and reproductive tract infections (RTIs) of the country. To achieve much more needs to done in a short time, the twin goals by improving the reproductive health for stabilizing population growth in India.

Current status of reproductive health

In 1951 National Family Welfare Programme was launched. Today the demographic and reproductive health scene is quite different. Since the commencement of the national program, mortality has fallen nearly two-thirds, fertility declined by two-fifths, and life expectancy of birth almost doubled. Since 1961 India's population has doubled.

Mortality and fertility has declined and for many years roughly parallel, so the growth rate remained until 1991 for above 2 per cent per year By 1992, India has achieved 60 per cent of its goal of replacement fertility (2 births per woman), with fertility have declined about 6 to 3.4 births per woman, Demand for fertility reduction is high; In India more than half the remaining distance to the replacement fertility level would take unmet demand for family planning.

For the past decade, the program has gradually shifted from a major emphasis on family planning alone to a broader effort to improve maternal and child health. In 1992 India launched the Child Survival and Safe Motherhood (CSSM) Programme, which represented a significant step towards the reproductive health approach.

REVIEW OF LITERATURE

Czech Republic (1993) survey was carried out the major reforms in the Czech health care system were underway. It was intended to serve several purposes, among them were updating basic information regarding such as family planning use and needs, use of maternal and child health services, and selected women's health issues; As a whole determining reproductive health needs for the country and for population subgroups; In special interest, reproductive health topics were examined. For instance, the reasons for high incidence of induced abortion and low prevalence of modern contraceptive use. Gupta and Jain (1998) the study found that only 65.8 per cent girls had information about the onset of menses before it started (this study included only school and college-going girls, who are likely to have better access to information either from peers in school/college or mothers). The study conducted in different parts of the country as the major source of information on menstruation with mother and peers. Mozambique: Young Adult Reproductive Health and Behavioral Risk Survey (2001) the survey includes interviews with 5,338 females and 5,150 males between the age group of 15–24 years. In addition to reproductive health, content includes sexual behavior and knowledge of HIV/AIDS transmission and prevention. Singh (2004) Gaps in sexual and reproductive health care account for nearly one fifth of the worldwide burden of illness and premature death, and one third of the illness and death among women of reproductive age. Hamdani, L. (2006) sexual reproductive health (SRH) is closely associated with the marriage as there are strong social mores which discourage sexual activity outside of marriage., Early marriage is followed by early and closely spaced pregnancies, resulting in high levels of maternal mortality and morbidity, for many women.

Methodology

Objectives of the Study

- ❖ To study the personal profile of the respondents.
- ❖ To identify the attitudes of the respondents towards reproductive health.
- ❖ To examine the influence of personal profile on the attitude towards reproductive health.

The researcher adopted descriptive research design for the study. The universe of the study covers all the women living in Mailadumparai & Mavdap Tribal hamlet in Udumalpet Taluk, Tamil Nadu. The total population of selected Mailadumparai area hamlet is 173, among that 54 are women under reproductive age and total population of Mavdap hamlet is 127, among that 30 women are under reproductive age, totally 84 respondents are included for this study. The researcher used interview schedule for data collection. The interview schedule consists of two parts; First part contains question related to the personal profile and second part consists of Reproductive Health scale profound by Surmanidze, G. Tsuladze, 1989. The scale consists 44 items with option as agree, disagree, don't know. Depending upon the nature of the statement, that is positive and negative, the rating is assigned in the ordered of 1 to 3 for agree to don't know and for the negative items the ratings are reversed. The increasing score indicates higher degree of positive attitude towards reproductive health and lower score indicates negative attitude towards reproductive health.

Results

More than one fourth of the respondents (38%) belonging to the age group of 21-35 years, More than half of the respondents (51%) are married, more than three fifth of the respondents (69%) belonging to poor economic condition, More than one fourth of the respondents (38%) have completed up to 5th standard and More than two fourth of the respondents (59%) are from nuclear family.

Table 1: Attitude towards Reproductive Health

Attitude	Frequency	Percent
Positive	18	21.4
Neutral	50	59.5
Negative	16	19
Total	84	100

The above table shows that more 1/4th (59%) of the respondent's attitude are neutral, 21percent of the respondent's attitude are positive, and 19percent of the respondent attitude is negative towards sexual and reproductive health.

Table 2: Influence of Personal Factors on Attitude towards Reproduction Health

Variables	Statistical tool	Value	Result
Attitude on age based on reproductive health	ANOVA	F= 2.423 P<0.05	Significant
Attitude on occupation based on reproductive health	ANOVA	F= 4.454 P<0.05	Significant
Attitude on marital status based on reproductive health	ANOVA	F= 1.776 P<0.05	Significant

The one-way ANOVA shows that there is a significant difference in the level of women reproductive health attitude and age of the respondents at 0.05 levels. It is inferred that age influence the reproductive health.

The one-way ANOVA shows that there is a significant difference in the level of women reproductive health attitude and marital status of the respondents at 0.05 levels. It is inferred that marital statuses influence the reproductive health.

The one-way ANOVA shows that there is a significant difference in the level of women reproductive health attitude and occupation of the respondents at 0.05 levels. It is inferred that occupation influence the reproductive health.

Recommendations

1. Considering the opinions of the respondent parents and the incomplete level of knowledge of tribal concerning issues of reproductive health, the above-mentioned education should Start in schools at the age of 7-8 years in form of explanations, seminars and conversations (individual, in small groups), and both compulsory and elective courses should be offered.

2. It is necessary to pinpoint issues of reproductive health while teaching biology, especially anatomy and physiology, since, as the research showed; the majority of adolescents interviewed do not have sufficient knowledge about normal variations of puberty and disorders, pregnancy, required hygienic measures and others, which increase the risks to their health.

3. Increase the role of parents as sources of reliable information for adolescents in the field of reproductive health. Also, considering the opinion of respondent parents, it is expedient to ensure their broader involvement in the education of their children after they are properly trained (establishment of schools for parents, development of special training program and system for parents, preparation and publication of supplementary literature) with the participation of the state.

4. To improve the demographic situation in the country, it is necessary to strengthen the youth policy in the direction of developing a social safety net for young people (employment, family and child assistance, preferential credits for studies, purchase of apartments), which will instill in them the faith in a stable future and helps them bring the number of beloved children closer to the number of children they actually have.

Conclusion

Tribal are usually characterized by high rates of poverty and unemployment they are seen as "breeding ground for much illness" due to unsanitary condition. Malnutrition and lack of health care.

Through this study the plight of tribal women was brought to light and through his study certain suggestion were given by the researcher to enhance the life style of the tribal women's in general also it can be helpful to adopt the healthy life in future.

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