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Reproductive health among scheduled tribe (gujjar and bakkerwal) women of Kashmir

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Abstract
The present study was undertaken to access reproductive health status of scheduled tribe women of Kashmir. The total number of 410 Scheduled Tribe women in the age group of 18-45 years from four districts of Kashmir i. e Anantnag, Baramulla, Gandarbal and Srinagar were covered. Standard reproductive health status interview schedule as framed by NFHS-3 (National Family Health Survey) volume II 2005-2006 with selective modification as per requirement was used to collect data. The study explored poor status of reproductive health among studied group as poor menstrual practices, low utilization of antenatal and intra natal care practices, non-acceptance of family planning techniques and presence of RTI/STI symptoms were found among majority of the respondents.

Keywords: reproductive health, tribe, antenatal care, intra-natal care

Introduction
The word `Tribe` generally used for a "socially cohesive unit, associated with a territory, the members of which regard themselves as politically autonomous". Tribals constitute 8.2 percent of total population of our country as total population of 84,326,240 tribals found in India. Gujjar along with three tribes constitute 88 per cent of total tribal population whereas Balti, Purigpa and Gaddi having population ranging from 10.2 per cent of total Scheduled Tribe population (Census, 2001) [3]. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes (WHO). Tribal women in India are at a great disadvantage due to illiteracy and ignorance (Kupputhai and Mallika 1993) [8]. The tribal women not only fulfil multiple productive functions but are also involved in bearing children and performing household chores. Women are forced to resume work even before they have fully recovered from the childbirth process (Bharadwaj and Tungdim, 2010). Reproductive health has consequences on women and also on the well-being of their children and family.Tribal women with poor health and nutrition are more likely to give birth to low weight infants (Roy and Rath 1991 & Kapoor Kshatriya 2000) [14, 7]. Tribal women are often found in poor health especially during pregnancy and child birth due to certain social and cultural characteristics which are very much prevalent in their communities. Maternal malnutrition commonly found among the tribal women is a matter of concern especially for those who are having closely spaced pregnancies. Hence, there is an urgency of comprehensive health research among the tribal populations of India Shivaprasad *et al*. (2011) [16].

Methodology: Giving due weight age to the inhabitation of Tribal population, the present study was carried out in four districts of Kashmir i. e Anantnag, Baramulla, Gandarbal and Srinagar. The total number of 410 Scheduled Tribe women (Gujjar and Bakerwal) in the age group of 18-45 years from above mentioned districts of Kashmir valley were covered, sample size was derived from target population (15,1019 Scheduled Tribe Women in Kashmir) at 5% error level with confidence level of 95%. A standard reproductive health status interview schedule as framed by NFHS-3 (National Family Health Survey) volume II 2005-2006 with selective modification as per requirement was used to collect data. The data thus collected was tabled, analyzed and interpreted as per the needs of the study.

Results
Socio-medical characteristics
All the respondents were in reproductive age range of 18-45 years, 10.2 percent were between 18-25 years,23.41 percent within 25-30 years and 66.34 percent were 30 and above years of age. About 52.6 percent of the respondents were literate, among which majority i.e. 77.7 percent were observed to study up to the primary level, (20.83%) above primary level, 1.3 percent with of education above higher secondary level and 47.3 percent were illiterate. In terms of family income about 36.3 percent of respondents have income up to rupees 10000 per month,38.7 percent belonged to income group of 10000-15000 per month,23.3 percent belonged to income group of 15000-20000 and 0nly 1.2 percent of respondents were having income level above 20000 per month. It has been observed that mean age at marriage was 17.18±3.24 years among respondents. The age at marriage is lower than the age at marriage of the Gaddis, Kinnauras and Bhots of Himachal Pradesh who marries mostly between the age of 19-21 years (Pathania *et al*.,2008) [12] but is higher than tribes of Andra Pradesh 13-15 years (lal, 2006) [9]. Tufail, 2014 found that early marriages are preferred by Gujjars and bakkarwals of J&K due to mass illiteracy, orthodoxy, outcaste threat and prevailing insecurity caused by militancy and allied factors.

Table 1: Distribution of respondents as per socio-medical characteristics

Variables	Number	Percentage
Age in yrs		
18-25	42	10.2
25-30	96	23.41
30 and above	272	66.34
Educational Status of women		
Literate	216	52.6
Up to primary level	168	77.7
Above primary level	45	20.83
Above higher secondary level	3	1.3
Illiterate	194	47.3
Total income of family(rupees/month)		
Up to 10000	149	36.3
10000-15000	159	38.7
15000-20000	97	23.6
>20000	5	1.2
Mean age at marriage	17.18±3.24	

Table 2: Distribution of respondents as per Menstrual Cycle and fertility

Variables	Number	Percentage
Age at menarche		
Younger than 12 years	6	1.4
13-15 years	76	18.5
16 or older	3	0.7
Don't know	325	79.2
Type of periods		
Regular periods	346	84.3
irregular periods	64	15.60
Mean Days between periods	29.13±6.32	
Mean Duration of menstruation	5.12±1.62	
Type of absorbent used		
Sanitary pad	7	1.7
Clean/fresh Cloth piece	143	34.8
Old used cloth piece	260	63.4
Reuse of absorbent after washing		
Yes	260	63.41
No	150	36.5
Complaints (history) of Amenorrhoea	64	15.6
Complaints (history) of Dysmenorrhoea	344	83.9
Fertility status		
No. of children		
None	2	0.4
One	10	2.4
Two	107	26.09
Three	213	51.9
More than three	76	18.5
No. of abortions/still births	267	65.12
Average no of children	3.53±1.02	

Menstruation and fertility

While about 80 % women didn't know their age at menarche, Majority of respondents (84.3%) reported having regular periods and only 64 (15.6%) having irregular periods. 29.13±6.32 days were found to be mean number of days between periods and 5.12± days as mean duration of days for menstruation. Poor menstrual hygiene was observed among majority of respondents as 63.4 percent were found to be using old used cloth piece, 34.8 percent were using Clean/fresh Cloth piece and just 1.7 percent of respondents were using sanitary napkins as menstrual absorbent and reuse of menstrual absorbent was found among majority i.e 63.41 percent of respondents. Amenorrhoea was reported by 15.6 percent and majority of respondents 344(83.9%) complained about Dysmenorrhoea. While amenorrhea can be related to health of the women especially nutritional status, high prevalence of Dysmenorrhoea may be due to family history or stress of respondents. Nutritional anaemia as a causal factor has been reported by many studies in India (Bano, 2012, Patle and Kubde, 2015 and Mohite *et al*., 2013) [1, 13, 10]. A strong effect of dysmenorrhoea with family history of dysmenorrhoea and stress related to both work and general has been reported by Ju *et al*. 2014 [6]. Fertility being important parameter, which determines health of women in many aspects. It has been observed that mean number of children born per ever ST women was 3.53±years which is almost similar to that of national level i.e. 4 (Census, 2001) [3].

Antenatal care

Antenatal care is an important component of reproductive health that not only determines the outcome of pregnancy but plays vital role in maintaining health of mother and can be an important tool in diagnosing and preventing risks during pregnancy. It was found that less than half (only 175 i.e.42.8%) of the mothers during pregnancy have received ANC from satisfactory sources i.e. Govt/Municipal hospital which is quite higher than ST women of Rajasthan, where 85.2 percent did not have even a single antenatal check-up during pregnancy (Bharadwaj and Tungdim, 2010). About 57.8 percent of respondents have received TT injections and among those only 41.9 percent have received injection twice while others have received only one dose, As per NFHS-3 (2005-06) reports 61.9 percent of ST women were being found receiving TT injection. In terms of consumption of IFA tablets 31.1 percent have consumed Iron and folic acid tablets which is higher than that reported by NFHS-3 (2005-06) i.e 17.6 percent.

Table 3: Distribution of respondents as per Antenatal (pregnancy) care

Variables	Number	Percentage
Place of antenatal care		
Home	233	57.1
Govt/municipal hospital	175	42.8
Tetanus toxoid during pregnancy		
None	173	42.4
Once	64	15.6
Twice	171	41.9
Supplements received (Consumed Iron and folic acid tablets duringregnancy)	127	31.1

Intra natal and post natal care

The place of delivery is an important determinant for reducing the risk of infant and maternal death. About 55.8 percent of deliveries were performed at hospital and remaining 44.1 percent were conducted at home. These percentages are quite higher than studies conducted among Baigas, primitive tribe of Madhya Pradesh where 99.5 percent of deliveries were being conducted at home and only 0.5 percent in medical setting (Verma, 2002) [19]. Just over half (55.8 percent) of the deliveries were conducted with assistance from doctor, 31.8 percent with help from local dai, 11.02 percent by relative/family members and 1.2 percent from ANM/nurse/LHV which is again better than that reported by (Susuman, 2012) [18] where 3.3 percent of deliveries got assisted by doctor, 4.5 by ANM/nurse/LHV, 53.2 percent by untrained dai's and 22.3 percent by relatives/friends. About 55.8 percent of respondents have taken care during delivery and immediately after delivery (post natal) care which is higher than that studied by (Susuman, 2012) [18] where it is found that 88 per cent of the tribal women did not receive delivery care.

Table 4: Distribution of respondents as per intra-natal (delivery) and post natal (post-delivery) care

Variables	Number	Percentage
Place of delivery		
Home	180	44.1
Hospital	228	55.8
Person attending		
Doctor	228	55.8
ANM/nurse/LHV	5	1.2
Relative/Family members	45	11.02
Local dai	130	31.8
Care during delivery		
Disposable delivery kit used	228	55.8
Baby wiped dry and then wrapped without bathing	228	55.8
clean blade used to cut cord Post Natal care	228	55.8
Baby weighed	228	55.8
Check up done after delivery	228	55.8
Check up done after two months of delivery	79	19.3

Contraception and STI

Majority of respondents (96.3 %) have never used any family planning method and only 3.4 percent of respondents are currently using any family planning. The use of contraception is lower than the Tribal Women of Central India which is 42.1 percent (Sharma and Rani, 2009) [15]. This Non-use of contraception may also have led to high fertility among tribal women as already discussed above. The present study also reveals that 71.9 percent of respondents have experienced symptoms of sexually transmitted infection, among which 56.09 percent reported Itching or irritation over vulva 10.7 percent with abnormal vaginal discharge, and only 4.1 percent reported Pain in lower abdomen not related to period. Devi and Swarnalatha (2007) [5] and Sreelatha *et al* (2017) [17] also reported high prevalence of STI/RTI among scheduled tribes. Menstrual practices among studied women can also be attributed to high rate of STI's among tribal women (singh *et al*., 2011) as menstrual hygiene has been reported as a very important risk factor for reproductive tract infections (Dasgupta and Sarkar, 2008) [4]. High Prevelance of RTI/STI among respondents may also be result of non-institutional deliveries.

Table 5: Distribution of respondents as per Contraception & STI

Variables	Number	Percentage
Women currently using family planning methods	14	3.4
Never used any method	395	96.3
Women having experienced symptoms of sexually transmitted infection	295	71.9
Abnormal vaginal discharge	44	10.7
Itching or irritation over vulva	230	56.09
Pain in lower abdomen not related to period	17	4.1

Conclusion

The present study was conducted with the aim to access reproductive health of scheduled tribe women of Kashmir. The study revealed poor reproductive health as adjudged by menstrual practices, antenatal and intra natal care practices, adoption of family planning techniques and presence of RTI/STI symptoms among studied population which may be due to their socio-medical status. The present reproductive health status of the studied population highlights need of further in depth study.

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