CHAPTER VII
FINDINGS, SUGGESTIONS AND CONCLUSION

Introduction
The tribals are people, living in conditions of low level of social and economic conditions. They live close to nature and their livelihood heavily depends on their natural surroundings. The high level of poverty, inadequate health resources, ignorance and high risk beliefs and practices among the tribal communities have contributes to the vulnerability of this population. The tribal health culture and health seeking behaviour are not free from superstitions and their taboos. Available research studies point out that the tribal population has distinctive health problems which are mainly governed by their habitat in different terrains and ecologically variable niches. The widely varying prevalent health practices, use of indigenous herbal drugs, taboos and superstitions are also responsible for determining the health behaviour and health status of the tribal groups. The health care service utilization is comparatively less among the tribal groups.

The health status of the population in Kerala is better compared to the rest of the states in India. The health indicators of Kerala show that there exist wide disparities within the districts, between urban and rural areas and within the different socio-economic groups. While Kerala had been hailed for its very low levels of mortality, it had the highest rates of morbidity. Lack of basic infrastructural facilities in the interior rural, urban and slum areas and high health care expenditure are responsible for the hike in morbidity rate.

Children are the most important human resource for any nation and their health is largely dependent on the care received by them at home during the early years of life. There is a strong positive correlation between women’s knowledge, education,
empowerment, social status and child’s health status and survival. Thus child health is related to mother’s health and their health depend on the utilization of maternal and child health care services. The utilization of maternal and child health care services depends on their socio-economic and cultural factors, environmental factors, reproductive health status, public and private expenditure on health, awareness about the health care practices etc.

The utilization of maternal and child health services is too weak in tribal and hill areas where marginal, deprived and vulnerable sections of the communities are residing. In Kerala, more than 80% of infant deaths are neonatal deaths. Kerala’s perinatal mortality (13) is more than infant mortality rate (11). The prevalence of anaemia is high for children age 6-11 months (60%) and relatively high among children who do not belong to a Scheduled Caste or Other Backward Class, Christian children and children at birth order 2 or 3 (NFHS-II, 1998-99). The infant mortality rate in Kerala during 2004 was 12 per thousand live births and in 2005 is 15, showing a small increment, which was below the national average during these periods. This shows that availability of better health care in Kerala is remarkable. Infant mortality seems to be still higher among children born in the households of Scheduled Castes, Scheduled Tribals and the poor. NFHS-II (1998-99) also show that the reproductive health problems ranges from a high of 51% among Scheduled Tribals in Kerala and these problems highly affect the health of their children.

The Government has an important role in protecting the health of people. The Government has introduced various programmes for improving the health conditions of mothers and their children. In rural areas, the Government delivers reproductive and other health services through its net work of PHCs, sub centres and other health facilities. The
benefits of the fund allotment through different health services schemes of the Government are not reaching to every section of the deprived groups. Increased private health expenditure creates deeper inroads in the health profile of the society.

Most of the studies have revealed that the maternal and child health care services among the tribals are relatively less compared to other social groups. So the present study focuses on the demand and supply factor influencing the maternal and child health services, the extent of maternal and child health care services utilization and reproductive health problems among the Scheduled Tribals in Wayanad, a tribal dominating area among the districts of Kerala. The major objectives of the study are as follows.

**Objectives**

- To examine the perceptions about Maternal and Child Health Care Services among tribals in Wayanad district, Kerala
- To examine the factors influencing the demand for Maternal and Child Health Care Services among tribals in the study area
- To examine the supply aspects of Maternal and Child Health Care Services among tribals in the study area
- To identify the major reproductive and child health problems among the tribals in the study area
- To provide possible suggestions for improving the Maternal and Child Health Status of tribals in Wayanad district

The major hypothesis of the study are as follows
Hypothesis

- The Maternal and child health care service utilization among the scheduled tribals is different and depend not only on their socio-economic and cultural constraints but also their perception about the services
- There exist demand–supply gap in maternal and child health care services among Scheduled Tribals.

The primary survey of the study is conducted among 400 tribe mothers belonging in major tribe groups such as Paniyan, Mullukurumar, Kattunaikkan, Urali, Adiyan, Thachanadan Moopan and Kurichiyan located in Sultan Bathery Taluk.

The major findings of the present study are as follows.

Findings

- The socio-economic, demographic and health characteristics of tribe mothers in the study area reveal that they are variant in different indicators according to their custom, practice, economic condition and their location. From the socio-economic and demographic conditions of sample respondents, it is observed that Mullu Kurumar, Kurichiyan, Thachanadan Moopan and Adiyan tribals are more advanced in almost all indicators than other tribals. The socio-economic and demographic conditions are highly influencing their health conditions and it also reveals that they are not homogeneous.

- It is identified that none of the mothers in Adiyan and Kurichiyan Tribals are aware of maternal and child health care services and the awareness is higher among Thachanadan Moopan and Mullukurumar tribals. The awareness of other tribe mothers like Paniyan, Kattunaikkan and Urali about maternal and child health care services is comparatively less, but it is much better. In the study area,
role of media, ASHA Worker, JPHN, PHC and Sub- centre is highly significant in providing adequate information about the health care services and practices for mothers and children.

- Mothers’ awareness on maternal and child health and health care services and their attitudes towards healthy practices have a significant role in the healthy living of their children. The awareness of other tribe mothers like Paniyan, Kattunaikkan and Urali about maternal and child health care services is comparatively less, but it is much better. In the study area, role of media, ASHA Worker, JPHN, PHC and Sub- centre is highly significant in providing adequate information about the health care services and practices for mothers and children.

- The utilization of maternal and child health care services among the tribals is associated with both socio-economic, demographic and perception variables. Other than the socio-demographic factors, monthly income, expenditure and perception have significant relation with health care service utilization.

- Among all tribals in the study area, hundred percentages of mothers have taken ante- natal, natal and post- natal care services

- The use of ante- natal, natal, post- natal care is higher among Mullukurumar, Thachanadan Moopan and Kurichiyan.

- It is observed that complications during pregnancy are higher among Paniyan, Kattunaikkan and Urali. The major pregnancy complications are anemia, oedema, urinary complaints, vaginal bleeding, fever, respiratory problems, malposition of foetus, premature child, high blood pressure and convulsion. About 79.8% of mothers have normal delivery and 20.2% of mothers have caesarean. The percentage of mothers with caesarean is higher among Mullukurumar and the
percentage of mothers with post partum complications is higher among Thachanadan Moopan. About 99.6% of mothers have taken treatment for these complications.

- The accessibility of family planning methods among the tribe mothers shows about 24.3 percent of mothers use contraceptives and among which MulluKurumar occupies the highest position. The use of contraceptives is highly associated with educational level of the sample respondents and their husbands and perception about family planning programmes.

- About 79.3 percent of tribe mothers used the ICDS services for mothers. The utilization of services is higher among Thachanadan Moopan (100 percent) and followed by Mullukurumar (85.6 percent), Urali (78.9 percent), Paniyan (78.1 percent), Kattunaikkan (75.9 percent) and Adiyan(50 percent). The use of ICDS services for mothers is positively associated with occupational status of respondents and perception about the services. There is strong association between occupational status and the service utilization among Paniyan tribe only.

- The percentage of mothers who received the benefits of health insurance programmes for mothers and children is 56.8 percent. The higher proportion is among Mullu Kurumaru with regard to benefits received (79.4 percent), followed by Paniyan (52.6 percent) and Urali (52.6 percent).

- In case of child health, it is observed that about 70.5 percent of sample respondents gave colostrums immediately after their birth to their child and 21.5 percent of mothers have not provide colostrums to their children. The provision of colostrums higher among Mullukurumar (100 percent), Kurichiyan (100 percent) and Adiyan (100 percent) mothers. The feeding of colostrums to the children is
lower among Kattunaikkan mothers (10.8 percent). About 6.7 percent of tribe mothers provide prelactel food to their children due to lactation problems and the health problems of children and mothers. About 9.5 percent of mothers reported lactation problems among which Urali and Kattunaikkan occupy higher level. The percentage of mothers who started supplementary food to their children is 95.8 percent and among which 0.3 percent of mothers started giving food in less than 4 months after the child birth, 55.1 percent started in between 4-6 months after the birth, 43.9 percent started after 6 months and 1.3 percent of mothers started after one year of birth. Among all the tribals, most of them provide finger millets, amritham powder and hot water as supplementary foods.

- Among all the tribals in the study area, all children received vaccination. About 57.5 percent of mothers reported that their children received complete immunization up to their age and 42.5 percent of mother’s children partially received vaccination. The percentage of mothers who provide complete immunization to their infants is higher among Mullukurumar (73.2 percent) and none of mothers in Kurichiyan, Thachanadan Moopan and Adiyan tribals demand full immunizations to their children. Lack of awareness about immunization coverage is the basic problem among them. For vaccination, majority of the mothers depend Anganwadi centre and Junior Public Health Nurse.

- The children are suffered from various health problems like respiratory infections, fever, cold and cough, diarrhoea, stomach ache, allergy, kidney complains, anaemia, skin diseases, fitz, urinary complaints, handicapped, hydrocele, jaundice, mouth diseases, asthma, etc. About 97 percent of mothers demand treatment for diseases among children and 3.0 percent of mothers said they are not
demanded treatment. It is also observed that about 5.3 percent of sample respondents reported the anaemia problem and 18.8 percent of mothers reported nutritional problems among their children.

- It is reported by the sample respondents that they have still births and also have neonatal and post natal deaths among their infants. About 4.8 percent of mothers have still birth. The percentage of mothers who had still birth is higher among Kattunaikkan (8.4 percent) and followed by Urali (5.3 percent), Paniyan (4.1 percent) and Paniyan (3.1 percent). Among these mothers, except Kattunaikkan, all were demanded treatment. About 1.3 percent of mothers in Mullukurumar, Kattunaikkan and Paniyan tribals reported the neonatal deaths among their infants. Only 0.5 percent of mothers in the study area reported post natal deaths among their children, which is found among Kattunaikkan and Paniyan tribals.

- Among the sample respondents, only 45.4 percent of mothers took the ICDS services for children fully and the majority (54.6 percent) received partially such services. The percent of mothers who received ICDS services partially is higher among Kurichiyan (100 percent) and Thachanadan Moopan (100 percent).

- The percentage of mothers who demand the service of PHCs and sub centres is very low. About 39.3 percent of mothers demand the health services from such centres.

- The major productive health problems identified among the mothers in the study area are menstrual problems like irregularity, dysmenorrhoea, over bleeding, etc. and other problems like white discharge, urinary complaints and itching of genitals. The access to treatment for reproductive health problems among the tribe mothers shows that about 63.1 percent of mothers took treatment and 36.9 percent
did not take treatment for these issues. It is noted that about 36.9 percent of mothers are not taking treatment mainly due to their laziness, low income, long distance to health centre, free to access the services and nobody accompany with them to hospital.

- It is observed from the study that majority of the sample respondents depend government hospitals and anganwadi centres for health checkups. All the represents get the services of anganwadi centres and primary health centres and sub centres within 3 Km away from their location. About 2.8 percent of mothers avail the services of hospitals within 1 Km away from their home and 72.8 percent of mothers avail the services of hospitals and clinics about 10-30 Km far away from their residence. It is also noticed that the distance to health centre is a major problem among the mothers and children in the study area.

- Majority depend private hospitals due to better treatment from such institutions and there is no other alternatives with the absence of doctors at government hospitals.

- About 90 percent of mothers reported the inadequate supply of services by Anganwadi workers, medical officers, ASHA workers, Tribal promoters and Early Child care Centre.

- The general problems of the sample respondents show that about 91.9 percent of mothers are blaming on the inefficiency of the health agents in providing proper medical care and services on time, 24.2 percent of mothers faced the problem of long distance to health centre, 12.8 percent have transport facility issues, 8.4 percent have low income to access the services, 6.2 percent of mothers faced water pollution due to their location at river side and 1.4 percent reported the political issues in supplying health care services among mothers and children.

- There exists demand–supply gap in maternal and child health care services among Scheduled Tribals. The utilization of maternal and child health care services is
higher among Mullu Kurumar, Thachanadan Moopan and Kurichiyan tribals in accordance with their educational status and perception about the services. It is reported that the availability health care facilities is lower among Kattunaikkan and Urali tribals because they are located in the deepest forest area. Among Paniyan, 100 percent of mothers reported the inefficiency of health agents in supplying services in their areas.

Major suggestions of the study are as follows.

**Suggestions**

- Provide adequate awareness about the maternal and child health care services supplied through various government and non-government institutions and agents among all tribals.
- Provide better sanitation and drinking water facilities for improving the social conditions of tribe mothers.
- Ensure complete immunization for all children.
- Ensure proper availability of services from Government hospitals, Private hospitals, PHCs, Sub Centres, CHCs, Clinics etc. Voluntary Organizations and from various health agents like JPHN, Anganwadi Workers, Tribal Promoters, etc.
- Provide adequate transport facilities in order to access the health care facilities.

**CONCLUSION**

The maternal and child health care utilization is determined by the affordability, accessibility and good quality of health care services among the mothers and children. With the great efforts done by the Government through various Maternal and Child Health Care Programmes, the utilization of Maternal and Child Health Care Services among Tribals has also been increased. But there exist discrimination in the utilization of health care services among the tribals.
The utilization of maternal and child health care services among tribals has not significant relation with their socio-demographic conditions but it is highly associated with their economic conditions, perception about maternal child health care services, distance to health centres and proper supply of health care services by various health institutions and agents. An adequate supply of maternal and child health care services through various public and private health institutions and voluntary organizations, proper awareness about the health care services, provision of better transport facilities and changing attitudes of both mothers and health personnels should be required to improve the health conditions of mothers and children among tribals in Kerala.