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Reproductive Health of ST and SC Women

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The information pertaining to number of pregnancies, ante-natal, natal and post-natal check - ups, etc., was gathered from 1002 SC and 915 ST women in the reproductive age group. The results of the gathered information reveal the disheartening state of affairs. About 56 per cent ST respondent did not have even single ante-natal check-up during their last pregnancy. More than 51 per cent ST and about one-fourth SC women did not receive a single dose of TT vaccine during their last pregnancy. The last delivery of 72 per cent ST women was conducted by untrained dais. Disposable delivery kit was used by only about 20 per cent ST and 40 per cent SC women during their last delivery.

Introduction

In India, it is estimated that about 437 women out of every 1,00,000 women die even year due to pregnancy and its related causes (NHFS: 1992-93). It is also estimated that about 4,00,000 maternal deaths occur every year in the world and out of these 1,00,000 deaths occur in India [1]. The major causes of maternal deaths are bleeding, severe anaemia of various origin, puerperal sepsis and obstructed labor and toxaemia of pregnancy. Early marriages, early pregnancies and short-spaced pregnancies are also some of the factors underlying such high rates of maternal deaths. Low literacy level of mothers, low knowledge of nutrition health education, lack of adequate maternity services and under utilization of the existing services have aggravated the problem. Therefore, the safety of the life of woman in her reproductive age depends on a number of factors, such as, number of pregnancies, number of miscarriage/ abortions, and stillbirths she has had; also antenatal, natal and post-natal care she receives during her pregnancy and child birth.

In order to assess the existing status pertaining to the health of the women, a study was sponsored to the Council for Social Development by the Ministry of Health and Family Welfare in fifteen districts of nine States of India. The names of the study districts and States are given below:

	State	District
1.	Assam	Jorhat - Dhubri
2.	Bihar	Patna - West Singhbhum - Mandi
3.	Himachal Pradesh	West Garo Hills - Imphal
4.	Meghalaya	Chhindwara
5.	Manipur	Ujjain
6.	Madhya Pradesh	Ganjam - Puri - Sonbhadra
7.	Orissa	Kanpur - Howrah - Purula
8.	Uttar Pradesh	
9.	West Bengal	

In all 5400 women [2] in the reproductive age were selected with the help of 30 cluster sampling technique [3], and the required information pertaining to the factors responsible for their health and safety was gathered with the help of an interview schedule, prepared specifically for the study. It will be appropriate here to mention a little about 30 cluster sampling technique. According to 30 cluster sampling technique, each district was divided into 30 clusters, i.e., the cumulative total of each village ward was computed and the last village/ward in the list was the cumulative total of all the villages/wards of the district which was equal to the population of that district. The total population of the district was divided by 30 in order to get the cluster interval. The first cluster was selected with the help of random number table. The first cluster's value should not be more than the cluster interval. The first cluster was the village/ward having the figure of the randomly selected number in the cumulative population against the selected village/ward. The subsequent cluster was the village/ward having cumulative population equal to the sum of randomly selected number and cluster interval. In this way all the 30 clusters were selected.

All the respondents, number 5400, have been grouped into three categories, namely, Scheduled Castes, Scheduled Tribes and other castes. The number of SC and ST respondents comes to 1917, out of which 1002 belong to Scheduled Castes and 915 belong, to Scheduled Tribe. The remaining 3483 belong to other castes. The main thrust of this paper is on Scheduled Tribes and Scheduled Castes. The information of respondents of other castes is presented in the Tables only for comparison purposes. The combined information of SCs and STs is also presented in the Tables.

2. Characteristics of respondents

Table 1 shows that most of the respondents belong to the ale category of 21-25 years, followed by 26-30 years. The mean age is 25.55 years and 26.15 years of respondents belonging to SCs and STs respectively, which means that most of the respondents are young.

Table 1: Percentage distribution of respondents by age

Characteristics	**SC (N = 10002)**	**ST (N = 915)**	**Total SC = ST (N = 1917)**	**Others (N = 3483)**
Age categories				
15 - 20 years	20.3	18.1	19.2	15.4
21 - 25 years	37.8	32.8	35.4	41.8
26 - 30 years	29.4	32.1	30.7	29.4
Above 30 years	12.5	16.9	14.6	13.5
Mean age	25.6	26.2	25.7	25.8
Education level				
Illiterate	69.0	72.5	70.6	45.0
Upto primary	14.0	10.9	12.5	18.7
Upto middle	11.6	11.8	11.7	21.1
Upto higher secondary and above	5.4	4.8	5.2	15.2
Working status				
Not working	64.1	68.2	66.0	82.6
Working	35.9	31.8	34.0	17.4
Married period				

Upto 5 years	39.7	41.4	40.5	45.0
6 - 10 years	34.1	34.9	34.5	33.1
11 - 15 years	15.8	15.3	15.5	13.6
Above 15 years	10.4	8.4	9.4	8.3

About 73 per cent ST and 69 per cent SC respondent are respectively illiterate (Table 1). These percentages are higher than the figures of national level. The national figure of literacy rate of women in India as per the 1991 Census is 39.29 per cent [4].

According to Table 1, about 32 per cent and 36 per cent respondents of ST and SC respectively are working and the remaining are the housewives. The percentage of housewives respondents belonging to other castes is very high (82.6%).

Table 1 also reveals that 41.4 per cent and 39.7 per cent respondents belonging to STs and SCs respectively got married about five years back, where 8.4 per cent ST and 10.4 per cent SC respondents got married more than 15 years back.

Number of pregnancies

About 32 per cent ST respondents had more than three pregnancies so far. In the case of SCs, such respondents constitute 28.4 per cent (Table 2). Percentage of such respondents belonging to other castes is low (23.7%) as compared to SC and ST respondents. Even the percentage of ST respondents is more who had three pregnancies (19.1%) as compared to SC respondents (16.6%).

Table 2: Percentage distribution of respondents by number of pregnancies

Pregnancies	**SC (N = 10002)**	**ST (N = 915)**	**Total SC = ST (N = 1917)**	**Others (N = 3483)**
One	27.7	26.1	27.0	31.1
Two	26.9	23.3	25.2	27.7

Three	16.6	19.1	17.8	17.8
Four	12.5	12.9	12.7	10.8
Five	7.1	8.4	7.7	5.5
Six	4.7	4.9	4.8	3.5
Seven	4.1	5.3	4.9	3.9

Ante-natal

It is important for the health of the women to have lesser number of pregnancies. It is more important to have atleast three health checkups during the ante-natal period. It is quite disheartening to note from the Table 3 that 56.4 per cent ST respondents did not have any health check during the entire period of ante-natal during their last pregnancy. The percentage of such SC respondents is 33.5 and percentage of respondents of other castes is 29.4. The Table also shows that only 18.8 per cent ST respondents had gone for 3 or ore health check ups, whereas such respondents belonging to SCs constitute 28.7 per cent.

Table 3: Percentage distribution of respondents by number of times health check-up done during pre-natal period

Number of health check-up done	**SC (N = 10002)**	**ST (N = 915)**	**Total SC = ST (N = 1917)**	**Others (N = 3483)**
No health check-up	33.5	56.4	44.4	29.4
Once	13.2	9.1	11.2	12.7
Twice	24.6	15.7	20.3	21.8
Thrice	17.1	9.9	13.7	17.3
Four	11.6	8.9	10.4	18.8

4.1 Type of antenatal check up during the last pregnancy

A pregnant woman is required to go for the following six types of medical examination during her ante-natal period: general examination, weight, fundal examination, blood pressure check up, urine examination and blood examination. These examinations are required to save the women from complications. It is strange to find from the Table 4 that the percentage of ST respondents who had undergone the above mentioned examinations during their last pregnancy varies from 12.7 to 38.4, the lowest being the blood examination and the highest being the general examination. Whatever could be the reason, this requires immediate attention of the concerned functionaries for saving the women in the reproductive age group. The condition of SC respondents is also not better so far as the above six ante-natal check ups are concerned, whereas the condition of respondents of other castes is comparatively better for these six check ups.

Table 4: Type of antenatal check-up done for respondents during their last pregnancy

Type of check-up done	SC (N = 10002)	ST (N = 915)	Total SC = ST (N = 1917)	Others (N = 3483)
General examination	57.4	38.4	48.3	62.5
Weight	28.9	20.7	25.0	39.1
Fundal examination	37.6	28.51	33.3	48.1
Blood pressure check-up	24.5	8.6	21.6	39.5
Urine examination	18.4	14.5	16.5	31.3
Blood examination	19.9	12.7	16.4	33.0

4.2 Status of TT vaccine

More than 50 per cent ST respondents did not receive a single dose of TT vaccine during their last pregnancy (Table 5). The percentage of such SC respondents is about 1/4th, whereas the percentage of respondents of other castes is 22.5. As a matter of fact a

pregnant lady is supposed to receive two shots of TT vaccine for the first pregnancy and the booster dose for the subsequent pregnancies. The first dose she should get in the first trimester or whenever she comes to know about her pregnancy. The second dose is normally given during the last trimester. If a woman had received two doses of TT vaccine during her previous pregnancy and if she conceives again within two years after the delivery, she is supposed to get one dose of TT vaccine in her subsequent pregnancy. This one dose is known as a booster dose. Therefore in the case of ST respondents about 40 percent received the complete immunization against TT (2 doses - booster dose), whereas in the case of SC respondents the percentage comes to 71.6. The TT vaccine protects the mother as well as the unborn baby from tetanus. In India, the coverage figure of pregnant women for Tetanus Toxoid (TT) during 1995-96 is 78.87 percent as against 77.57 per cent during 1991-92 [E]. Therefore, it is suggested that immediate attention should be paid towards the ST and SC women so that more pregnant women of these castes could be covered by TT vaccine in order to save them from most dangerous disease of tetanus.

Table 5: Percentage of respondents who received TT vaccine during their last pregnancy

Number of doses of TT vaccine received	SC (N = 10002)	ST (N = 915)	Total SC = ST (N = 1917)	Others (N = 3483)
Not single dose	24.0	51.0	36.9	22.5
Only one dose	4.4	7.7	5.8	4.2
Two doses	65.0	29.9	48.3	65.2
Booster dose	6.6	11.4	9.0	8.1

4.3 Type of antenatal advice given by health worker

About 41 percent and percent ST respondents have reported that during their last pregnancy health worker gave them the advice about the diet to be taken and rest to be taken during pregnancy respectively (Table 6). Here diet means that the pregnant women should take diet more than usual; and the rest means taking at least rest for two hours daily in the day time during antenatal period. Only about 7 percent ST as well as SC respondents received advice on danger signs (risk factors) during the antenatal

period. The percentages in the Table do not add to 100 as respondents have given multiple answers.

Table 6: Type of antenatal advice given by the health staff to the respondents

Type of advice	SC (N = 10002)	ST (N = 915)	Total SC = ST (N = 1917)	Others (N = 3483)
Diet	46.4	41.2	43.9	48.1
Rest	32.0	24.5	28.4	30.1
Danger signs (risk factors)	6.9	7.1	7.0	9.2

5. Natal care

Two types of care are important for ensuring the safety of women during delivery. The first important factor is that the deliver should be conducted by trained person and the second important factor is to use disposable delivery kit for delivery. The information gathered for those important factors from the SC and ST women is presented below:

5.1 Delivery conducted by

In the case of about 72 per cent ST respondents, their last delivery was conducted by untrained dais, whereas such respondents belonging to SC constitute about 59 per cent and percentage of other castes respondents is 48.9 (Table 7). This, of course, is very dangerous to the life of the woman as well as of the child. There is an immediate need to sensitize the ST and SC women about this risk.

Table 7: Percentage of respondents by the type of person who conducted the last delivery

Delivery conducted	SC (N = 10002)	ST (N = 915)	Total SC = ST (N = 1917)	Others (N = 3483)

By untrained dai	58.6	71.8	64.9	48.9
By trained person	41.4	28.2	35.1	51.1

5.2 Use of disposable delivery kit

Only about 21 per cent ST respondents have reported that the disposable delivery kit was used during their last delivery (Table 8). Such SC and other caste respondents constitute about 40 per cent and 49.4 per cent respectively. It is suggested that the message for the use of disposable delivery kit should reach to every woman in the reproductive age group.

Table 8: Use of delivery kit for conducting the last delivery of respondents

Kit used	SC (N = 10002)	ST (N = 915)	Total SC = ST (N = 1917)	Others (N = 3483)
Yes	39.5	20.5	30.5	49.4
No	60.5	79.5	69.5	50.6

5.3 Advice received during post-natal period of last delivery from the health workers

Only about 18 per cent ST and 22 per cent SC respondents received advice on post-natal care during their last delivery from the health worker as against 24.6 per cent of other castes respondents (Table 9).

Table 9: Percentage of respondents who received advice from the health worker during their post-natal period of last delivery

Advice received	SC (N = 10002)	ST (N = 915)	Total SC = ST (N = 1917)	Others (N = 3483)
Yes	22.0	18.4	20.2	24.6

No	78.0	81.6	79.8	75.4

5.4 Initiation of breast feeding by respondents after the birth of their last child

The Table 10 shows that about 50 per cent ST and 18 per cent SC respondents have reported that they initiated breast feeding to their last born child within two hours after the birth of the child. However, about 56 per cent SC and 34 per cent ST respondents initiated breast feeding 24 hours after the birth of the child.

Table 10: Initiation of breast feeding after child's birth

Actual time	**SC (N = 10002)**	**ST (N = 915)**	**Total SC = ST (N = 1917)**	**Others (N = 3483)**
Less than 1/2 hour	5.9	25.5	15.2	5.4
1/2 - 2 hours	12.5	24.0	18.0	13.5
2 - 6 hours	15.2	8.7	12.1	15.5
6 - 24 hours	10.0	6.9	8.5	10.2
More than 24 hours	55.9	33.9	45.4	54.2
Not breastfed the child	0.6	1.0	0.8	1.2

Main findings

The main findings emerged from the study are presented below:

1. About 1/3rd ST respondents had more than pregnancies and percentage of such SC respondents is about 28. On the other hand about 85 per cent respondents are young, i.e., they are in the age range of 15 to 30 years and they may go for more pregnancies. More pregnancies would deteriorate their health and may create many health complications for them.

2. About 56 per cent ST and about 34 per cent SC women did not have even a single check up during pre-natal period of their last pregnancy. This trend will endanger the life of the pregnant women as it is important to have at least three health check ups during the antenatal period. These health checkups would foretell about the complications, which may arise at the time of delivery or before delivery. On the basis of diagnosis of health check-ups, necessary steps are taken or suggested in order to save the pregnant women from the consequences of complications.

3. TT vaccine protects the pregnant woman as well as the unborn child from the deadly disease of tetanus. It is disheartening to find that 51 per cent ST and 24 per cent SC respondents did not receive a single dose of TT vaccine. The coverage figure of pregnant women for TT vaccine was about 79 per cent in 1991-92. The coverage figure of the study for ST respondents is much lower of the national figure of 1991-92. Therefore, it requires immediate attention of the functionaries to do something in order to cover more ST pregnant women under TT vaccine.

4. In the case of 72 per cent ST respondents, their last delivery was conducted by untrained dais. The percentage of such SC respondents is 59. There is an immediate need to sensitize the ST and SC women about this risk.

5. The disposable delivery kit was used only for about 20 per cent ST and about 40 per cent SC respondents during their last delivery. Therefore, it is imperative to send message to every woman in the reproductive age group for the use of disposable delivery kit.

6. Only about 18 per cent ST and 22 per cent SC respondents received advice for post-natal care from the health workers after their last delivery. This shows that the component of health education to be imparted to pregnant women needs urgent attention in order to save pregnant women from complications of pregnancy.

At the end it may be pointed out that a very low percentage of ST and SC women in the reproductive age group have availed of the benefits of the national health programs. Therefore, it may be inferred front the results presented in this paper that the implementing authorities have lot more to do so that the benefits of the program are availed of by ST and SC women.

Policy implications

The literacy level of Scheduled Caste Tribe population is quiet low as compared to other groups. This may be so as these groups are living in the remote hilly areas or in the outskirts of the villages cities where the educational and other facilities are not properly available. The socio-economic condition of these groups is also found to be poor. All these conditions attribute to the poor health status of these groups of people. Over and above the health status of women of these groups is also very poor. Although, Universal Immunization Program has been quite successful in achieving high coverage level in respect of child immunization. However, the reported coverage for the TT immunization among mothers has remained only around 80 per cent. On the other hand the coverage of mothers belonging to these groups has been very low. The additional interventions for improving the health status for women under the Government of India's Child Survival and Safe Motherhood Program has not significantly able to improve the services for women specially in the tribal areas. The study has also highlighted that the mean age at marriage of ST and SC women is low which may attribute to more number or children during their reproductive age. Keeping all these factors in view, there is a need to have a specific strategy through which the health problems including reproductive health of ST and SC women could be tackled. Government of India has recently launched 'Reproductive and Child Health Program' (RCH). Reproductive health interventions would enable clients to make choices: to receive counseling and education for responsible and healthy sexual behavior; to access user-friendly services for preventing unwanted pregnancies and safe abortion; maternity care and child survival: and management of Reproductive Tract Infections (RTIs). The RCH Program will have a special component of improving the reproductive health status of tribal and, SC women, and the program will focus on the following areas:

- To sensitize the Scheduled Tribe and Scheduled Cast members of the community towards their health needs and to empower them to initiate, manage and sustain health action.

- To improve access and utilization of health services by Scheduled Tribe and Scheduled Caste people, especially women.

- To train health volunteers from the local SC ST community members for provision of basic health services, immunization and safe delivery.

- To take action to reduce malnutrition through nutrition counseling and networking with ICDS.

- To cause integration of health delivery system services provided by Primary Health Care system and local tribal and indigenous system of medicine at the community level.

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