

KNOWLEDGE AND PRACTICES REGARDING SAFE MOTHERHOOD AND NEW BORN CARE AMONGST TRIBAL WOMEN OF SELECTED FOUR TRIBAL VILLAGES OF JAMUGHODA BLOCK, PANCHMAHAL DISTRICT, GUJARAT.

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Abstract: Safe motherhood encompasses a series of initiatives, practices, protocols and service delivery guidelines designed to ensure that women receive high-quality gynaecological, family planning, prenatal, delivery and postpartum care, in order to achieve optimal health for the mother, foetus and infant during pregnancy, childbirth and postpartum.

Now days the problem of women especially regarding Safe Motherhood and New Born Care is a big issue for concern in developing country like India. The major reasons behind this rising issue are poverty, illiteracy, beliefs in social taboos etc. hence, the aim of the present study was to study the Knowledge and Practices related to Safe Motherhood and New Born Care among Tribal Women of Selected four Tribal Villages of Jambughoda Block, Panchmahal District, Gujarat. Eighty tribal women who had children of age group of (0-3 years) were selected by purposive sampling technique. Structured Interview Schedule was used for data collection. The major finding of the study reflected that the overall knowledge regarding Safe Motherhood and New Born Care of the Tribal women was low whereas the practices regarding Safe Motherhood and New Born Care of the Tribal women were good.

Keywords: Safe Motherhood, Newborn care, Tribal women

Introduction: A tribe is viewed, developmentally or historically, as a social group existing of, or outside, states. A tribe is a group of especial people, dependent on their land for their livelihood, who are largely self-sufficient, and not integrated into the national society. It is perhaps the term most readily understood and used by the general public. According to the Imperial Gazetteer, April 7, 2011 "A tribe is a collection of families bearing a common name speaking a common dialect, occupying or professing to occupy a common territory and is not usually endogamous though originally it might have been so." India's maternal mortality rate reduced from 212 deaths per 100,000 live births in 2007 to 178 deaths in 2012. The advance is largely due to key government interventions such as the Janani Shishu Suraksha Karyakaram (JSSK) scheme which encompasses free maternity services for women and children, a nationwide scale-up of emergency referral systems and maternal death audits, and improvements in the governance and management of health services at all levels. However, adolescent and illiterate mothers and those living in hard to reach areas still have a much greater chance of dying in childbirth. Adolescent girls outside Indian cities are especially vulnerable as teenage marriage and pregnancies are very high in rural and remote areas of the country. Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth; 20 per cent of these women are from India. Annually, it is estimated that 55,000 women die due to preventable pregnancy-related causes in India. The Total Fertility Rate of the State is 2.5. The Infant Mortality Rate is 41

and Maternal Mortality Ratio is 148 (SRS 2007 - 2009) which are lower than the National average. Gujarat is a state of India has come with long way in improving the health indicators since independence, but progress in reducing the maternal mortality and Infant mortality has been very slow and huge unmeasured or documented. There is so many schemes and ongoing programme for improve the maternal and child health care in Gujarat especially in Tribal areas of Gujarat. Such as Janani surksha Yojana, Mamata Tarumni Yojna, Kasturba Yojna, ICDS, Dhudh Sanjivani Yojna.

Rationale of the study: The concept of healthy mother and healthy baby is an important aspect. In a developing country like India, poverty, illiteracy and multiple pregnancies take their toll of mother's health and that of the infant. (Ministry of Health and Family Welfare, 1992. Any woman with pregnancy and birth complications may feel vulnerable and anxious about her own health and the health of her unborn child. They may also experience stress related to poor communication skills, and an inability to comply with their cultural or religious practices (eg. Fasting, specific dietary requirements). Women do all the work in the home and she also stay in touch with family members and her children. Also there are many superstitions accessed to the pregnancy, delivery and post natal care. There are lack of facilities i.e. hospital, PHC. There are no any medium to provide the information to people so they become aware related their issues. Most of tribal mothers/women may be illiterate and deprived of information access therefore, they may become vulnerable during pre and post natal phase. Thus, this

study may contribute by assessing the knowledge and practices related to Safe Motherhood and New Born Care among the tribal women. Tribal Women were taken as the Sample of the Study as they are the group who need utmost attention towards their maternal health. Tribal people are relatively isolated and deprived group than the general population. Hence, this study conducted with tribal women may throw light on the growing issues of Safe Motherhood and New Born Care.

Objectives of the study

1. To prepare the **Profile** of the selected **Tribal Women and selected four tribal villages** of Jambughoda Block Panchmahal District, Gujarat.
2. To study the overall **Knowledge and practices** related to **Safe Motherhood** of selected tribal women of four villages of Jambughoda Block, Panchmahal District, Gujarat.
3. To study the **Knowledge** level and practices related to **Safe Motherhood** of selected tribal women of four villages of Jambughoda Block, Panchmahal District, Gujarat, in relation to the following variables:
 - Age
 - Education Qualification
 - Income
 - Number of Pregnancies
 - Number of Live Births
4. To study the **Knowledge** level and practices related to **Safe Motherhood** of selected tribal women of four villages of Jambughoda Block, Panchmahal District, Gujarat, in relation to the following aspects
 - Antenatal care
 - Delivery care
 - Postnatal care
5. To study the differences in the overall **Knowledge** level and practices related to **Safe Motherhood** of selected tribal women of four villages of Jambughoda Block, Panchmahal District, Gujarat, in relation to the selected variables.
6. To study overall **Knowledge** and practices related to **New born Care** of Selected tribal women of four villages of Jambughoda Block, Panchmahal District, Gujarat.
7. To study **Knowledge** level and practices related to **New Born care** of selected tribal women of four villages of Jambughoda Block, Panchmahal district, Gujarat, in relation to the selected variables.
8. To study the difference in the overall **Knowledge** level and practices related to **New Born care** of selected tribal women of four villages of Jambughoda Block, Panchmahal District, Gujarat, in relation to the selected variables.
9. To study the **Social beliefs and Practices** of **Tribal women** regarding their Motherhood of

four villages of Jambughoda Block, Panchmahal District, Gujarat.

10. To study the media **accessibility** and its **usage** by tribal women of four villages and Jambughoda Block of Panchmahal District related to Safe Motherhood and New born Care.

Assumptions of the study

1. There will be information needs related to Safe Motherhood and New born care.
2. Safe mother hood and new born care information needs among tribal women in Jambughoda Block , Panchmahal District will vary according to the selected variables.

Null Hypotheses of the Study

1. There will be no significant **differences** in the **Knowledge and Practices** of the selected tribal Women of four selected tribal Villages of Jambughoda Block, Panchmahal District regarding Safe Motherhood in relation to the selected **Variables**.
2. There will be no significant **differences** in the **Knowledge and Practices** of the selected tribal Women of four selected tribal Villages of Jambughoda Block, Panchmahal District regarding **Safe Motherhood** in relation to following **Aspects**:-
 - Prenatal Care
 - Delivery Care
 - Postnatal Care
3. There will be no significant **differences** in the **Knowledge and Practices** of tribal Women of four selected tribal Villages of Jambughoda Block, PanchMahal District regarding **New Born Care** in relation to the selected **Variables**.

Delimitations of the study

1. The study will be limited to check knowledge and practice of tribal women regarding safe Motherhood in Jambughoda Block, Panchmahal District.
2. The study will be delimited to 0-3 years of children's mother regarding Safe Mother hood and New Born care.

Methodology: The population of the study consisted of the selected tribal women from the selected four Tribal villages of Jambughoda Block, Panchmahal District, Gujarat. The sample of the study consisted of eighty women who had children of age group (0-3 years) from the selected four Tribal villages i.e. Dhanpuri, Katkoi, Kharedivav and Sadada of Jambughoda Block, Panchmahal District, Gujarat, in the academic year 2016-17. Sample selection technique was purposive and data was collected through structured interview schedule.

Major Findings of the Study: The overall knowledge regarding Safe Motherhood and New Born Care of the Tribal women was low whereas the practices regarding Safe Motherhood and New Born

Care of the Tribal women were good. The practices of the Tribal women were good as the Anganwadi service of all the four selected tribal villages was potential enough related to Safe Motherhood and New Born Care and their knowledge level was low as early marriages were prevalent there and hence, they may not gain more education. The Tribal Women were conscious regarding their maternal health during pregnancy and also for the health of their children. The older, educated respondents with yearly family income less than fifty thousand, married at the age more than eighteen years who got first pregnancy after nineteen years and had more than one safe delivery had high knowledge of Safe Motherhood where as on the other hand, the young respondents in the age group of less than twenty five years had low knowledge regarding Safe Motherhood. The older respondents may have more experience as well as

they may be provided with more information from their ancestors regarding Safe Motherhood.

Conclusion: The tribal mothers had good knowledge of the prevalent schemes regarding Safe Motherhood and New Born Care and availed the benefits provided to them by the Government. Thus, the present study may suggest for imparting awareness further among the Tribal Women regarding Safe Motherhood and New Born Care. Introduction and implementation of essential newborn care at hospital and community/household level are the need of the hour. Community health workers can contribute to the eradication of harmful newborn care practices and the sustenance of essential practices through community education and behaviour change communication. Hence, the researcher decided to carry out a study to know Knowledge and Practices related to Safe Motherhood and New born Care among Tribal Women.

References:

1. www.policyproject.com/matrix/SafeMotherhood.cfm
2. www.safemotherhood.org

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