

EFFECT OF EDUCATIONS ON THE REPRODUCTIVE HEALTH CARE PRACTICES OF PALLIYAN WOMEN

R. Kamaraj¹ & M. Jeyaseelan²

¹Research Scholar, Department of Sociology, Periyar University, Salem, Tamil Nadu, India

²Assistant Professor, Department of Sociology, Periyar University, Salem, Tamil Nadu, India

Received: 13 Oct 2018

Accepted: 16 Oct 2018

Published: 26 Oct 2018

ABSTRACT

The paper aims to study the reproductive health care practice and its association with education among the Palliyan, a tribe of Tamilnadu. Palliyans strongly believed in traditional methods of treatment for reproductive issues during pregnancy. They are not much aware about the modern treatments and other practices like family planning methods. The researcher conducted a census survey among the Palliyan women by using interview schedule. The results of the study revealed that education is significantly associated with the age of marriage and the knowledge on family planning methods. The findings brought to focus the need to vigorously encourage the education of Palliyan women and incorporate various health providers into primary health care delivery schemes.

KEYWORDS: Palliyan, Tribal Women, Reproductive

INTRODUCTION

Health is vital part of development of an individual and community and for a country's socio-economic development. Health is defined by the WHO (World Health Organization) as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". The health care practices claimed the health of mother and her baby under the new facet of reproductive healthcare measures. Women's reproductive health is now getting significant attention in the government point of view as well as various NGOs globally. The current study pays its attentions on deployment and availability of reproductive health care practices and the issues involved in mother's health during reproductive process among the tribes. A tribal woman and her traditional health care is mutually related based on her trust, her responsibility, her charity, her power in the family and respect from which she is expecting more than any treatment (Ali, 1994). In this regard education is very important to the tribes in acquiring knowledge and awareness on healthy reproductive practices. Hence the study aims to establish the important of education to the tribal women in their health care practices.

REVIEW OF LITERATURE

Reproductive health is stated as the diseases, complaints and conditions that influence the working of both the male and female reproductive organs during all phases of life. Issues of reproduction are plenty including birth flaws, developmental disorders, poor birth weight, pre-term birth, reduction in the fertility, the cause of impotency and disorders during menstrual cycle. Reproductive health can be simply defined as mother's physical and mental well-being from

pregnancy to lactating period. Reproductive health covers before and after the years of reproduction and it is closely connected with socio-cultural factors, the roles of gender and the concern of human rights, and personal relationships. It is also observed that, among tribal population reproductive health is comprised of paranormal philosophies related to sickness followed by the treatments, solid traditional medicine men or shamans' role, their communal involvement in those traditional treatments, mixed intrusions of traditional and conventional modern health care treatments (Chaudhuri, 1994). It has been observed from a recent study that there is a keen inclination among the tribal women towards modern medical facilities if accessible (Kumar, 2007, Chanu, 2010). Traditional tribal social-religious practices also can adversely affect the reproductive health of the tribal women as well as tribes' general health, such as alcohol consumption during pregnancy (Salehin, 2012). The level of knowledge and awareness of family planning was low among the Scheduled Tribes (Kanitkar and Sinha, 1988). There is a need for proper understanding of the different health aspects of tribal women and their specific health needs so that relevant health measures can be prepared and implemented (Maiti, Unisa, & Agrawal, 2005). Hence education is a tool to enable the tribal women acquire enough knowledge on the health care practices.

Tribes' Scenario in India

According to the 2011 census, the total population of tribes in India stood at 72,147,039, with 36,137,975 males, 36,009,055 females, and having a sex ratio of 996 females per 1000 average. As per the 2011 Census of India, Scheduled Castes and Scheduled Tribes accounted for 20.01 percent and 1.10 percent of Tamilnadu's 72 million populations. About 104 million people in India are members of Scheduled Tribes, which accounts for 8.6 % of India's population (according to the 2011 census). The largest and best-known tribal religion of India is that of the Santhal of Orissa. In 1991, there were some 24,000 Indians belonging to the Santhal community who identified explicitly as adherents of the Santhal traditional religion in the Indian census, as opposed to 300,000 who identified as Christians. Among the Munda people and Oraons of Bihar, about 25 % of the populations are Christian. Among the Kharia people of Bihar (population about 130,000), about 60 % are Christians, but all are heavily influenced by Folk Hinduism. Tribal groups in the Himalayas were similarly affected by both Hinduism and Buddhism in the late 20th century. The small hunting-and-gathering groups in the union territory of the Andaman and Nicobar Islands have also been under severe pressure of cultural assimilation. The Palliyan tribes in Indian are having their own unique style of life with diversification of nature and people. With respect to the extreme poverty of the multitudes, the tribes found the core of the poor. They struggle really with poverty, deprived health, poor sanitary conditions, lack of education and other relevant social issues which are causing a tedious effect on the social culture of the nation. The term Palliyan of Palliyan has been derived from the word palaniyan, which in Tamil language means a man from Palani. They are distributed in the districts of Madurai, Tanjavur, Pudukkottai Tirunelveli and Coimbatore.

OBJECTIVES

The objective of the study is,

To find out the effect of education on the level of awareness on age of marriage, age at first pregnancy and family planning.

Hypothesis

H₀₁: There is no association between education and age at marriage.

H₀₂: There is no association between education and age at first pregnancy.

H₀₃: There is no association between education and knowledge of family planning.

RESEARCH METHODOLOGY

The present study is descriptive in nature. Varusanadu valley and Megamalai hills(in western gats) has been chosen as study area for this, and total number of 362 households were living in 21 hamlets in the study area. Out of 362 houses 11 respondents have migrated to neighboring town and cities. Hence only 351 householders were included in the sample list. One woman from each house aged between 15 and 45 years with reproductive experience were chosen as respondents. So the study comes under Census Survey method. An interview schedule was used to collect primary data from the respondents. The data collected from the respondents were grouped and entered in the spread sheet available in the SPSS package for analysis. Tables with single variable and tables with double variables were prepared. Chi-square statistical tests were applied to the cross tables with two variables to identify significant association between the independent and dependent variables.

Data Analysis

People are different in their own perceptions and attitudes. So the practices followed by tribe are also differed. Hence studying about the tribe's personal profile is very important to understand their practices towards their antenatal and Post-natal health.

Personal Profile

Table 1: Personal Profile of the Respondents

	Variables (N=351)	No. of Respondents	Percentage
Age	15 – 18	46	13.10
	18 – 25	137	39.00
	above 25	168	47.90
Religion	Hindu	320	91.20
	Christian	31	08.80
Education	Illiterate	86	24.50
	Primary	152	43.30
	Secondary	97	27.60
	Higher secondary	16	04.60
Occupation	Agriculture	46	13.10
	Daily Wage	93	26.50
	Labour at Mill	16	04.60
	Collecting Honey, wood and Herbals	122	34.80
	Private	74	21.10
Annual Income (in Rs)	Less than 10000	56	16.00
	10001 to 15000	142	40.50
	15001 to 20000	153	43.60

It is shown from the table that 47.9 per cent of the respondents belong to the age group of above 25 years and 39 per cent of the respondents belong to the age group of 18 – 25 years. Age is an important aspect to identify the healthcare practices and knowledge of the tribal women. As per the above table most of the respondents belong to the age group category of above 25. Majority of them (91.2%) are Hindus while only 8.8 per cent are Christians. Most of the respondents accounting 43.3 per cent had primary level of education in the study areas; 27.6 per cent of the respondents have studied up to secondary level of education and 24.5 per cent of the respondents were illiterates. Only 4.6 per cent of the respondents

had higher secondary. Among them 34.8 per cent were involved in collecting honey, wood and herbals followed by 26.5 per cent were working for daily wages. Maximum of 43.6 per cent of tribes' annual income is between Rs.15001 and Rs.20000, followed by a 40.5 per cent between Rs. 10001 and Rs. 15000 and 16 per cent less than Rs. 10000 rupees per annum. It can be concluded that from the above data most of the tribal women's a monthly income is below Rs.2000.

Table 2: Association between Education and Age at Marriage

Education	Age at Marriage			Total
	15 – 18	19 - 22	23 - 26	
Illiterate	11	75		86
	(12.80%)	(87.20%)		(24.50%)
Primary	13	92	47	152
	(8.60%)	(60.50%)	(30.90%)	(43.30%)
Secondary	29	9	59	97
	(29.90%)	(9.30%)	(60.80%)	(27.60%)
Higher secondary	7		9	16
	(43.70%)		(56.30%)	(4.60%)
Total	57	179	115	351
	(16.20%)	(51.00%)	(32.80%)	(100.00%)

Calculated value: 133.58, Table value: 16.81, DF: 6, Significant value at 1%: 0.000

In the table 24.5 per cent of the tribal women were illiterate and among them 87.2 per cent said that they married at the age of 19 to 26 years and remaining 12.8 per cent are married at the age group of less than 18 years old. Yet another 43.3 percent of the respondents had primary level of schooling and among them 60.5 per cent were married at the age group of 19 to 22 and 30.9 per cent married at the age group of 23 to 26. Out of the total 27.6 per cent of the respondents who had secondary level of schooling and among them 60.8 per cent said that they married after the age of 23. By referring the results of the above statistics it can be understood that as the level of education increases, the respondents, age at marriage decreases. The Chi-Square value for the association between education and age at marriage was obtained as 133.58 with 6 degrees of freedom. The table value of χ^2 for 6 degrees of freedom at 1% level of significance is 16.81 and the calculated value is found to be higher than the table value which yielded a very highly significant result. Based on the evidence of this data it can be observed that the hypothesis H_{01} is rejected and there is an association between education and age at marriage.

Table 3: Association of Education and Age at First Pregnancy

Education	Age at First Pregnancy				Total
	15 – 18	19 - 21	22 - 25	26 – 30	
Illiterate	18	29	26	13	86
	(20.90%)	(33.70%)	(30.20%)	(15.10%)	24.50%
Primary	41	60	30	21	152
	(27.00%)	(39.50%)	(19.70%)	(13.80%)	43.30%
Secondary	16	30	35	16	97
	(16.50%)	(30.90%)	(36.10%)	(16.50%)	27.60%
Higher secondary	7		9		16
	(43.70%)		(56.30%)		4.60%
Total	78	123	99	51	351
	(22.20%)	(35.00%)	(28.20%)	(14.50%)	100.00%

Calculated value: 14.85, Table value: 16.92, DF: 9, Significant at 5%: 0.095

With regard to illiterate respondents about 34 per cent of the respondents had their first pregnancy between 19 and 21 years of age followed by 30 per cent's first pregnancy at the age group of 22-25 years. In the case of the respondents who got only primary education, about 40 per cent of them got their first pregnancy in the age group of 19-21 years followed by 27 per cent's first pregnancy in the age group of 15-18 years. Among the respondents who had secondary education 36 per cent had their first pregnancy in the age group 22-25 years. The Chi-Square value was 14.85 with 6 degrees of freedom. The table value of χ^2 for 6 degrees of freedom at 5% level of significance is 16.92 and the calculated value is found to be lower than the table value. The results are not strong enough to reject the hypothesis (H_{0_2}) and concluded that there is no significance association between education and age at first pregnancy.

Table 4: Association of Education and Knowledge of Family Planning

Education	Knowledge of Family Planning		Total
	Yes	No	
Illiterate	33	53	86
	(38.40%)	(61.60%)	(24.50%)
Primary	152	0	152
	(100.00%)	(0.00%)	(43.30%)
Secondary	94	3	97
	(96.90%)	(3.10%)	(27.60%)
Higher secondary	14	2	16
	(87.50%)	(12.50%)	(4.60%)
Total	293	58	351
	(83.50%)	(16.50%)	(100.00%)

Calculated value: 169.799, Table value: 11.34, DF: 3, Significant value at 1%: 0.000

Among the respondents about 62 per cent of illiterate employees said that they have no knowledge about family planning. Hundred per cent of respondents who have primary level of education said that they have knowledge of family planning, 97 per cent of the respondents who are with the secondary level of education said that they have knowledge of family planning and about 90 per cent of the higher secondary respondents had admitted that they had knowledge of family planning. It is clear from the above table that education plays an important role in getting the knowledge of family planning. The chi-square test was used to ensure the association between level of education and knowledge of family planning. The χ^2 value for the association between the variables, education and knowledge of family planning was 169.79 with 3 degrees of freedom. The table value of χ^2 for 3 degrees of freedom at 1% level of significance is 11.34. Since the calculated value is found to be higher than the table value the hypothesis (H_{0_3}) and it is inferred that there is a significant relationship between education and knowledge on family planning of the tribal women.

Hypothesis Test

With the results of cross tabulation and chi square test the following results were obtained,

Table 5: Results of Hypothesis Testing

Hypotheses		Result
H ₀ ₁	There is no association between education and age at marriage.	Rejected
H ₀ ₂	There is no association between education and age at first pregnancy.	Accepted
H ₀ ₃	There is no association between education and knowledge of family planning.	Rejected

DISCUSSIONS AND CONCLUSIONS

From the findings of the study education makes significant role on age for getting marriage and knowledge of family planning. By in reality illiteracy is a major issue for the tribes. More than 80 per cent of them are illiterates. They have shown no much interest in the formal education. Many of them are not aware about education profile, school details, college courses, university set ups, degrees and diplomas. They have no intention to make their children to study. They do not encouraging them to go schools and other educational set ups. Since the tribes are poor, they are treating education as a luxury element for them. As a result of that the tribal children also engaged to do undertake the agricultural activities, or else they are encouraged to collect forest products for selling by that ensuring sum of money as an income to their family. The poor illiterate tribal parents are do not bother about their responsibility to send their children to schools for education.

Increasing rate of literacy level is the important indicator of any social group for their socio-economic development, because the employment opportunities are depended on the level of education relatively. There is a reasonable gap between the literacy level of the tribes and the overall literacy level. As per 2011 census the general literacy rate in Tamilnadu is 79.45 per cent, hence the literacy rate of the tribes is 41.53 per cent respectively. The rate of female literacy is little worse compare with the overall female literacy, due to the higher rate of dropouts among the tribal girls. Therefore the state government has been putting more insistence in implementing various strategies to promote awareness on the education of tribal girl children. Several strategies are taken by both the state and the central governments to increase the level of literacy among the tribes. The scheme of providing hostels to the ST Girls started in the Third 5 year Plan. It is acted as a handy tool of spreading the interest of education among the ST Girls, who are very poor in the literacy rate that reads as 34.76 per cent in the year 2001, against the 54.28 per cent of general female literacy. The scholarships are offered financial support to the students belonging to Scheduled Tribes studying recognized post graduate courses in recognized educational institutions. The scholarship schemes are covered professional courses, technical courses, along with other vocational courses at various levels.

This study has aimed to analyze the effect of education in awareness of the reproductive health care practices among the Palliyan tribes in Theni district of Tamilnadu. Though both the central and state governments have provided number of welfare measures and programs, the tribal have not received any benefits from the lower hierarchy of the system. In the study area number of non-government organizations is working for the development of the Palliyan tribes, but the tribal women are not ready to attend the awareness programs on the reproductive health care practices. In a nutshell, the study found the Palliyan tribal women who are educated have shown reasonable knowledge and awareness on reproductive health care practices and their general hygienic health.

REFERENCES

1. Ali A. (1994). *Indigenous health practices among tribals: Relationship with prevalent disease*. In S.Basu (Ed). *Tribal health in India: 70-83*. New Delhi: Manak Publications.
2. Chanu, T. J., &Arunkumar, M. C. (2015). *Traditional Reproductive Health Care Practices and Knowledge A Case of the Thadou of Manipur*. *IOSR Journal of Humanities and Social Science*, 20(7), 86–88.
3. Chaudhuri B. (1994). *Social and Environmental dimensions of tribal health*. In S.Basu (Ed). *Tribal health in India: 70-83*. New Delhi: Manak Publications.

4. Kanitkar T and R. K. Sinha. 1988. *A Report on Demographic Study of Tribal Population in SanthalPargana in Bihar and Phulbani and Kalahandi Districts in Orissa, Bombay. India, Mumbai: International Institute for Population Sciences, 46p.*
5. Kumar G.P. (2007). *Changing Health CarePracticing among the Tribes. AmbelaCantt., The Associated Publishers, 2007 XVI, 308.*
6. Maiti, S., Unisa, S., & Agrawal, P. K. (2005). *Health Care and Health among Tribal Women in Jharkhand : A Situational Analysis. Studying Tribes, 3(1), 37–46.*
7. Salehin M.A. (2012). *“Reproductive Health of Tribal Populations in India: A sustainability Approach” Unpublished thesis, The University of Texa at Arlington.*

