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A study on pre natal and post natal health care service among the soliga tribal women with reference to Chamrajnagar district Karnataka

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Abstract
The present research aimed to study the pre natal and post natal health care services among the Soliga tribal women with reference to Chamrajnagar District. 261 sample were selected based on stratified random sampling method. In order to identify the health care services well structured questionnaire were used. To test the hypotheses statistical tool such as Chi square test and t-test were used. The result concluded that respondents significantly differ in their availing of health care services between pre and post natal period.

Keywords: pre natal, post natal, health services, agency and health care functioning

Introduction
Women's health in India has assumed importance only of late, particularly after the International Conference on Population and Development held at Cairo, Egypt in September 1994 and the Fourth World Conference on Women, held in Beijing in September 1995 [3]. Both these conferences placed immense importance on women's health, empowerment and reproductive rights. Not discounting the importance of health needs and health status of men, the fact remains that over a lifetime the health of woman is usually worse than that of men. Moreover, certain health problems are more prevalent among women than among men and certain health problems are unique to women/ affect women differently than men. Furthermore, some environmental problems have a disproportionate impact on women compared to their male counterparts.

The main focus of reproductive services in India, in addition to family planning, is pregnancy, delivery and post delivery care. Pregnancyrelated health care is referred to as ante natal care (ANC), which is usually provided by a doctor, an Auxiliary Nurse Midwife (ANM), or other health professional. Ideally, antenatal care should monitor a pregnancy for signs of complications, detect and treat pre-existing and concurrent problems of pregnancy, and provide advice and counseling on preventive care, diet during pregnancy, delivery care, postnatal care and related issues. In India, the Reproductive and Child Health Programme aims at providing at least three antenatal check-ups which should include a weight and blood pressure check, abdominal examination, immunization against tetanus, iron and folic acid, prophylaxis, as well as anemia management.

Review of literature
Sikdar *et al.*, (1998) [1] assessed the impact of education on awareness of family planning programmes among the Santal women. It has been found that only 32 per cent of Santal women were semiliterate and other 68 per cent were totally illiterate. Socio-economic conditions were very low in this tribe. Among them, 80 per cent of Santal women were aware about their own education. 36 per cent of Santal women had positive attitude i.e., aware about different family planning programmes. Literacy status of Santal men was higher than their wives. 2 per cent women have some knowledge about vasectomy, tubectomy, IUD; other 98 per cent of Santal women were totally unaware about these three methods.

Reddy (2001) [2] made a study on consanguinity and reproductive health among Kurchias, a tribal population of Kerala. The study revealed that the age at marriage was less among the women of consanguineous marriages than the non consanguineous marriages. Low fertility, live births and fertility, high prenatal, postnatal mortality rate and hereditary diseases were observed among consanguineous couples than non-consanguineous couples. The congenital malformations were observed only in consanguineous marriages. Among consanguineous marriages, the disease prevalence, prenatal, postnatal mortality and morbidity were very high due to the increase in homozygosity and enhanced risk of hereditary disease.

Methodology
Objectives
1. To compare the respondents perception about pre natal and post natal health care service among the soling tribal women.

Hypothesis
1. Respondents do not differ in their availing of health care services between pre natal and post natal period.

Sampling
261 sample were selected based on stratified random sampling method.

Method of data collection

Well structured questionnaire were used for data collection.

Statistical tools used

Statistical tool such as Chi square test and t-test were used.

Result and discussion

Table 1: To compare the pre natal and post natal health care service

Taluk	Government		Private		PPP Health Initiative	
	Pre	Post	Pre	Post	Pre	Post
Gundlupet	39	11	21	10	18	3
Chamarajanagar	46	15	11	4	15	4
Yelandur	36	10	19	10	8	3
Kollegal	30	7	12	3	6	3
t-value	16.04*		11.02*		3.08*	
p-value	0.001		0.001		0.05	

*Significant

Result shows that compare the pre natal and post natal health care service among soling tribal women based on taluk wise. The null hypothesis rejected. So respondents significantly differ in their availing of health care services between pre and post natal period. In Gundlupet taluk to visit government hospital 39 respondents in pre natal and 11 respondents in post natal. In private hospital, 21 respondents in pre natal and 10 respondents in post natal and PPP health initiative, 18 respondents in pre and 3 respondents in post natal. Also in Chamarajanagar taluk to visit government hospital 46 respondents in pre natal and 15 respondents in post natal. In private hospital, 11 respondents in pre natal and 4 respondents in post natal and PPP health initiative, 15 respondents in pre and 4 respondents in post natal. In Yelandur taluk to visit government hospital 36 respondents in pre natal and 10 respondents in post natal. In private hospital, 19 respondents in pre natal and 10 respondents in post natal and PPP health initiative, 8 respondents in pre and 3 respondents in post natal. Further in Kollegal taluk to visit government hospital 30 respondents in pre natal and 7 respondents in post natal. In private hospital, 12 respondents in pre natal and 3 respondents in post natal and PPP health initiative, 6 respondents in pre and 3 respondents in post natal.

Table 2: Chi square test between taluk wise distribution and place of receive Pre-Natal care pregnant care service

S. No	Taluk wise distribution	Receive pre-natal care services			Total
		Govt.	Private	PPP Health Initiative	
1	Gundlupet	39 (25.82)	21 (33.33)	18 (39.30)	78 (29.88)
2	Chamarajanagar	46 (30.47)	11 (17.47)	15 (31.91)	72 (27.59)
3	Yelandur	36 (23.84)	19 (30.16)	8 (17.02)	63 (24.13)
4	Kollegal	30 (19.87)	12 (19.04)	6 (12.77)	48 (18.40)
	Total	151 (100.0)	63 (100.0)	47 (100.0)	261 (100.0)
Chi square		df		P-value	
8.25		6		0.22 Not significant	

The table reveals that the chi square test between taluk wise distribution and receive per-natal care services. The statistical result shows that, in the Gundlupet taluk, 25.82% of the respondents are government, 33.33% of the respondents are private and 39.30% of the respondents are PPP health initiative. In Chamarajanagar taluk, 30.47% of the respondents are government, 17.47% of the respondents are private and 31.91% of the respondents are PPP health initiative. Also in Yelandur taluk, 23.84% of the respondents are government, 30.16% of the respondents are private and 17.02% of the respondents are PPP health initiative. Further in Kollegal taluk, 19.87% of the respondents are government, 19.04% of the respondents are private and 12.77% of the respondents are PPP health initiative.

The calculated chi square value 8.25 at 6 degrees of freedom is not significant. Therefore, the null hypothesis is accepted. There is no association between respondent's Taluk wise distribution based on receive per-natal care services. So, it is concluded that most of the respondents received pre natal care services in government hospital. Obermeyer *et al.*, (1993) also supported the present study.

Table 3: Chi square test between taluk wise distribution and consolation or seek treatment

S. No	Taluk wise Distribution	Consolation or seek treatment				Total
		Govt.	Private	PPP Health Initiative	Home remedy and hospital services	
1	Gundlupet	11 (25.59)	10 (37.03)	3 (23.08)	54 (30.34)	78 (29.88)
2	Chamarajanagar	15 (34.88)	4 (14.82)	4 (30.77)	49 (27.52)	72 (27.59)
3	Yelandur	10 (23.25)	10 (37.03)	3 (23.08)	40 (22.47)	63 (24.13)
4	Kollegal	7 (16.28)	3 (11.12)	3 (23.07)	35 (19.67)	48 (18.40)
	Total	43 (100.0)	27 (100.0)	13 (100.0)	178 (100.0)	261 (100.0)
Chi square		df		P-value		
6.69		9		0.66 Not significant		

It is inferred that the chi square test between taluk wise distribution and consolation or seek treatment. The obtained result shows that, in the Gundlupet taluk, 25.59% of the respondents are government, 37.03% of the respondents are private, 23.08% of the respondents are PPP health initiative and 30.34% of the respondents are home remedy and hospital services. In Chamarajanagar taluk, 34.88% of the respondents are government, 14.82% of the respondents are private, 30.77% of the respondents are PPP health initiative and 27.52% of the respondents are home remedy and hospital services. Also in Yelandur taluk, 23.25% of the respondents are government, 37.03% of the respondents are private, 23.08% of the respondents are PPP health initiative and 22.47% of the respondents are home remedy and hospital services. Further in Kollegal taluk, 16.28% of the respondents are government, 11.12% of the respondents are private, 23.07% of the respondents are PPP health initiative and 19.67% of the respondents are home remedy and hospital services.

The calculated chi square value 6.69 at 9 degrees of freedom is not significant. Therefore, the null hypothesis is accepted. There is no association between respondent's Taluk wise distribution based on consolation or seek treatment. Here the survey shows that most of them have home remedy and hospital services.

Findings

Based on the statistical analysis the following findings are arrived. They are:

- Analysis proved that that most of the respondents received pre natal care services in government hospital. Obermeyer *et al.*, (1993) also supported the present study.
- Result shows that there is no association between respondent's Taluk wise distribution based on consolation or seek treatment. Here the survey shows that most of them have home remedy and hospital services.
- Survey exhibits that compare the pre natal and post natal health care service among soling tribal women based on taluk wise. The null hypothesis rejected. So respondents significantly differ in their availing of health care services between pre and post natal period.

Suggestion

- Regarding health care services respondents are not satisfied from the government. Therefore government should take necessary steps to update the technologies and other facilities.
- Government and non government institutions provide appropriate awareness about the maternal and child health care services to all tribal women.
- Health care education should be provided to all tribal women.
- Provide better sanitation and drinking water facilities for improving the social conditions of the respondents.
- 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.

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