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Research Article

UTILISATION OF HEALTH CARE FACILITIES AMONG YANADI WOMEN DURING PREGNANCY

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ABSTRACT

Community based primary health care is the mainstay of health care delivery to persons in developing countries. In these countries, primary care must be accessible to the vast majority of the population as poor access to primary health care is associated with adverse pregnancy outcomes. The main objective of the study is to assess the utilization of health care facilities of the Yanadi Women during their pregnancy. The sample is 400 women girls among the Yanadi population and sample area is Venkatachalam Mandal in Nellore district. The paper is trying to elicit the ante-natal and post natal checkups during the period of pregnancy, distance to PHC and Town. Information based on primary data. The data analysis will be done by using simple statistical techniques i.e. frequency and percentages will be given.

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INTRODUCTION

Community based primary health care is the mainstay of health care delivery to persons in developing countries. In these countries, primary care must be accessible to the vast majority of the population as poor access to primary health care is associated with adverse pregnancy outcomes (Van den Broek NR *et al.*, (2003), Thaddeus S *et al.*, (1994).

Antenatal care refers to the regular medical and nursing care recommended for women/women during pregnancy. Antenatal care/Prenatal care is a type of preventive care with the goal of providing regular check-ups that allows doctors or midwives to treat and prevent potential health problems throughout the course of the pregnancy while promoting healthy lifestyles that benefit both mother and child. During check-ups, women/women will receive medical information over maternal physiological changes in pregnancy, biological changes, and prenatal nutrition including prenatal vitamins. Recommendations on management and healthy lifestyle changes are also made during regular check-ups. The availability of routine prenatal care has played a part in reducing maternal death rates and miscarriages as well as birth defects, low birth weight, and other preventable health problems.

The Tetanus Toxic (TT) vaccine is given during pregnancy to prevent tetanus (a bacterial disease) to both mother and the infant. It also helps in preventing premature delivery. Tetanus affects a person's nervous system and can be fatal if left untreated and hence it can be prevented by immunization. Normally two doses of TT vaccine are given usually during pregnancy in the 3rd month and 4 to 8 weeks after the 1st dose. Pregnant women/women require additional iron and folic acid to meet their own nutritional needs as well as those of developing foetus. Iron and folic acid supplementation is recommended as a part of ante-natal care to reduce the risk of low birth weight, maternal anaemia and iron deficiency. Deficiencies in iron and folic acid during pregnancy can potentially negatively impact the health of the mother, her pregnancy as well as foetal development.

The quality of postnatal care provided to women/women and families in the first days and weeks after birth can have a significant impact on their experience of the transition to parenthood. The postnatal period covers the 6 weeks period following birth, during which time the various changes that occurred during pregnancy revert to the non-pregnant state. A strategy that promotes universal access to antenatal care, skilled birth attendance and early postnatal care will contribute to sustained reduction in maternal and neonatal mortality. A little less than half of all mothers and new born in developing

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countries do not receive skilled care during birth, and over 70% of all babies born outside the hospital do not receive any postnatal care.

REVIEW OF LITERATURE

Manju Rani *et al*, (2008) showed through their study on differentials in the quality of antenatal care that poor quality of antenatal care is likely to reduce its utilization. Policy and program interventions to improve the quality of care of antenatal care, especially for the poor and other disadvantaged population groups.

Ray S.K. *et al*, (2011) found in their study that large no of patients did not avail any services when they fall sick especially in the tribal district where distance, poor knowledge about the availability of the services and non-availability of the medicine in addition to the cost of treatment and transport.

Singh (1993) opined that the status of the tribal women is characterized by over work, invasion of sexually exploitative market forces, illiteracy, sub-human physical living condition, high malnutrition and near absence of modern health care facilities. The low health and educational status adversely affect the economic status.

Jain and Agrawal's (2005) study shows that the Bhills in Udaipur, Rajasthan, attribute disease to the act of deities and spirits of various kind and by appeasing them, they believe, disease may be healed. They depend on Bhopa (traditional healers), herbalist and Dais for cure of disease. The same study shows that people are, to a great extent, inclined towards modern health care system too, without ignoring the traditional system.

Objective of the Study

The main objective of the study is to assess the utilization of health care facilities of the Yanadi Women during their pregnancy.

MATERIAL AND METHODS

Area of the study

The study was conducted in Nellore District. Sixteen villages were selected for this study and majority of the Yanadi population are living in sixteen villages from Venkatachalam mandal.

Selection of sample population

The population is mostly located in rural and drought prone areas. Majority of the people depend upon cooli, agriculture labour, fishing, hunting and living BPL. The total sample is 400 only and they were selected from sixteen villages based on random sampling procedure.

Data collection

The data was collected by administering the tools to the selected sample population from selected villages. The investigator have visited selected sixteen villages and stayed fifteen days in the same villages to develop good rapport and feasible atmosphere with them. The investigator has developed good rapport with the tribal women girls by explaining the purpose of the study and sought their cooperation in completing the data collection. The data collection was done

based on anthropological techniques such as observation, interviews, focus group discussion and schedule.

Statistical technique used

The data analysis was done by using the appropriate simple statistical techniques such as frequency and percentages.

RESULTS AND DISCUSSION

Distance of Health Facility

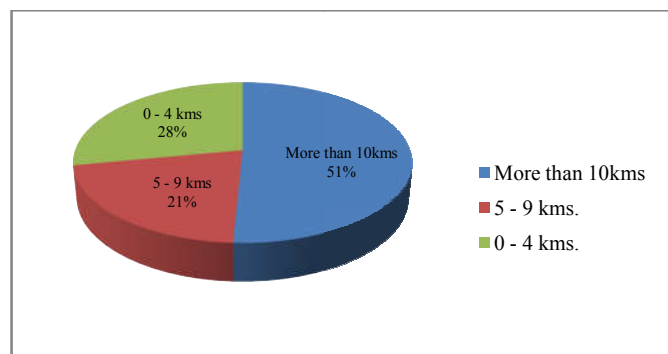


Table 1 Distribution of respondents by their distance to PHC (N=400)

From the above table 1, it is clear that about 50.7 per cent of the Yanadi women girls are travelling more than 10 kms for their treatment, followed by 21.3 per cent of the Yanadi womens during their pregnancy period were travel 5-9 kms for their treatment. And only 28 per cent of the respondents are travelling 0-4 kms. The accessibility or distance to travel is a major barrier for the Yanadi women to go for modern health care.

Distance to Nearest Town

Utilization of nearest town is also an important health parameter. Distance to nearest town is also one of the important health parameters in the matter of maternal health.

Table 2 Distribution of Respondents by their Distance to Nearest Town

S. No	Distance to Nearest Town	Number	Percent
1.	More than 20Km	182	45.5
2.	10 - 19 Km	138	34.5
3.	0 - 9 Km	80	20.0
	Total	400	100.0

From the above table 2, it is observed that the major proportion (45.5 per cent) of the Yanadi families are living within a radius of more than 20 kms from the town, followed by 34.5 per cent of the Yanadis living within a radius in between the 10-19 kms from the town. Remaining 20 per cent are living within a radius of less than 9 kms.

Registration in Primary Health Centers (PHCs)

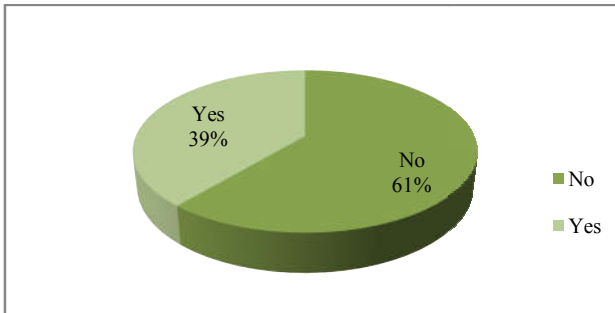
Table 3 Distribution of Respondents by their Registration in Primary Health Centers

S. No	Registration in PHC	Number	Percent
1.	No	226	56.5
2.	Yes	174	43.5
	Total	400	100.0

The above table 3 shows that the respondent's registration in primary health centre. In spite of complications more than half of the Yanadi women girls are (56.5 per cent) does not get registered in PHC, as against 43.5 per cent.

Antenatal Check-ups

Table 4 Distribution of Respondents by their Antenatal Check-ups (N=400)



The above table shows that the distribution of respondents by their antenatal check-up during the last pregnancy. More than three fifths (61.2 per cent) of the womens have not taken any antenatal checkup during pregnancy. The remaining two fifths (38.8 per cent) had ante-natal checkups during pregnancy by the health professionals like doctors, nurses and ANMs. This reflects the poor antenatal care among the Yanadi womens. They perceived that there is no need to go for checkups unless until some problem is there. This ignorance is leading to severe maternal morbidity among them.

Details of Antenatal Check-ups

Table 5 Distribution of Respondents by their Antenatal Check-ups

S. No	Details of Antenatal Check-ups	Number	Percent
1.	Once a month	14	3.5
2.	Once in 3 months	27	6.8
3.	Once in 6 months	39	9.8
4.	Whenever the need arises	75	18.8
5.	No medical check-ups	245	61.3
Total		400	100.0

The above table shows the frequency of ante-natal check-ups of the respondents. 3.5 per cent of the Yanadi womens who had antenatal checkups once in a month during their pregnancy. About 6.8 per cent of the womens had once in 3 months, followed by 9.8 per cent of respondents who had antenatal checkups once in 6 months. 18.8 per cent are went for the checkups only when there is a need, followed by 61.3 per cent of the Yanadi womens are not went for antenatal checkups. This lack of awareness to have proper antenatal checkups during pregnancy will lead to complications. Regular checkups can assist in identifying and reducing the risks and to stay healthy.

ANM visits to the Villages

The Auxiliary Nurse Midwives (ANMs) is the anchor workers at village level. By improving the skills of these health workers at community level, a lot of improvement can be achieved in reducing Infant mortality rate and maternal health.

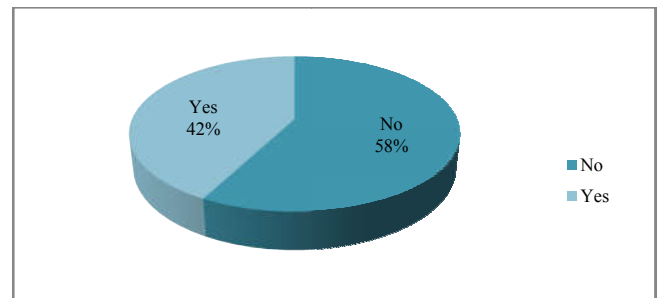
Table 6 Distribution of Respondents and Regular Visits of ANM to their Village

S. No	ANM Visit	Number	Percent
1.	No	32	8.0
2.	Yes	368	92.0
Total		400	100.0

The above table 5 shows that the visits of ANM to the Yanadi villages. An overwhelming proportion (92 per cent) stated that ANM visit their village regularly as against a minor proportion (8 per cent) who said that the ANM does not come to their village regularly.

Tetanus Toxic (TT)

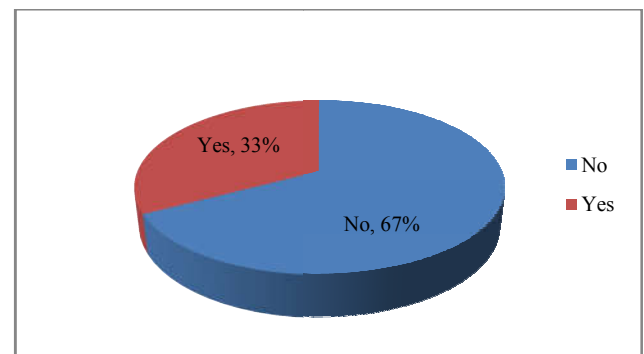
Table 7 Distribution of Respondents by their taking of T.T. injection During Antenatal period (N=400)



In spite of the governmental efforts to improve the maternal health care, still in the present study more than half (57.7 per cent) of the Yanadi women girls is found have not taken TT injection during ante-natal period as against more than two fifths (42.3 per cent), who have taken TT injections.

Iron and Folic Tablets

Table 8 Distribution of Respondents by their intake of Iron and Folic Acid Tablets (N=400)



From the above table 7 it is clear that about more than two thirds of the Yanadi pregnant teenagers (67.3 per cent) have not taken Iron and Folic acid tablets given by the health care provider as against one third (32.7 per cent) who have taken the iron folic acid tablets.

Postnatal Check-ups

Table 9 Distribution of Respondents by their Postnatal Check-ups During last Delivery

S. No	Postnatal Check-ups	Number	Percent
1.	Once a month	21	5.3
2.	Once in 3 months	39	9.8
3.	Once in 6 months	33	8.3
4.	Whenever the need arises	200	50.0
5.	No medical check-up	107	26.8
Total		400	100.0

The above table 8 shows details of the post-natal check-ups. 5.3 per cent of the Yanadi womens receive postnatal care once a month, followed by 9.8 per cent of the womens who are taking postnatal care once in 3 months. About 8.3 per cent of the respondents are receiving postnatal care once in 6 months and major proportion or 50 per cent went for the medical check-ups only when there is a need. 26.8 per cent did not have any medical check-up during the post natal period.

CONCLUSION

In the present study most of the Yanadi settlements are at a long distance from the town because they live near forests, rivers, lakes, seashore or by the side of agricultural communities. The accessibility or distance to travel is a major barrier for the Yanadi women to go for modern health care. More than three fifths of the women girls have not taken any antenatal checkup during pregnancy. This reflects the poor antenatal care among the Yanadi women. They perceived that there is no need to go for checkups unless until some problem is there. This ignorance is leading to severe maternal morbidity among them.

In spite of the ANMs regular visits still many had not registered in PHC and many have not taken TT injections. This may be due to their belief and confidence in their local medicine rather than the English medicine. Even though ANM, Anganwadi workers were providing the Iron Folic Acid tablets to the pregnant women, they were not showing interest in taking the tablets due to lack of awareness. This may also be one of the reasons for prevalence of anaemia in the sample population.

Acknowledgements

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References

- Ray SK, Basu SS, Basu AK, (2011). An assessment of rural health care delivery system in some areas of west Bengal – An overview, *Indian Journal of Public Health*, 55(2): 70 -80.
- Singh, (1993). Tribes and Tribal life: Approaches to development in Tribal context. Vol.3, Sarup & Sons, New Delhi.
- Jain, S. and Agrawal, S, (2005). Perception of Illness and Healthcare among Bhills: A Study of Udaipur District in Rajasthan, *Studies in Tribes and Tribals*, 3(1):15-19, Kamlaraj Enterprises: Delhi.
- Van den Broek NR, White SA, Ntonya C, (2003). Reproductive health in rural Malawi: a population based survey, a *Brazilian Journal of Obstetrics and Gynecology*, 110: 902-8.
- Thaddeus S, Maine D, (1994). Too far to walk: maternal mortality in context, *Social Science and Medicine*, 38(8): 1091-110.
- Manju Rani, Sekhar Bonu, (2008). Steve Harvey, Differentials in the quality of antenatal care in India, *International Journal for Quality in Health Care*, 20(1): 62 -71.

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