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Reproductive Health Status of Ever-Married Kaibarta Mothers: a Scenario from Rural Villages of Assam

Dr. Jyoti Hazarika¹
Sarthak Sengupta²

Abstract:

Most of the Indian women suffer from a variety of reproductive health problems like high prevalence of reproductive tract infections, urinary tract infection and uterine prolapsed, over bleeding and lower abdominal pain during menstruation, irregular menstruation, infertility etc. Reproductive health studies among the women have a great importance because it is a crucial feature of healthy human development and of general health. The health of a family absolutely depends on the mother's health and her ability as she provides the required health care for its members.

The present study aims to evaluate few aspects of reproductive health such as prevalence of RTIs, menstrual disorder and hygienic

¹Assistant professor, Department of Anthropology, North Bank College, Gilamora, Lakhimpur-787053

²Retired Professor and Head of the Department of Anthropology, Dibrugarh University, Dibrugarh, Assam-786004

practices, treatment seeking behaviour , adoption of family planning measure etc, among the ever-married Kaibarta mothers inhabiting in three villages from rural setup. Relevant data has been collected from 337 ever married Kaibarta mothers of Lakhimpur and Dhemaji District, Assam.

Kaibartas are populous indigenous scheduled caste communities of Assam. The exact meaning of the word Kaibarta is not clearly known but the term is generally used to indicate the people whose main profession is fishing. They are the staunch followers of neo-Vaishnavism propounded by Sri Sankardev.

The study reveals that the Kaibarta women under study are not much attentive about their reproductive health. Prevalence of RTIs and ailments associated with menstruation are very high among them while Knowledge about health and hygienic practices is minimum .They believe many reproductive health problems and their symptoms as normal and do not seek treatment until discomfort is agonizing. A good number of Kaibarta mothers has been severely suffering from various symptoms of RTIs for a long time due to lack of awareness and proper health care facilities. Precise health education concerning gynaecological and reproductive morbidity is utmost important for them to reduced the stigma and embarrassment of reproductive health problems. Health seeking behaviour should be enhanced and made more accessible so that women feel at ease in seeking treatment.

Key Words : Kaibarta, Assam, Reproductive Health, Reproductive Tract Infections(RTIs), Menstruration, Family Planning,

Introduction:

Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of healthy human development and one of the fundamental human rights which encompass all those bio-social factors that affect the normal functioning of both male and female reproductive system. World Health

Organisation defines "reproductive health" as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore, implies that people are able to have a satisfying and safe sex life, and ability to reproduce and freedom to decide it , when and how to do so.

Reproductive health of a mother is the key determinant of the health and well-being of a child because health of a newborn baby and a family itself greatly depends on the ability of a mother. Reproductive health of women is affected by multiple factors such as socio-economic circumstances, education, employment, living conditions and family environment, social and gender relationships, traditional and legal structure within which they live. Repeated child bearing, short birth intervals and pregnancy at an early age cause high risk to the health of women. According to WHO there are 500,000 pregnancy related death in every year in developing countries (WHO, 1985). About one third of the total disease burden among women aged 15 to 44 years in the developing countries is linked to reproductive health problems like pregnancy, childbirth, abortion, HIV, and reproductive tract infection (World Bank, 1993). Heavy disease burden among women of developing countries has been observed by a number of studies too (Bang et al., 1989, Wasserheit et al., 1989, Zurayk et al., 1995).

It has been observed that gynaecological morbidity is becoming a major health burden among the world population. There is a strong believe that many women in India suffer gynaecological condition (that is reproductive tract infections, menstrual irregularities, abdominal pain during menstruations) in silence. A "culture of silence" shrouds gynaecologic morbidity throughout India and elsewhere (Dixon-Mueller and Wasserheit 1991) .It may be due to lack of awareness or a reluctance to address those problems with others. This reluctance aggravated the persistence of gynaecological morbidity and its squeals.

Thus it became necessary to undertake scientific study among them to demonstrate about their health status. On the other hand studies on reproductive health of women are very scrappy in North East India and relatively less attention is paid to the problems of maternal health (Krishnakumari and Arun, 2012).

The paper aims to explore few aspects of reproductive health such as prevalence of RTIs, menstrual disorder and hygienic practices, treatment seeking behaviour regarding gynaecological morbidities and adoption of family planning measure among the ever-married Kaibarta mothers inhabiting in three villages of rural setup.

Material and Methods:

The present cross-sectional study is based on the data gathered from the three villages (namely Deodubi Gaon, Sonapur No 2 Gaon and Sutimukh Gaon) that are basically located in rural setup of Lakhimpur and Dhemaji district of Assam. All the villages chiefly inhabited by the Kaibartas population, an indigenous scheduled caste communities of Assam. The exact meaning of the word Kaibarta is not clearly known but the term is generally used to indicate the people whose main profession is fishing, however at present they are widely engaging in various other profession too. They are the staunch followers of neo-Vaishnavism propounded by Sri Sankardev.

A total 337 ever-married Kaibarta mothers ranging in age 15-59 years has been considered for this study. Relevant data were collected only from those women who have at least one child by using an especially designed reproductive health schedule. In-depth interview method along with retrospective method has been applied for collecting data.

Results and discussion:

Female educations have a great influence on the maternal and child health as it enhances the knowledge and skills of the mother concerning age at marriage, conception, nutrition, prevention and

treatment of diseases (Mosley and Chen, 1984). In the village under study we have noticed that literacy rate of mothers are not satisfactory. Only 3.56 percent mothers found in the educational level graduate and above, while maximum frequency of mothers have education up to high school (31.45%). Apart from it, those mothers who have been categorized as illiterate is also much remarkable i.e., 23.44 percent. Majority of Kaibarta mothers are currently living nuclear family (53.12%).

The study reveals various types of menstrual problems among the Kaibarta mothers. Considerably higher proportion of mother (40.66%) have reported about numerous health problems such as severe back pain, headache, weak feeling etc., during menstruations. In our study 29.37 percent mothers found to have severe lower abdominal pain while 35.01 percent mothers are suffering from have heavy menstrual bleeding. Irregular menstrual cycles, both in duration and interval, also emerged as a common problem among the studied women. 23.74 percent Kaibarta mothers have reported about the irregular menstruations but they hesitated to go for treatment.

Proper knowledge of hygienic practices during menstruations is utmost necessary for healthy reproductive health. The prevention and control of RTIs is mainly depends on the maintenance of perineal hygienic practices (Garg et al., 2000). In this study an attempt was also made to know about the hygienic practice whether they use proper sanitary napkins during menstruations or not as the occurrence of RTIs among women with unhygienic practices is seventy percent more common (Ramaswamy, 2015). This study demonstrated that the frequency of mothers who used old piece of cloths is significantly high (48.66%). In this regard present study depicts conformity with a number of previous research work where reported maximum use of old linen/ cloths as a napkin during menstruation (Chapparbandi and Nigudgi, 2016; Deka et al., 2015; Ahmed et al., 2015). Only 9.79 percent

mothers are found to be aware about the contemporary disposable sanitary napkins and prefer to use it. In addition, considerably higher frequency (24.63%) of Kaibarta mothers have not use any kind of napkins except wearing more than one inner garment during menstruations. All these behaviour actually reflects poor hygienic practices and lack of awareness among the study population. Concerning this aspect, impact of education is remarkable as Kaibarta mothers using old cloth/linen as a napkin is found to be higher among up to primary and up to high school level educated mother's categories (59.09% and 50.94% respectively) followed by illiterate mothers (49.37%). Scenario regarding the use of contemporary disposable sanitary napkin is far away from satisfaction where highest percentage recorded among graduate level educated mothers (41.67%) and pretty less among illiterate mothers (2.54%). On the other hand maximum proportion of illiterate mothers (45.57%) has reported that they do not used any kind of sanitary napkins during menstruations, they only wear more than one inner garments if needed.

Incidences of Reproductive Tract Infections (RTIs) are one of the important factors associated with poor reproductive health of women particularly inhabiting in rural setup. Several symptoms like white discharge, vaginal itching, and inflammation of vagina during discharge, burning sensation during urination etc. quite common among the ever-married Kaibarta mothers. overall prevalence of RTIs has been recorded as 62.42 percent which is significantly higher as compared to the incidence of RTIs documented by number of earlier studies too (Balamurugan and Bendigeri, 2012; Sreelatha et al., 2017; Rathore et al., 2003). On the other hand among the prevailing symptoms of RTIs, the incidence of white discharge is drastically very high (77.78 %) as compared other symptoms. High prevalence of White discharge has been also found in various other studies too that reveals conformity with present findings (Kumari et al., 2000; Kulkarni and Durge, 2005;

Kaur and Kapoor, 2014). In present study, the women who have been suffering from white discharge are categorized according to their periods of suffering, and it is found that 22.22 percent mothers have been suffering from last one year. The total frequency of women who has been suffering from two to five years is 50.73 percent and the frequency of women suffering from six years and above is 27.05 percent.

Health seeking behaviour regarding RTIs and menstrual disorders reveals that ever-married Kaibarta mothers are primarily dependent on traditional health care system. Highest section (44.22%) of mothers totally depends on locally available traditional medicine. Apart from it 24.03 percent mothers has reported about the use of both traditional and modern medicine. In this regard it is worthy to mention that they initially use traditional medicine to treat their problem and if it fails to cure the problem then they went to government hospital for modern health care facilities. However, amusingly 13.94 percent Kaibarta mothers found to ignore their reproductive health issues both relating to RTIs and menstrual disorders without taking any treatment. They tend to consider many symptoms as normal and do not seek treatment in initial stage and as a result they remain infected for a prolong periods of time. Educational status of mothers, economics background of families, and types of family where they lives also somehow impacts their treatment seeking behaviour. Some Kaibarta mother under study has reported that as a house wife they have to do the entire housework and not get any time to go for treatment. Furthermore, it is true that health care services especially the government hospitals are far away from the villages, but it is also true that a good number of village mothers often do not use the available services.

Measure of family planning is one of the crucial determinants of ensuring sound reproductive health. According to the World Health Organization Expert committee (1971), family planning refers to

practices that help individuals or couples to avoid unwanted births, to regulate the intervals between pregnancies and to determine the number of children in the family. In the present study an attempt was also made to understand about the family planning measure among the ever-married Kaibarta mothers. It is found that the number of women using family planning measure is comparatively higher (56.97%) than those who are not using any mode of family planning measures (43.03%). In this regard it should be mentioned here that permanent sterilization is the dominant way of family planning (59.59%) followed by the use of oral contraceptives (30.21%) such as Mala-D, Sukhi etc., Majority of Kaibarta mother used this particular mode as it is done in free of cost in the government hospital. Similar types of findings also observed among the Bodo Kachari mothers of Assam (Sarmah; 2014). Chandraker et al., (2009) and Pathak et al., (1998) also documented higher incidence of female sterilization among Indian women.

An investigation regarding immunisation during pregnancy has been also carried out among the rural Kaibarta mothers to know about their awareness. In his regard present study reveals that out of 992 live births about 391 (39.41%) births occur without immunization. Among them the incidence of home deliveries with untrained *dhai* are quite high (71.07%). It has been observed that frequency of birth with immunization is significantly high among the mothers having graduate level educated mothers followed by higher secondary level educated mothers. However, the overall picture about the utilization of antenatal and postnatal care is found to be relatively satisfactory as compared to other aspects of reproductive health. Absolutely same proportion of mothers (75.67%) has reported about the utilization of both antenatal and postnatal care. Although highest frequency of Kaibarta mothers have reported about the utilization of antenatal and post natal care, it is observed that they are not much conscious about their food habits

and nutrition even during the time of pregnancy also. Majority of mothers do not take any preferred diet during pregnancy. They only take usual food as the other family member used to intake. In our observation we have found that 68.25 percent mothers only take usual food without any especial care during pregnancy. The frequency of mothers who prefer to take some kind of especial food such as green vegetables, fruits, milk, etc., to improve the health condition is pretty less (31.75%) as compared to those who has not taken.

Conclusion:

The study indicates that reproductive health conditions of ever-married Kaibarta mothers under study are not satisfactory. Prevalence of gynaecological morbidity both RTIs and menstrual disorders are significantly high among them. Maximum Kaibarta mothers rely on traditional health care system primarily to cure their problem despite of having advanced medical systems. They used to ignore problems particularly associated with reproductive health in most of the time until and unless it disturbs their household activities. Thus, their health may be devastated due to ignorance and lack of proper health care utilization. Accurate health education is absolutely essential for the Kaibarta mothers under study so that they became aware about their personal hygiene. Proper health education can only reduce the prevailing stigma and embarrassments about gynaecological morbidity. Health services should be improved so that they feel comfortable for seeking treatment.

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Table 1 : Socio-demographic and reproductive characteristics of ever-married Kaibarta Mothers

Socio-demographic and reproductive characteristics	No	%
Educational Level		
Illiterate	79	23.44
Upto Primary School	66	19.58
Upto High School	106	31.45
Higher Secondary	74	21.96
Graduate and above	12	3.56
Types of family		
Joint	158	46.88
Nuclear	179	53.12
Reproductive health problems		
Irregular Menstruation	80	23.74
Lower abdominal Pain during Menstruations	236	29.37
Back pain/ Headache/ weak feeling during menstruations	137	40.66
Heavy menstrual flow	118	35.01
Prolong menstrual flow more than 6 days	136	40.36
Types of napkins used during menstruations		
Contemporary Disposable Napkins	33	9.79
Old Linen/Piece of Cloths	164	48.66

Old Linen/Piece of Cloths	164	48.66
Both Contemporary Disposable Napkins/ Old Linen	57	16.92
Without any Kind of Napkins	83	24.63
Prevalence of Reproductive Tract Infections(RTIs)	207	62.42
Incidence of White Discharge(Wetting/ staining of underclothes with or without unpleasant smell)	161	77.78
Health seeking behaviour regarding RTIs and menstrual disorders		
Ignored the Problems	47	13.94
Treated with Traditional Medicines	149	44.22
Sought Medical Care	60	17.81