

**REPRODUCTIVE HEALTH ISSUES WITH SPECIAL REFERENCE
TO SEXUALLY TRANSMITTED INFECTION AMONG
TRIBAL WOMEN OF NILGIRIS DISTRICT**

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Chapter VIII

CHAPTER VIII

SUMMARY OF FINDINGS, SUGGESTIONS AND CONCLUSION

8.1 INTRODUCTION

Indian culture is tremendous and intricate as it is the place where there is numerous religions, networks and societies. Because of its enhanced nature, Indian culture is viewed as exceptional in more than one sense. The immense scene, more significant than the general populace, an assortment of ranks and networks, religions and societies are not found somewhere else on the planet. The imperativeness of Indian culture is similarly stunning. It has endured the trial of times. This has been conceivable given a feeling of Indianans and solidarity in decent variety. The topographical solidarity of India is barely noticeable in the massiveness and assortment, which just adds to her riches and quality and monetary independence.

The tribal population in India is accepted to be the oldest population of the land. These communities have lived for centuries in the forest and hilly regions. Nowt, they are found in a broad central belt beginning with the Aravalli Hills in the West and extending through the Dangs, Madhya Pradesh, Bihar, Orissa and Bengal to Assam.

There are tribes in the North in the lower ranges of the Himalayas, and also in the South in the Western and Eastern Ghats, and the Vindhya and Satpura mountains. There is a small, but the significant tribal population in the Andaman, Nicobar, Maldives and other islands off the mainland. Since the first census in India 1872 found difficult to reach a correct estimate of their population and has been the problem of their definition and classification. In the various Census Reports and studies of the Castes and Tribes,

they have been called by many names, such as ‘aboriginal tribes’, ‘primitive tribes’, ‘tribal populations’, ‘animists’, ‘Hindu tribals’. In the Indian Constitution, this population is termed as the Scheduled Tribes. The Schedule of Tribes was issued by the President of the Republic in March 1950, in order to determine the tribal groups who were privileged to enjoy the exclusive rights and benefits conferred by the Constitution on the Scheduled Tribes.

STD is epidemics of tremendous health consequences spread all over the world. There are four serious health consequences of sexually transmitted diseases. These are (i) blockage of the fallopian tubes which can lead to infertility and ectopic pregnancy, (ii) pregnancy loss and increased newborn deaths caused by the transmission of the infection to the infant during pregnancy and childbirth, (iii) genital cancers for males and females, and (iv) enhanced transmission of HIV/AIDS. Also, the psychological impact of having an STD can be severe. Some persons become depressed or anxious. They fear recurrent outbreaks, transmission to sex partners, and encounter difficulties in developing new relationships.

8.2 OBJECTIVES

1. To understand the socio-economic characteristics of the tribal women.
2. To assess the level of awareness of sexually transmitted infection among tribal women.
3. To find out the level of awareness of contraceptives among tribal women.
4. To study out the tribal women’s about coping behaviour of the problem of STI in future.
5. To analyse the usage of medicinal plants among tribal women in Nilgiris district with reflecting STI and contraception.

8.3 SAMPLE DESIGN

The Nilgiris district consists of six tribes; the total population of tribal women is 16,722 (as per census report 2011). The reproductive age group of tribal women population is 9401 out of which 375 tribal women were selected using a simple random sampling method.

8.4 SUMMARY OF FINDINGS

The results of the study are summarised as follows

8.4.1. Socio-economic Background of Tribal Women

Age

Most (44.4%) of the tribal women ‘age’ group between ‘**37-45**’.

Marital Status

Highly most (88%) if the tribal women are ‘**married**’.

Education Qualification

Most of (55.5%) of the tribal women up to educated in ‘**10th Standard**’.

Occupation

Most (63.5%) of the tribal women are ‘**farmers**’.

Income

Highly (69.3%) of the tribal women ‘income’ between ‘**1000-5000**’ per month.

Family Type

Mostly (71.7%) of the tribal women are having a ‘**nuclear family system**’.

Family Member

More than (55.2%) of the tribal women have '**4-6 family members**'.

Head of the Family

Highly (77.9%) of the tribal women 'family head' is '**husband**'.

Age At the Marriage

Most (58.1%) of the tribal women are getting married at the age of '**16-20 years**'.

Age of Mother at First Childbirth

More than (39.2%) of the tribal women have given birth in the first child at the age of '**16-20**'.

8.4.2 Level of Awareness

The analysis reveals that 56.6 per cent of the tribal women have low-level awareness of STI, and 27.7 per cent of tribal women have an awareness of STI. 15.7 per cent of the tribal women are having the medium level awareness of STI.

The mean score for the 375 Tribal women is 92.69, and the standard deviation is 12.362. It confirms that a wide variation exists in the levels of awareness among tribal women.

8.4.3 Dimensions of STI Awareness

1. Knowledge and Belief of STI
2. Attitude towards STI Transmission and Its Effects
3. Belief about of STI Patients Materials and
4. Knowledge about Usage of Sterilised Materials

The scores given by the Tribal women to the components of each dimension reveal the following.

1. Knowledge and Belief about STI

The tribal women in the dimension have scored more than 60 per cent of the eighteen variables. Among that statements that ‘there is a risk of getting STIs by receiving a blood transfusion with untested blood’ has got the highest score 1359 (72.48%) followed by ‘a person who has STI should have cared with compassion in the hospital’ 1343 (72%) ‘a disease that spreads through sexual contact’ 1343 (71.62%). ‘STIs are screened through a blood test, and urine test’ received a score of 1342 (71.57%). The lowest score 1074 (57.28%) for the statement ‘when the medical personnel treats STI infected person, they will get STIs’. Show that the tribal women have a reasonable negative opinion about ‘medical personnel treats STI infected persons they will get STI’.

2. Attitude toward STI Transmission and its Effects

The tribal women as the five variables in the dimension have scored more than 55 per cent. Among the statement ‘all STIs are killer diseases’ has got the highest score 1186 (63.25%), followed by ‘all STIs do not reduce the immunity of the body’ 1114 (59.41%), ‘Using sterilised instrument even for minor operation prevent STIs’ 1106 (58.98%), ‘Even without any minor symptom one can be a carrier of STIs’ 1104 (58.88%) and ‘Isolation of STI infected persons can stop spreading the diseases’ 1096 (58.45%).

3. Belief about STI Patents Material

The tribal women as the two variables in the dimension have scored more than 55 per cent. Among the statement ‘drinking from the glass or cup used by a person with

STI will not transmit infection got a score of 1067 (59.90%) and ‘using the same toilet seats which were used by STI infected persons will not transmit infection’ received a score of 1056 (56.32%).

4. Knowledge about the Usage of Sterilised Materials

The tribal women as the three variables in the dimension have scored more than 55 per cent. A score of 1259 (64.14%) for the statement ‘it is wrong for adolescents to indulge in sex before becoming an adult’ is found to be high. The score of 1244 (66.34%) for ‘the use of the same blade to more than one person in saloons will spread STI’ and the score of 1067 (56.90%) ‘use of a new disposable needle during tattooing, ear and nose piercing prevent STIs’ is also high.

8.4.4 Personal Factors and Awareness about STI -Testing of Hypotheses

The one-way ANOVA and T-test conducted to find out the relationship between personal factors, and awareness score reveals the following.

1. There is a significant difference in the marital status of tribal women and awareness of STI F (666.258) = 4.440, p<.012).
2. There is a significant difference in the education of tribal women and awareness of STI F(2534.736)=19.949, p<.000).
3. There is a significant difference in occupation of tribal women and awareness of STI F (896.060) = 6.189, p<.000).
4. There is a significant difference in the income of tribal women and awareness of STI F (1965.874) = 14.758, p<.000).

5. There is a significant difference in family type of tribal women, and awareness of STI F (2691.109) =18.432, p<.000).
6. There is a significant difference of family member of tribal women, and awareness of STI F (550.307) =3.652, p<.027).

8.4.5 Level of Awareness about Contraceptives

The analysis reveals that 131 (35%) of tribal women are in the high awareness group, 11 (2.9%) in medium and 233 (62.1%) in low awareness category sixty-five per cent of the tribal women taken for the study shows a low and medium level of awareness in the sample which reveals that the awareness of the tribal women is significant.

The mean score for the 375 sample tribal women is 24.6347, and the SD is 5.26845. It confirms that a wide variation exists in the levels of awareness among tribal women.

The tribal women have scored more than 60 per cent on the seven variables in the components. The score 1325 (71%) ‘condoms prevent pregnancy, and STIs’ has high scored and followed by ‘copper T or loop is a female contraceptive method’ received score 1326 (71%). This highlights the need to inculcate the awareness among tribal women which is essential for the prevention of STI.

8.4.6 Personal Factors and Awareness of Contraceptives –Test of Hypotheses

1. There is a significant difference in the marital status of tribal women and awareness of contraceptives F (72.378) = 2.642, p> .049).
2. There is a significant difference in the education of tribal women and awareness of contraceptives F (450.056) = 20.425, p<.000).

3. There is a significant difference occupation of tribal women and awareness of contraceptives $F(181.526) = 6.957$, $p < .000$).
4. There is a significant difference income of tribal women and awareness of contraceptives $F(312.964) = 12.684$, $p < .000$).
5. There is a significant difference in family type of tribal women and awareness of contraceptives $F(535.173) = 20.275$, $p < .000$).
6. There is a significant difference of head of the family of tribal women and awareness contraceptives $F(112.233) = 4.181$, $p < .003$).

8.4.7 Sources of Information about STI

The sources of information about STI are parents, relatives, sisters, friends, television/radio, family doctor, newspaper/books/magazines, and Internet.

The scores obtained by the Tribal women to the various sources shows that ‘television/Radio’ is the primary source of information regarding STI as these components get the maximum score of 1133 (60%). It is to be noted that ‘Newspaper/books/ magazines’ have the least score of 475 (25%) in the list of sources of information. Tribal women do not use ‘newspapers, books, and magazines’ as a source to never get information with regard. The score of 990 (55%) shows that tribal women to STIs as this component stands second in order. The next source of information is ‘Relatives’ with a score of 2824 (57%).

8.4.8 Coping with STI Services

This study reveals that scores given by the tribal women to the diverse options reveal ‘meeting any health professional for advice’ of the Tribal women as this component has the highest score of 1338 (71.32%). ‘consult the primary health care centre about STI services’ as this component has got a score of 1321 (70.45%). ‘visiting hospitals’, ‘going to STI clinics only’ and ‘discuss with confidante about STI services’ as these components have the score of 1323 (70.14%), 1286 (65.5%), 1214 (65%) respectively. The tribal women who would get the suggestion of ‘friends’ about STI service are low as the score of 1005 (53.6%) for the component is the least, there is an urgent need to awareness programme about STI and its effects.

8.5 MEDICINAL PLANT KNOWLEDGE

Define the Medicinal Plants

World Health Organisation (**WHO, 2008**) defines medicinal plants as plants that contain properties or compounds that can be used for therapeutic purposes or those that synthesise metabolites to produce useful drugs.

The following components are included in the interview schedule to study the opinion of the Tribal women regarding Medicinal Plant Knowledge

- A high majority (77.9%) of tribal women in Nilgiris believe in medicinal plants cultural practices.
- Majority of (58.1%) of the tribal women believe that the knowledge does not teach the coming generation.

- A high majority (78.4%) of the tribal women believe that taking a medicinal plant as their cultural practice does not have any side effects.
- A high majority (76.5%) of the tribal women believe that the diseases are entirely cured while taking medicinal plant in cultural practice.
- More than the majority (51.4%) of tribal women do not believe that the current society does not use medicinal plant cultural practice.
- A high majority (77.9%) of the tribal women believe that the medicinal plant is better than other medicines.
- A high majority (75.2%) of the tribal women are eager to learn about the present or current young cultural society,
- More than the majority (66.1%) of the tribal women can get a medicinal plant in the nearby area.
- More than the majority (61.6%) of the tribal women believe that the medicinal plants are governed in their society.
- More than the majority (60%) of the tribal women believe that STI can be cured through medicinal plant cultural practice.
- More than the majority (63.5%) of the tribal women believe that medicinal plant is useful for all the diseases.
- As high as (65.6%) of the tribal women say that the outside people or outer people come to get the medicinal plant.

- About (74.4%) of the tribal women believe that due to the present society with lots of new technologies to cure various diseases, the usage of these medicinal plants cultural practice is abolishing.

8.6 SUGGESTIONS

It is observed that wide variation exists in the levels of awareness among tribal women taken for the study. Majority of them have a low level of awareness about STI. Hence the following suggestions are made.

Government

The government is launching a health and awareness program, but sometimes the program is out of reach of the people. The government should look at whether this program is reaching people.

Non-Government Organization

Therefore, many NGOs work for tribal education, health camps, empowerment of women and economic activities for youth and women. However, in particular, additional STI, AIDS, HIV, and awareness about the use of antidepressants may be provided.

Tribal

Every tribal village should provide prospective tribal people with the traditional knowledge of traditional medicine at the primary health centre.

Tribal Women

Educated tribal women should follow our social development and educate the awareness of health aspects to tribes.

Academies

The academies should create the awareness of health aspects to tribes and creating a useful development policy to tribes.

8.7 CONCLUSION

This study is about curable STI, the immediate problem affecting both men and women. The lack of awareness about STI among tribal women in six primitive tribes in Nilgiris district. The seriousness of infection is likely to affect the health of a future generation. An earnest attempt is made in this piece of research work to highlight the awareness level about STI and contraceptives among tribal women. The study also reveals the sources of information about STI, the perception of tribal women to cope with STI in case if they get affected in future and also the possible. The suggestions made based on a finding of the study would help the policymakers to take appropriate policy decisions and implement them. The researcher would feel amply rewarded if the policymakers conduct the suggestion made in the research work.

8.8 FUTURE RESEARCH

1. Comparative study on awareness level of STI in tribal and Non-Tribal areas sheds new outcomes.
2. Classifying and documenting of medicinal plants would bring new insights.