

5 CHAPTER V: CONCLUSION

In modern world we are celebrating many success in the field of women's health. We achieved it with centuries of strenuous work. Women tried to integrate their knowledge on their health for their own understanding. They learned about their own body through sources close to them as well as sources they are not allowed to even consider accessing. They gained substantial knowledge with help of peer group education and techniques, study groups; conscious rising groups to learn concerning own bodies, rise self-esteem and women knew they deserve more than they are getting from society. With newfound power they influenced various sectors including medical sector they learned to validate and institutionalized their thoughts and achievements and claims with the help of websites, publications, oration, laws and transformed facilities, unfortunately there are also failures. The major concern is not able to reach each and every corner of this world. India is striving to achieve phenomenal success. But there are unreachable parts and places that stayed untouched by all those achievements.

This study focuses on tribal women of Ranjitguda village of Laxmipur block in Koraput district of Odisha. All people belonging to this village are Parajatribes and speak paraja and desia language. Fifty women are selected as samples to collect the data on women health. This study tried to cover women's view on their own health, children's health, and role of AWC, NHM. Service provided by government, professional health workers like ANM, AWW, and ASHA Karmi.

In first chapter women's status in society since ancient time has been discussed. Role of male members and how their decision-making process always affected women is a focusing point. Division set by even intellectual people and how many nameless and faceless people strive to establish equality in gender is another important aspect mentioned here. Health is a vital component of human happiness and since women is nurturer of family, protecting their health is even more important. In India status of women is always surrounded in ambiguity. People always pray goddesses for many personal gains but in family they do not treat women as equals in decision-making process. Views and opinions been discussed by many scholars regarding good health of women. Many problems faced by women in all stages of their life are also discussed. Despite all difficulties women evolved in all aspects of their life in all these centuries been discussed.

Health condition among rural women need more attention because of inaccessibility to health related facilities and infrastructures. Primary objective was to understand their grasp of

their own health and impact of modern medicine and traditional medicine combined with blind belief and magic is a motivating factor for this study. Role and influence of government and NGOs on their day-to-day life is another reason of this research work.

The social, economic condition of paraja tribe belonging to Ranjitguda village is very important to understand in order to know their physical condition. The geographical location, transportation facility, postal service, telecom and electrification influence villager's decision of health seeking behavior.

In this study straight results have found in many aspects where as few findings are contradictory. Among 551 female populations is more than male population because females are 347 in number but male are 204 in number. While coming to child sex ratio 19 boys and 14 girls have found within 0 to 6-age category. Negligence in child reproductive health might be the reason for less numbers of girls. Female literacy rate 32.49% is more in comparison to male literacy rate 19.24% but all 50 respondents fell under the category of illiterate, which is 48.28%. it was a very difficult task to convince them to speak about their health.

With different types of data collection methods information's were collected. Women are not very much aware of marriageable age set by government because 92% of them believe 15 to 18 is minimum age to get married. They do not think that physical and emotional maturity are very much important for a healthy married life and it may lead them to severe complications. This is the reason that they believe more in traditional method of confirming pregnancy rather than experimented and proved medical methods.

As already proved in table 4:4, 72% of women said maximum 4 to 5 children should be given birth. Considering their economic condition definitely their answer was not based on practicality but to confirm the number of children. But at the same time they do not go for their first antenatal check up until 4 to 5 months, which might cause more difficulty in case of pregnancy complications. It might be the reason of death of 4% women in delivery case. Any difficulties during early pregnancy can be rectified but identifying problems in half way of pregnancy may cause to serious harm to mother or child or to both. It is also very important to take quality food in pregnancy and in this case women concentrate in quantity rather than quality. 64% of women have no knowledge about safe delivery and five type of cleanliness necessary during delivery. But they receive help from ASHA, ANM and AWW workers and try to ensure a safe delivery. But only 12% of them prefer hospital treatment, delivery and counseling on pregnancy. Colostrum is considered as natural medicine to help the newborn to cope with outside world. Maximum respondents do not have knowledge about colostrum.

2.5 kg to 3.5kg considered as healthy weight of newborn but 24% of respondents do not know newborn should weight how much. Most terrifying fact is women do not have any idea in which month children should take which immunization. It proves their disinterest and lack of knowledge of their child's good health. They never follow a particular pattern of breastfeeding like stopping in 6 month or 1 year. Some of them breast feed their children up to 3 or 4 years but the good thing are they are taking breast-feeding positively. They stop giving breast milk in case of children having diarrhea. They supplement their child by giving ORS but substantial food is necessary for child survival from illness.

In absence of mother usually mother-in-law take care of the child. During illness 40% of mother stopped breast-feeding instead give other supplements but not necessarily healthy for child and they go to hospital for their child's check up. Still 6% of them first go for traditional healer that is disappointing. Still 36% of children suffered from diarrhea and in this case they go for homemade treatment.

Women do not have much knowledge about their children's health and in this study most of the time their answer gave the impression as if children's health is taken for granted. They do not measure their child regularly, which is an important aspect of child's health but unfortunately this is not considered as necessity. Among them 88% of women have no knowledge in which grade are their children. As it seem more than half respondents are not following much needed cleanliness for their children. Again only spending quality time instead on quantity time is much more fruitful. They are in favor of their children going to AWC and also 86% of them visit AWC themselves to collect dry food and health check up which are freely available. And somehow most of them believe that their child is learning age appropriate education. Though they attend meeting in AWC 82% of them are not aware of government schemes. They are aware of diseases like ARI, RTI and STD.

When questions asked to male members whether they take any initiative for health checkup 56% of them accented and 66% of them said that they are the decision maker of the family. It seems that only 12% of women are taking their own health care decision.

An Anganwadi center is located at Ranjitguda village and an Anganwadi worker is working in he center. She takes care of pregnant women and children as well as elders. She travels across different villages and identifies the pregnant mothers, and monitors their health progress. Besides keeping track of mother's health, she assists during childbirth. After the

delivery, her responsibility increases as she monitors the health of the newborn baby and her/his mother, follows the schedule of vaccination and ensures nutritious diet for the newborn and also takes care of the primary education of the child.

Multipurpose health worker (MPHW) and Auxiliary Nurse Midwife (ANM) are playing a vital role in providing child and maternal health care in the villages. Normally, one MPHW and an ANM are attached to the Anganwadicenter, who visits the villages on last Thursday of every month. They take care of the whole immunization process of children. They also take care of the pregnant women and supply them medicines regularly. They also check the weight of the mother and newborn babies and monitor their health. It is observed that the weight of the pregnant mother varies between 50-60 kg while the weights of the newborn babies are around 3kg. One case of jaundice in a newborn baby was detected during our field survey. The parents preferred to treat the baby indigenously while some other parents, when asked, replied that they take their babies to the district hospital in case of any disease. In case of a baby affected by jaundice, parents and elders avoid the presence of any yellow color object around the baby.

MPHW and ANM said during first few months of pregnancy, most of the pregnant women regularly vomit and take very little food. In their breakfast they take rice, boiled pulses and a glass of gruel (mandiapej); during lunch they also takes rice, boiled pulses and vegetables like beans, carrot, radish, and fried leaves, vegetables etc. in evening they do not take anything. During dinner again they eat rice and curry. At times, some women take ripe papaya and banana and boiled eggs. Mixed flour (chatua), made up of corn, wheat, groundnuts and sugar etc., is supplied to the pregnant women by the respective anganwadi centers.

Professional health workers informed that tribal women agree that mother's first milk is the best medicine for her baby, which is called colostrum (kosokhiro). It is observed that, till six months infant only takes mother's milk. But if they face any health problem or in case of shortage of mother's milk, they go for substitutes like cow's/goat's milk. Now a day, they have learnt to provide some nutritional food like boiled rice, boiled pulses, mixed vegetable curry and pulses.

After getting pregnant most of the women consult the Anganwadi worker, elderly ladies, midwives, and relatives. Almost all of the pregnant ladies take prescribed medicine and regularly visit the Anganwadi center. The complicated cases, identified by Anganwadi worker/ANM, are advised to consult the doctor at Community Health Center (CHC).

Traditional practice can be quite painful and some time it cause the death of mother or child or both of them. Midwife tie the hand of pregnant women with the rope hanging from the roof and put pressure on the abdomen for delivering the child. But now most of the women prefer modern techniques to traditional methods.

It is observed that, despite their desire to have nutritious food like milk, egg etc., they could hardly afford them due to their weak economic condition. There are a few cows and buffalos in the village, but they do not use their milk as baby food or as the food for the mother. Because they believe that the milk is only for the calf, and it as a sin to extract milk for their use. However government provided them mamata card to take incentives and monetary help for all the registered pregnant women.

For contraception both men and women seek the help of traditional healer rather then going to modern health workers.

It has been found out that the variation in the rate of child death are about more than 4 and the reasons are premature birth, low birth weight, they use cold water and turmeric to bath their newborns and they use hot iron, which is alarming. Gender discrimination is a motivating factor for lack of care from parent's side.

Professional health workers are giving training to midwives (traditional healer/dhai) regarding delivery of child and taking care of both mother and newborn. This helps tribal women to connect with modern techniques in more familiar way and it helps them to adopt the newness.

There are also few NGOs that are working in this field. They select the traditional healers from naxliteareas to train them in delivery, various health care facilities and then send them back to their respective villages.

5.1 Limitation and Difficulties

In Ranjitguda village people do not like to build up relation with out siders. When fieldwork get started in that area people were very distrustful. They get confused on why any out sider have so much interest in their health life. Therefore they tried to avoid any one who does not belong with them. Women were shy and they keep their work to them selves. Inside the village they treat you with indifference and unwanted person. It is observed that

when someone tries to talk to them by introducing him or herself they stare at the person, which is at some time, can be very uncomfortable.

When introduced as students or researchers they do not believe their motive. Anyone can see accusation in his or her eyes and few people even believe that the outsiders might have some ulterior motives. Even if they talk to us with much insistence they used to ask repeatedly if there would be any funding opportunities, if government has decided to give some money or if the work is some kind of survey undertaken by government.

Talking to women was much strenuous work because of the nature of this study. They were distrustful because they gave their view on many intimate subjects. Giving information on own health, children's health and their day-to-day life was much difficult task. Convincing them that giving all of that information about themselves is not going to harm was the most difficult work.

Getting their time for interview was problematic since most of the day they used to work in fields. But again for our own selfish reason we are disturbing them. After few attempts they were willing to talk on few issues. With each passing time they get acquainted with the research work.

So it has been observed that women's health seeking behavior is not exactly depends on the accessibility of government plans and programs but depends on their socioeconomic conditions. This is the main reason that they could not follow proper dietary plans. Sometimes family do not provide for her and sometimes it is her lack of understanding of her own health. Though they go to the doctor but they do not necessarily follow their advice.

They do not have knowledge of vaccination, immunization for their children and contraception. They believe abortion is a sin to do so without contraception they became very prone to unwanted pregnancy. This is the main reason why they cannot give attention to each and every child of them. Most of the cases girl child gets neglected.

Apart from all of the above problems since all of them are housewives they financially depends on their husbands. Therefore all the time spouse and in-laws determine their health seeking behavior.

As for taking care of own health they ignore their physical problems because of economic problems, their dependency on their husbands and they do not want to disrupt their family life with unwanted tension.

Lack of little or no education, lack of self-dependency and giving preference to family's advice in order to maintain harmony in married life avert them from much needed medical care. Their peer group also plays an important role in influencing their decision. In process it hampers their decision making process and stop them from claiming their reproductive rights.

5.2 Suggestion for better health care governance

Henceforth government and non-government organization can take some unique and strong initiative to bring a meaningful change in these downtrodden women's lives. Some suggestions are as follows:

- Government and non-government organizations can motivate women by using media and audiovisual methods with interesting topics. They could spread more awareness in a more effective way by drawing their attention how good health condition can change their life in a drastic way with little effort. Audiovisual preparation in their own language can be more effective because it can help the illiterate women.
- Since husbands influence their health related decision it is imperative to impart necessary health education and its importance to their husbands. This can help husbands to take important decision regarding neonatal, postnatal and child reproductive health.
- Though it might be bit difficult to convince in-laws the importance of good health but face-to-face conversation with health professional might help to clear their doubts and make them understand the importance of good health condition of both child and mother.
- Emancipation of women with help of required education, providing occupational training can be a major contributor for improving their socioeconomic status. With help of this they can take decision for their own health and can opt for healthy food for themselves and their families.
- During pregnancy women should be given effective education of importance of neonatal and antenatal care.

- The government has to enhance the infrastructure facilities of the hospital and should appoint more health workers and doctors. Government also has to increase the quality of health care facilities.
- Government should give proper training on modern techniques to already existing workers from time to time.
- For better education of children government should provide adequate teaching and learning materials for children and should provide proper infrastructure facilities.
- For encouraging family planning among tribal, family planning cell must be provided by government with well-qualified staff. Staff in the hospital must give both husband and wife counseling on importance of small and healthy family.
- The capacity of community health center and anganwadi must be increased to provide appropriate health care during delivery time. Proper sitting arrangements and drinking water facilities must be provided.
- Government should ensure that that all facilities and policies been reaching to intended people and no one is taking advantage of these opportunities.