

CHAPTER V

FINDINGS AND CONCLUSION

5.1 Introduction

This study focused on the Reproductive healthcare practices of Palliyan tribal women, their awareness level on family planning and common disease, and availability of the infrastructure for the tribes in the study area. The major findings of the study discussions, suggestions and conclusions are provided as follows.

5.2 Socio-economic status

- Age is an important aspect to identify the socio economic levels of the tribal women. Most of the respondents (47.9%) belong to the age group of above 25 years of old and 39 per cent of the respondents belong to the age group of 18 – 25 years.
- Majority of the respondents are Hindus forming 91.2 per cent and 8.8 per cent of the respondents are Christians.
- Most of the respondents (43.3%) have only primary level of education, 27.6 per cent of the respondents have studied up to secondary level of education and 24.5 per cent of the respondents are illiterates. Only 4.6 per cent of the respondents have attended higher secondary education.

- Maximum of the tribal women (59.30 %) studied in union school followed by 11.10 per cent of them studied in NGO schools, and 04.60 per cent studied in private schools. The least of tribal women among the respondents (0.60%) have gone to residential school.
- Regarding occupation, the study reveals that 34.30 per cent of the respondents collect honey, wood and herbals, followed by 26.5 per cent are working for daily wages. It was observed in the study area the traditional business is being dropped due to the stringent rules of the department of forest.
- Regarding annual income, most of tribes' (43.6%) annual income is between Rs.15001 and Rs.20000, followed by 40.5 per cent of their annual income between Rs.10001 and Rs.15000, and 16 per cent of the respondents are earning less than 10000 rupees per annum.

5.3 Marriage status

- Majority of them (83.8%) were married and living with spouse followed by 16.20 per cent of were remarried.
- Regarding age at marriage, 51 per cent of respondents are married at the age of 19 to 22 years, and 32.80 per cent of women among them are married at the age of 23 to 26 years. The 16.20 percent of tribal women are married at less than 18 years of age.

- About respondents' husbands' age at marriage, 51.9 per cent of tribal women's husbands married at the age of 27 to 30, 36.2 per cent of women's husbands among them married at the age of 23 to 26, and 12 percent of tribal women's husbands married between 19 and 22 years of age.
- Regarding husband's kinship status, there are 55 per cent of the respondents' husbands are relative, and 28.2 per cent of the husbands were their neighbors (non-kin).

5.4 Reproductive health care practices

5.4.1 Anti-natal practices

- With regards to number of children of respondents it is revealed that 18.5 per cent of them were having 2 and less than 2 children, 53 per cent were having 3 – 4 and 28.5 per cent were having the above 4 children in their families.
- Regarding age at first child, maximum of the respondents (42.5%) had their first child at the age of 23 to 26 years followed by 40.7 per cent at the age of 19 to 22 years. Particularly 10 per cent had first child at the age of 15 to 18 years as where only 6.8 per cent had first child above the age of 27.

- Children's education reveals that, majority of respondents' children (90.30%) are going to school and only 9.7 per cent are not going to school.
- The study found that 47 per cent of the total had 1 to 2 years space between the births of the babies, followed by 27.9 per cent of the total respondents giving only six months gap between the children, and 14.2 per cent had pregnancy continuously in first cycle of their menstrual for the next children. Only 10.8 per cent had an adequate space between the children as 3 years and above.
- With abortion details, the study found that 84.3 per cent did not meet any abortion issue while delivering their babies and only 15.7 per cent aborted.
- 22.8 per cent of the respondents came to know the pregnancy through village health nurses. Total of 54.1 per cent practiced the conventional methods to know about their pregnancy like extension of the menstrual cycle, vomiting and bulging of belly, and through the elders of their family and habitation. Only 9.4 per cent confirmed through the urine test and 9.1 per cent confirmed through the medical officers.
- As far as periodical checkup concerned 92 per cent of the respondents underwent the medical checkup periodically while they conceived and only 8 per cent were did not have the periodical checkup. 27.4 per cent

of the respondents used to go to government hospitals, who lived near Theni town. There are 24.5 per cent of the respondents using village health nurse for their periodical checkup, and only 7.1 per cent have visited private hospital for periodical checkup.

- Regarding place of delivery 39.9 per cent went to government and medical college hospital followed by 32.2 per cent used primary health centers. About of 17.9 per cent used village health nurses and sub centers, along with them, 3.4 per cent of the respondents had the delivery with domiciliary delivery conductor. Only 6.6 per cent of the respondents had their delivery at home with their relatives and neighbors. It is revealed that 90 per cent of the respondents had modern delivery as normal while giving birth to their babies and only 10 per cent had traditional delivery which was conventional among the palliyan tribes.

5.4.2 Post-natal practices

- 98.6 per cent were incurred umbilical injuries after delivery and only 1.4 per cent were not suffered with umbilical injuries.
- In terms of vaccination 91.7 per cent of the tribal women were taken vaccine (TT) and only 8.3 per cent did not take this vaccine in order to improve their immunity. Majority of the respondents (84.9%) had the injection at Primary health centers and only 6.8 percent had the TT at

government hospital. Regarding vaccination for their child 87.7 per cent had taken this vaccine to their child and only 12.3 per cent had not taken this vaccine in order to improve their children's immune. It is further noted that majority of the respondents (41.9%) had the injection at Primary health centers followed by 30.5 percent had the TT at government hospital, and 15.4 per cent taken that vaccination from village health nurses for their children.

- The study found that 88.3 per cent of the respondents registered their name with village nurse and only 11.7 per cent were not enrolled in village nurse's database.
- It is found that maximum respondents (94.9%) were taking nutrition foods and only of 5.1 per cent were not taking nutrition food during the pregnancy.
- Regarding the rest after delivery, 58.7 per cent of the respondents took only 10 to 30 days rest after delivery, followed by 22.8 per cent rest 3 months and above, and 18.5 per cent had rest only one to two months.
- Among the respondents 74.6 per cent were taking special food and 25.4 per cent were said no for taking special food after delivery.
- The analysis clearly indicated that out of the total respondents only 4.6 per cent had still births; majority of them (95.4) did not have still births for their reproduction. And 98.6 per cent of the respondents said no

premature baby was delivered by them and as few as 1.4 per cent had premature babies.

- 78.9 per cent were celebrated the puberty, and 21.1 did not have such celebration for their puberty.
- Awareness on family planning, the tribes were shown very positive like 83.5 per cent were aware about the family planning and the methods and few as 16.5 per cent were suffered with lack of knowledge on family planning. Out of them 13.1 per cent of the respondents were using condoms followed by 9.4 per cent taking herbals, 7.1 per cent using copper T, and only 3.1 per cent adopted vasectomy for family planning.

5.5 Health care practices

- The study found that 45.6 per cent respondents were using river as the major source for drinking water, 21.7 were using bore-well for water, and 17.4 were using well, and 15.4 per cent were getting water from OHT. 46.6 per cent respondents never had the habit of drinking hot water, followed by 43.6 per cent drank hot water some times, and only 6.8 per cent were have the habit of drinking hot water always.
- Regarding general hygiene concern, the study found that 41 per cent of the respondents brushed their tooth regularly and 59 per cent were rarely. 53.6 per cent were taken bath rarely and 38.7 per cent were

taking bath regularly. 67 per cent of the respondents cut their nail rarely and 26.8 per cent cut nail regularly. It is noted that 6.3 per cent were not aware about the cutting nails. 45.3 per cent washed their hands rarely and 38.2 per cent washed their hands regularly. It is noted that 16.5 per cent were not having the habit of washing hands before taking food. 53.6 per cent were washing their clothes rarely and 27.6 per cent washed their cloths regularly. It is noted that 18.8 per cent were not washing their cloths dumping in the open places.

- Regarding usage of toilet 82.3 per cent defecated openly and only 17.7 per cent used house hold toilets.
- The study further found that 44.7 per cent wore inner clothes, 31.9 per cent did not wore inners during the menstrual time and only 23.4 were used such napkins rarely. Among the respondents majority of 81.5 per cent used household clothes and only 18.5 percent were used the napkins for those days. It furthers 80.9 per cent of the tribal women did not clean the napkins and only 19.1 per cent clean the cloths used during the menses period. After using the napkins/cloths 80.9 per cent respondents were dumping the cloths, 14.8 per cent were burning the cloths and only 4.3 per cent were washing the in napkins.

- And 32.2 per cent of the respondents were aware about HIV/AIDS and 43.6 per cent of the respondents were aware highly, 24.2 per cent were not aware about the issues related with HIV/AIDS.

5.6 Suggestions and Discussions

- The main reason for the low level of education among tribes is the peculiar nature of their habitations. The social and economic conditions prevailing in the tribal settlements are not conducive for better education. Moreover, the parents of the tribal children being generally illiterates cannot insist on their children attending classes regularly.
- The reasons for the acute poverty in the tribal society as far as respondents are concerned has been concentrated in three major concepts like simple and traditional occupation, lack of knowledge in adopting new technologies and less economic sources that lack of surplus money. The results of the study show that 54.45 per cent said that no modern technology in Agriculture is the main reason for the tribal poverty. Paliyans are primarily agricultural laborers but a very few families possess land holdings.
- In order to improve their awareness on the reproductive health care practices, the tribe should get sum of amount of income consistently. The sources of income for the Palliyans are agriculture, hunting and

gatherings. It is really unfortunate that they are exploited by some middle men while selling their products in the market.

- The main livelihood for the Palliyan is agriculture and its related activities. They are adopting conventional and typical dated out practices in the cultivation, which lead to poor productivity, and further they depend on the seasonal monsoon. Therefore they are required to adopt modern technologies in the agriculture and its application.
- Apart from the agriculture as the basic occupation, they are gathering wood and non-wood forest products. They are collect fire woods, medicinal plants, fruits, some animal parts etc. They have an extraordinary knowledge on the plants that are used for medical treatment. If a setup is made to act as an agent to help the tribes to sell their collected products, it will ensure a nominal regular income, and through that they can avail advanced medical facilities to their families.
- It is found that place of market is not nearer to their village and subsequent transport facilities are also very poor. The communication system is also not well extended, and hence due to this they are far away from any new information or news from the government.
- The central government has approved to the state governments, the NGOs, the Educational institutions, the private organizations to provide the vocational training centers to the Palliyan tribes. Since

Palliyar Tribes are the most downtrodden section of the society. For their socio-economic empowerment, there is need to ensure more employment opportunities and income generation avenues.

- Majority of the tribes were not aware of the various schemes provided by the state and the central governments. Though very few of them had benefitted over the welfare and developmental programmes they face by the problem of exploitation by the officials and others in the study areas. So concentrated efforts are needed in this regard, and the governments have a stringent measures to the implementation of the welfare measures and programs.
- Palliyar tribes' rights on forest should be preserved, and their life with nature are to be ensured as they have been traditionally protecting and conserving the forest resource for sustainable use.
- Another strategy to increase the awareness of reproductive health and personal practices is to enlighten the tribes through education. As far as education is concerned, the tribes face problems like lack of awareness of the governments' educational schemes, parents' poor literacy, lack of motivation by the family and the society, lack of infrastructure disturb the tribes' children education. This is the responsibility of the governments by joining together with the other associations like NGOs to work hard to remove those hurdles against the tribes' education.

- The researcher observed that majority of the respondents who involved in the study are very curious to adopt the hygienic and modern hygiene habits at their houses. The real problems are the lack of knowledge about the recent environment, occupied mentality of the tribes' society, poor income which act as the barricades to enter into a healthiest practices.
- Overall the study revealed that poverty, malnutrition, lack of clean drinking water, poor knowledge in maintaining sanitation, poor awareness on the national health services are the important influencing factors for the reproductive health care problems of the Pliyan tribes.
- The study found that the habit alcohol consumption is another important problem to the tribes in all aspects. First this habit consumes a sum of amount for buying lickers, second it leads to various health problems to both men and women. Consuming alcohol is treated as an esteemed act that is gifted by nature and god among them.

5.7 Conclusion

This study has aimed to analyze the reproductive health care problems and practices among the Paliyan tribes in Theni district of Tamilnadu. Palliyans are an existing hunting and gathering community living in the forests who love peace and innocence. The study validated the socio-economic profile of the tribal people, the health care practices, and the problems faced by the tribes, their level of awareness on the health care

measures and programs which are provided by the government. The study concluded that majority of the respondents belong to Hinduism. Most of the householders depend on agriculture and its connected activities for their livelihood either by cultivating land or engaging themselves as agricultural coolies. In the tribal economy there is no possibility for making profit and saving by surplus. All the issues together do not offer a steady financial condition for the palliyan tribes. The overall analysis of the study revealed that the majority of the respondents were aware about the reproductive health care practices based on their illiteracy and misconceptions.

Though both the central and state governments have provided number of welfare measures and programs, the tribal have not received any benefits from the lower hierarchy of the system. In the study area number of non-government organizations are working for the development of the Palliyan tribes, but the tribal women are not ready to attend the awareness programs on the reproductive health care practices.

In a nutshell, the study found the Palliyan tribal women have poor knowledge on reproductive health care practices and their general hygienic health. The governments have endorsed the number of welfare and development programs for the betterment of the tribal women in the reproductive health care, but at the same time they have not received the benefits from the schemes, because majority of the Palliyan were illiterate and also not interested to aware about the schemes.