

Health Profile and Reproductive Performance of Korku Tribal Women of Betul District, Madhya Pradesh

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Abstract

Healthy health is a dynamics of human life. Health status of any population has tremendous effect in nation's development. Women are the core of population. Their health status plays a major role for the birth of healthy child. Indian population has major segment of the tribals in which Madhya Pradesh is one of the tribal dominated states. Most of the tribals reside in remote areas and unhygienic conditions with lack of proper health care facilities. Available studies indicate that availability, feasibility and utility of health care facilities are not in satisfactory form especially in tribals. For the strengthening of tribal women, it is necessary to have basic information regarding their health status. The present study has been carried out on 207 Korku tribal women of Betul district, Madhya Pradesh. Their health status including malnutrition and blood pressure has been assessed whereas reproductive performance has been enumerated through pregnancy by pregnancy details. The present study revealed that the nutritional profile of Korku women was in satisfactory form. The fertility rate is low as compared to the rural Madhya Pradesh. Majority of women have been sterilized and have awareness towards pre and post natal care and the performance of health worker in the concerned village was satisfactory.

Keywords: Sterilized; Feasibility; Pregnancy; Post natal care.

Introduction

The concept of human health is as old as human's social history. Health is a natural state of human's and it is the result of living in accordance with the natural law pertaining to the body, mind and environment. Health is a function, not only of medical care but also of the overall integrated development of society, cultural, economic, educational, social and political. Healthy health and a healthy society go together. Hence, it is not possible to raise the health status and quality of life of people unless such efforts are integrated with the wider efforts to bring about the overall transformations of a society. Reproductive health of women consists of health of the women after puberty and before pregnancy, and health care,

utilization of health services during pregnancy, delivery care and postnatal care. Balance nutrition is required throughout life and is vital to women in terms of health and work. Nutritional anemia is a problem for women in India and more so in the rural areas. Maternal malnutrition which is quite common among the rural women is also serious health problem. Mother and children constitute a priority group of community. They are approximately 70% of the population of developing countries in India. Maternal health influences the fetus and neonatal health in a number of ways. The impact on maternal and child health of mild and moderate forms of malnutrition has been demonstrated in many studies. There is general agreement that health status of Korku is very poor and there is widespread poverty, illiteracy, malnutrition, absence of safe drinking

water, poor sanitary and living conditions and maternal and child health.

Tribal population in India, known to be autochthonous people of the land constitute around 8.6% of the nation's total population; comprising more than 400 communities, considered to be socio-economically the most disadvantaged exploited group. Different ethno-lingual groups at varied/ different levels of development – economically, educationally and culturally, and are not homogenous group. 547 recognized scheduled tribal groups of which 76 are particularly vulnerable tribal groups (PVTGs). For providing better health care services, especially among the tribal population, it is essential to have information regarding fertility and mortality profile as well as nutritional status (Chaudhari, 1996; Bajaj, 1999; Balgir, 2000; Adak, 2001; Biswas, 2003; Dasgupta, 2003; Nagda, 2004; Jain & Agrawal, 2005; Maiti et al., 2005; Maurya et al., 2005; Nanda & Tripathi, 2005; Sharma, 2005; Bhasin, 2007; Banik, 2008; Day & Basu, 2008; Chandraker et al., 2009; Dey & Goswami, 2009; Guriya et al., 2009; Sangawan & Manocha, 2009; Das, 2010; Gupta & Bhatiya, 2010; Nema & Sharma, 2013; Patanwar & Sharma, 2013 and Sharma & Shrivastava, 2013).

The Korku is a Scheduled Tribe (ST) community predominantly found in the East Nimar, Betul and Chhindwara districts of Madhya Pradesh. The total population of Korkus in M.P. was 5, 59,344 including 1, 38,798 in Betul district (TRI, 2010). Korkus have derived their name from the combination of the word 'koru' meaning man and 'ku' which makes it plural meaning tribal men. The Korkus are a branch of the great Munda tribes and are placed here in the vicinity of the great tribe-the Gonds. Korkus are initially believed to be a hunting gathering community dwelling in the forests of Satpura ranges on either sides of the river Tapti. The Korku tribe lives in small groups of huts made of grass and wood. They socially consume liquor made from the flowers of the Mahua tree which is prepared in almost all the houses. Predominantly, a rural-based community with 98.74 per cent living in rural areas, Korkus is primarily cultivators. They share the love of the forests with the Gonds. Women have dominant roles in the economic life of the society through agriculturists and agricultural wage labourers. 'Korku Panchayat' is found in many villages governed by a chief known as *Patel* and other members in the Panchayat include *Padihar*, *Kotwar* and ten to twelve older male members of the community known as Panch.

Materials and Methods

The present study has been conducted among the Korku's of Betul district, (M.P.). The concerned data has been collected from its predominated villages i.e. Behda, Batlakhurd, Neemkheda, Dhabda, Bichhutekri and Veerpur of Bhimpur block of Betul district, Madhya Pradesh among 207 women for fertility and mortality profile by pregnancy enumeration and 200 were measured for height and weight to assess Body Mass Index (BMI) for the nutritional profile.

Results and Discussions

Table 1 shows the village wise status of body mass index among women. Among 200 women, 70.5 percent women are normal, 26.5 percent are underweight and 3 percent women are overweight whereas no woman was found to be obese.

Table 2 exhibits the scenario of fertility profile. It shows that total numbers of pregnancies are 698, out of which total numbers of abortions are 2.29 per cent, total numbers of still births are 0.28 per cent, total number of live births among male & female are 40.83 per cent and 42.12 per cent respectively, total reproductive wastage is 2.58 per cent and total number of living children are 579.

Table 3 shows the live birth rate. It is found that the total number of pregnancies 698, out of which total live births are 579 and live birth rate, is 829.51.

The age group-wise general fertility rate (live birth per mother) is explained by table 4. Total live births are 579 and average live birth per woman is 2.79. Average live birth per woman is more in 45-49 age groups as compared to other age groups.

Table 5 shows the number of living children per women by age group. Among 207 women, total number of living children's are 551 and average living children per women is 2.66.

Table 6 exhibits the number of living children per thousand live births. Total number of live births is 579, total living children's are 551 and living children rate is 952.

Table number 7 shows the mother's age wise pre-reproductive mortality. Total number of neonatal death are 0.48, total number of post natal death 8.21, total number of infant death 15.45, total number of child death 10.14, total number of adult death 6.29, and total number of juvenile death 3.87, and the total pre-reproductive mortality is 44.44 per cent.

Table 1: Village wise women status of body mass index (BMI)

| S. No. | Villages | Total women | Under-weight (<18.5) | Normal (18.5-24.9) | Over-weight (25.0-29.9) | Obesity/grade-i (30.0-34.9) | Obesity/grade-ii (35.0-39.9) | Obesity/grade-iii (>40) |
|--------|-------------|-------------|----------------------|--------------------|-------------------------|-----------------------------|------------------------------|-------------------------|
| 1 | Dhabda | 30 | 7 (23.33%) | 23 (76.67%) | - | - | - | - |
| 2 | Veerpur | 17 | 5 (29.41%) | 12 (70.59%) | - | - | - | - |
| 3 | Borkund | 31 | 5 (16.13%) | 24 (77.41%) | 2 (6.45%) | - | - | - |
| 4 | Bichhutekri | 16 | 3 (18.75%) | 13 (81.25%) | - | - | - | - |
| 5 | Neemkheda | 17 | 8 (47.06%) | 8 (47.06%) | 1 (5.88%) | - | - | - |
| 6 | Batlakurd | 63 | 17 (26.98%) | 46 (73.02%) | - | - | - | - |
| 7 | Bhehda | 26 | 17 (26.98%) | 15 (57.69%) | 3 (11.54%) | - | - | - |
| | Total | 200 | 53 (26.5%) | 141 (70.5%) | 6 (3%) | - | - | - |

Table 2: Scenario of fertility profile

| Age-group (In year) | No. of mothers | Total pregnancies | No. of abortions | No. of still-births | Live births | | Total Wastage | Total |
|---------------------|----------------|-------------------|------------------|---------------------|-----------------|----------------|---------------|-----------------|
| Below 20 | 15 | 15 | - | - | 3 (75%) | 1 (25%) | - | 4 (0.69%) |
| 20-24 | 40 | 67 | 1 (1.45%) | 1 (1.45%) | 42 (60.87%) | 27 (39.13%) | 2 (2.89%) | 69 (11.91%) |
| 25-29 | 35 | 110 | 4 (4.39%) | - | 39 (42.86%) | 52 (57.14%) | 4 (4.39%) | 91 (15.71%) |
| 30-34 | 37 | 121 | 1 (0.98%) | - | 51 (50%) | 51 (50%) | 1 (0.98%) | 102 (17.61%) |
| 35-39 | 31 | 120 | 3 (2.80%) | 1 (0.93%) | 59 (55.14%) | 51 (50%) | 4 (3.74%) | 107 (18.49%) |
| 40-44 | 20 | 98 | 3 (3.95%) | - | 38 (50%) | 38 (50%) | 3 (3.95%) | 76 (13.12%) |
| 45-49 | 29 | 167 | 4 (3.07%) | - | 53 (40.77%) | 77 (59.23%) | 4 (3.07%) | 130 (2.24%) |
| Total | 207 | 698 | 16 (2.29%) | 2 (0.28%) | 285 (40.83%) | 77 (59.23%) | 18 (2.58%) | 579 (82.95%) |

Table 3: Number of live births

| Total no. of mothers | Total Pregnancies | Total live birth | Rate |
|----------------------|-------------------|------------------|--------|
| 207 | 698 | 579 | 829.51 |

Table 4: Age group-wise general fertility rate (Live birth per mother)

| Age group (in year) | No. of Mother | Live birth | Average live birth per women |
|---------------------|---------------|------------|------------------------------|
| Below 20 | 15 | 4 | 0.27 |
| 20-24 | 40 | 69 | 1.72 |
| 25-29 | 35 | 91 | 2.6 |
| 30-34 | 37 | 102 | 2.76 |
| 35-39 | 31 | 107 | 3.45 |
| 40-44 | 20 | 76 | 3.8 |
| 45-49 | 29 | 130 | 4.48 |
| Total | 207 | 579 | 2.79 |

Table 5: Number of living children per women by age group

| Age group (in year) | No. of Mother | Living children | Average living children per women |
|---------------------|---------------|-----------------|-----------------------------------|
| Below 20 | 15 | 66 | 4.4 |
| 20-24 | 40 | 196 | 4.22 |
| 25-29 | 35 | 36 | 1.03 |
| 30-34 | 37 | 83 | 2.24 |
| 35-39 | 31 | 64 | 2.06 |
| 40-44 | 20 | 49 | 2.45 |
| 45-49 | 29 | 57 | 1.97 |
| Total | 207 | 551 | 2.66 |

Table 6: Number of living children per thousand live births

| No. of mothers | Total live birth | Living children | Rate |
|----------------|------------------|-----------------|------|
| 207 | 579 | 551 | 952 |

Table 7: Mother's age wise pre-reproductive mortality

| Age group (in year) | No. of Mothers | Neo-natal death | Post-natal death | Infant death | Child death | Adult death | Juvenile death- | Total pre-reproductive mortality |
|---------------------|----------------|-----------------|------------------|----------------|----------------|---------------|-----------------|----------------------------------|
| Below 20 | 15 | - | - | - | - | - | - | - |
| 20-24 | 40 | - | 1 (0.48%) | 2 (0.97%) | - | - | - | 3 (1.45%) |
| 25-29 | 35 | - | 4 (1.93%) | 2 (0.97%) | 1 (0.48%) | - | - | 7 (3.38%) |
| 30-34 | 37 | - | 4 (1.93%) | 6 (2.89%) | 3 (1.45%) | - | - | 13 (6.23%) |
| 35-39 | 31 | 1 (0.48%) | - | 7 (3.38%) | 4 (1.93%) | - | 1 (0.48%) | 13 (6.29%) |
| 40-44 | 20 | - | 4 (1.93%) | 6 (2.89%) | 2 (0.97%) | 3 (1.45%) | 3 (1.45%) | 19 (9.18%) |
| 45-49 | 29 | - | 3 (1.45%) | 9 (4.35%) | 11 (5.31%) | 10 (4.83%) | 4 (1.93%) | 37 (17.87%) |
| Total | 207 | 1 (0.48%) | 17 (8.21%) | 32 (15.45%) | 21 (10.14%) | 10 (4.83%) | 8 (3.87%) | 92 (44.44%) |

Summary and Conclusion

It can be concluded that most are found normal (76.5%) whereas only 26.5 per cent women are found underweight. total numbers of pregnancies are 698, out of which total numbers of abortions are 2.29 per cent, total numbers of still births are 0.28 per cent, total number of live births among male and female are 40.83 per cent & 42.12 per cent respectively, total reproductive wastage is 2.58 per cent and total number of living children are 579. the total number of pregnancies 698, out of which total live births are 579 and live birth rate, is 829.51. Total live births are 579 and average live birth per woman is 2.79. Average live birth per woman is more in 45-49 age groups as compared to other age groups. Among 207 women, total number of living children's are 551 and average Living Children per women is 2.66. Total number of live births is 579, total living children's are 551 and

living children rate is 952. Total number of neonatal death are 0.48, total number of post natal death 8.21, total number of infant death 15.45, total number of child death 10.14, total number of adult death 6.29, and total number of juvenile death 3.87, and the total pre-reproductive mortality is 44.44 per cent.

The present study revealed that the nutritional profile of Korku women was in satisfactory form. It can be explained that Korku are residing in the boundary of Tapti River with irrigated land. The socio-economic status is high and involved in government services. The fertility rate is low as compared to the rural Madhya Pradesh. It has been also observed that majority of women have been sterilized and have awareness towards pre and post natal care. It has been noted that the performance of health worker in the concerned village was satisfactory. The findings of the study will be helpful to improve better health care strategies in tribal population.

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