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CHILD HEALTH CARE AWARENESS AMONG TRIBAL WOMEN

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Abstract

Health is an essential input for the development of human resources and the quality of life and in turn the social and economic development of the nation. A positive health status is defined as 'a state of complete physical, mental and social well-being and not merely the absence of disease of infirmity' (WHO, 1946). Health is regarded a property for sustained development interventions both at the individual, community and national levels. Improved Health is a part of totals socio-economic development and is regarded as an index of social development. Provision of basis health care services to rural community is the primary objective of the government as well as non-governmental organizations in the contest or rural development. Rural health services, safe drinking water, sanitation, nutrition, etc., have therefore, been brought together in the form of an integral package to improve the social, economic and health conditions of the people. Therefore, the primary goal of any health care delivery system is to organize the services in such a manner as to optimally utilize the available resources absence of mental illness but is the ability to find happiness and fulfillment to adjust and change and to grow throughout one's life.

Introduction

Health care is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care is delivered by practitioners in medicine, chiropractic, dentistry, nursing, pharmacy, allied health, and other care providers. It refers to the work done in providing primary care, secondary care and tertiary care, as well as in public health. Health care from a significant part of a country's economy. The World Health Organization (WHO), a well-functioning health care system requires a robust financing mechanism; a well-trained and adequately-paid workforce; reliable information on which to base decisions and polices; and well maintained facilities and logistics to deliver quality medicines and technologies.

Tribal Women and Health

Tribal Women's health in India can be examined in terms of multiple indicators, which vary by geography, socio economic standing and culture. To adequately improve the health of women in India multiple dimensions of wellbeing must be analyzed in relation to global health averages and also in comparison to men in India. Health is an important factor that contributes to human wellbeing and economic growth. Currently, women in India face a multiple of health problems, which ultimately affect the aggregate economy's output.

Mother's Health

Maternal health refers to the health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and morality. Preconception care can include education, health promotion, screening and other interventions among women of reproductive age to reduce risk factors that might affect future pregnancies. Every year more than a third of a million women die from complications during pregnancy and childbirth – the vast majority in developing countries. This means at least one woman dies every 90 seconds. For every woman that dies another 20 women suffer from chronic ill-health or disability. All of this reduces the chances of a newborn baby surviving. More than 3.5 million babies die each year within their first month of life- up to 45% of these deaths are in the first 24 hours.

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Child Health

Child health encompasses the physical, mental, emotional, and social well-being of children from infancy through adolescence. Healthy children live in families environments and communities that provide them with the opportunity to reach their fullest development potential. The body of child is the most super sensitive, delicate and susceptible from which can be easily be harmed if not taken care of well being of your child comprises of physical, mental and social well-being. To keep child and babies healthy, offer them healthy diet, make them sleep for adequate hours and always go for regular checkups, as these checkups are every much essential for the growth of your child health encompasses of the physical, mental, emotional, and social well-being of children from infancy through adolescence.

Healthy children live in families environments that provide them with the opportunity to reach their fullest developmental potential children are the wealth of tomorrow children are major consumers of health care. In India, 35% of total population are children below 15 years of age. They are not only large is number but vulnerable of the childhood sickness and death preventable by simple low.

Child Health Care Practices

The care that sick children, from diverse ethnic and cultural backgrounds, and their families, require from nurses and health care professionals. The intention might to be avoid discrimination but it could be argued that, in order to recognize and respect the uniqueness and dignity of every patient in our care, also need to take into account their ethnicity, religion, and culture; that is, delivering appropriate health care, of itself, requires that they were sensitive to cultural diversity.

Children's Nutrition and Malnutrition

Nutrition is the sum total of the process involved in the taking in and the utilization of food substances by which growth, repair and maintenance of the body are accomplished. It involves ingestion Digestion, abortion and assimilation. Nutrients are stored by the body in various forms and drawn upon when the food intakes is not sufficient.

Immunize to protect children against diseases

Immunization is one of the best ways parents can protect their infants and young children from potentially serious childhood diseases. Check to see if your child is up to date on immunizations. It is important for children to be fully immunized. Diseases that can be prevented with vaccines can be very serious – even deadly – especially for infants and young children. For example, children younger than two years old are at the highest risk for serious pneumococcal disease like pneumonia, blood infection (sepsis), and meningitis. Before the penemococcal vaccine was used routinely, an estimated 17,000 cases of severe types of pneumococcal infection, like meningitis, occurred each year.

Trends in child health care

An annual report of trends in children's health care between 2000 and 2007 reveals that the rate of hospital discharges for children 15 to 17 years old declined by 7.8 percent. This was primarily due to a 15.8 percent decline in the rate of pregnancy and delivery discharges for girls of that age. Yet the rate of hospitalizations for skin infections doubled to 9 per 10,000 children during the period, which coincided with the firsts reports of community-acquired, methicillin-resistant Staphylococcus aureus (MRSA). The composite rate of hospital discharges for asthma and short-term complications of diabetes among children 5 to 17 years declined by 18.5 percent during the period. Children in the lowest-income ZIP codes had persistently higher rates of admission for these conditions. Hospital cost per discharge grew by an averages of 4.5 percent, and Medicaid became an increasingly important payer for children's hospital care relative to private insurance.

Women and Children Health Policy

Health insurance coverage is a critical factor in making health care accessible to women. Women with health coverage are more likely to obtain needed preventive, primary, and specialty

care services, and have better access to new advances in women's health. Among the 96 million women ages 18 to 64, most have some from of coverage. However, the patchwork of different private sector and publicly-funded programs in the U.S. leaves one in five women uninsured. The Affordable Care Act (ACA) of 2010 includes several measures that will change the profile of women's coverage between now and 2014, when the new law in scheduled to be implemented fully. The National Policy Centre for Children with Special Health Care Needs was established through a Cooperative agreement with the Maternal and Child Health Bureau, HRSA, and DHHS.

The Problem

The present study has undertaken to analyse the awareness of child health care among rural tribal women in Singaarapettai village, Krishnagiri district, Tamil nadu. This study was carried out in Singaarapettai village of Krishnagiri district, Tamil nadu. In this village all mothers in the age group of 18 to 40 years were enumerated, at the time of data collection there were 560 mothers. For the sake of feasibility despite repeated attempt, the researcher could not collect information the data were collected from 50 rural mothers. the researcher has decided to select 10% of the mother population. Simple random sampling techniques has been adopted select the sample respondents. A well structured interview scheduled was used elicit data relating to awareness of child health care among rural women.

Results and Discussion

Table 1 Characteristics of study respondents (N=50)

S.No.	Characteristics	No. of Respondents	Percentage (%)
1.	**Age**		
	Below 20	02	04
	20-30	36	72
	30-40	12	24
2.	**Religion**		
	Hindu	41	82
	Christian	06	12
	Muslim	03	06
3.	**Caste**		
	Backward Caste	14	28
	Scheduled Caste	36	72
4.	**Educational Status**		
	Illiterate	03	06
	Primary	06	12
	Secondary	12	24
	Higher Secondary	18	36
	Graduation	11	22
5.	**Occupational Status**		
	Daily wage laborers	26	52
	Home maker	12	24
	Self employees	06	12
	Government employees	03	06
	Private employees	03	06
6.	**Type of family**		
	Nuclear family	38	76
	Joint family	12	24
7.	**Family Annual Income**		
	Below 20,000	05	10
	21,000-30,000	13	26

	31,000-50,000	17	34
	51,000-1,00,000	09	18
	Above 1,00,000	06	12
8.	**Family Size**		
	Small (Below 3 members)	30	60
	Medium (4-6 members)	16	32
	Large (Above 6 members)	04	08

Table 1 indicates the personal characteristics of the respondents. Out of total respondents, 72 per cent of them are in the age group between 20-30 years, 24 per cent of them are in the age group between 30-40 years, and only 4 per cent of the respondents fall under the age group of below 20 years.

From the data, it is clear that 82 per cent of them are Hindus 12 per cent of them are Christians and rest of them (06%) are Muslims. Regarding the caste wise distribution of the respondents, 72 per cent of the respondents belong to scheduled castes and the remaining 28 per cent of the respondents belong to backward castes.

With the respect of educational status, Out of total respondents, 36 per cent of the respondent studied up to higher secondary level, 24 per cent of them have secondary level, 22 per cent of the respondents are educated up to graduation level, 12 per cent of the respondents are educated up to primary level. And only 06 percent of them are illiterates.

Regarding the employment status of the respondents. 52 per cent of them are daily wage laborers, 24 per cent of the respondents are home makers, 12 per cent of the respondents are self employees, 6 per cent of the respondents are government employees and the remaining 6 per cent of the respondents are private employees.

The data presented in the table shows that the distribution of the respondents according to their family type. Out of total respondents, 76 per cent of them are live under nuclear family system and the remaining 24 per cent of them are live under joint family system. The data in the table shows that 34 per cent of the respondents earn Rs. 31,000-50,000 per annum, 26 per cent of the respondents annual incomes fall under the category of Rs. 21,000-30,000, 18 per cent of the respondents the annual incomes fall under the category of Rs. 51,001-1,00,000, 12 per cent of the respondents earn above Rs.1,00,000 and the remaining 10 per cent of respondents have their annual income below Rs.20,000 per year.

The above table shows that 60 per cent of the respondents have small family size i.e. below 3 members, 32 per cent of the respondents have medium family size 4-6 members and the remaining 8 per cent of respondents have large family size i.e. above 6 members. It could be noted that majority of the respondents in the study area have small family size.

Table 2 Distribution of the respondents by their age at marriage

S.No.	Age at marriage	No. of respondents	Percentage (%)
1.	Below 15	04	08
2.	19-25	39	78
3.	Above 25	07	14
	Total	50	100

The table presents that distribution of the respondents by their age at marriage, out of total respondents, 78 per cent of the respondents age at marriage in between 19-25 years, 14 per cent of the respondents above 25 years and the remaining 08 per cent of the respondents below -18 years. It could be noted that the majority of the respondents age at marriage in between 19-25 years.

Table 3 Distribution of the respondents by whether they received any advice atleast once during pregnancy

S.No.	Received any advice at least once during pregnancy	No. of Respondents	
		Yes (%)	No (%)
1.	Diet	36 (72%)	14 (28%)
2.	Danger sign of pregnancy	43 (86%)	07 (14%)

3.	Delivery care	33 (66%)	17 (34%)
4.	Breast feeding	46 (92%)	04 (08%)
5.	Child care	32 (64%)	18 (36%)
6.	Family planning	20 (40%)	30 (60%)

The table presents that distribution of the respondents by their received any advice at least once during pregnancy. Out of total respondents, 92 per cent of the respondents have received advice for breast feeding, 86 per cent of them got advice to the danger signs of pregnancy, 66 per cent of them received advice for delivery care, 72 per cent of the respondents received advice for diet, 64 per cent of the respondents received advice for child and 40 per cent of the respondents received advice for family planning.

Table 4 Distribution of the respondents by their nature of delivery

S.No.	Nature of Delivery	No. of Respondents	Percentage (%)
1.	Normal delivery	22	44
2.	Caesarean	26	52
	Total	50	100

It could be clearly seen from the table reveals that 52 per cent of the respondents had obtain the caesarean and the remaining 44 per cent of them normal delivery. It could be noted that the majority of the respondents in the study area attended to the normal delivery.

Table 5 Distribution of the respondents by their weight at the time of delivery

S.No.	weight at the time of delivery (in kg)	No. of Respondents	Percentage (%)
1.	Below 1-2 Kg	03	06
2.	2-3 Kg	35	70
3.	Above 3 Kg	12	24
	Total	50	100

The table presents that the distribution of the respondents by their baby weight at the time of delivery. Out of total respondents 70 per cent of them reported that the weight is 2-3 Kg, at the time of delivery, 24 per cent of the respondents reported that the baby weight is above 3 kg and 6 per cent of the respondents of their baby is below 1-2 Kg at the time of delivery. In this study area majority of the respondents baby weight is 2-3 Kg at the time of delivery.

Table 6 Distribution of the respondents by their first breast feeding after delivery

S.No.	First Breast Feeding	No. of Respondents	Percent
1.	With in 1 hr of after delivery	37	74
2.	With in 6 hrs of delivery	06	12
3.	With in 24 hrs of delivery	02	04
4.	Don't know	05	10
	Total	50	100

In this table 74 per cent of the respondents reported that the food breast milk within 1 hr of after delivery, 12 per cent of them reported that they feed breast milk with in 6 hrs of after delivery, 10 per cent of the respondents reported that they food breast milk to the baby but they don't know about the particular time of after delivery and remain 4 per cent of the respondents that they feed breast milk within 24 hrs after delivery.

Table 7 Distribution of the respondents by their awareness, the immunization vaccine giving their children

S.No.	Details of vaccine	No. of Respondents	
		Aware	Unaware
1.	BCG and polio vaccine	45 (90%)	05 (10%)
2.	DTP + Hepatitis	32 (64%)	18 (36%)
3.	Measels vaccine	40	10

		(80%)	(20%)
4.	Chicken Pox vaccine	38 (76%)	12 (24%)
5.	Typhoid vaccine	20 (40%)	30 (60%)
6.	TT Booster close	16 (32%)	34 (68%)

Above table shows that respondents are giving the immunization vaccine to their children. Regarding the 90 per cent of the respondents aware about the BCG and polio vaccine, 80 per cent of the respondents aware of the measles vaccine, 76 per cent of the respondents aware of the chicken Pox vaccine, 64 per cent of the respondents aware of the DTP+ Hepatitis vaccine, As for as Typhoid vaccine is concern 40 per cent and 32 per cent of the respondents aware of the T.T. Booster dose.

Table 8 Distribution of the respondents by their Children affected the following diseases

S.No.	Children affected	No. of Respondents	
		Yes (%)	No (%)
1.	Cold and Fever	50 (100%)	-
2.	Dysentery	36 (72%)	14 (28%)
3.	Jaundice	07 (14%)	43 (86%)

It could be seen from the above that all the respondent's children have affected by cold and fever, 72 per cent of the respondent's children affected by dysentery and the remaining 14 per cent of the respondent's reported that their children are affected by jaundice.

Conclusion

The over all conclusion reveals that awareness level of rural women is high in various aspects of child health care practice such as breast feeding, immunization vaccines, diseases etc., Efforts by government and influence of mass media are the major reasons for increasing the awareness level of rural women towards their child health care.

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