

EARLY PREGNANCY AND ITS ASSOCIATION WITH PREGNANCY-RELATED HEALTH PROBLEMS AMONG TRIBAL YOUNG WOMEN IN INDIA

Dr. A.K. Ravishankar* and Dr. S. Ramachandran**

* Senior Lecturer, Population Studies Wing DDE, Annamalai University, Tamilnadu, India

** Professor, Department of Population Studies, Annamalai University, Tamilnadu, India

Background:

About one-fifth of India's population is in the adolescent age group of 10–19 years. It is estimated that there are almost 200 million adolescents in India (ages 15–24). It is expected that this age group will continue to grow reaching over 214 million by 2020. However, despite adolescents being a huge segment of the population, policies and programs in India have focused very little effort on the adolescent group.

The newer focus on RCH also has been invigorated by the continuing realization of the importance of women's health; it is now widely accepted that if the health of women is to be improved, the health of adolescents must be given high priority in Indian policy and program development and implementation. Policymakers and planners have now realized that the adolescent population group has specific health and developmental needs.

International attention on adolescent sexual activity tends to focus on premarital sex. However, in India, sexual debut among adolescent girls occurs largely within marriage. Despite rising age at marriage and laws prohibiting marriage before age 18 for women and before age 21 for men in India, majority of women marry at adolescents in India.

Correspondingly, most tribal women in India, experience sexual debut as married adolescents. Moreover, large surveys have found that almost half of all tribal women aged 20–24 are married at age 16 in India. Ignorance and high-risk beliefs and practices, high level of poverty, inadequate and non-accessibility of health resources, among the tribal communities has contributed to the early marriage/pregnancy of this population. There is a general consensus that the health status of the tribal population is very poor and worst among the primitive tribes because of their isolation, remoteness and being largely unaffected by the developmental processes going on in the country¹.

In this primitive society, girls are still expected to marry and begin childbearing in their early or middle teenage years. Many lack information and support and are unable to obtain the health services that they and their babies need, which greatly heightens their vulnerability.

Under this backdrop here an attempt was made to

- Study the pattern and determinants of tribal early pregnancies in India
- Investigate linkage between the early pregnancy and pregnancy-related health problems among the young tribal married women

¹ Health of Tribal Population in India; Results of Some ICMR Studies. Indian Council of Medical Research, New Delhi, p.1, 1998.

Methods: According to 2001 census, the population of Scheduled Tribes in the country was 84.32 million representing 8.21 percent of the country's population. The population of tribes had grown at the rate of 24.5 percent during the period 1991-2001. Scheduled Tribes are spread across the country mainly concentrated in the states of Madhya Pradesh, Orissa, Chhatisgarh, Maharashtra, Jharkhand and Gujarat. However, they have their presence in all States and UTs except Punjab, Pondicherry and Chandigarh.

However for this study the data were collected from nationally represented large-scale samples in India during 2005-06 (NFHS-III). A total of **2,527** tribal ever married women aged 15-24, were selected from various States and Union Territories of India for this analysis.

Logistic regression analysis is used to assess the effects of socio-economic and demographic factors and early pregnancy on pregnancy-related health problems in the tribal communities.

Pregnancy-related health problems are assessed by the prevalence rate of

- Night blindness,
- Convulsions
- Vaginal bleeding
- Blurred vision
- Excessive fatigue
- Swelling of legs, body/face

RESULT AND DISCUSSION

Socio-economic and Demographic Profile: Out of **2,527** tribal ever married young women aged 15-24, a little above one-fourth of the sample population (26.5 percent) was fall in **teenage (15-19)** and the remaining 73 percent belong to **late-young** age-group (**20-24**).

Overwhelming majority of the tribal population was living in rural areas (80.6 percent), above two-fifth of the tribal were illiterates (43.1 percent) and a very negligible proportion was completed their higher education (1.3 percent). Their husband's educational attainment was also deprived. However compare to them, husbands are much better educated.

Still more than half of the tribal families (58.0 percent) are tied with social bondages, it means that they are living in joint family systems.

Half of the tribal women are remain in home itself - engaged with household activities and another forty percent was involved in agricultural activities.

Housing structure of the tribal communities show a pathetic situation, only sixteen percent were living in Pucca houses, the remaining tribes were living in Semi-Pucca (54.2 percent) and Kachha houses (22.2 percent).

One-fourth of the tribes were getting the drinking water from unprotected well/spring and another one quarter get the water from Tube well or borehole. More than half of the houses are not having toilet facilities (53.8 percent).

Electricity facility is also not adequate in the tribal area, around one-third of the houses were not at all linked with electrical connection. In the study community, every seven out of ten houses are using wood as fuel for cooking purpose.

According to National Family Health Survey-III, more than one-third of the tribal families living in low standard of living condition (36.3 percent) and only 19 percent of tribal families living with the high standard of living condition.

Early Pregnancies: Knowledge on ovulatory cycle is very unfortunate among the tribes. More than forty percent of the teenage tribes and above one-third of late-young tribes did not have any idea about the ovulatory cycle.

The mean age at marriage for young tribes (aged 15-24) was 16.5 years, about two-third of young tribes (64.8 percent) got married before they reached the legal age at marriage, very particularly eighty-five percent of teenage tribes (15-19) were get into the marital life before attained the legal marriage age. It is very clear that the child and early marriages are quite common among the tribal communities.

The mean age at 1st birth for young tribes was 17.9 years. Three-fourth of the young tribal women (74.4 percent) given their first child when they in teenage, more particularly morethan seventy percent of the teenage tribal mothers (15-19) gave their first births before they reached physical maturity (before17 year) which has adverse health consequences, both for mother and their children.

Around fifty-six percent of the illiterate tribal women were given their first child before they reached 18 years. This proportion was decreases when the tribal women educational status increases. The positive relationship was noticed between age at first birth and their standard of living condition.

Though the early marriages and teenage pregnancies are relatively high among the young tribal, the mean number of CEB was 1.33 and mean number of living children including the current pregnancy was 1.41 among young tribes in India. However, a significant proportion of the tribes (70.0percent) preferred to have another child in future. It indicates the further raise in the number of living children among the tribes.

Pregnancy-related health problems: Around sixty percent of tribes from each of the teenage (59.4 percent) and late-young tribes (58.4 percent) had experienced any one of the pregnancy-related health problem during their pregnancy episode.

Of the 1061 women who reported any one of the pregnancy-related health problem, 81.5 percent fall in 20-24 age-group.

Morethan half of the tribes who given births lessthan 18 years reported that they had experienced night blindness (54.7 percent), and convulsions (50.9 percent) during their pregnancy episode. Leg, body/face swelling problem was also reported by about 48 percent among the adolescent mothers.

Excessive fatigue is a major problem faced during pregnancy episode by both the teenage tribes and late-young tribes (45 percent each). The next highest problem reported was swelling of leg, body/face (29 percent). The other problems experienced by the teenage tribes are comparatively more by late-young tribes. However, the proportions affected by these problems in both the categories are very low.

About sixty percent of the young women in the tribal community are anaemic however this proportion is much higher for teenage tribes (65.8 percent) than the late-young tribes (58.5 percent). More than sixty percent of anemic tribal women reported that they had experienced any one of the pregnancy-related health problem and this proportion for the non-anemic women was 54.2.

More than one-third of the tribes (36.0 percent) both in teenage and late-young are having BMI less than 18.6. It ranges from 5.0 percent of severe thinness to 22.9

percent of moderate thinness among tribes. The proportion of obesity among the tribes was almost nothing. It indicates the high prevalence of Chronic Energy Deficiency (CED) among tribal communities.

Comparatively less proportion of obesity women (46.7 percent) are reported any one of the pregnancy-related health problem than the CED and normal women (59 percent). A strong positive correlation was noticed between mother's anemic condition and pregnancy-related health problems among tribes population.

Conclusion: Despite young people being a huge segment of the population, policies and programs in India have focused very little effort on the adolescent group more particularly to tribal communities. Early pregnancy may be socially sanctioned for tribal adolescents within wedlock but adolescents face health risks associated with early pregnancy. Therefore it is more important to frame some special policies with emphasis to tribal youth women to enhance the reproductive health.