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## **Problems on Reproductive Health of Tribal Women in Phidim Municipality**

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### **Abstract**

This paper reports the findings of the study that attempted to find out the reproductive health problems faced by the tribal women of Phidim Municipality, Panchthar. Altogether 160 tribal women of Phidim municipality ward no. 10 were selected using simple random sampling technique. Interview schedule was used for the data collection. Questions for the interviews were prepared in order to collect essential data from tribal women, which were applied to the sampled population. The findings revealed that majority of the tribal woman reported various problems related to their reproductive health such as pain in lower stomach and vaginal discharge with bad smell from related sex organs. Continuously pain in lower stomach related to placenta is seen major problems of respondents after having child. Over bleeding, mental tension was seen the main problems during menstruation. Most of the respondents (70%) were unknown about contraceptive devices however among them 52.83 percent of the women were found aware of the usage of contraceptives with the access to social media and communication media.

*Keywords:* Tribal, pregnancy, fertility, reproductive health, menarche

### **Introduction**

Reproductive health deals with the reproductive process, functions and system at all stages of life. Studies have shown that reproductive health problems are everywhere but occur suffer mainly rural tribal women, that also in socially, economically and geographically backward society and most populous caste. Reproductive health is such an important component of general health. It helps in social, economic and human

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development. Reproductive health is a crucial part of general health and central feature of human development. Reproductive health is a universal concern, but it is special importance for tribal women particularly during the reproductive years. WHO defines reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its function and process, the caste system is the dominant and ruling philosophy of Hinduism, directly linking power and social order. The caste system is the oldest surviving social phenomenon in the world. The inherent superiority of some castes and the inferiority of others is one of Hinduism's central elements and when a person is born into a particular caste, it is not possible to change one's caste to another. Nepalese society functions under this rigid caste system, and there are four major castes that have been "fixed" into two basic social characteristics: the so called touchable refers to caste, work and descent-based discrimination (Dhakal, 2010).

Nembang (2010) presented the thesis Food practices among pregnant women of Tribal community in Yashok VDC Pachthar District. The objectives of the study were to find out socio-economic and demographic characteristics of the respondents, to identify the existing food habit and practice of pregnant age group (15-49) years. That study has been done in all ward of Yashok VDC of Pachthar district. Most of the respondents were engaged in farming and their main sources of income are also farming. The adequate number of mothers took alcohol and tobacco this practice could have affected their health.

Prasad (2014) noted that tribal community is now to have unprivileged group and they remain to cut the steam of the society. They have more problems related with reproductive health. Tribal communities excluded socially, economically and politically in Nepal. Generally tribal are poor and illiterate countryside. They are deprived of education, employment, communication, health status, leadership etc. Tribal community has faced different types of health problems and women have faced especially

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reproductive health problems. The economic condition, socio cultural values, education and awareness, lack of adequate reproductive health facilities have largely affected the Tribal communities. The review literatures are similar to contents and methodology to present study, which are considered to provide basic guidelines. It encourages for involving in this research work. This study will be more relevant to identify the Tribal women problems in the field of sexual and reproductive health.

Sharma (2012) shows that marriage, pregnancy and motherhood are health and social issues. Despite the fact that early childbearing has major effect on the health of both mother and child, Marriage occurs relatively early in Nepal and women often face extreme cultural and social pressure to demonstrate their fertility soon after Marriage. The UN has defined the status of women in the context of their access of knowledge, economic resources and political power as well as their personal autonomy in the process of decision making. When we analyze these numbers in that light, the picture of Nepalese women is generally bleak. Lack of recognition of reproductive health problems by women themselves is considered as the major barrier to RH service delivery. Therefore, it is imperative to raise the level of awareness of women so that they are able to make demands in their right to reproductive health care.

The lack of access to education is a problem for the Tribal community. Many Tribal families living in rural areas are unable to send their children to school because of geographical or financial constraints. In addition, young tribal women are often married young and thus unable to continue their education, resulting in high illiteracy rates and the inability to be self –sufficient and financially contribute to be family. When we talk about Tribal women they suffer from triple discrimination as oppressed by the so-called high caste people (which equally affects both male and female Tribal's), oppressed by the design of the Hindu patriarchal system and oppressed by Tribal's males. Tribal women in Nepal live below the poverty line, illiterate and with knowledgeable health issues/problems (Maharjan, 2013).

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Nepal has maintained a common home of the people of different castes and creeds. The economic condition, socio cultural beliefs and values, education and awareness, lack of adequate reproductive health facilities have largely affected the ethnic communities in our country, it is therefore, necessary to bring all the diversities in unity and to study every aspect of human being to draw conclusion for the sake of mankind (Shah, 1999).

Still Nepalese people cannot understand and perform what about their reproductive and sexual problem. Many more persons are involved in intercourse with multi-partners which lead to develop unwanted pregnancies, immature pregnancy, unsafe pregnancy as like HIV and AIDS, syphilis, gonorrhoea, even cause high maternal, neonatal and child mortality and morbidity as well as high incidents rate of lifelong reproductive health problems as like STIs, HIV and AIDS (1998 DOHS). This is why, all tribal women suppress and do not express the problem openly in society, they may discuss in own family members and do not express among people which may lead to the serious health and social problems (Acharya, 2011).

Reproductive health implies that people are able to have a responsible, satisfying and safer sex life, and that they have the capability to reproduce and the freedom to decide it, when and where to do so. Implicit in this last condition are the right of men and tribal women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice as well as other methods of birth control which are not against the law, and the right of access to appropriate health care service that will enable tribal women to go to appropriate health care services that will enable tribal women to go safely through pregnancy and child birth and provide couple with the best chance of having a healthy infant (Karki, 2012).

Individuals do face inequalities in reproductive health services. Inequalities vary and based on socio-economic status, education level, age, ethnicity, religious, and resources available in their environment. It is possible for example, that low-income

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individuals lack the resources for appropriate health services and the knowledge to know with is appropriate for maintain reproductive health. Health practices seem different in enough community considering the importance of reproductive health problems. This WHO estimates that each year 358000 women die due to complication related to pregnancy and childbirth, 99 percent of these deaths occur within the most disadvantaged population groups living in the poorest countries of the world.

### **Methodology**

The overall objective of the article is to examine reproductive health problems of tribal women. Specifically, it attempts to find out the reproductive health problems of Tribal women analyze the attitude of Tribal women towards sexual and reproductive health problems focused by in the study area. It is the descriptive and survey type of study which is focused on the reproductive health problem of tribal women of Phidim Municipality Ward No.10 Yangnam Panchthar district. The total number of tribal women was 160 were selected through sample random sampling method. Interview Schedule was major tools to collect necessary and expected information this study is based on primary and secondary data. The collected data is edited classified and processed on reproductive health problems of tribal women (15-49) age groups. The data was analyzed and interpreted with the help of tables and descriptive statistics.

### **Results and Discussion**

This chapter contains the main part of the study. It deals with analysis and interpretation of data which were collected from field survey. After the collection of necessary information, all the data have been classified, tabulated, analyzed and outcomes are mentioned in details in this chapter.

#### **Age Group of Respondents**

Age is the basic characteristic of any demographic group that reflects the present demographic situation of populations. The attribute age of any demography, not only affect social, economic and political backgrounds, mortality and migration behavior but

also gives the basic for the study of past as well as future demographic situation of that population. So as a matter of fact, age structure plays a crucial role in the study of population dynamics. The age groups of respondents are given in table.

**Table 1***Distribution of age group respondents*

<b>Age group</b>	<b>Respondent</b>	<b>Percent</b>
15-19	38	23.75
20-24	29	18.13
25-29	53	33.13
30-34	11	06.87
35-39	14	08.75
40-44	10	06.25
45-49	5	03.12
Total	160	100.00

*Sources:* field survey, 2023

The data shows that the total numbers of respondents were 160. Among them majority of the respondents were of 25-29 years aged which is about one-third (33.13%) of the total respondents. The respondents aged 45-49 years were least in the number. They were about 3.12 percent only. The second largest respondents aged were 15-19 years which is about one fourth of the total respondents. It is adolescent stage and they were about 23.75 percent. Among the respondents, 20-24 years were about 18.13 percent, 20-34 years about 6.87 percent and 35-39 years about 8.75 percent, they are early adulthood stage. The respondents aged 40-44 years were second least than aged 45-49 years. They were about 6.25 percent only. Among the respondents, the highest composition was of adulthood stage, years ranging 15-29 age groups.

**Problems Related to reproductive organs**

Reproductive health is a universal concern, but it is special importance for tribal women particularly during the reproductive years. Adolescence stage, early adulthood stage and middle age are the reproductive age, which is the range of (15-49) years.

**Table 2***Distribution of respondents by Problems Related to reproductive organs*

<b>Problem</b>	<b>Respondent</b>	<b>percent</b>
No	32	20.00
Yes	128	80.00
If Yes		
Pain in lower stomach	61	47.65
Vaginal discharge with bad smell	38	29.69
Vaginal itching	17	13.28
Abnormal abortion	12	09.38
Total	128	100.00

*Sources:* field survey, 2023

In study, tribal women are victims of many health problems. Some of them were the pain in the lower stomach, vaginal discharge with bad smell, vaginal itching, infertility, abnormal abortion, HIV and AIDS, infection in the sexual organs, etc. In this study, 80% of respondents said yes, they had problem related to reproductive organs. The major problem was pain in lower stomach which is about 47.65 percent. Vaginal discharge with bad smell was about 29.69 percent which is the second highest problem of the respondents. Vaginal itching was larger than problem of abnormal abortion which was 13.28 percent and 9.38 percent. This data also reflects the problems of tribal women which match with national data. To prevent from these problems, many programs related to health problems should be organized by governmental and nongovernmental sectors.

**First person sharing of Problems**

Reproductive health problems are everywhere but occur mainly in socially, economically, educationally and geographically backward society in mid caste. This study shows the following result of the first point of the tribal women to share their reproductive health related problems.

**Table 3***Distribution of respondents by first person sharing of problems*

<b>Problems sharing person</b>	<b>percent</b>
Husband	4%
Parents	16%
Friends	20%
Doctor	24%
None	36%

*Sources:* field survey, 2023

In this study, 36 percent of the respondents were sharing their reproductive health related matters with their husband. So, the largest numbers were sharing with the husband which is very common phenomenon in our society for married women. The respondents 24% were sharing with their parents. The women mainly share their problems to the mother rather than father. Some of the respondents were sharing the problems out of the family members, especially female friends 20% and relatives. Some of them about 16% were sharing with doctor. Least no of the respondents did not share any problems to others. They were about 4 percent only. The national data almost matches with this data.

**Respondents Age with First Child**

Most of the teenage mothers give to birth child in developing nation on the comparison of this is not a problem in developed nations and educated developed society.



**Table 4***Distribution of Respondents by Age with First Child*

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<b>Age Group</b>	<b>Respondent</b>	<b>Percent</b>
15-18	82	51.35
19-22	59	36.88
23-26	19	11.87
Total	160	100.00

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*Sources:* field survey, 2023

In this study, most of the respondents were 15-18 years which is about half 51.25% of respondents. They gave to first child in this age, it is adolescence period. So that more difficulties may come in respondent's life like obstacles in education, to take responsibility of child in early age, abnormal abortion, problems in reproductive organ, uterine prolapsed, uterine cancer, sexual dysfunction etc. The respondents aged 19-22 years were slightly larger than aged 23-26 years which is about 36.88 percent of respondents gave birth to their first child. The respondents aged 23-26 were least in the number. They were about 11.87 percent only. Among the respondents, the highest composition was married in adolescence stage and gave birth to the first child in same period.

**Antenatal care and health check-up**

For proper development of child (period of fetus) and promote the health of pregnant women, she needs to take care of her health properly in the period of conception to postnatal, it helps to make positive concept of pregnant women. These studies show the following result of current pregnant and check to hospital of respondents which are shown in table.

**Table 5**

*Distribution of respondents by Antenatal care / health check-up*

<b>Currently pregnant</b>	<b>Respondent</b>	<b>Percent</b>
No	133	83.13
Yes	27	16,87
If yes, check to hospital		
No	19	70.37
Yes	8	29.63
If Yes, how many time		
4 times	8	29.63
Total	27	100.00

Sources: field survey, 2023

Most of the respondents said no (83.13%). they had not currently pregnant. And respondents (16.87%) only had found in currently pregnant. In this case, most of the pregnant tribal women (70.37%) did not go to hospital for their health and pregnancy checkup. Least of the respondents go to hospital in last stage on the week of having child of pregnancy. If the problems come to pregnant tribal women in the last stage, we take to her hospital immediately. Otherwise, both mother and child could be in problem. So that to examine the health of both mother and child, we have to take pregnant tribal women for the regular checkup. So, health education is essential at school and community.

**Used Contraceptive Devices**

Use of contraceptive devices is essential factor for the birth spacing and preventing unwanted pregnancy. It is the only method essential for the newly married couples for their future planning about the number of child and family size. The study shows the following result of ever used contraceptive devices of the tribal women which are shown in table.

**Table 6**

*Distribution by Used Contraceptive Devices*

<b>Response</b>	<b>Respondent</b>	<b>Percent</b>
No	112	70.00
Yes	48	30.00
If Yes, what types		
Pills	18	37.5
Depo-Provera	13	27.08
Norplant	9	18.75
Foam/jellies	6	12.5
Female condom	2	04.18
Total	48	100.00

*Sources:* field survey, 2023

In this study, about one-third respondents (30%) were using the contraceptive devices and more the two-third (70%) were not using which shows that there is low rate of the contraceptive device use. Most of the respondents did not use contraceptive devices; they gave as its reasons no more information about contraceptive devices, unavailability of the contraceptive devices in the nearer, hesitation for using device, mutual misunderstanding between husband and wife. This shows, there has lack of education about contraceptive devices so that very necessary to give education about contraceptive devices and behavior change communication program, regular free health camp for the availability of the devices.

**Conclusion**

The majority of the tribal women's problems related to sex organ pain in lower stomach, vaginal itching, and vaginal discharge with bad smell. Most of the tribal women had shared sexual and reproductive problems with their husband. It is very common phenomenon for tribal married women in our society. Most of the respondents did not

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share their sexual problem because of their shyness, among them vaginal dryness was the major problem. Most of the tribal women gave birth to first child in adolescent period. Most of the tribal women did not go to hospital for their health and pregnancy checkup. Most of the tribal women had not used contraceptive devices. Overall, it is concluded that the reproductive and sexual health of tribal women are found to be unsatisfactory. To give health education and awareness program to minimize for avoiding these issues or problems. Sexual violence must be stopped for pleasurable life of tribal women because sexual violence brought many problems and difficulties in tribal women's life.

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