



Reproductive health of Madiga women in Vijayapura city, Karnataka, India

Dr. Laxmidevi Y

Assistant Professor, Department of Women's Studies, Akkamahadevi Women's University, Vijayapura, Karnataka, India

Abstract

Reproductive health is an indispensable ingredient of health and a major determinant of human development. Reproductive health forms a major part of the health needs of a population. The concept of reproductive health recognises the diversity of the special health needs of women before, during and beyond child bearing age as well as the needs of the men. In India health status of man and woman is inextricably bound up with social, cultural and economic factors that influence all aspects of lives. It has consequences not only for women themselves but also on wellbeing of their children including the functioning of households and the distribution of resources. The madiga women fulfil multiple productive functions in addition to bearing children and performing household chores. Ironically agricultural innovations it has not benefitted women, who still have to perform the conventional household work and at the same time be engaged in agricultural and construction works.

Keywords: reproductivity, rights, Madiga

Introduction

In India, reproductive health status of man and woman is inextricably bound up with social, cultural, and economic factors that influence all aspects of lives. It has consequences not only for women themselves but also on the well-being of their children including the functioning of households, and the distribution of resources. The tribal women fulfill multiple productive functions in addition to bearing children and performing household chores. Ironically, despite the agricultural innovations, it has not benefitted rural women, who still have to perform the conventional household work and at the same time be engaged in agricultural and construction works. Women are obliged to resume work even before they have fully recovered from the process of childbirth.

Objectives of the study

1. To analysis health issues of Madiga women
2. To understand the reproductive health of Madiga women
3. To make necessary action to effective implementation of government programmes regarding health for Madiga women

Research Methodology

The based on primary data collected from the Madiga women by direct interview, observation method. Scheduled had been prepared by including the questions regarding their reproductive health factors. A sample of 360 Madiga women were selected in Vijayapura city from thirty two wards of Karnataka. from each ward 10 women had been selected by using simple random sampling method.

Scope of the study

The study mainly focuses the problems faced by reproductive health of Madiga women.

Analysis and Interpretations

Table 1: Respondents Age

Sl. No.	Age	Numbers	Percentage
01	15-20	25	6.9%
02	20-30	90	25%
03	30-40	97	26.9%
04	40-50	98	27.2%
05	50-60	50	13.8%
	Total	360	100%

Source: Primary data

Table 2: Puberty status of the respondents

Sl. No.	Maturity Status	Numbers	Percentage
01	12 Years	66	18.33%
02	13 Years	81	22.5%
03	14 Years	110	30.55%
04	15 Years	53	14.72%
05	16 Years	50	13.88%
	Total	360	100%

Source: Primary status

Table 3: Marriage age of the Respondents

Sl. No.	Age	Numbers	Percentage
01	15 Years	25	6.9%
02	16 Years	57	15.83%
03	17 Years	160	44.44%
04	18 Years	80	22.22%
05	19 Year	38	10.55%
	Total	360	100%

Source: Primary data

Table 4: No. of the children of the Respondents

Sl. No.	Childrens	Numbers	Percentage
01	1-2	91	25.27%
02	3-4	126	35%
03	5-6	143	39.72%
	Total	360	100%

Source: Primary data

Table 5: Respondents Hospital Status

SL. No.	Particulars	Numbers	Percentage
01	Government Hospital	320	88.88%
02	Private Hospital	35	9.72%
03	Home remedy	05	1.38%
	Total	360	100%

Source: Primary data

Table 6: Menstrual Problems of the Respondent

Sl. No.	Menstrual Problems	Numbers	Percentage
01	Menstrual cramps	178	49.44%
02	Heavy Bleeding	122	33.88%
03	Body Pain	60	16.66%
	Total	360	100%

Source: Primary data

Table 7: Nature of the respondents Delivery

Sl. No.	Particulars	Numbers	Percentage
01	Normal Delivery	139	38.61%
02	Cesarean	132	36.66%
03	Home birth bymidwife	89	24.72%
	Total	360	100%

Source: Primary data

Table 8: Respondents Awareness Status regarding Reproductive Rights

Sl. No.	Particulars	Numbers	Percentage
01	Yes	20	5.55%
02	No	340	94.44%
	Total	360	100%

Source: Primary data

Table 9: Gap between children of the respondents

Sl. No.	Particulars	Numbers	Percentage
01	Contraceptive Pills	266	73.88%
02	Injection	15	4.16%
03	Condoms	56	15.55%
04	Emergency Pills	23	6.38%
	Total	360	100%

Source: Primary data

Table 10: Problems during in Pregnancy

Sl. No.	Particulars	Numbers	Percentage
01	Anemia	101	44.10%
02	Weakness	19	8.29%
03	Amniotic fluid problem	34	14.84%
04	B.P.	59	25.76%
05	Sugar	16	6.98%
	Total	229	100%

Source: Primary data

Table 11: Menopause Problems of the Respondents

Sl. No.	Particulars	Numbers	Percentage
01	Abdominal cramps	26	14.60%
02	Backache Pain	32	17.97%
03	Irregular Bleeding	58	32.58%
04	Bleeding	35	19.66%
05	Body Pain	16	37.07%
06	Hysteria	06	3.37%
07	Others	05	2.80%
	Total	178	100%

Source: Primary data

Findings of the data analysis

- Age is an important factor in understanding the role of and states of an Individual in the society. Age composition of the respondents reveals whether the sample is young, adults or old through interview out by drawing the information on their age composition. The study also reveals that out of 360 respondents 27.2% of the respondents are 40 to 50 years of age group. And 26.9 percent of the respondents between 30 to 40 year age group.
- 30.55 per cent of the respondents are matured in the age of 14 years. And 22.5 per cent of the respondents are puberty in the age of 13 years.
- Out 360 respondents 44.44 per cent of the respondents are married in the age of 17 years. 22.22 per cent of the respondents are married in the age of 18 years. But only 10.5 per cent of the respondents married at the age of 19 years.
- 88.88 per cent of the respondents are going to government hospital for their treatment. Only 9.32 percent of the respondents are going to private hospital for the treatment.
- Out of 360 respondents 39.72 per cent of the respondents have 5 to 6 children, 35 per cent of the respondents have 3 to 4 children only 25.7 per cent of the respondents have 1 to 2 children. It shows that the Madiga women
- Don't have awareness of the reproductive health.
- Out of 360 respondents 44.44 percent of the respondents have menstrual cramp problem. 33.88 per cent of the respondents have heavy bleeding problem.
- The study reveals that 38.61 per cent of the respondents are normal delivery in hospital, 36.66 per cent respondents are cesarean and 24.72 per cent of the respondents delivered home birth by midwife.
- Out of 360 respondents 94.44 per cent of the respondents have no awareness about reproductive rights
- The study reveals that 73.88 per cent of the respondents using contraceptive pills for temporary prevention of pregnancy.
- Out of 360 respondents 44.10 per cent of the respondents have anemic and malnutrition problem during pregnancy.
- About menopause problem 37.7 per cent of the respondents have body pain 32.58 per cent of the respondents have heavy bleeding problem.

Suggestions

- The Madiga women need Swasthya Bheema Health Card
- Regarding awareness health facilities in the area and

- required one gynecologist
3. Awareness about the health rendering by government to pregnant women until the delivery in the hospital
 4. Government has to be increased awareness among Madiga women about their reproductive rights.
 5. Provide awareness programs
 6. regarding personal hygiene and sanitation
 7. Special schemes should be formulated for eliminating scavenging dry latrines.
 8. Govt. Should provide where they face problems of safe drinking water
 9. Considering the number of magnitude of the problems of madiga women volunteer agencies must be encourage in the sphere.
 10. The Govt NGO should take initiates to forming of Madiga women forum which can deal the problems and solutions and the forums also interact among themselves and can find the solution for their own empowerment and development.

References

1. Nanjundaswami M, IPS, Bharatad Modal Doregalu, Maalaw Philological Academy, Bengaluru.
2. Dr. Shivanand Kelaginamani, Maadiga Lingayatru, Shree Shirda Sai Enterprises, Bengaluru.
3. Prof. K. Gouramma, Prof. T. Yallappa Bhootayya, Bharatad Jati Paddhatiy Savalugalu, Prasaranga, Mysore University, Mysore.
4. Editor Lakshman, Parampareya Nakshttragalu, Nirantar, Vijayanagar, Bengaluru.
5. Vijayashree Ittannavar, Hadinentu Jaatigalu, Prasaranga, Kannada University, Hampi.