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Reproductive Health Status of Scheduled Caste Women in Thiruvarur District, Tamilnadu

P. R. Rejoice, Ph.D. Scholar

A. R. Ravishankar, Ph.D.

Abstract

Childbirth is one of the important events affecting the health of a woman, especially in developing countries like India. The major objective of the research is to assess the reproductive health status of Scheduled Caste married women, residing in rural areas of Thiruvarur district of Tamilnadu state. Multistage stratified random sampling technique was applied to select the respondents from the Thiruvarur district for the research purpose. There were 1164 households with the target population. Totally 1203 women in the age group of 15-24 were identified in all the five blocks. A total of 605 respondents were selected by systematic random sampling technique.

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Nearly three-fifth of the scheduled caste women experienced any one kind of health problem during their pregnancy period (58.2 percent) and also half of the SC women experienced any one kind of delivery complication during their latest child delivery (49.4 percent). It is observed that education of women, standard of living condition, age at marriage and number of ANC visit were statistically significant with the prevalence of any one pregnancy related health problem among SC population. It concludes that, state government should strengthen their IEC activities and introduce community specific intervention programmes to reduce the reproductive health problems among the scheduled caste population

Key words: Health problems during pregnancy, delivery complication and scheduled caste

Introduction

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 recognizes the diversity of the special health needs of women before, during and beyond child bearing age, as well as the needs of men.

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 for the well-being of their children including the functioning of households, and the distribution of resources. Paradoxically, despite the agricultural innovations, it has not benefited 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

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(Shaila, and Mary, 2010). Several community studies based on women's self, reporting of symptoms as well as clinical and laboratory examinations indicate that a high proportion of women suffer from gynecological morbidities (Zurayk, et.al., 1995). According to Bang et al., (1989) stated that 92 percent of the women were suffering from one or the other gynecological or sexual diseases. Center for Operations Research and Training (CORT, 1995) in its baseline survey covering more than 7,000 households in Bhopal, Sagar and Vidisha districts of Madhya Pradesh revealed that at least 42 percent of the women reported suffering from one or the gynecological problems.

Reproductive health problems remain the leading cause of ill health and death for women of childbearing age worldwide. Impoverished women, especially those living in developing countries, suffer disproportionately from unintended pregnancies, maternal death and disability, sexually transmitted infections including HIV, gender-based violence and other problems related to their reproductive system and sexual behaviour. Because young people often face barriers in trying to get the information or care they need (UNFPA, 2005).

Under this backdrop an attempt was made to explore the prevalence of reproductive health problems during pregnancy and at the time of delivery among Scheduled Caste population in the Thiruvavur district.

Materials and Methods

Selection of the District

According to 2001 census, Thiruvavur district was the highest Scheduled Caste populated district and also backward district in Tamilnadu.

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Selection of the Taluks

Multistage stratified random sampling technique was applied to select the respondents from the Thiruvarur district for the research purpose. Selection of the taluk was the first step in the multistage stratified sampling techniques. Thiruvarur district had totally seven Taluks, which comprise 573 revenue villages and 430 panchayat villages. In the first stage, out of seven taluks, it was decided to select five taluks. These five taluks represent the geographical area of the study district.

Selection of the Sample Blocks

In the second stage, the purposive sampling technique was applied to select the blocks, for the convenience of research work. The selected blocks were Nannilam, Thiruvarur, Tiruturaipundi, Valangaiman, and Mannargudi.

Selection of the Sample Villages

The selected five blocks totally comprise 352 revenue villages. During the third phase, an attempt was made to find out the villages which had more than 50 percent of scheduled caste population. The total number of these villages was 87. Out of the 87 villages, around one-third of the villages were selected from each of the blocks by lottery method. The total number of selected villages was 28.

Selection of the Sample Respondents

After identifying the villages in each block, house listing operation was carried out in each of the selected villages prior to the data collection to provide the necessary frame for selecting the households for the study. Totally 6376 houses were listed in all the five blocks.

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Identification of eligible married young women (15-24 years) in each household was the next step in the research. There were 1164 households with the target population. Totally 1203 women in the age group of 15-24 were identified in all the five blocks. These women were living with their husbands and had given at least one birth given one year prior to the survey.

It was planned to select half of the population in each of the sample villages i.e., 601 was fixed as the sample size of the study. In order to take care of non-response due to various reasons, an extra 10 percent of respondents were included in the sample. Thus, in all, 661 respondents were selected following circular systematic random sampling technique. Of these 661 respondents, 605 completed the questionnaire, 32 respondents declined to participate and 24 respondents completed scheduled that had to be discarded of substantial inconsistency, yielding a response rate of 91.5 percent.

Results

Health problems during pregnancy period

Every seven minutes, one woman dies due to complications in pregnancy or child birth, in India (RGI, 2007) Complications during pregnancy may affect both women's health and the outcome of the pregnancy adversely. Early detection of complications during pregnancy and their management are important components of the safe motherhood program (MCH, 1994).

In this survey, the mother was asked if at any time during the pregnancy she experienced any of the following pregnancy-related problems, for the most recent birth in the one year preceding the survey: excessive fatigue, convulsions (not from fever), swelling of the legs, body or face, nausea and vomiting, vaginal bleeding, abdominal pain and blood pressure (low and high).

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Convulsions accompanied by signs of hypertension can be symptomatic of eclampsia, a potentially fatal condition. The potential health risk posed by vaginal bleeding during pregnancy varies by when in the pregnancy the bleeding takes place. However, a combined outcome of toximia, anaemia and malnutrition is swelling of legs, body or face. Similarly if a pregnant woman suffers from malnutrition accompanied by overwork, she experiences excessive fatigue. Thus, all these problems are related to the nutrition of woman (MCH, 1994). With this view, this section made an attempt to analyze the pregnancy related health problems of SC women for their latest pregnancy.

It is observed from the Table 1 that more than half of the scheduled caste women experienced any one kind of health problem during their pregnancy period (58.2 percent). With regard to prevalence of specific pregnancy-related health problem, the nauseas and vomiting were most commonly reported by the SC women (30.7 percent). In the study area, more than one-fourth of women suffered with abdominal pain (26.7 percent). Another one-fourth of SC women experienced excessive fatigue during their pregnancy episode (25.0 percent).

As mentioned in the patriarchal Indian society women bear the major burden of the household chores and it is not compensated with balanced diet. Even during pregnancy, she is not given any concession from the household work and there is hardly any improvement in her diet. Thus, in most of the cases, she is malnourished and is overexerted, which worsens her condition during pregnancy (Papia Raj, 2005). Among the study population around one-fifth of women had convulsion that was not from fever (20.2 percent) and another 19 percent experienced swelling of hand, legs or face. Further, excessive bleeding does not seem to be a

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common problem among these women as it was reported by only 9.4 percent. It is also noticed from the table that an insignificant proportion of women experienced low blood pressure (8.8 percent) and high blood pressure (3.4 percent).

The Table 2 discusses the result of bivariate analysis of pregnancy-related health problems with background condition of the respondents. The results indicate that women in the age group 18-20 were more likely to experience pregnancy related health problems (71.3 percent) than those aged 24 years (49.7 percent). Further, the Chi-square analysis shows that the age of women was significantly associated with pregnancy related health problems with the value of 11.72 at $p = .003$. Among the different socio-economic and demographic variables, education was found to have the strongest association with pregnancy related health problem. It is seen from the table that the higher educated women were less likely to experience pregnancy related health problems than less educated women. The proportion of women who experienced health problems during pregnancy was more than three folds among illiterate (74.6 percent) than the women who completed higher secondary and above (20.0 percent). The table shows that women's education had significant association with the health problems during pregnancy with a Chi-square value of 66.45 at $p = .000$. More than three-fifth of women who were working in agricultural sector experienced health problems during pregnancy (60.8 percent), whereas this proportion for non-working women was 58.3 percent and women working in non-agriculture sector was 45.5 percent.

The finding indicates that the proportion of women in households in the high wealth quintile was less likely to experience pregnancy related health problems (18.9 percent) than

women in medium (53.5 percent) and women in low wealth quintile (73.1 percent). The table reveals that the health problems during pregnancy period were significantly associated with the level of women's standard of living condition with a Chi-square value of 57.85 at $p = .000$. It shows that there was a consistent decrease in the percentage of women who experienced health problems with an increase in women's standard of living condition.

The women who married at later age (22 and above years) were less likely to experience health problems (11.9 percent) than those who married at an early age (83.3 percent among less than 18 years; 69.1 percent among 18-19 years and 49.2 percent among 20-21 years). As shown in Table 2 the age at marriage had statistically significant association with the health problems with a Chi-square value of 76.59 at $p = .000$. It is found that birth order had a positive influence on the health problems during pregnancy. The higher birth order pregnancies were less likely to experience health problems during pregnancy (55.1 percent) than lower birth order pregnancies (69.7 percent). Table 2 illustrates that the birth order had a significant impact upon the health problems during pregnancy with Chi-square value of 12.09 at .007. The results reveal that the proportion of women who experienced pregnancy related health problems was less among more exposed women (44.8 percent) than less exposed (67.4 percent). The table depicts that women's exposure to media had a strong association with the health problems during pregnancy period with a Chi-square value of 30.78 at $p = .000$. The table discloses that quite a significant proportion of women residing four Km away from the health care institution experienced health problem during pregnancy (60.4 percent), whereas this proportion was 43.6 percent among women residing within one Km radius of health care institution. The number of ANC visit is an

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important component in determining women's health problems during pregnancy. The results reveal that women who had less number of ANC visit (71.1 percent -2 or less visit) were more likely to experience pregnancy related health problems than those who visit six or more times for ANC (37.3 percent). The number of ANC visit during pregnancy was significantly associated with health problems during pregnancy with Chi-square value of 21.61 at $p= 000$.

Logistic Regression examining the effect of background characteristics on health problems during pregnancy period

Logistic regression technique has been employed (Table 3) to assess the effect of each background variable on the probability of decreasing the incidence of pregnancy related health problem during pregnancy period, controlling other variables. For this analysis, the dependent variable considered is 'experienced with any one pregnancy related health problem (swelling of hand/leg or face; excessive fatigue; convulsion not from fever; nauseas and vomiting; excessive bleeding and abdominal pain; high/low blood pressure), which has been coded as '0' and not experienced any health problems coded as '1'. It is noted from the logistic regression analysis that the chance of getting any one pregnancy related health problem is consistently improving with the improving socio-economic and demographic conditions of women.

It is observed from Table 3 that education of women, standard of living condition, age at marriage and number of ANC visit were statistically significant with the prevalence of any one pregnancy related health problem among SC population. The age of women, religion, occupation of women, type of family, duration of marital life, age at first birth, birth order, exposure to mass

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media and distance between health centre and home did not show any kind of statistical association with the dependent variable with the respective reference categories.

It is noted from the logistic regression analysis that when compared with illiterate women, women with higher education were less likely to experience any one pregnancy related health problem (OR= 0.216). It is also noticed that the chance of getting any one pregnancy related health problem was less among the women living in high wealth index (OR= 0.149) than the reference category (low wealth index). The age at marriage (OR= 0.208) had a significant negative effect on the incidence of any one pregnancy related health problem. It is also observed that when compared with women who made less number of ANC visit, women who made more than six ANC visits were less likely to experience any one pregnancy related health problem (OR= 0.214). It can be concludes that the prevalence of pregnancy related problem does not vary much by background characteristics of women in the study area.

Health Problem at the time of Delivery

India, being developing country, contributes 26 percent of the global burden of maternal deaths with nearly 136,000 women dying annually (UNICEF, 2009) due to the cause related to pregnancy and childbirth. Reduction of child mortality and improvement in maternal health care the major goals in Millennium Declaration, to which India is a signatory. Additionally maternal, newborn and child health has become a priority area for the policy makers, planners and various professionals (WHO, 2004). Under this backdrop, here on attempts was made to expose the incidence of delivery complication among the SC community.

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Table 4 shows the percentage of women who experienced complications at the time of delivery. The most common delivery problem reported by the SC women was premature labour (30.8 percent), Obstructed labour (15.7 percent) and excessive bleeding (14 percent). It is followed by breech presentation (12.7 percent), and convulsion (12.4 percent). It is observed from the table that only around 10 percent of women experienced prolonged labour and an insignificant proportion of women reported they experienced high blood pressure problem (4.7 percent). Overall, nearly half of the SC women experienced any one kind of delivery complication during their latest child delivery (49.4 percent).

The Table 5 discusses the result of bivariate analysis on delivery complication problems with background condition of the respondents. The results indicate that the younger women experienced more delivery complications than older women. The women aged 24 years were less likely to experience the delivery complications (25.2 percent) than those aged 18-20 years (78.7 percent) and those aged 21-23 years (51.6 percent). Further, the table shows that women experienced child delivery complication had statistically significant association with the age of women with Chi-square value of 67.59 at $p = .000$. The proportions of educated SC women were less likely to experience child delivery complication than their counterparts. It is seen from the table that the illiterate women were (six fold) more likely to experience delivery complication (78.1 percent) than women who completed higher secondary and above education (14.0 percent). The association between education of women and prevalence of delivery complication was very strong and highly significant with a Chi-square value of 40.59 at $p = .000$. The proportion of experience of delivery complications was comparatively higher among non-workers (55.5

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percent) than the agricultural laborers (50.0 percent) and non-agricultural laborer (31.7 percent). The finding indicates that the proportion of women in households in the high wealth quintile was less likely to experience delivery complications (30.2 percent) than women in less wealth quintile (63.2 percent). Further the table discloses that women who experienced child delivery complication was significantly associated with the level of women's standard of living condition with a Chi-square value of 24.44 at $p = .000$.

The table 5 shows that women who married at the age of 22 and above years were less likely to experience delivery complication (19.0 percent) than those who married at an early age (77.8 percent -below 18 years. Furthermore, the association between the prevalence of delivery complication and birth order shows a positive relationship. Women with a first birth order were more likely to experience child delivery complications (55.6 percent), whereas this proportion for second order pregnancies was 45.5 percent and for third order pregnancies were (39.1 percent). The association between exposure to mass media and the occurrence of delivery complication was positively related. The women who were more exposed to mass media experienced less child delivery complication (42.5 percent) than less exposed women (54.4 percent). The results show that the women residing within one Km radius of health care centers experienced less child delivery complication (47.4 percent) whereas this proportion was 50 percent for women residing four Km away from health care centers. Further, the table shows that the number of ANC visit during pregnancy and the incidence of child delivery complication were positively related. The results reveal that the women who visited health care centre for ANC

more than six times experienced less delivery complication (32.2 percent), whereas this proportion was 52.6 percent for women who visited two or less times to the health care centers. I

Logistic Regression examining the effect of background characteristics on delivery complication

Table 6 shows the results of binary logistic regression, examining the effect of background characteristics on delivery complications (Pre-mature labour; prolonged labour; obstructed labour; excessive bleeding; breech presentation; convulsion and high blood pressure).

It may be concluded from the analysis that except standard of living condition, and age at marriage, all other variables such as age, religion, education of women, occupation of women, type of family, duration of marital life, age at first birth, birth order, exposure to mass media and distance to health care facility, and number of visit to health center were negatively associated with the dependent variable (delivery complications) with the respective reference categories.

It is noticed from the logistic regression analysis that when compared with young women (18-20 years), women in higher age (24 years) were less likely to experience birth delivery complications (OR= 0.296). The wealth index shows a strong negative association with the indicators of delivery complications. The proportion of women who experienced delivery complication decreased steadily and negatively associated with the wealth index, when compared to the low SLI, the experience of delivery complication on richest women 0.191 times lesser. The age at marriage (OR=0.203) had a significant negative effect on the incidence of delivery complications.

Discussion

Reproductive health problems remain the leading cause of ill health and death for women of childbearing age worldwide. Impoverished women, especially those living in developing countries, suffer disproportionately from unintended pregnancies, maternal death and disability, sexually transmitted infections including HIV, gender-based violence and other problems related to their reproductive system and sexual behaviour. 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.

More than half of the scheduled caste women experienced any one kind of health problem during their pregnancy period (58.2 percent). With regard to prevalence of specific pregnancy-related health problem, the nausea and vomiting were most commonly reported by the SC women (30.7 percent), followed by abdominal pain (26.7 percent). The District Level Household and Facility Survey-3 (IIPS, 2006-07) show that more than half of the women experienced complications during their pregnancy episode (58.8 percent.) However, this proportion does not vary much by background characteristics of the women. The report also reveals that more than three-fifth of women had delivery complications (61.2 percent) and another 37 percent of the women stated that they had post- delivery complication.

Women in the age group 18-20 were more likely to experience any one of the pregnancy related health problems (71.3 percent) than those aged 24 years (49.7 percent). The higher educated women were less likely to experience pregnancy related health problems than less educated women. The level of standard of living condition was found to have a positive

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association with the prevalence of health problems during pregnancy. The analysis depicts that women's exposure to media had a strong association with the health problems during pregnancy period. The results reveal that women who had less number of ANC visit (71.1 percent -2 or less visit) were more likely to experience pregnancy related health problems than those who visit ANC six or more times for ANC (37.3 percent). It is observed that education of women, standard of living condition, age at marriage and number of ANC visit were statistically significant with the prevalence of any one pregnancy related health problem among SC population.

The women aged 24 years were less likely to experience the delivery complications (25.2 percent) than those aged 18-20 years (78.7 percent). The educated women were less likely to experience child delivery complication than their counterparts. The finding indicates that the proportion of women in households in the high wealth quintile was less likely to experience delivery complications (30.2 percent) than women in less wealth quintile (63.2 percent). The results reveal that the women who visited health care centre for ANC more than six times experienced less delivery complication (32.2 percent) than their counterparts.

It is noticed from the logistic regression analysis that when compared with young women (18-20 years), women in higher age (24 years) were less likely to experience birth delivery complications (OR= 0.296). The proportion of women who experienced delivery complication decreased steadily and negatively associated with the wealth index, when compared to the low SLI, the experience of delivery complication on richest women 0.191 times lesser. The age at marriage (OR=0.203) had a significant negative effect on the incidence of delivery complications. Overall, around 44 percent of women experienced any one of the post-natal

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health problem. It is observed that the most common post-natal problem stated by the respondents was lower abdominal pain (37.1 percent), followed by severe headache (19.3 percent), foul smelling (17 percent).

Recommendations

Based on the study findings, the following policies are recommended to promote health status of SC women in rural areas of Tamilnadu.

- It is important that state government should strengthen their IEC activities and introduce community specific intervention programmes to reduce the reproductive health problems among the scheduled caste population.
- Government should extend its outreach activities like running mobile outreach clinics and conducting special camps for expectant deserving mothers in rural areas. The timings of these camps should be convenient to the local women.
- Hence, improving ANC services could be a good strategy to promote status of pregnant mother as well the new born child.

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Table 1
Percentage distribution of women by Pregnancy-related health problems (Multiple responses)

Pregnancy-related health problems	Number of women	Percentage
Women who had experienced any one health problem	352	58.2
Nauseas and vomiting	108	30.7
Abdominal pain	94	26.7
Excessive fatigue	88	25.0
Convulsion	71	20.2
Swelling of hand, legs or face	68	19.3

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Excessive bleeding	33	9.4
Low blood pressure	31	8.8
High blood pressure	13	3.4

Table 2

Percentage distribution of women who experienced Pregnancy-related health problems by Background characteristics

Background characteristics	Pregnancy-related health problems		Total	X ²	P
	Yes	No			
Age of women					
18- 20	71.3	28.7	94	11.72	.003
21- 23	58.2	41.8	364		
24 years	49.7	50.3	147		
Education of women					
Illiterate	74.6	25.4	32	66.45	.000
Primary education	74.5	25.5	56		
Secondary education	58.0	42.0	467		
Higher secondary and above	20.0	80.0	50		
Occupation of women					
Non-workers	58.3	41.7	123		

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Agricultural laborers	60.8	39.2	348	13.73	.001
Non-agricultural labourers	45.5	54.5	134		
Standard of living index					
Low	73.1	26.9	234	57.85	.000
Medium	53.5	46.5	318		
High	18.9	81.1	53		
Age at marriage					
Less than 18 years	83.3	16.7	18	76.59	.000
18-19 years	69.1	30.9	307		
20-21 years	49.2	50.8	238		
22 -23 years	11.9	88.1	42		
Birth order					
First	69.7	30.3	365	12.09	.007
Second	61.4	38.6	207		
Third	55.1	44.9	33		
Exposure to mass media in weekly					
More frequently	44.8	55.2	252	30.78	.000
Less frequently	67.4	32.6	353		
Health care facility					
Within 1 Km	43.6	56.4	78		

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2 - 3 Km	55.0	45.0	171	12.56	.004
4 or more Km	60.4	39.6	356		
ANC visit					
2 or less visit	71.1	28.9	152	21.61	.000
3 - 5 visits	56.3	43.7	394		
6 or more visits	37.3	62.7	59		
Total	58.2	41.8	605		

Table 3

Logistic regression examining the effect of background characteristics on health problems during pregnancy period

Variables	Logistic Coefficient (β)	Significant value (p)	Odds Ratio Exp(β)
Age of women			
18-20 (ref)			1.000
21-23	-.369	.290	.692
24 years	-.800	.114	.449
Religion			
Hindu (ref)			1.000

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Christian	-.491	.066	.612
Education of women			
Illiterates (ref)			1.000
Primary education	.417	.525	1.518
Secondary education	-.823	.118	.439
Higher secondary and above	-2.712	.000	.216
Occupation of Women			
Non-workers (ref)			1.000
Agricultural labourers	-.034	.812	.767
Non-agricultural labourers	-.063	.787	.665
Type of family			
Nuclear Family (ref)			1.000
Joint family	-.216	.291	.805
Standard of living index			
Low level (ref)			1.000
Medium level	-.547	.016	.579
High level	-1.902	.000	.149
Age at marriage			
18 or less years (ref)			1.000
19-20	-.435	.564	.647
21 or more	-.388	.006	.208

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Duration of marital life			
1-2 years (ref)			1.000
3-4 years	-.089	.760	.915
5-6 years	.076	.884	1.079
Age at first birth			
19 or less years (ref)			1.000
20-22	.103	.892	1.108
23 or more	-1.311	.149	.270
Birth order			
First birth (ref)			1.000
Second birth	.215	.458	1.240
Third birth	-.205	.241	.746
Exposure to mass media in weekly			
Less frequently (ref)			1.000
More frequently	-.243	.232	.785
Distance of health care facility			
Within 1 Km (ref)			1.000
2-3 Km	-.128	.693	.879
4 or more Km	-.037	.901	.963
Number of ANC visits during pregnancy			
Less 3 visit (ref)			1.000

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3-5 visits	-.060	.056	.542
6 or more visits	-.015	.002	.214
Constant	2.613	.000	13.640

-2 log likelihood = 1312.284

Table 4

**Percentage distribution of women by Delivery complications
(Multiple responses)**

Various type of delivery complications	Number of women	Percentage
Women who experienced any one delivery complication	299	49.4
Premature labour	92	30.8
Obstructed labour	47	15.7
Excessive bleeding	42	14.0
Breech presentation	38	12.7
Convulsion	37	12.4
Prolonged labour	29	9.6
High blood pressure	14	4.7

Table 5**Percentage distribution of women who experienced delivery complication by Background characteristics**

Background characteristics	Delivery complications		Total	X²	P
	Yes	No			
Age of women					
18- 20	78.7	21.3	94	67.59	.000
21- 23	51.6	48.4	364		
24 years	25.2	74.8	147		
Education of women					
Illiterate	78.1	21.9	32	40.59	.000
Primary education	64.3	35.7	56		
Secondary education	49.5	50.5	467		
Higher secondary and above	14.0	86.0	50		
Occupation of women					
Non-workers	55.5	44.5	123	20.53	.000
Agricultural labourers	50.0	50.0	348		
Non-agricultural labourers	31.7	68.3	134		
Standard of living index					

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Low	63.2	36.8	234	24.44	.000
Medium	42.5	57.5	318		
High	30.2	69.8	53		
Age at marriage					
Less than 18 years	77.8	22.2	18	28.40	.000
18-19 years	55.7	44.3	307		
20-21 years	44.5	55.5	238		
22 -23 years	19.0	81.0	42		
Birth order					
First	55.6	44.4	365	14.58	.001
Second	45.5	54.5	207		
Third	39.1	60.9	33		
Exposure to mass media in weekly					
More frequently	42.5	57.5	252	8.37	.004
Less frequently	54.4	45.6	353		
Health care facility					
Within one Km	47.4	52.6	78	.177	.915
2-3 Km	49.1	50.9	171		
4 or more Km	50.0	50.0	356		
ANV visit					

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Less than 3 visits	52.6	47.4	152	7.90	.019
3-5 visits	50.8	49.2	394		
6 or more	32.2	67.8	59		
Total	49.4	50.6	605		

Table 6

Logistic regression examining the effect of background characteristics on delivery complication

Variables	Logistic Coefficient (β)	Significant value (p)	Odds Ratio Exp(β)
Age of women			
18-20 (ref)			1.000
21-23	-.280	.401	.756
24 years	-1.217	.000	.296
Religion			
Hindu (ref)			1.000
Christian	.578	.032	1.783
Education of women			
Illiterates (ref)			1.000
Primary education	.496	.341	1.642
Secondary education	-.123	.785	.884

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Higher secondary and above	-1.416	.075	.243
Occupation of women			
Non-workers (ref)			1.000
Agricultural labourers	-.325	.337	.722
Non-agricultural labourers	-.068	.769	.934
Type of family			
Nuclear Family (ref)			1.000
Joint family	-.034	.872	.967
Standard of living index			
Low level (ref)			1.000
Medium level	-1.106	.000	.331
High level	-1.657	.000	.191
Age at marriage			
18 or less years (ref)			1.000
19-20	-.881	.004	.414
21 or more	-1.596	.003	.203
Duration of marital life			
1-2 years (ref)			1.000
3-4 years	.357	.619	1.429
5-6 years	-.120	.882	.887
Age at first birth			

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19 or less years (ref)			1.000
20-22	-1.067	.141	.344
23 or more	-1.163	.198	.312
Birth order			
First birth (ref)			1.000
Second birth	.127	.680	1.136
Third birth	.620	.328	1.859
Exposure to mass media in weekly			
Less frequently (ref)			1.000
More frequently	-.131	.542	.877
Distance of health care facility			
Within 1 Km (ref)			1.000
2-3 Km	-.122	.706	.885
4 or more Km	-.260	.382	.771
Number of ANC visits during pregnancy			
Less 3 visit (ref)			1.000
3-5 visits	-.344	.215	.411
6 or more visits	-.478	.289	.613
Constant	1.615	.007	5.029

-2 log likelihood = 1216.871

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P. R. Rejoice
Ph.D. Scholar
Department of Population Studies
Annamalai University
Annamalai Nagar – 608 002
Tamilnadu, India
pr.rejoice@gmail.com

A. R. Ravishankar, Ph.D.
Department of Population Studies
Annamalai University
Annamalainagar – 608 002
Tamilnadu, India
ravishankarak6@gmail.com

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P.R. Rejoice, Ph.D. Scholar and A. R. Ravishankar, Ph.D.

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