

## **The Study of Maternal Health Problems Among the Semi-nomadic Lohar Gadiyas of Malthon of Sagar District, Madhya Pradesh, India**

**Ankur Yadav, A.N. Sharma and Amita Jain**

*Department of Anthropology, Dr. H.S. Gour University, Sagar 470003, Madhya Pradesh, India  
E-mail: ankuryadav2000@yahoo.com*

**KEY WORDS** Lohar-Gadiya, Maternal Health, Madhya Pradesh.

**ABSTRACT** The present paper discusses the maternal health problems prevail among the semi-nomadic Lohar Gadiyas of Malthon town of Sagar district, Madhya Pradesh, India. The present study is based on interview of 128 Lohar Gadiya housewives by random sampling and semiparticipants method, using structured schedule. The findings indicate that majority of population is illiterate and poor. The most of the females married at higher age and faced atleast one health problem during the pregnancy. In all, the maternal health is poor. Under these circumstances it is highly desirable to take step for reducing infant mortality by improving mother and child health services and by increasing acceptance of family welfare devices.

### **INTRODUCTION**

Sobering indicates of the magnitude of women's reproductive health problems in India are continuing high rates of mortality and morbidity related to pregnancy and child-birth. India's maternal mortality ratio, estimated at 400-570 per 1,00,000 live births, is fifth times higher than the many developed countries and six times higher than the neighboring Srilanka, which such measure as number of birth, abortion are undoubtedly the most extreme manifestation of poor maternal health, they are no more than "the tip of the iceberg" of poor maternal health and should not detract from the fact that because Indian women are denied the benefits of modern maternal health care, million more between 4 and 5 million suffer from ill health associated with child bearing (Jejeebhoy, 1997).

Therefore attention is now being increasingly focused on the problems of maternal health particularly in rural Maternal Health situation, i.e., with regard to the tribals and other backward communities who represent a sizeable section of the population of India. The maternal health is also often considered as an important regulator of human foetal growth because some time

maternal health problems show that it's effect on the health of offspring's. On these aspects of maternal health problems some contribution have been made by Bansal and Sharma (1983), Pandey and Saxena (1988), Kumar et al. (1989), Kapil (1990), Sinha (1995), Jejeebhoy (1997), Jain (2000) and others.

The maternal health problem among womens of rural india is mainly due to their unawareness, illiteracy, lack of nutrition, lack of mother and child health services and secondary status of the womens in the community. The present paper is an attempt to assess the maternal health problems among the semi-nomadic Lohar Gadiyas of Malthon town of Sagar District, Madhya Pradesh.

### **MATERIAL AND METHODS**

The present study is conducted in Malthon town of Sagar District, Madhya Pradesh. The block Malthon in which Malthon town comes lie in between 24° 01' north and 78° 18' east and covers an area of 756 kms, whereas Malthon town covers an area of 4 sq. kms. The Malthon town is situated exactly on the national high way number twenty six, on sagar -Jhansi road about sixty kms away from Sagar headquarter.

The Lohar-Gadiyas are sedentrized in nature, i.e., they are seminomadic and are in a phase of transition, between settlement and nomadism. They stay in Malthon town in a camp by making their tent like houses on wooden pillars by polythene roof from first week of July to second-third week of November and than from there, they migrated to different parts of Madhya Pradesh on their bullock carts and again come back to Malthon, on the same time next year. Their main occupation is blacksmith work, i.e., they prepared the iron articles by primitive techniques therefore they are prononuced by the name of Lohar-Gadiya in Bundelkhand region of Madhya Pradesh.

The present study is based on interview of 128 housewives and it is conducted by random sampling and semi participant method using structured schedule. In interview the discussion is made in large to get in depth information.

## RESULTS AND DISCUSSION

The result of the present study are presented in the following tables:

Table 1 reveals that 88.26 per cent female Lohar Gadiyas get married between the age of 15 years or below to 21 years and maximum respondents (79.38%) mentioned that they give their first delivery in between the age of 17 to 23 years (Table 2).

Table 3 shows that 71.1 per cent mothers faced

**Table 1: Age of marriage among the female**

| S. No. | Age of marriage    | Lohar-Gadiyas   |          |
|--------|--------------------|-----------------|----------|
|        |                    | Absolute number | Per cent |
| 1.     | Below 15 years     | 22              | 17.18    |
| 2.     | 16-18 years        | 37              | 28.90    |
| 3.     | 19-21 years        | 54              | 42.18    |
| 4.     | 22-24 years        | 5               | 3.90     |
| 5.     | 25-27 years        | 6               | 4.69     |
| 6.     | 28 years and above | 4               | 3.12     |
| Total  |                    | 128             | 99.97    |

**Table 2: Age at first delivery among the female**

| S. No. | Age of respondents | Lohar-Gadiyas   |          |
|--------|--------------------|-----------------|----------|
|        |                    | Absolute Number | Per cent |
| 1.     | Below 17 years     | 6               | 4.6      |
| 2.     | 17 years           | 10              | 7.82     |
| 3.     | 18 years           | 16              | 12.5     |
| 4.     | 19 years           | 17              | 13.28    |
| 5.     | 20 years           | 12              | 9.37     |
| 6.     | 21 years           | 18              | 14.06    |
| 7.     | 22 years           | 21              | 16.90    |
| 8.     | 23 years           | 7               | 5.46     |
| 9.     | 24 years           | 4               | 3.12     |
| 10.    | 25 years           | 5               | 3.90     |
| 11.    | 26 years           | 3               | 2.34     |
| 12.    | 27 years           | 1               | 0.78     |
| 13.    | 28 years           | 1               | 0.78     |
| 14.    | 29 years           | 2               | 1.56     |
| 15.    | Above 29 years     | 5               | 3.90     |
| Total  |                    | 128             | 99.99    |

atleast one problem during pregnancy, in which, maximum number of mothers faced anaemia (17.18%) as a health problem during pregnancies than swelling of foot (15.62%), weakness (11.71%), swelling of foot and anaemia (10.15%), swelling of foot and vomiting (7.03%), weakness and vomiting (5.46%), vomiting (3.90%) only 28.90% mothers reported no problem during pregnancy.

Table 4 reveals that 93.75 per cent respondents immunized themselves before delivery but only few of them are not immunized (6.25%) before delivery.

It could be depicts from the Table 5 that about (92.96%) had received iron and folic acid tablets from primary health centre and A.N.M but they generally does not take these tablets because of the fear that these tablets may harm their foetus.

**Table 3: Health problems faced by mothers during pregnancy**

| S. No. | Health problem                | Absolute number | Per cent |
|--------|-------------------------------|-----------------|----------|
| 1.     | Anaemia                       | 22              | 17.18    |
| 2.     | Swelling of foot              | 20              | 15.62    |
| 3.     | Vomiting                      | 5               | 3.90     |
| 4.     | Weakness                      | 15              | 11.71    |
| 5.     | Swelling of foot and anaemia  | 13              | 10.15    |
| 6.     | Swelling of foot and vomiting | 9               | 7.03     |
| 7.     | Weakness and vomiting         | 7               | 5.46     |
| 8.     | No-problem                    | 37              | 28.90    |
| Total  |                               | 128             | 99.95    |

**Table 4: Immunization of mothers**

| S. No. | Immunized | Absolute Number | Per cent |
|--------|-----------|-----------------|----------|
| 1.     | Yes       | 120             | 93.75    |
| 2.     | No        | 8               | 6.25     |
| Total  |           | 128             | 100.00   |

**Table 5: Receiving of iron and folic acid tablets during pregnancy by the mothers**

| S. No. | Response | Absolute number | Per cent |
|--------|----------|-----------------|----------|
| 1.     | Yes      | 119             | 92.96    |
| 2.     | No       | 9               | 7.03     |
| Total  |          | 128             | 99.99    |

The analysis of maternal health problem data of the semnomadic Lohar Gadiyas of Malthon town of Sagar district, Madhya Pradesh revealed that the age of marriage is high, but the fertility is also high. During pregnancy maximum female faced atleast one or more than one health problems. Majority of mothers immunized themselves before delivery and receives iron and folic acid tablets from A.N.M. and P.H.C. but does not utilized it. Under these circumstances, it is highly desirable to provide scientific knowledge related to maternal and child health services, and also enhance awareness for the utilization of iron and folic acid tablets during pregnancy, to uplift the status of maternal health among the Lohar-Gadiyas.

#### REFERENCES

- Bansal, M.C. and Sharma, U.: Comparative study of septic abortions and medical termination of pregnancy. *Journal of Obstetric and Gynecology*, 35: 705-712(1983).
- Basu, S.K.: *Tribal Health in Rural Health*. National Institute of Health and Family Welfare, New Delhi (1993).
- Kapil, U.: Promotion of safe motherhood in India. *Indian Pediatrics*, 27(3): 232-238(1990).
- Kumar, R., Sharma A.K., Bariks and Kumar V. : Maternal mortality inquiry in rural community of North India. *International Journal of Gynecology and Obstetrics*, 29: 313-319(1989).
- Sinha, A.: *Marriage, Family System and Traditional Mother and Child Care Practices of "Ho" Tribe of Bihar*. Unpublished Ph.D. Thesis), Avinashilingam Deem University, Coimbatore (1995).
- Pandey, G.D. and Saxena B.N.: District level planning for health and family welfare for tribals. *Demography India*, 17(2): 216-226 (1988).
- Jain, Amita.: *The Study of Maternal and Child Health Practices Among Semi-nomadic Lohar-Gadiyas of Malthon Block of Sagar District, Madhya Pradesh*. Department of Anthropology, Dr. H.S. Gour University, Sagar, Madhya Pradesh, M.Sc. Dissertation (unpublished) (2000).
- Jejeebhoy, Shireen J.: Maternal mortality and morbidity in India: Priorities for social science research. *The Journal of Family Welfare*, 43 (2): 31-52 (1997).