



## Research Paper

# Accessibility of Maternal Health Care Services and Its Impact on Health among Married Garo Tribe Women of Reproductive Age in Assam: An Observation

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## Abstract

The present study is confined to Married Garo Tribe Women of reproductive age in Assam. The timely accessibility of maternal health care services is the basis of the sound health of women and their children. The study examines the accessibility of Maternal Health Care Services along with its impact on the Health of Married Garo Tribe Women of reproductive age. To address the above issues, the present study has been undertaken. The study suggests ways and means to overcome the problem inherent in the maternal health care services of Married Garo Tribe Women of reproductive age. The study observes that most of the women are not covered by maternal health care services in the study area. The study also found lacking of awareness among the respondents regarding available maternal healthcare services in the study area.

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## 1. INTRODUCTION

Improvement of maternal and child health has been high on the global development agenda since the signing of the United Nations Millennium Declaration in 2000. Reductions in both maternal and child mortality were among the targets of the MDGs which strived to achieve by 2015 by all nations of the world. The target has been extended to 2030 by the agreement of the all the members nations. Pregnancy, childbirth, and the postnatal period of women should bring positive experiences,

ensuring that women and their babies reach their full potential for health and well-being. Unfortunately, these stages of life still carry considerable risks to women and their families, as women in many parts of the world lose their lives due to related complications and inadequate health care services. Developing countries like India need to take more initiatives to reduce the maternal mortality ratio (MMR) as per the SDG target. As per the global SDG target 3.1, member nations

much reduce the maternal mortality ratio to less than 70 maternal deaths per 100,000 live births by 2030.

The Garo Tribes inhabited the Indian states like Assam, Meghalaya, Nagaland, and West Bengal. In Assam, they are mostly found in the districts of Karbi Anglong and North Cachar Hills though they are scattered in some other districts of Assam. The Report of the High-Level Committee on Socio-economic, Health and Educational Status of Tribal Communities of India, Ministry of Tribal Affairs, Government of India, (May 2014) observed that “A majority of the Scheduled Tribe population is concentrated in the eastern, central and western belt covering the nine States of Odisha, Madhya Pradesh, Chhattisgarh, Jharkhand, Maharashtra, Gujarat, Rajasthan, Andhra Pradesh and West Bengal. About 12 percent inhabit the North Eastern Region, about 5 percent in the Southern region and about 3 percent in the Northern States”. This report shows that the tribes are scattered in different regions of the country. The report mentioned that 12.44 % of the total population of Assam is Scheduled Tribal Population in the region.

The inequality and inadequacy in the maternal health care services is a significant issue for the women in India particularly for Married Garo Tribe Women in the reproductive age in the State of Assam. The sound health of women is essential for the enhancement of productivity of women as well as for maintaining stable family. It also influences on the health of their child. Factors like caste, class, gender, and occupation are also important determinants of women's health in India. The study related to maternal health care services of Garo Tribe Women of reproductive age observed that there are different reasons for the non-use of health care services. The reasons are found as sound health of women, work overload, feeling shame to attend Antenatal Care services and poor quality of the service. Some other studies observed the reasons are no health-related problems, not showing illness of women and child, husband refusal, a long distance from health care centers, no transportation, etc. for non-attending postnatal care services.

Pregnancy and childbirth are natural processes as thought by some people, some other people think that it involves high risks and requires adequate care for such women. Maternal health care services are required before pregnancy, during pregnancy, and after childbirth of women. Most of the studies found that adequate maternal health care services are needed in different stages of pregnancy for women. The low birth weight and death of newborn are caused due to lack of proper healthcare services for women. Other possible consequences of missing out on maternal health care services are premature pregnancy, high risk of mortality, intrauterine growth retardation, etc. The extent of accessibility of these services is very important for maintaining and eradicating the risks involved in pregnant women. The availability of maternal health care services is also an important determinant for risk-free pregnancy of women. Maternal health care services should be made available by the Government in time so that the mortality of mother and child can be reduced. **The World**

**Health Organization (WHO)** recommended that a minimum of eight antenatal care services be required by women when pregnancy is confirmed and during this period a woman is getting experiences regarding their pregnancy. The women should follow some healthy habits like avoiding smoking, frequent contact with a doctor regarding health conditions, eating nutritious meals, regularly exercising, taking folic acid, getting adequate rest, etc. These health habits are very important for the sound health of women as well as unborn baby. The role of health professionals is very important in this regard. Adequate and timely treatment or check-ups of women's health reduce the risk of death. The health care centers should make available maternity healthcare services for needy women in time. The present study addresses the above issues so that risks of women can be reduced in the different stages of pregnancy and to make suggestions based on the findings of the study.

### Research Design

The present study is an analytical type of study. It follows critical observation of the problems associated with Garo Tribe Women in Assam. The study also uses the Focus Group Discussion (FGD) method to collect qualitative data from the respondents. These methods are adopted to understand the extent of the problem or issue by quantifying the data.

Data have been collected from books, journals, periodicals, magazines, Government reports, the internet etc.

## 2. OBJECTIVE

The study is a modest attempt to highlight the accessibility of maternal health care services as well as its impact on the health of Married Garo Tribe Women of reproductive age in Assam

1. To study the accessibility of maternal health care services among Married Garo Tribe Women of reproductive age.
2. To study the impact of maternal health care services on the health of Married Garo Tribe Women of reproductive age.

## 3. LITERATURE REVIEWS

It can be observed that only a few literatures are found about the present study. No extensive study has been conducted in the present study areas. The following are some studies regarding tribal women and maternal health care services are discussed below to enrich the present study:

Hossain, I, (2019),<sup>[4]</sup> in his research study entitled “Garos of Garam Basti in Alipurduar of West Bengal, India: aspects of the social and cultural life of a matrilineal tribe” observed that “the spread of education, rapid urbanization, industrialization, and modernization have a little bit of impact on the psyche and identity of the Garos of Garam Basti”. The study is mainly concentrated on the anthropological study of Garo Tribes in West Bengal. Nakhro, K., Ghosh K., Chatterjee, D., Bandyopadhyay, A. R. (2022)<sup>[8]</sup> observed in their paper entitled “A study on nutritional status among the adult Garos’ of West Garo Hills, North-East India (Meghalaya)” that most

of the adult males and females are well-nourished and the study also found that only few females were severely undernourished.

Singh, V., Murry, B., (2020) <sup>[10]</sup> in their research article entitled “Maternal Health Situation in North-East India: A Case Study of the Khasis” examined that the respondents lack awareness concerning reproductive tract infections and observed that socioeconomic status and cultural barriers played a crucial role in accessing available healthcare services to the people of Khasis. Dutamo, Z., Assefa, N., Egata, G., (2015) <sup>[2]</sup> in their research article entitled “Maternal health care use among married women in Hossaina, Ethiopia” observed that maternal health care services are not adequate though the care is relatively higher in the study area. They examined that “Engaging women in their reproductive health affairs, strengthening maternal health care, increasing community awareness about obstetric danger signs during pregnancy and childbirth, and telling the benefit of family planning should be major targets for intervention.” Gogoi, M., (2016) <sup>[3]</sup> in his research paper entitled “A KAP study on family planning among the plain tribes’ women in the rural context of Assam” examined that there is no conformity between the knowledge of family planning and the actual level of practices of family planning. The study concluded that there should be adequate mass awareness program to eliminate the fear of adverse health effects among the tribes.

Islam, M., R., (2016)<sup>[6]</sup> in his research paper entitled “Utilization of maternal health care services among indigenous women in Bangladesh” examined that maternal health care services were disproportionately distributed among different minority groups in Bangladesh. The paper also examined that there are different factors such as place of residence, religion, school attendance, place of service provided, distance to the service center, and exposure to mass media were significantly influenced on the use of maternal health care services among Mru Tribes in Bangladesh.

Momin, G., B., and Dutta, P., (2021) <sup>[7]</sup> in their research article entitled “Factors affecting accessibility of maternal health-care institutions in Meghalaya: A hospital-based study”, carried out to examine the problems faced by the women during their maternity period and the study also observed the quality and availability of maternal care infrastructure in Meghalaya. The paper found that most of women coming from different villages of Meghalaya and they have not availed adequate maternal health-care institutions nearby other than dispensary or sub-center.

They also observed that “Women who came to get treatment in hospital during pregnancy had to face difficulties like traveling a long distance, use public transport, bad road conditions, and financial problems.”

Humtsoe, M. Y., and Soundari, M. H., (2019) <sup>[5]</sup> in their research paper “Maternal health care practices of Lotha Naga tribal women in India”, aimed to examine the maternal health care status of the Lotha tribal women as well as examine the maternal health care practices among Lotha tribal women. The

study found that most of the Lotha tribal women have not availed of any post-natal care.

Reena, I., and Bélanger, D., (2011) <sup>[9]</sup> in their paper entitled “Socioeconomic correlates of utilization of maternal health services by tribal women in India”, discussed the effect of maternal characteristics on women’s likelihood of using prenatal and delivery healthcare services among two groups of tribal women. The study found that “Tribal women in the North Eastern States of India are more likely to utilize maternal healthcare facilities compared to those in the central states of the country.” The paper suggested that the different strategies for healthcare services in different tribal regions of the country. Dutta, P., and Humtsoe, M., Y., (2016) <sup>[1]</sup> in their research paper entitled “Social Inclusion and Rural Health Infrastructure with Special Reference to Women’s Health Care: An Empirical Study on Ri-Bhoi District of Meghalaya” observed that there are acute shortage of medical specialists and para-medical staff in the study areas. The study calls for awareness programs, and seminars on women’s health issues to address antenatal and post-natal health care services.

#### 4. RESULTS AND DISCUSSION

**Based on 1<sup>st</sup> objective: To study the accessibility of maternal health care services among Married Garo Tribe Women of reproductive age.**

It can be observed that many pregnant women died in Assam due to largely preventable causes related to pregnancy and childbirth. Maternal health care services can be made easily accessible to the needy women of Assam so that the death rate of pregnant women and their children can be minimized. Efforts can also be made to improve access to such interventions must be intensified, especially in Assam where a high rate of mortality found. It can be said that the complications that potentially lead to maternal deaths during pregnancy as well as during and after childbirth can be prevented or managed by well-planned interventions. Unintended pregnancies should be avoided to prevent the death of women and children in India, particularly in Assam. Women including adolescents must be required to access contraception, and safe abortion services to the full extent with quality post-abortion care services. It can be observed that most of the Married Garo Tribe Women of reproductive age do not have full access to maternal health care services. The study related to maternal health care services of Garo Tribe Women of reproductive age found that there are different reasons for the non-use of health care services among them. The main reason observed from the study is the sound health of Married Garo Tribe Women of reproductive age. Most of the Married Garo Tribe Women of reproductive age are hard-working and they need not feel to take advantage of maternal health care services. Some of the Garo Tribes Women are ignorant to come to take benefit of the health care centers due to work overload and feeling shame. Many other Married Garo Tribe Women of reproductive age are not coming to attend Antenatal Care services due to the poor quality of the service of the Government. Some other studies

observed reasons for not attending Antenatal Care services are no health-related problem of women, no sign of showing illness of women and child, and sometimes the husband of the woman refuses to permit a woman to attend such services.

Many studies related to health care services of women for attending postnatal care services have found some reasons such as long distance from health care centers, no transportation services, etc. The study observed that the accessibility of high-quality care in pregnancy and during and after childbirth is very essential for the reduction of death rate. It is important that all pregnant women should receive adequate antenatal care (ANC) services to have a health birth. It is also essential that all births should be attended by skilled health professionals. The study observed that the Government initiative regarding health care services to married women is not satisfactory in Assam, particularly to the Garo Tribe Women. These are hampering the accessibility of maternal health care services to Antenatal Care services among Married Garo Tribe Women of reproductive age.

**Based on 2<sup>nd</sup> objective: To study the impact of maternal health care services on the health of Married Garo Tribe Women of reproductive age.**

Maternal health care services are required before pregnancy, during pregnancy, and after childbirth of women. There are different views among people regarding pregnancy and childbirth. Some people think that pregnancy and child birth is natural processes while others think that it involves high risks and needs adequate care for such women and children. Most of the studies related to the present topic found that adequate maternal health care services are required in different stages of pregnancy for women. The study observes that the lack of proper health care services among women leads to low birth weight and death of newborns. The study also examines various consequences of missing out of maternal health care services are premature pregnancy, high risk of mortality, intrauterine growth retardation, etc. The extent and quality of accessibility of maternal health care services are very important for maintaining and eradicating the risks involved in different stages of pregnancy of women.

Quality health habits are very important for maintaining the sound health of women and their unborn babies. Pregnant women should take timely advice from the doctor to improve their health and their unborn children. The present study observes the positive impacts on the health of women and children after availing the health care services.

## 5. CONCLUSION

The availability of quality maternal health care services is an important determinant for risk-free pregnancy of women. Maternal health care services should be made available by the Government in time so that the mortality of mother and child can be reduced. The women should follow some healthy habit like-avoiding smoking, frequent contact with doctor regarding health condition, eating nutritious meal, regular exercising,

taking folic acid, getting adequate rest etc. to minimize risk involved in the stages of pregnancy of women.

The role of health professionals is very important in this regard. Adequate and timely treatment or check-up of women health reduce the risk of death of women and their new born. The health care centers should make available the maternity health care services for the all the needy women in time.

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