



Knowledge, Attitude, Practices, Awareness related to Maternity Care among Tribal Women's in Mulshi District

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Abstract

Maternity care is essential to avoid maternal and neonatal morbidity and mortality. However, tribal communities have varied issues in accessing and utilizing the services of health care due to cultural, economic, as well as geographical barriers. The current study assesses the knowledge, attitude, practices, and awareness (KAPA) regarding maternity care among tribal women from Katkari community in Mulshi District, Maharashtra.

A cross-sectional descriptive study was conducted among 200 women of reproductive age group (15–49 years) from Katkari tribe on a questionnaire. The interview included prominent aspects of antenatal care, institutional delivery, postnatal care, dietary habits, and awareness about government maternity welfare programs. Data were analyzed using descriptive statistics and relevant inferential methods to assess associations of KAPA with socio-demographic factors.

The findings presented low levels of awareness and knowledge regarding antenatal check-ups, pregnancy danger signs, and the importance of institutional delivery. There was a prevailing positive attitude towards modern healthcare among some respondents, but they were still influenced by traditional beliefs and practice of using local healers in their maternity practices. Education, distance to facilities, and socio-economic status were key determinants of maternity care practices.

This study highlights the need for culturally sensitive health education and outreach services among tribal populations. Strengthening the local health infrastructure and extending the maternal healthcare services' reach are crucial to improve maternal outcomes among the Katkari people.

1.1 Background

India's health profile has evolved over the years with improving maternal health indicators, to a large extent. There still exists a very glaring discrepancy between rural and urban areas with poor and vulnerable sections of society in general—but tribal communities in particular—being the sufferers of such health inequalities. Despite various government efforts toward better maternal healthcare, including the introduction of public health programs like the Janani Suraksha Yojana (JSY) and the Pradhan Mantri Matru Vandana Yojana (PMMVY), tribal women continue to suffer from poor maternal outcomes.

Maternal health is a broad range of services for pregnant women, during delivery, and after delivery. It involves essential services such as Antenatal Care (ANC), Intrapartum Care, and Postnatal Care (PNC). For marginalized

tribal populations like the Katkari tribe in Mulshi Taluka, Maharashtra, such services are out of reach, leading to higher maternal morbidity and mortality. The Sustainable Development Goals (SDGs) such as Goal 3 emphasize global access to reproductive health care and the avoidance of maternal deaths. Nevertheless, tribal communities like the Katkaris are still disadvantaged in terms of maternal health care services due to geographical remoteness, poverty, illiteracy, and social culture.

The Knowledge, Attitude, Practices, and Awareness (KAPA) of maternity care among these communities is poor in general. Poor understanding of the risk signs during pregnancy, poor information on the importance of institutional delivery, and poor awareness of antenatal check-ups and post-natal care are some of the causes of the preventable complications that arise due to better health literacy and availability of healthcare.

1.2 The Katkari Tribe

The Katkari tribe belongs to the Scheduled Tribes of India and is classified under the Particularly Vulnerable Tribal Groups (PVTGs) of the Government of India. They are the most backward and disadvantaged of all the tribes, and they face abject economic developmental challenges, educational issues, and inadequacy of access to minimum amenities. The Katkari tribe is found predominantly in the Western Ghats region of Maharashtra, in the districts of Raigad, Thane, and Pune. These regions have predominantly Katkari families in remote padas (hamlets) scattered across inaccessible tracts of land, where basic infrastructure such as drinking water, sanitation, and electricity is absent or poorly maintained.

Historically, the Katkaris were forest dwellers, engaged in the collection of catechu (kattha), a forest produce used in the betel chewing industry. Subsequently, they turned into landless laborers, engaged in stone quarrying, brick kilns, and as agricultural laborers during the season. Their migratory way of life and limited access to permanent housing, along with their low economic levels, have further marginalized them socially and economically. Therefore, the Katkari are extremely poor, with limited access to education, work, and medical care.

Katkari women typically bear the dual burden of domestic responsibilities and employment outside home, which is greatly taxing on their physical and mental health. Education and health gender disparities also erode women's awareness of maternal health.

In Mulshi Taluka, Katkari populations are located in inaccessible villages, where the geographical gap to health centers is enormous, and there are no transport facilities available. Besides this, the absence of even minimum health infrastructure in the majority of villages has generated a situation where even basic maternity care is not provided. Mistrust of the dominant health system and cultural factors also contribute to deterring women from seeking institutional care during pregnancy and childbirth.

1.3 Definition of maternity

Maternity is the time in a woman's life that is spent during pregnancy, giving birth, and the postpartum stage (the period after giving birth). It covers all the elements of the physical, emotional, and medical processes involved in reproduction and childbearing. The term is usually used with the connotation of the health, welfare, and nurturing of the mother and the child during this time.

1.4 Key Aspects of Maternity:

1. **Pregnancy:** The period during which a woman is carrying a growing foetus in her uterus, typically 40 weeks from the beginning of her last menstrual period.
2. **Childbirth (Labor and Delivery):** The process of giving birth to a child, encompassing the phases of labour, actual birth of the baby, and the post-delivery care.
3. **Postpartum Period:** The period following delivery, during which the body of the mother starts healing from the physical stress incurred during childbirth and pregnancy. This covers postnatal health care for the mother and the infant to ensure their health and safety throughout the newborn period.

1.5 Maternity Care:

Maternity care is medical care and support given to women during pregnancy, childbirth, and the postpartum period. It encompasses antenatal care (pregnancy), delivery care, and postnatal care (after childbirth), which are

critical to promote the health and well-being of the mother and the baby. Effective maternity care can avert complications, enhance maternal and infant outcomes, and lower the risk of maternal and infant mortality.

Maternity care is an important aspect of reproductive health and is usually the target of public health interventions that seek to enhance the health of women and children around the world.

1.6 Maternal Health Issues among Katkari Women

The maternal health condition among Mulshi Taluka's Katkari women is defined by a series of, interconnected challenges:

1. **Early Marriages and Pregnancies:** Early marriages and pregnancies are common in the Katkari community. Many women marry before the age of 18, a practice that exposes them to the risks associated with adolescent pregnancies, such as preterm births, low birth weight, and complications during labor. Early marriages also contribute to high fertility rates, with many women having multiple pregnancies in a short span, leading to greater strain on their physical health.

2. **Nutritional Deficiencies and Unawareness:** Nutritional deficiencies such as iron deficiency anemia and folic acid deficiency are common in Katkari women, leading to severe adverse effects on mother and child health. Pregnancy and postpartum malnutrition is associated with giving birth to underweight babies, premature births, and complications related to postpartum hemorrhage and infection.

3. **Untrained Birth Attendants and Home Deliveries:** Home deliveries by untrained birth attendants continue to be the practice among the Katkari. The deliveries are frequently in unhygienic conditions with unsterilized instruments and without access to emergency obstetric care. This greatly increases the risk of maternal and neonatal morbidity and mortality.

4. **Ignorance about Danger Signs during Pregnancy:** Most Katkari women have no idea about danger signs in pregnancy, i.e., heavy bleeding, hypertension, or prolonged delivery. Due to this ignorance, they don't go for prompt medical intervention, which in turn results in serious complications.

5. **Cultural Beliefs and Social Stigma:** Cultural beliefs and practices, like the exclusion of certain foods during pregnancy to ease delivery, contribute to the adverse health outcomes among Katkari women. Also, there exists a strong social stigma towards seeking care at healthcare facilities, which discourages most women from receiving maternity care. In a few cases, husbands and elders of their families limit access by women to medical treatment based on fear, shame, and social pressure.

6. **Economic Barriers:** Transportation cost, medication, and the cost of medical care serve as a key obstacle to using institutional care. Even though governmental schemes like JSY offer rewards for institutional births, the informal costs (like transport, off-work time, etc.) hinder the use of these services among women.

1.7 Types of Maternity Care

Maternity care is a critical service that responds to the needs of women throughout pregnancy, childbirth, and the postpartum period. It encompasses different forms of care:

1. **Antenatal Care (ANC):** This refers to the care for women during pregnancy. It encompasses frequent health monitoring, such as blood pressure screening, gestational diabetes testing, and blood grouping for anemia. ANC further entails health education regarding nutritional needs, the value of iron and folic acid supplementation, and identification of danger signs during pregnancy.

2. **Intrapartum Care (Labour and Delivery Care):** This is the care during labour and delivery. It encompasses skilled birth attendance, clean equipment, and pain relief choices. Emergency obstetric care is a critical component of intrapartum care, providing prompt interventions like caesarean sections or forceps deliveries in case of complications.

3. **Postnatal Care (PNC):** Postnatal care, following delivery, is essential for the mother and child. PNC entails complications surveillance like infection, haemorrhage, and lactation issues. Counselling on family planning, mental health, and maintaining the health of both mother and child is also included.

4. **Emergency Obstetric Care:** In the event of severe labour complications, for example, haemorrhage, eclampsia, or obstructed labour, there is a need for emergency obstetric care. This involves provision of skilled attendants, emergency surgical interventions, and blood transfusions.

1.8 Use of Hospital Services among the Katkari Population

In spite of the presence of several government schemes meant to improve accessibility to maternal healthcare, hospital services are underutilized among the Katkari people. Some of the reasons for this are as follows:

1. **Geographical Barriers:** Katkari households reside in isolated locations, which limit access to healthcare centers. The poor road network and lack of a regular transport system mean that most women either postpone or fail to seek care.

2. **Cultural Beliefs:** Lack of trust in hospitals and fear of modern medical practices arising from cultural beliefs and historical exclusion renders many Katkari women reluctant to seek formal health care. Traditional child birth practices run deep, and home births are preferred by most families because hospital deliveries are frowned upon socially.

3. **Economic Factors:** Though government schemes give financial support to institutional deliveries, transport charges, unawareness, and unseen charges discourage women from choosing hospital deliveries.

4. **Lack of Awareness:** Most women from the Katkari community do not know about the advantages of institutional deliveries or the need for postnatal care. Due to this unawareness, they refrain from using existing resources.

Research Methodology

Introduction

This chapter discusses the research design, study area, target population, sampling approach, data collection instruments, ethical issues, and data analysis procedures used. Properly designed methodology is required to ensure validity and reliability of results. The research uses a community-based cross-sectional study design to measure the knowledge, attitude, practices, and awareness (KAPA) on maternity care among tribal women of Mulshi Taluka.

3.5 Specific Objectives:

1. To evaluate the knowledge level about antenatal, delivery, and postnatal care among Katkari women.
2. To understand the attitudes and beliefs that shape their pregnancy and childbirth-related decisions.
3. To report common maternal health practices practiced in the community, such as use of traditional healers or birth attendants.
4. To assess the degree of awareness and utilization of government schemes and public health services for maternal care.
5. To assess cultural, social, and infrastructural constraints hindering effective access to maternal healthcare.

Study Area

The research was carried out in Mulshi Taluka, Pune District, Maharashtra. Mulshi is a semi-urban area with a significant number of tribes dispersed in far-flung and hilly villages. The taluka has a combination of Scheduled Tribes like Mahadev Koli, Thakar, and Katkari, residing in forest-surrounded hamlets with poor road connectivity, limited transport, and restricted access to healthcare.

Five tribal-majority villages were purposively chosen for the study:

1. Kolwan
2. Bhadas
3. Tamhini

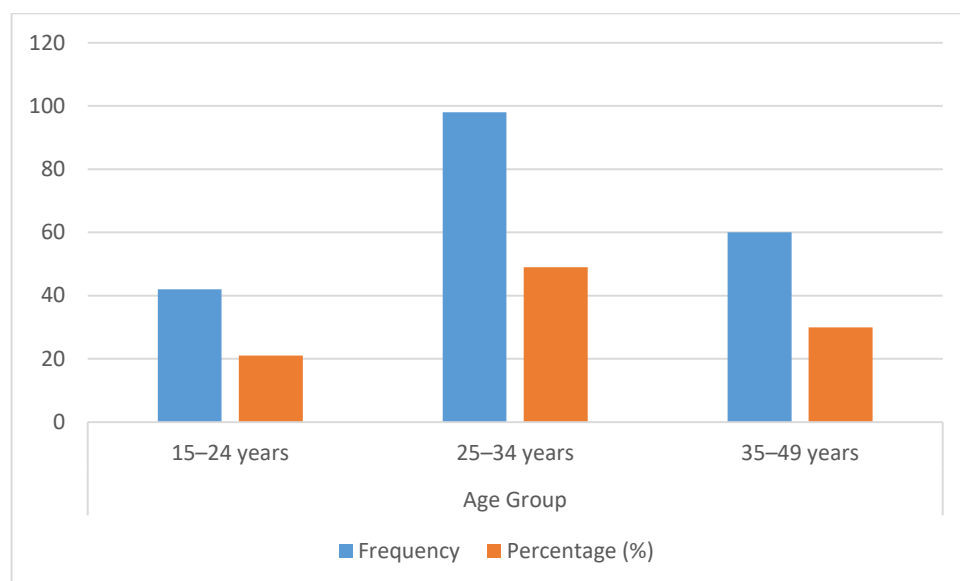
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1.9 Conclusion

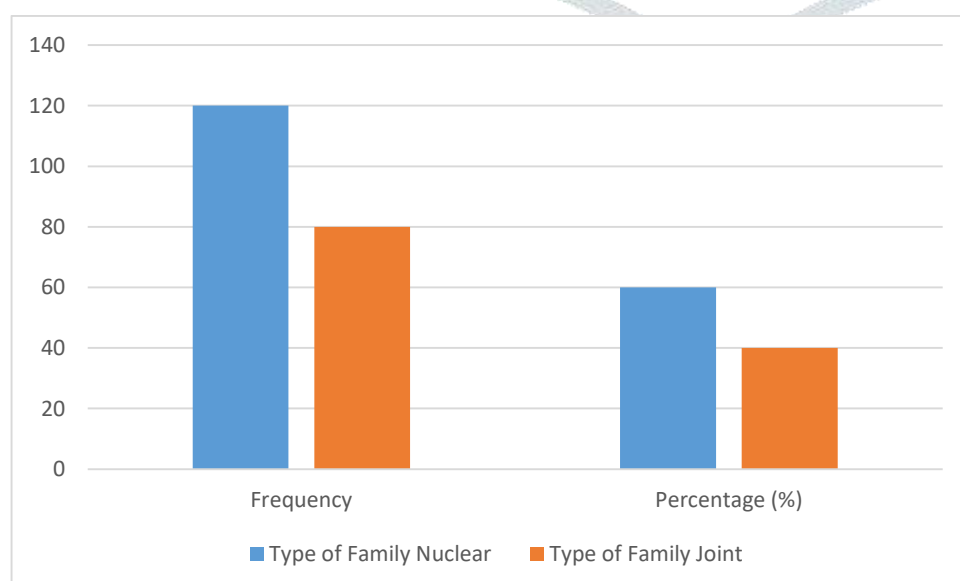
The maternal health scenario among Katkari women of Mulshi Taluka is laden with difficulties. Cultural practices, economic distress, ignorance, and geographical remoteness are some factors that result in poor maternal health outcomes. Despite the launch of government schemes aiming to enhance institutional deliveries and facilitate access to antenatal and postnatal services, serious challenges persist. Breaking these challenges entails community-based.

Socio-Demographic Profile of Respondents



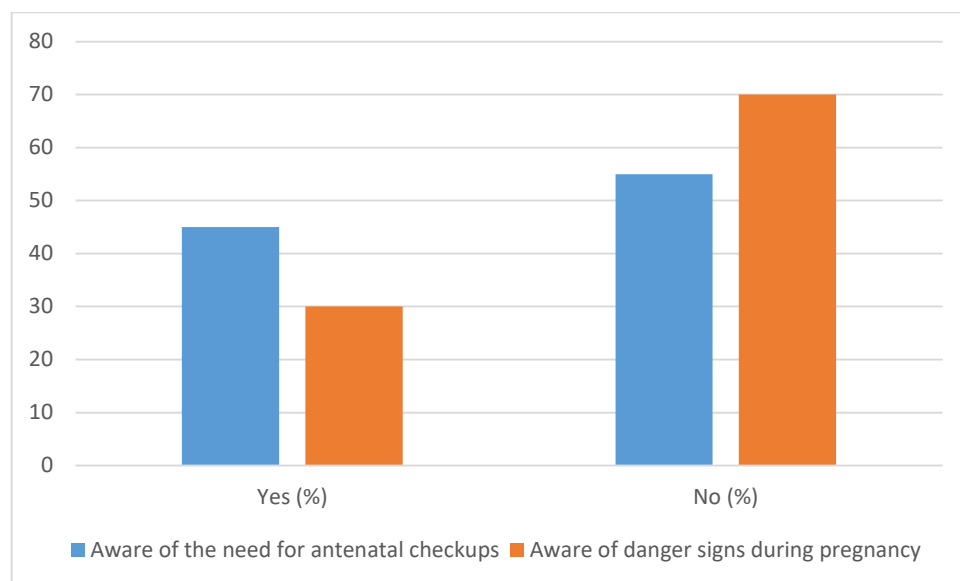
The majority of respondents (49%) were aged 25–34 years, followed by 30% aged 35–49 years, and 21% aged 15–24 years. This shows that most women were in their active reproductive age, making them highly relevant to the study on maternity care. Including younger and older age groups also helped capture diverse experiences and perspectives related to maternal health.

Statement Showing the Types Of Family



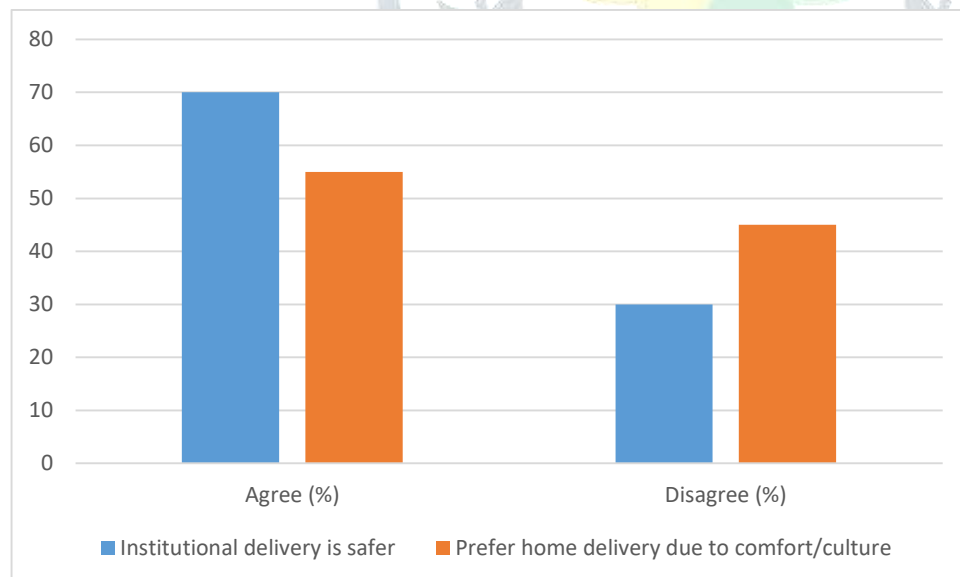
Most respondents (60%) lived in nuclear families, while 40% lived in joint families. This indicates that nuclear families are more common in the study area, which may impact the level of family support, decision-making, and access to maternity care, as joint families often have shared responsibilities and influence from elders.

4.3 Knowledge About Maternity Care



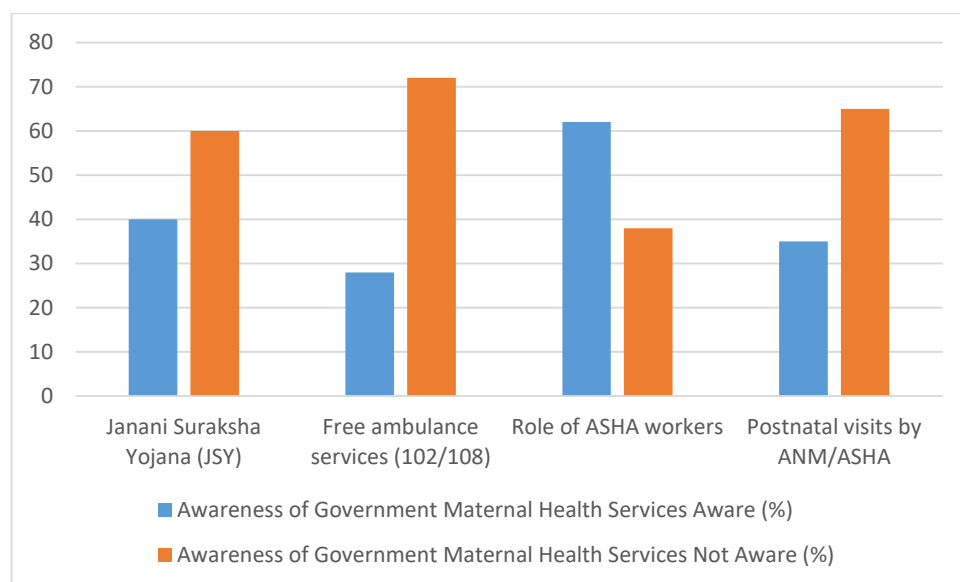
Only **45%** of respondents were aware of the importance of regular antenatal checkups, and a lower **30%** could identify at least two danger signs during pregnancy (e.g., bleeding, swelling, convulsions). This indicates significant gaps in health education at the community level.

4.4 Attitudes Toward Maternity Care



While **70%** of women recognized institutional delivery as safer, over half still preferred home deliveries, citing cultural practices, privacy, and influence of elders.

Awareness of Government Maternal Health Services



Awareness of key schemes like JSY was only **40%**, and knowledge of available ambulance transport was alarmingly low at **28%**. Although **62%** recognized ASHA workers, many did not receive consistent follow-up care.

Key findings from large studies are:

- **Gaps in knowledge:** Less than 45% were aware that antenatal check-ups are important, and 30% were aware of signs of risk during pregnancy. Such levels of low awareness suggest an urgent requirement for increased maternal health education.
- **Positive Attitudes, But Inconsistent Behaviour:** While 70% of women had attested to the safety of institutional delivery, 60% of them still opted for home delivery due to cultural beliefs, lack of hospital confidence, and practical constraints such as distance and transport.
- **Inadequate Utilization of Services:** 25% of women had taken all four antenatal visits, and only 40% had gone to the clinic for postnatal visitation within 7 days after delivery. This is an enormous deficit in utilization of the accessible maternal health services.
- **Inadequate Awareness of Government Schemes:** Awareness of government schemes like Janani Suraksha Yojana (JSY) and free ambulance facilities was very poor at 40% and 28%, respectively.

These results suggest that even with awareness regarding the significance of maternal care, challenges in accessing it are strong and multiple. Adjustments on the education, economic, and infrastructural fronts need to happen for these to be fixed.

6.2 Recommendations

With a goal to improve the health condition among tribal women in Mulshi District following this study, the following is suggested:

1. Health Education and Awareness Campaigns

There is a clear need for targeted health education campaigns to raise awareness about maternal health practices. Such campaigns should be:

- **Culturally sensitive:** Incorporate traditional practice and belief in a way that promotes safe maternal health.
- **Multimedia-based:** Utilize local media such as community radio, street plays, posters, and mobile health apps to address the target group.
- **Accessible:** Use local languages and plain, understandable messages to make sure that the information is conveyed well.

Regular awareness camps, in particular on the importance of antenatal care, institutional delivery, and postnatal care, should be organized with coordination from the local health workers and community leaders.

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