



Health conditions of tribal women: A study

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Abstract

The present paper deals with the health conditions of tribal women with special reference to Khammam district of Telangana. The Tribal population of India is 10.42 crore which account for 8.6 percent of the total population of India as per 2011 census and is larger than any other community in the world. In fact, it is almost equal to the Tribal population of 19 countries with substantial population. The tribal population of India is more than the total population of France and Brittan and four times that of Australia. Telangana is one of the states with considerable tribal population. As per the 2011 census tribal population is 31,77,940 and it is 9.08 percent of the total state population. There are 32 tribes in Telangana State with a primitive tribal groups spread over Khammam, Adilabad, and Warangal districts mostly. Health status of the tribals in India has been studied and documented by several social scientists from various theoretical perspectives and methodological orientations. The present paper based on the following objectives: to examine the socio- cultural background of the Tribal women in the sample and to examine the issues related to marriages and child births. By and large it can be said that the data analysed that progressive changes are taking place in the health care and maternity care among the tribal women of the study. Just like in other areas of socio –economic and cultural aspects transformation of the tribal societies is taking place. The common diseases in the tribal areas are identified to design remedial measures.

Keywords: health, diseases, tribal women, drinking water, poverty

Introduction

The Tribal population of India is 10.42 crore which account for 8.6 percent of the total population of India as per 2011 census and is larger than any other community in the world. In fact, it is almost equal to the Tribal population of 19 countries with substantial population. The tribal population of India is more than the total population of France and Brittan and four times that of Australia. Telangana is one of the states with considerable tribal population. As per the 2011 census tribal population is 31,77,940 and it is 9.08 percent of the total state population. There are 32 tribes in Telangana State with a primitive tribal groups spread over Khammam, Adilabad, and Warangal districts mostly.

Health status of the tribals in India has been studied and documented by several social scientists from various theoretical perspectives and methodological orientations. The National Family Health Survey and Census of India also provide information regarding the living conditions and health status of tribes. Majority of tribal community make use of ancient traditional medical knowledge for the treatment of diseases. The medicines are procured from the plants, animals and other raw materials available in their surroundings. Generally they prefer their traditional medicines like roots, barks, stems, branches, leaves, flowers, fruits and seeds.

Vema (1960) he discussed that the socio-cultural organisations of the Sanria paharias, Mal- paharias and Knmarbhag. He has examined various phases of the tribal life, pregnancy and birth, puberty, widow remarriage, place of women in the society, religion, village council and institutions. Alok Kumar Meena (2014) discussed that the health status of tribal women is extremely poor as compared to the other social groups. He

suggested that counseling should be given to them in their local language, keeping in mind the educational and economical background of people we are studying Tribals are more backward not only when compared to the general population but also to the scheduled caste, the other acknowledged backward social group with constitutional protection. Though they are coming down to the plain areas still they live in forests, hills and interior areas with illiteracy, ignorance, poverty, devoid of a comfortable living. The status of the Tribals is appalling as revealed by the following indicators.

Table 1

S. No	Socio – Economic Indicator	General Population	STs
1	Effective Literacy Rate	64.8	47.1
2	Gross Enrolment Rate (2003-04)		
	Class 1-5	108.5	123.9
	Class 6-8	70.5	68.9
	Class 9-10	51.6	37.1
	Higher Education	7.96	4.63
3	Infant Mortality	61.8	84.2
	Child Mortality	22.2	46.3
	Institutional Detiwaricy	40.1	17.1
4	Percent of Women anemia	47.6	64.9
	Anemic Children	72.7	79.8
5	Basic amenities	61.4	36.5
	Households with electricity		
	Drinking Water	30.3	49.1
6	Pucca Houses	58.0	24.4
	Poverty Ratio (Rural) 1999-2000	27.1	45.86
	Poverty Ration (Urban) 1999-2000	23.65	34.75

Source: i. Cencus 2011- Govt. of India.
ii. NFHSS 1998-99 in 61 round NSSO Report.

Khammam district in Telangana has the largest population of STs 7,65,565 as per 2011 census (25.4%). This study attempts to examine health conditions, child care, maternity care of the tribal women,

Objectives

The study based on the following objectives.

1. To examine the Socio- cultural background of the Tribal women in the sample
2. To examine the issues related to marriages and child births
3. To analyze the maturity and child care in the study village.
4. To assess the attitudes or the respondent women towards modern methods of healthcare.

Methodology

Sudimalla village in Yellandu mandal of joint Khammam district is taken for the study with a sample of 30 tribal women. Data is collected with the help of a structured questionnaire, processed and tabulated for analysis, simple research techniques like averages and percentages are used to analyze the data. 90 percent of the respondent women are below 40 years where as 10 percent are below 50 years and it implies that all the respondents are in the effective working group. Literates are 73 percent with most of them having completed primary and secondary education only. All the respondents are married and 93 percent of the women are in the nuclear families. Tribal societies as revealed by the data are switching over to nuclear families. Most of the respondents have matured by the 13th year and got married by the 18th year.

It shows that early marriages carry the risk of early child birth affecting the health of both the babies and mothers. It is surprising to note that all the respondent women want freedom to have abortions and deliveries. However there is only one stray respondent having undergone abortion. They have realized that the marriageable age should be 18 + as reported by 83 percent of the sample women even though they are not aware of the mandatory age of marriage of girls. The respondent women (70 percent) are not aware of the law with regard to abortions. Most of the women in the sample have become mothers below 20 years of age and around 60 percent of the sample women have become mothers before 18 years. Early marriages and early mother hood are responsible for anemic conditions as examined in the introduction. More than ¼ of the sample women have provided breast feeding to children for more than 24 months while half of the respondent women for less than 13 months. It is a happy feature, a strand of tribal culture to accept breast feeding which contributes for the health of the baby as well as mother. Long breast feeding may be due to poverty and ignorance of modern items of baby food. Gaps between Child Births are narrow and 60 percent of the sample women have given birth to second child within two years and another 1/3 of the sample women within three years. Small gaps between child births affect the health of the mothers as well as the health of the babies. It is happy to note that family planning has been accepted and adopted by a majority of the tribal women (73 percent) in the study. 4 to 5 members in the family is considered to be the Ideal family size by majority of respondent women (73.33 percent). However

more than ¼ th prefer 6 to 7 members in the family.

On being questioned as to their awareness about AIDS disease more than ¾th of the respondent women have offered a positive reply. This is commendable and the efforts of media and ASHA workers are to be appreciated in taking the message to the tribal areas. Another interesting development is that 60 percent of the respondent women have delivered children in the hospitals implying at home deliveries are 40 percent. Relatives and local dayis helped home deliveries where as medical supervision was there for hospital deliveries. Tribal women are slowly realizing the risk of deliveries at home. 70 percent of the respondent women state that they have taken injections to prevent diseases during deliveries. It implies that 30 percent are in the risk zone, Majority of the respondent women have taken precautions during pregnancies to ensure good health. More than ¼ of the sample women lag behind in this aspect. Postnatal care has been taken by majority of the women in the sample but here also the negligent component is more than 25 percent.

With regard to child care 90 percent of the sample women have provided BCG, Polio, DPT and Vaccination to the children. This much is appreciable and the ANM's along with paramedical staff are successful in educating the Tribal women.

When children suffer from Diarrheia, 73 percent of the women approach doctors or RMPs and this is a good trend. Traditional methods & Medicines are not followed by most of the respondents. During pregnancies majority of the women have used iron and other tablets for good health. However ¼ th of the respondents lag behind in this aspect. More than 1/3 rd of deliveries are through operations while 63 percent of the women have normal deliveries. There is a change in the attitude of the tribal women as they prefer to consult a doctor / RMP for their health problems. This is really a great change in this traditional society of Tribals. Hospital is within two kms from the village and it is easily accessible. It is gratifying to note that all the respondent women state that their husbands evince interest and care on their health. They state that they don't discriminate daughters and show equal love, care and concern for girls.

Table 2: Age Wise Distribution of the Sample

Age	No. of Respondents	Percentage
15-20	2	6.67
21-25	6	20.0
26-30	9	30.0
31-40	10	33.33
41-50	3	10.0
Total	30	100

Source: Field Study

Table 3: Literary Levels

Literary Levels	No. of Respondents	Percentage
Primary	12	40.0
Secondary	9	30.0
Higher	1	3.33
Illiterates	8	26.67
Total	30	100

Source: Field Study

Table 4: Age of Maturity

Age	No. of Respondents	Percentage
11	1	3.33
12	6	20.0
13	17	56.67
14	6	20.0
Total	30	100

Source: Field Study

Table 5: Age at Marriage

Age	No. of Respondents	Percentage
15	10	33.33
16	8	26.66
17	5	16.67
18	4	13.33
19	1	3.33
20	1	3.33
21	1	3.33
Total	30	100

Source: Field Study

Table 6: Do You Want Freedom to Women Either In Case Of Abortion or Delivery

Responses	No. of Respondents	Percentage
Yes	30	100
No	-	-
Total	30	100

Source: Field Study

Table 7: Age at First Delivery

Age	No. of Respondents	Percentage
14	2	6.67
15	1	3.33
16	4	13.33
17	5	16.67
18	6	20.0
19	2	6.67
20	4	13.33
21	5	16.67
22	0	-
23	1	3.33
Total	30	100

Source: Field Study

Table 8: Time Duration for Breast Feeding In Months

Months	No. of Respondents	Percentage
10	1	3.33
12	13	43.33
13	1	3.33
14	1	3.33
15	1	3.33
16	2	6.67
18	3	10.0
24	7	23.33
36	1	3.33
Total	30	100

Source: Field Study

Table 9: The Gap In Between One Child to Another in Years

Years	No. of Respondents	Percentage
1	3	10.0
2	15	50.0
3	10	33.33
4	0	-
5	2	6.67
Total	30	100

Source: Field Study

Table 10: Are You Following Family Planning At Present?

Family Planning	No. of Respondents	Percentage
Yes	22	73.3
No	8	26.7
Total	30	100

Source: Field Study

Table 11: Ideal Size of the Family in Your Opinion

Ideal Size in Number	No. of Respondents	Percentage
4	16	53.3
5	6	20.0
6	5	16.67
7	3	10.0
Total	30	100

Source: Field Study

Table 12: Who helped your deliveries?

Person	No. of Respondents	Percentage
Dayi	3	10.0
Nurse	0	0.0
Doctor	18	60.0
Relative	9	30.0
Total	30	100

Source: Field Study

Table 13: Have You Taken Titanus Injection At The Time Of Delivery?

Response	No. of Respondents	Percentage
Yes	21	70.0
No	9	30.0
Total	30	100

Source: Field Study

Table 14: Have You Taken Pre-Natal Care?

Responses	No. of Respondents	Percentage
Yes	22	73.3
No	8	26.67
Total	30	100

Source: Field Study

Table 15: Have You Taken Post-Natal Care

Responses	No. of Respondents	Percentage
Yes	22	73.3
No	8	26.67
Total	30	100

Source: Field Study

Table 16: Have You Provided Bag, Polio, Dept. and Vaccination to Your Children

Responses	No. of Respondents	Percentage
Yes	27	90.0
No	3	10.0
Total	30	100

Source: Field Study

Table 17: where do you take when your child suffers from diarrheha?

Treatment	No. of Respondents	Percentage
Yes	3	10.0
Doctor / RMP	22	73.33
Anganvadi	5	16.67
Total	30	100

Source: Field Study

Table 18: Is Your Delivery Normal?

Responses	No. of Respondents	Percentage
Yes	19	63.3
No	11	36.67
Total	30	100

Source: Field Study

Table 19: were your children healthy at the time of birth?

Responses	No. of Respondents	Percentage
Yes	29	96.7
No	1	3.33
Total	30	100

Source: Field Study

Table 20: Whom You Consult At the Time of Illness?

Whom	No. of Respondents	Percentage
Govt. Hospital	20	66.7
Pvt. Hospital	5	16.67
RMP	5	16.67
Medical Shop	-	-
Total	30	100

Source: Field Study

Conclusion

The data as analysed above reveals that progressive changes are taking place in the health care and maternity care among the tribal women of the study. Just like in other areas of socio-economic and cultural aspects transformation of the tribal societies is taking place, of course, at a slow pace, still there are good number of areas open for development. Counseling through medical personal, Mahila Mandals, Voluntary organizations and girl students can dig the message effectively on child care and maternity care. Early marriages leading to early motherhood can be checked through education and counseling. Life is more valuable and the healthy life is the most valuable. The common diseases in the tribal areas be identified to design remedial measures. Brothers and sisters of Tribal societies are also Indians, but not aliens and this feeling should be created in them through concrete action.

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