

A SEARCH FOR A SOCIOLOGICAL APPROACH TO STUDY THE HEALTH PROBLEMS OF TRIBAL WOMEN IN INDIA

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Abstract

Promotion of health is an important factor which determines the well-being of any tribal community in India. In this paper, a review of available literature on the health status of the tribal women in India reveal that majority of tribal women in the country face various problems like poverty, hunger, malnutrition, unemployment- underemployment, dire ignorance, illiteracy, inadequate access to potable water, lack of personal hygiene and sanitation, making them more exposed to various types of sickness. Being one of the most vulnerable social categories in India, the tribal women are the worst suffers in terms of their health status. Although several remarkable attempts have been made so far in order to improve not only the socio-economic status of tribal women but also their health status and to ensure their security, still they are far behind general expectations. This paper also observes that the health status of tribal women in India can be well understood through more comprehensive area specific holistic and empirical studies not only in terms of economic life and political interventions but also in terms of several sociological parameters or indicators such as sex ratio, female literacy, marriage practices, age at marriage, fertility, mortality, life expectancy at birth, nutritional status and health, child bearing and maternal mortality, maternal and child health care practices, family welfare programme, sexually transmitted diseases and other health related issues.

Introduction: -

Health is a prerequisite for human development and is an essential component for the wellbeing of the mankind. The health problems of any community are influenced by an interplay of various factors such as social, economic, political, ecological and cultural. Each of these

factors has a deep influence on health life of people which in turn influences all these aspects of human life (Mishra, Subrata 2017). India, as a developing country in the world, accommodates one of the single largest indigenous people in the world (approximately 10.2 crores). According to Census 2011, India has 8.6 percent of the indigenous tribal people, dwelling in different geographical hilly terrain drenched forest area and spreading over all the region of the nation. Majority of tribal people face various problems like poverty, hunger, malnutrition, unemployment- underemployment, illiteracy, inadequate access to potable water, lack of personal hygiene and sanitation, making them more exposed to various types of sickness, as result of it they have worse health condition than the general population in the country.

Health Problems of Tribal Women in India: -In order to protect and promote life of people, the Constitution of India does have various measures and specially it has emphasised on the health of people in India as the responsibility of state governments, rather than the Central Government. It has ensured every state to be responsible for "raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". Recently, the National Health Policy was endorsed by the Parliament of India in 1983, later updated in 2002 and it was being worked upon further in 2017. The main motto of this policy is to protect and promote the citizen's right to health. The right to health as related to all kinds of human rights including economic, political, social and cultural, is a universal minimum standard of health to which all individuals are entitled. For this objective, the government of India has emphasised on the primary health care strategies which include access to clean drinking water and sewage

services, and preventive health programs which include control over various diseases and over human activities that may expose people to environmental hazards which are detrimental to their health. However, in the life style of Indigenous Peoples, all these facilities are inadequate due to many reasons such as negligence, indifference and unwillingness of officials, lacunae in working strategies etc. In order to rectify the problems, the Ministry of Health and Family Welfare, Government of India has constituted a sub-committee on Tribal Health which needed to be more inclusive.

In fact, health is an important factor which determines the well-being of any tribal community. Tribal health is an essential and important component derived usually from the indigenous way of life style and living standards. It focuses particularly on group and individual wellbeing in the definite geographical location despite of limited availability of medical service. Among all social categories, the tribal women's health remains more challenging and critical even today which deserves special attention from all concerned. The health condition of indigenous tribal people especially that of tribal women is very critical due to lack of proper health services.

Being one of the most vulnerable social categories in India, the tribal women face various healthcare problems and issues. Some of comparative studies make it evident that the status of tribal women in all sectors of health is worse than that of Scheduled Castes or OBCs. However, the studies on tribal women and their health face mainly two major problems. First, those empirical studies are fragmented and isolated. Second, those studies are not area-specific and do not cover all dimensions of healthcare. One of the major problems faced by the tribal women is that of "maternal depletion". The healthcare of the both child and mother is often neglected and there is a lack of proper mothers' health centres. As a result, the women face problems such as early aging and death, anaemia and malnutrition. A number of factors responsible for maternal depletion are: lack of adequate healthcare and medical facilities, inadequate diets, premature

pregnancy resulting from early marriages and excessive overload of work. The problem of "maternal depletion" also results in "maternal morbidity and mortality rate." The problem of Anaemia, resulting from "maternal depletion" or otherwise, is also a major concern among the tribal women. In this regard, a study shows that 68.5% of the tribal women experience some form or type of anaemia. It has a kind of psychological impact since women lose their capacity to resist fatigue, feel tired and are unable to manage the heavy workload. The large-scale deforestation in tribal areas have also increased the distance between the forest areas (workplace of women) and their villages. As a result, women have to cover long distances and work harder even during advanced stages of their pregnancies and they also face shortages of nutritious food. Besides, increasing deforestation has also led to loss of various medicinal herbs and forest resources that were earlier used to help the tribal women in sustaining their livelihood and ensuring a good quality of life (Reddy, 2008). But today, it has emerged as major problem in tribal areas. As a result, majority of the tribal people especially tribal women and children in India suffer from various diseases including common fever malaria. The diseases prevalent in tribal areas can be broadly classified into following categories:

- Malnutrition (Low birth weight, under-nutrition of children, lower body size of adults, anemia, iron and vitamin A and B deficiency),
- Maternal and child health problems – higher IMR, U5MR, neonatal mortality, acute respiratory infections, and diarrhea,
- Communicable diseases (malaria, filaria, tuberculosis, leprosy, skin infections, sexually transmitted diseases, HIV, typhoid, cholera, diarrheal diseases, hepatitis, and viral fevers,
- Accidents and injuries – including the burns, falls, animal bites, snake bites, violence due to conflicts, and more recently, motor cycle accidents,
- High consumption of alcohol and tobacco in most areas and of drugs in the Northeast region,

- Hereditary diseases such as the Hemoglobinopathies (Sickle Cell) and G-6 PD deficiency,
- Mental health problems – especially in the areas affected by conflicts.
- Specialty problems – especially the orthopedic and surgical problems, gynecological problems, dental problems and eye problems,
- Non-communicable illnesses – hypertension, stroke, diabetes, and cancers.

(See in website: A Report on “Situation of Indigenous Peoples and Rights to health” (With focus on youth, children and women), to the UN Human Rights, UN Expert Mechanism on the Rights of Indigenous Peoples, Submitted by Indigenous Women’s Network, INDIA)

However, the common diseases such as infectious and communicable diseases are widely prevalent among the tribal community mainly due to the typical geographical location (interior hilly and drenched forest areas). The health condition of tribal community is often compounded due to the lack of awareness on health and inaccessibility to the health care facilities. Tribal community as the heterogeneous community possess one commonality in relation to poor health indicators, a greater extent of morbidity and mortality and deprivation of regular health care service in their locality (See various Reports of the expert committee on Tribal Health, Ministry of Health and Family Welfare). Major health problems that are prevalent in tribal areas include endemic infectious diseases like malaria, tuberculosis and diarrhoeal diseases, apart from malnutrition and anaemia. Besides other major causes, it is due to illiteracy, ignorance and lack of awareness on health-related challenges, tribal people face many health problems in their daily life. Earlier, most health awareness campaigns, which needed significant investments over long periods of time for noticeable impact, were planned by the medical community instead of by the tribal community experts (Trisingh Pattamajhi and Babita Das. 2021).

Malnutrition is one of the major common problems prevailing among the tribal people throughout India. Malnutrition is the cause of

massive death of tribal women and children. Even after seven decades of Independence, the challenges in health sector such as lack of awareness, education, minimum health care facilities and food security is continuing as major problems for the indigenous tribal people in India. Besides, the traditional socio-cultural practices, dire ignorance and massive illiteracy makes the tribal community more vulnerable and victimized to the problem of malnutrition. Even today, their current health status is the reflection of their habitual traditional socio-cultural practices and multiple deprivations in health care service and other benefits. Most of the time, media reflects many health issues which are contagious like tuberculosis and non-contagious diseases like malaria, diarrhoeal, malnutrition and anemia (Swaminathan, Soumya 2014).

However, the plight and problems of tribal community in India is compounded by many factors like blind beliefs, poverty, no safe drinking water, illiteracy, poor sanitation, unaware of various health causes etc. The tribal area is very often victimized by communicable, non-communicable and silent killer genetic diseases, affecting and killing many tribal people in their community. Many of the communicable and non-communicable diseases can be controlled and prevented in the tribal areas if the timely and regular health awareness and other related required activities on information, education and communication is done. The tribal people remain isolated from the main stream Indian society. They are still victimized and subject to contagious diseases and they are much more prone to various health problems, in spite of tremendous medical progress and advancement in India. Even today, in the interior villages of India, the tribal people in general and the tribal women in particular are mostly neglected and deprived of modern medical facilities. In fact, they much more prone to various diseases with high degree of poverty, hunger malnutrition, morbidity and mortality. Thus, their health status is found very miserable (Balgir R. S.2004:67-91).

Poverty is the mother of all problems including the problem of health. It is the main cause of

hunger and malnutrition in tribal areas of India. A large number of previous studies reveal that recently the rate of poverty among the tribal community is too high, in rural area it is at 47 percent and it is at 30 per cent in urban locality (Trisingh Pattamajhi and Babita Das. 2021). In reality, there is acute poverty, hunger and malnutrition in the interior tribal villages of India which reflects the miserable condition that can not be measured in terms of statistical figures. In fact, acute poverty, gross inequality and massive ignorance (not only illiteracy) are inbuilt into social structure and culture of the tribal society which does have drastic repercussions on the health problems and diseases of tribal women in India. Acute poverty leads to hunger and malnutrition. Besides, lack of food security, sanitation, and safe drinking water, poor nutrition etc., further aggravate their poor health status. The problem of malnutrition is a grave problem in the tribal areas of India and it is multidimensional and intergenerational by nature. In the tribal areas, the health institutions are few and far between the tribal families and the existing health institutions (See : Nayak, K.B. 2008, 2014).

In the past, there was not so grave health problem in the tribal areas of India. There was an abundance of fruits, tubers, roots and leaves in forests on the one hand and indigenous health-care systems on the other, contributed positively to tribal health. For centuries tribal people had developed their own medicinal system based on herbs and other items collected from the Nature and processed locally. They did have their own system of diagnosis and cure. But their skills and medicinal plants are fast disappearing today. In fact, health and treatment are closely interrelated with the environment, particularly the forest ecology. Many tribal groups used different parts of a plant not only for the treatment of diseases, but for population control as well (Chaudhari, 1990).

In the past, the tribal women made provisions for the basic necessities like food, fuel, medicine, housing material etc. from the forest produce. Food was obtained from shifting cultivation and from minor produce (MFP) like flowers and fruits collected from the forest.

Extraction from herbs, roots and animals were used for medicine. All these efforts incurred an excessive workload on women. In addition to the malnutrition and excessive workload, there was the destruction of traditional herbs through deforestation and the lack of access of the tribals to modern medicine. This, combined with the increasing ecological imbalance, resulted in increasing cases of diseases such as TB, stomach disorders and malaria (Menon, 1988). Because of the extensive felling of trees in forest areas by the vested interests of some people, the distances between the villages and the forest areas had increased forcing the tribal women to walk longer distances and work harder in search of minor forest produce and firewood. In this rapidly changing milieu, tribal women work harder and longer which has negative repercussion on their health (Kar 1982). In fact, this has further increased the problem of malnutrition among tribal women and children. A study among the Pauri Bhuniyas of Orissa showed (Ali, 1980) that 52 women as against 17 men in a sample of 268 persons suffered from diseases related to malnutrition. As a result of deforestation, additional distance and less fertile soil, the availability of food for the tribal family was reduced. This had implications particularly for the housewife who was responsible for the provision and distribution of food. Besides, in cases of shortage of food at home, she even deprived herself of food in order to feed the other members of her family. A number of studies in this connection have shown that tribals in general and tribal women in particular were undernourished. For example, a study had shown that over 55 percent of Kondhs consumed less than 2000 calories per day (See: Patel, 1985) and most of them consumed as little as 1700 calories (Sharma, 1979) as compared to the ICMR stipulated requirement of 2400 calories per person per meal. An extensive review of literature on Nutritional and Health Status of Mother reveal that due to lack of nutritious food, the tribal women and children in different parts of India have suffered most leading to higher rate of infant and maternal mortality (Basu S.K. 1993; Basu, et al., 1990). Recently, sudden change in their

dietary habit due to poor food products as distributed through Public Distribution System (PDS) also affect the young generation particularly adolescent girls.

In fact, there existed a definite nexus between forests and nutrition of tribal people. It has been noted by many scholars that tribals living in remote areas had earlier a better overall status and they used to eat more balanced diet than tribals living in less remote areas and forest free areas. The mode of utilisation of available natural resources often determined the long-term impact on the health of tribal people. Besides, the indigenous tribal communities had been practicing herbal medicine and naturopathy since time immemorial. But today this practice is being taken over by the rich urbanised society as one of the best treatment option. Recently the indigenous people are being systematically deprived from these resources due to corporatization of herbal resources and medicinal plants. Therefore, majority of the tribal people in India are found malnourished (Nayak K.B. 2008, 2014).

Moreover, it is also observed that the traditional systems cannot treat or prevent many diseases that modern medical science can (Dipankar Oraw and Daly Toppo 2012). But the tribal people are either unaware of modern medical facilities or they simply avoid it due to their much more inclination towards the traditional system of health care as grounded on their age-old culture. It is mainly due to lack of massive health awareness campaign, they know little about sanitation and have limited or no access to hospitals. As a result, many tribal women and children become chronically ill. Besides, the social stigma as attached to the tribal people, often the modern medical services do not reach at the doorsteps of their communities. In fact, the tribal people's traditions and culture also cause their health problems. As a result, many of them prefer to seek less expensive spiritual traditional healing treatment rather than much more expensive modern medical treatment. Thus, the common beliefs, customs and practices as connected with tribal people's health and disease have been found to be intimately related to the treatment of disease. It is necessary to make a holistic view of all the

socio-cultural dimensions of the health of a community. In most of the tribal communities, there is a wealth of folklore related to health. Documentation of this folklore available in different sociocultural systems may be very rewarding and could provide a model for appropriate health and sanitary practices in a given eco-system of tribal area.

A study by Trisingh Pattamajhi and Babita Das (2021) reveals that the strong belief and practice on traditional health service led to the tribal community more addicted to medicinal plants as a faithful custodian of it. This practice has been there since generations among the tribal community. Their dependency on the herbal medicine and traditional treatment is mainly due to unavailability of modern health care services in their villages and nearby areas. Their belief and conviction in the herbal medicine and traditional treatment can be traced back to centuries. In fact, the availability of modern health care facilities in the tribal locality is a challenge because most of the tribal people live in interior villages being located in the hilly stations and drenched forest areas. Thus, most of the tribal people get deprived of modern medical facilities. Though the government's option is left for availing modern medical facilities to the tribal people, but their age-old health system is confined to the traditional magico-religious health care system. The modern maternal and child health care is an important aspect of health seeking behaviour which is largely neglected among the tribal groups (Basu et al., 1990). Hence, it is not possible to raise the health status and quality of life of people unless and until such efforts are integrated with the wider efforts to bring about the overall transformation of a society. This is possible only when supportive services such as nutrition, environment and education reach at a higher level. Thus, it is commonly said that "good health and good society go together" (Basu, 1992).

Besides, the common ailments that are faced by the tribal people including skin diseases, uterus problems, tuberculosis and kidney deficiencies, the large scale consumption of local tobacco and alcohol is another major contributing factor to a variety of their illnesses. In fact, the

consumption of local tobacco and alcohol is very high in tribal villages which does have very negative impact on the health condition of both men and women. Data from the Xaxa Committee Report (See in website 2014:206) show that men aged 15 to 54 years consume a lot of tobacco, either smoking or chewing. Tobacco use was prevalent in approximately 72 per cent of Scheduled Tribes and 56 per cent of Non-Scheduled Tribes, respectively. Recently a study by SEARCH organization in the Gadchiroli district, Maharashtra (See in website), has also reported 60 percent prevalence of tobacco use in tribal population. While the consumption of alcohol (most prominently local alcohol) is a part of social custom and cultural rituals in tribal communities. It has been observed as a common fact during their festive occasions. Even a large number of tribal women also consume their local liquor and some of them are regularly addicted like their male counterparts. Another recent grave problem faced by tribal women is that of increased transmission of Sexually Transmitted Diseases (STDs), mainly HIV/AIDS. The tribes in Nagaland show the serious concern of transmission of AIDS amongst the tribal women. The transmission levels are at such a high point that the neighbouring area of Manipur is also at a high risk. There has been lack of academic research and state funding in this particular area. As a result, some international funding agencies rely primarily on the low research skills of NGO personnels and social workers (Nathan, D. 2012). Another more specific case study is that of a Gond woman from Bastar district who developed a sexual relationship with a non-tribal man, for which she was isolated from her community and later suffered from AIDS (Patnaik & Mehrotra, 2005). In fact, the tribal women are more vulnerable to HIV/AIDS because limited attention has been paid to massive HIV/AIDS awareness campaign among tribal women in tribal areas. A study reveals that only 38.6 percent of tribal women had heard or knew about AIDS, while the AIDS awareness among tribal men was higher that is 63.9% (De, Dr. Kankana 2017). However, tribal women are usually unaware or

misinformed about Sexually Transmitted Diseases (STDs), mainly HIV/AIDS. A study report shows that the tribal people are known to have sexual practices that vary from those of mainstream cultures. Some of the tribal respondents describe about gender inequality in the tribal areas where the HIV-positive females are less accepted by the tribal society, while the male members are treated differently and typically. However, less is known about the prevalence of HIV and AIDS among tribal people in other states of India, except in some tribal states of the North-East of India as there is a high incidence of drug use also (Sadia Khan and Ziya Hasan 2021).

While scanning through the available literature on the health status of the tribal women in India, Basu S.K (1993) observed that comprehensive area specific health related studies were limited, most of the available studies were isolated, fragmentary and did not cover various dimensions of health affecting the status of tribal women like i) sex-ratio, ii) Female literacy, iii) Marriage practices, iv) Age at marriage, v) Age of mother at first conception vi) Life expectancy at birth, etc. It has been noted that there was paucity of studies on many urgent issues affecting the health status of tribal women. Detailed information were needed on (a) maternal malnutrition, (b) nutritional anaemia, (c) nutritional status of pregnant women and their nature of workload, (d) the distribution of food within the family and its effect on the nutritional status of women, (e) the complications of pregnancy and of childbirth, (f) primitive practices for parturition, (g) maternal mortality, (h) birth weight of children (i) infant and childhood mortality and their sex differentials, (j) nature, of maternal and child health care practices, (k) attitude towards family planning, (l) prevalence of sexually transmitted diseases and (m) effect of degradation of forest ecology.

In terms of a sociological perspective, the health status of tribal women can be well understood in terms of several sociological parameters or indicators such as sex ratio, female literacy, marriage practices, age at marriage, fertility, mortality, life expectancy at birth, nutritional status and health, child

bearing and maternal mortality, maternal and child health care practices, family welfare programme, sexually transmitted diseases and genetic disorders (Basu S.K 1993).

Concluding Remarks: - With the above discussion on the basis of available literature and limited space, it can be concluded that although several remarkable attempts have been made so far in order to improve the tribal women's socio-economic status and to ensure their security or safety, still, they are far behind general expectations. Even today, the tribal women are encountering various health problems in terms of hygiene, sanitation, awareness and lack of safe drinking water, resulting in grave diseases such as diarrhoea, malaria, filarial, TB, anaemia, and others. Moreover, lack of pre-and post-delivery care facilities, non-accessibility to hospitals in tribal areas, irregularity of postnatal check-ups, and poor nutrition standards constitute a severe threat to the health of infants contributing significantly to higher IMR (Infant mortality rate) and MMR (Maternal mortality rate) in India.

The provision of sound health and nutrition, besides ameliorating the causal problems of poverty, ignorance and inequality, are two important basic needs that to be met for the empowerment of tribal women. In addition, there is a need of wide and massive programme of awareness on some age-old socio-cultural customs and traditions which are negatively related to health problems of tribal women and children. For instance, due to marriages at an early age, women give birth at young ages and often face health problems. Similarly, though the medical facilities are inadequate, yet they are little used by the tribes living in interior isolated villages and hamlets. So, in order to achieve a real and quick development in the health sector, an extensive as well as intensive health education and awareness campaign along with health insurance scheme must be given as the topmost priority by the government, besides greater emphasis on ensuring the nutritional benefits, benefits of immunization, family planning, etc.

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