



SUPERSTITIONS AND TRADITIONS AS BARRIERS TO PHYSICAL WELL-BEING: A STUDY OF TRIBAL ADOLESCENT GIRLS IN AKOLA DISTRICT, MAHARASHTRA

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ABSTRACT

This study investigates the impact of customs and superstitions on the physical health of tribal teenage females in Maharashtra's Akola region. It focuses on traditional ideas common in tribal cultures regarding gender roles, early marriage, menstruation, health, nutrition, and disease. Data was gathered from 150 teenage indigenous girls using a systematic questionnaire and analyzed using descriptive and percentage approaches. Results show that superstitions negatively impact the dietary status, personal hygiene, menstrual health, healthcare utilization, and general physical development of most respondents. The findings emphasize the need for health awareness and community-based interventions to promote scientific health practices and improve these girls' quality of life.

KEYWORDS : Tribal Adolescent Girls; Superstitions and Traditions; Physical Well-being; Health Awareness; Akola District.

INTRODUCTION

Physical well-being is a crucial part of total health, encompassing normal bodily operation, adequate nutrition, physical development, disease prevention, and access to medical treatment. Adolescence is a period of rapid physical development for girls, necessitating a balanced diet, good hygiene, and medical care. However, in tribal societies, traditional beliefs frequently affect health-related decisions. Tribal groups in India endure continuous challenges regarding health, nutrition, and access to basic services, which impacts physical development (Xaxa, 2014).

Maharashtra's Akola district has a sizable tribal population, including the Gond and Korku tribes, whose social existence is anchored in cultural beliefs. While some customs support social cohesiveness, superstitions about sickness, diet, menstruation, and pregnancy often negatively impact teenage girls' physical health. Socio-cultural constraints result in malnutrition, anaemia, low health knowledge, and insufficient use of healthcare (Manna, 2022). Traditional restrictions can inhibit scientific therapy, postpone medical intervention, and restrict access to nutritional resources.

Tribal adolescent girls frequently experience health difficulties such as anaemia, menstrual health problems, and dietary inadequacies (Das et al., 2016). Their physical health is heavily impacted by superstitions related to dietary restrictions, menstrual taboos, and conventional healing techniques. This study aims to investigate the impact of these superstitions and customs on their physical well-being in the Akola district.

Review of Literature

- **Health and Nutrition:** Superstitions significantly impact menstrual cleanliness and dietary habits, leading to highly prevalent anaemia and malnutrition among tribal females (Kumar, Kumar, & Tirkey, 2023). Tribal teenage females face poor menstrual hygiene and dietary deficits due to traditional beliefs (Das et al., 2016).
- **Healthcare Access:** Traditional sociocultural practices limit access to healthcare, education, and nutritional resources (Manna, 2022). Superstitious ideas about sickness frequently delay access to modern healthcare (Gharat, 2022).
- **Socio-Cultural Norms:** Cultural constraints and conventional gender norms are linked to poor mental and physical health results (Shrivastav et al., 2022). Gender-based expectations restrict possibilities for physical growth and health awareness (Suma & Sushma, 2021).

- **Interventions:** Community-based health awareness initiatives improve physical well-being by addressing misunderstandings about menstruation, nutrition, and illness (Tribal Affairs Knowledge Repository, 2025). Scientific health education is critical to combat the physical impacts of early marriage and conventional gender roles (Tiwari, 2026).

Methodology

This study adopts a descriptive research design to examine the effect of superstitions on the physical well-being of tribal adolescent girls in Akola district, Maharashtra. Primary data was collected from 150 randomly selected adolescent tribal girls using a structured questionnaire, interview schedule, and observation method. The variables include nutrition, personal hygiene, menstrual health, healthcare utilization, traditional practices, and physical health problems. Secondary data was collected from research journals, government reports, and census publications. Data was analyzed using percentage analysis, frequency distribution, and descriptive statistics.

Data Analysis and Interpretation

Superstitions and Traditions Existed	Yes	%	No	%	Total
Animal sacrifice, making a vow, offering of food and liquor.	134	89.3	16	10.7	150
Belief in ghosts, spirits, and black magic.	117	78.0	33	22.0	150
Illnesses are caused by spirits, curses, or black magic.	112	74.7	38	25.3	150
Adolescent girls kept isolated due to menstruation beliefs.	127	84.7	23	15.3	150
Restricted from kitchen, temples, and public places during menstruation.	127	84.7	23	15.3	150
Educating girls brings misfortune; higher education leads to disappointment.	98	65.3	52	34.7	150
Distress is believed to be ghost/spirit possession, not medical.	124	82.7	26	17.3	150
Girls should be married early to avert misfortune/uphold honour.	93	62.0	57	38.0	150
Young woman considered unfortunate/ostracized if husband dies.	102	68.0	48	32.0	150

Excluding girls from decisions as they "lack intelligence."	134	89.3	16	10.7	150
Accusing women of being witches (violence or banishment).	94	62.7	56	37.3	150

Interpretation: Table 1 reveals that gender-biased beliefs remain deeply rooted. The highest reported practices are animal sacrifice (89.3%) and excluding girls from decision-making (89.3%). Furthermore, 84.7% reported menstrual isolation, and 82.7% noted that distress is attributed to spirit possession rather than medical conditions. Additional Insight: These pervasive superstitions significantly restrict tribal adolescent girls' health behaviors, educational possibilities, and decision-making authority, underscoring an urgent need for targeted social empowerment initiatives.

Table 2: Effect of Superstitions and Traditions on Physical Wellbeing Factors					
Effect on Physical Wellbeing	Yes	%	No	%	Total
Nutritional status	142	94.7	8	5.3	150
Personal hygiene	137	91.3	13	8.7	150
Menstrual health	141	94.0	9	6.0	150
Healthcare utilization	145	96.7	5	3.3	150
Overall growth	143	95.3	7	4.7	150

Interpretation: Table 2 indicates that superstitions heavily impact physical development. Healthcare utilization is the most affected (96.7%), suggesting families rely on traditional healers over medical treatment. Overall growth (95.3%), nutritional status (94.7%), and menstrual health (94.0%) are also severely compromised by traditional customs. Additional Insight: The fact that over 90% of respondents identified negative impacts across all categories demonstrates a systemic public health crisis, necessitating interventions that advance scientific health practices while respecting cultural identity.

Table 3: Effect of Prevalent Practices on Health		
Response	N	%
Yes	139	92.7
No	11	7.3
Total	150	100.0

Interpretation: Table 3 shows an overwhelming 92.7% of respondents believe these traditions affect their health, while only 7.3% feel they do not. This confirms that adolescent girls are highly aware of the adverse consequences traditional customs impose on their daily lives and physical well-being. Additional Insight: This high rate of affirmative responses validates that tribal adolescent girls recognize these socio-cultural barriers, making them likely receptive to sensitively designed, science-based educational programs.

CONCLUSION

Superstitions and traditional practices severely hinder the physical well-being of tribal adolescent girls in the Akola district. Customs related to menstrual restrictions, belief in spirits, early marriage, and gender-based discrimination directly affect nutritional intake, personal hygiene, and overall growth. Reliance on traditional beliefs rather than scientific healthcare, combined with limited educational opportunities, continues to obstruct their healthy development.

To combat this, frequent health awareness and educational programs must be organized in tribal regions. Community leaders, educators, and medical professionals must collaborate to respectfully phase out damaging superstitions. Expanding access to healthcare services, nutrition programs, and school-based education, alongside campaigns promoting gender equality, is essential to drive positive social change.

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