Research Paper Economics

Health Status of Tribal Women in Kalvarayan Hills, Villupuram District, Tamil Nadu

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ABSTRACT

Indian tribals are a heterogeneous group; most of them remain at the lowest stratum of the society due to various factors like geographical and cultural isolation, low levels of literacy, primitive occupations, and extreme levels of poverty. The present paper attempts to study the Health Status of Tribal women in Kalvarayan Hills at Villupuram district. A total of 60 tribal women were interviewed using an Interview schedule. The results of the study showed that there is a need for clinics that can take care of their physical and psychological needs. It further stressed accessibility of health services as a main reason for the tribal women not availing the health care services. The study also suggested provision of mobile clinic to cater to the needs of the community every month on a selected date on a regular basis.

KEYWORDS Health Status, Health Care Practice, Tribal Women

INTRODUCTION:

The Scheduled Tribes (STs) according to the 1991 Census account for 67.76 millions representing 8.08 per cent of the country's population. They are spread across the country mainly in the forest and hilly regions. More than 70 per cent of the ST population is concentrated in Madhya Pradesh, Maharashtra, Orissa, Bihar, Andhra Pradesh, West Bengal and Gujarat. The essential characteristics of these communities are primitive traits, geographical isolation, distinctive culture, shyness of contact with communities at large and backwardness. The status of any social group is determined by its levels of health-nutrition, literacy education and standard of living. The tribal women, constitute like any other social group, about half of the total population. However, the health of tribal women is more important because tribal women work harder and family economy and management depends on them. Higher infant mortality rate in the tribal compared to national average; low nutritional level of the tribal; lower life-expectancy in the tribal than the national average; high incidence of sickle cell disease and glucose -6- phosphate enzyme deficiency in some tribal societies; and higher fertility rate in tribal women compared to the national average have been reported by various studies. The factors which influence the health status of the tribal population in general, are also applicable to tribal women more so. It has been reported that illiteracy, in tribal as well as non-tribal population, is positively correlated to health. The tribal women, as women in all social groups, are more illiterate than men. The low educational status is reflected in their lower literacy rate, lower enrolment rate and their presence in the school. Like others social groups, the tribal women share problems related to reproductive health. United Nations has defined the status of women as the "conjunction of position anwomen occupies as a worker, student, wife, mother of the power and prestige attached to these positions, and of the right and duties she is expected to exercise" (UN, 1975). "To what extent, do women, compared with men, have excess to knowledge, to economic resources and to political power, and to what degree of personal autonomy do these resources permit in the process of decision-making and choice at crucial points in the lifecycle?" (UN, 1975). Women make up only 6% of India's workforce and the numbers get skewed as you go up the corporate ladder. Only 4% women are at the senior management level and almost none in a leadership role. Status of women is generally measured using three indicators: - education, employment status and intra-household decision-making power. In general women with higher education tend to have a better position (WHO, 1989). In some cases, however, education alone may not be sufficient to enhance status unless it engages employment as well (Hogan et al., 1999). In addition women's ability to communicate with and convince their spouses or other members of the family indicates their decision making autonomy. Women with great decision-making power are supposed to have a higher status in the household.

Objectives

To study the Health Status of Tribal Women to assess the Knowledge Level utilisation and Health Care practices.

To study the relationship of Health Seeking Behaviour with: Age, Education, Personal Hygienic and Health Status.

To know the Social exclusion of the Tribal Women.

Tools and Techniques of the study

This paper presents the qualitative analysis of tribal women. It seeks to explore the facilitating and hindering factors affecting the tribal women in Kalvarayan Hills, Villupuram district. For this study, qualitative method was used. The analysis has been done on the basis of in-depth interviews with those are tribal women in Kalvarayan Hills, Villupuram district. For this study, data was collected from fifty tribal women by using purposive sampling.

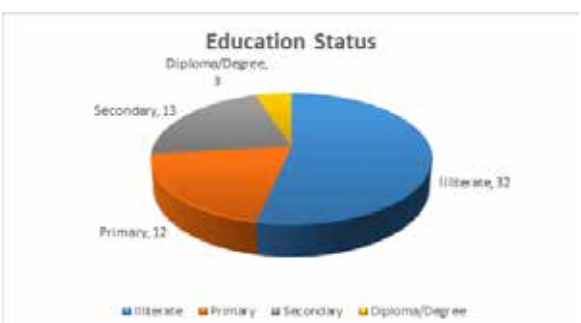
Review of Literature

Several studies have focused on the issues of downtrodden tribal groups, which are a major concern for social scientists, since the holistic development of society cannot be achieved, without the inclusion of these communities which are mostly illiterate, have traditional beliefs and constitute the poorest segment of the Indian population (Mutatkar R.K.,2004) Tribal populations are isolated from the general population by virtue of their own physical, socio-economic and cultural environment. In contrast to the traditional health care system, the official state health care system is based on western science and technology, separating it from broader social and cultural influences. It is evident that the state supported medical system does not generally recognise the traditional medical systems. John Bryant (1988) sees the involvement of the individual and the local community in primary health care not as a social nicety, but as a medical necessity. Services that are delivered from the side have little effect, unless absorbed by the individ-

ual and the community. It has been seen that the diverse and deep rooted social and cultural constructs of a society play an important, and often, decisive role in deciding the acceptability of a particular health care option. Thus, a study exploring the nature and extent of acceptance of modern health care facilities among the target group was imperative, as an input towards policy planning for their overall development.

To assess the socio-economic conditions of the tribal people therein and the impact of tribal sub-plan in improving their level of living. Kalrayan hills are low altitude hills with an average elevation of about 1000 feet. The region has luxuriant vegetation and the landscape is dominated by pine and coconut trees apart from banana and tapioca crops. The topography is undulating, yet there are quite a few plain patches to support settled cultivation sufficient for the present population. Villages are surrounded by forests. There are pucca forest roads but are narrow and full of pot-holes. The dominant features of the villages in study area are: Natural resources of the region have largely remained unexploited and un-utilised; Level of technology is traditional and mostly primitive; People have a care-free disposition and are not amenable to sustained and strict disciplined work culture; There are a few stretches of plain land which offers good scope for water harvesting. Villages are devoid of transportation facilities and to some extent inaccessibility has kept the area backward. The concept of area development therefore is an important issue for this area.

Educational Status
Fig - 1



Health and Nutrition: Health condition of the people in the area is not very satisfactory. People are afflicted by malnutrition, anaemia as well as other health disorders, like frequent abortions and gynaecological problems. The problem is aggravated because of lack of qualified doctors, specialised medical and health facilities, good dispensaries, proper communication network etc. Though some stray efforts were made to improve medical facilities, they did not help in creating any impact beyond a few villages. In fact, there is one PHC in a village called Karumandurai and the surrounding 40 and odd villages are dependent on this PHC. However, there are no doctors on regular basis and no other facility is available. Thus, for obvious reasons not much perceptible impact on health is visible in the area.

I Health Problems of Faced by Tribal People
The problems necessitating health seeking among the tribals can be broadly classified into three groups:

1 General Problems
2 Reproductive Health Problem
3 Malnutrition

II. Issues Related with Health of the Community
1. Utilisation of Government Facilities
2. Problems Faced while Accessing Health Services
3. Community Needs
4. Community Participation
5. Role of NGOs
6. Role of Traditional Healers

Other Problems
Other problems mentioned during the discussion included cough and cold. The common treatment mentioned for this problem was taking honey, crushed tulsi leaves (sacred basil) and tea with black pepper. Again, as in the case of dental problems, not much attention was paid to them. People believe that these problems are part of one's life, and carry on as normally as possible in such cases.

Table - 1
Personal Hygienic

S.No	Hygienic Details	Yes (%)	No(%)
1	Personal Hygienic Prac	26.7	73.3
2	Washing Hand before Eating	56.7	43.3
3	Prober Washing Clothes	25.0	75.0
4	Taking Fresh Food	43.3	56.7
5	Taking Fresh Vegetables	35.0	65.0
6	Boiling Water before Drinking	31.7	68.3
7	Household members to follow healthy Practices	53.3	46.7
8	Prober cleaning of house floor and well	43.3	56.7
9	Household keeping drain and clean	28.3	71.7
10	Personal Hygienic of head lice	48.3	46.7
11	Problem of Teeth	46.7	53.3
12	Problem of dandruff	53.3	46.7
13	Problems of Skin	43.3	56.7
14	Breathing Problem	53.3	46.7
15	Ear Problem	45.0	55.0

Table - 2
Health Status of the Tribal Women

S. No	Health Status	Never (%)	Rare (%)	Occasionally (%)	Regular (%)	Constant (%)
1	Health Status of Felling and Tension	11.7	6.7	31.7	30.0	20.0
2	Problems neck pain	33.3	11.7	25.0	20.0	10.0
3	Problems of Sleep	36.7	11.7	15.0	28.3	8.3
4	Problems faced by Depression	18.3	15.0	18.3	31.7	16.7
5	Negative Feeling	18.3	10.0	21.7	28.3	21.7
6	Backache	21.7	5.0	36.7	33.3	3.3
7	Constipation	21.7	23.3	25.0	26.7	3.3
8	Menstrual Discomfort	21.7	16.7	31.7	18.3	11.7
9	Cold and Flu	15.0	15.0	43.3	5.0	21.7
10	Stiffness	25.0	8.3	26.7	21.7	18.3
11	Fatigue	10.0	10.0	25.0	35.0	20.0
12	Lack of flexibility in Spine	25.0	11.7	21.7	15.0	26.7
13	Skin Allergies	33.3	16.7	28.3	20.0	1.7
14	Maintaining Healthy Life style	38.3	13.3	26.7	5.0	16.7
15	Emotional Well Being	20.0	18.3	28. 3	20.0	13.3

Impact of Inclusion and Exclusion
Though it is generally presumed that exclusion is detrimental and inclusion is for good, in practice this may not be true. Coercive inclusion by market or by dominant social system in any form may cause harm to the social web of the new entity. Coercive inclusion may be in the form of child labour, women in wage labour with differential payments, putting

tribal people in unskilled and unprotected labour force and as immigrant workers etc. For similar reason, exclusion is not always bad. To those who do not accept the value of the market system and do not resemble or depend on a social system outside their traditional domain, any voluntary exclusion from those entities should be perfectly accepted. Both from social and market perspective discourse on inclusion and exclusion of tribal people cater relevance in present situation. Because, it is said that exclusion and poverty are mostly interrelated. Conventional poverty indicators reveal that there is a strong correlation between being indigenous or tribal and being poor or extremely poor. Tribal people are more likely to have lower income, poorer physical living conditions, less access to health care, education, and a range of other services, worse access to labour, land and capital markets and worse returns to work as well as weaker political representation. The poverty and social exclusion experienced by tribal people are largely due to discrimination at social and institutional level during colonial and post independent era. The present paper tries to highlight the characteristics of inclusion and exclusion of tribal societies in Indian situation.

Suggestion of the Study:

The findings of the study provide an insight into the reasons why tribal people have different health issues and health status in the present scenario, when, as a nation, we have the most modern health system in place. The study also reflects on why these people still follow obsolete practices and why it may be necessary for them to have a separate system. The tribes, by and large, are animists, that is, they worship nature, and hence, they derive maximum comfort from organic material and methods of treatment. The community feels alienated at institutions such as district hospitals, which are generally staffed by non-tribals, who are perceived as treating the tribals condescendingly. The fact that the distances between health facilities and residences are considerable and the transport system is poor, further, adds to the community's reluctance in adopting the modern health care system.

1. Proper communication facilities should be developed
2. Health centre should be established near to their village.
3. Proper health care facilities should be provided at local area.
4. Health awareness should be created in rural area.
5. Proper health education should be given to the villagers.
6. Government should extend support to local herbal medicine practitioners.
7. Government should provide health training to local quack.
8. A mobile health unit should be introduced to take care of villager"s need.

This study can prove to be an invaluable reference point for policy-makers and implementers while developing a tribal health initiative strategy for the state of Tamil Nadu. Tribal women in India had specific problems, some of these were built-in problems of these tribal communities and some were imposed upon them which jeopardized their overall development and progress inclusive of their health. Therefore, in order to improve the health status of the tribal women, the health care delivery should be designed for each specific tribal group in such a way to cater to their specific needs and problems by ensuring their personal involvement.

Conclusions and Discussion

It was observed during the discussions that though considerable amount of money and time are spent by these tribals women on health, their level of health education is extremely poor. Due to their ignorance, they visit traditional healers and ill-qualified medical practitioners. These practitioners take full advantage of the opportunity and exploit the poor tribals. Another reason for their not utilising the state health set-up is the indifferent attitude of the providers towards these people.

It was observed that the tribals women do not pay any attention to problems during pregnancy, and often neglect the treatment of gynaecological problems.

Another issue is the very high incidence of RTIs like white discharge, gonorrhoea and others among the tribals living in Western Rajasthan. This again is supported by the study of Bang and Bang (1994). It was felt during the discussions that white discharge is the most common gynaecological disorder occurring in the women of these tribal districts. This, it seems, is the general problem of the women in India, especially the rural areas. It was observed that the people of the tribal populations living in the different sets of villages adopt more or less similar methods of health seeking. Though non-tribal people living in the villages as well as a few progressive tribals are adopting modern methods of health, people living in the tribal region resort to indigenous methods out of compulsions like poverty and ignorance about modern methods of medicine. Though a majority of them realise the futility of faith healing, they adopt it as the last resort for the reasons given earlier. However, some tribals, who have been exposed to the outside world, refuse to rely on these methods, through a majority of them still do so.

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