HEALTH STATUS OF TRIBAL WOMEN IN UDHAM SINGH NAGAR

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The tribal population groups form 3.04% of the total population of Uttaranchal. In Udham Singh Nagar 8.9% of total population is S.T. These tribal groups inhabit widely varying ecological and geo-climatic conditions (hilly, Forest, tarai, desert, coastal regions etc.) in different concentrations throughout the country and are distinct biological isolates with characteristic cultural and socio-economic background. Tribal groups are homogenous, culturally firm, have developed strong magico-religious health care system and they wish to survive and live in their own style.

There have been a number of studies on the tribes, their culture and the impact of acculturation on the tribal society. There have also been studies on the status of women relating to their socio-cultural problems, their economic rights, their participation in management, their access to employment, food, health etc. But these issues have not been properly focused in relation to the tribal women. There are only few studies on the status of tribal women in India (K.Mann[1], 1987; J.P.Singh, N.N.Vyas and R.S.Mann[2], 1988; A.Chauhan[3],1990). Thus the study of tribal women cannot be ignored. It becomes important because the problems of tribal women differ from a particular area to another area owing to their geographical location, historical background and the processes of social change (A.Chauhan[4]1990).For this, there is need for proper understanding of their problems specific to time and place so that relevant development programmes can be made and implemented. There is a greater need for understanding a region specific study of the status and role of tribal women which alone can throw up data that will make planning for their welfare more meaningful and effective (K.S.Singh[5].1988). The status of women in a society is a significant reflection of the level of social justice in that society. Women's status is often described in terms of their level of income, employment, education, health, and fertility as well as the roles they play within the family, the community and society.

[1] Mann,K. (1987): Tribal women in a changing society. Mittal Publications, Delhi.
[2] Singh J.P., Vyas N.N. Mann R.S. (1988): Tribal women and development, Rawat Publications, Jaipur.
[3] Chauhan, Abha (1990): Tribal women and social change in India. A.C.Brothers, Etawah
[4] ----------: Ibid.
[5] Singh K.S. (1988): Tribal women: An Anthropological perspective. In tribal women and development (eds Bose et al) B.R. Publising corporation Delhi.

A tribal woman occupies an important place in the socio-economic structure of her society. The Dhebar Commission report[6] (1961) mentions that the tribal women is not drudge or a beast of burden, she is found to be exercising a relatively free and firm hand in all aspects related to her social life unlike in non-tribal societies. The tribal women in general and in comparison with other castes enjoy more freedom in various walks of life. Traditional and customary tribal norms are comparatively more liberal to women.

The status of tribal women in matrilineal societies has been observed to be somewhat better than that of women in patrilineal societies and they have a significant role in the tribal economy. However after a comparative analysis of the various indicators (political organization, religion, ritual practices etc.) among the different tribes of India, it has been observed that the status of tribal women is comparatively lower than that of tribal men. Moreover the status of tribal women has gone from bad to worse as a result of the impact of social change which has affected the social structure of tribal society (Chauhan[7], 1990).

HEALTH AND ITS CORRELATES

Health is a function, not only of medical care but of overall integrated development of society-cultural, economic, education, social and political. Each of these aspects has a deep influence on health which in turn influences all these aspects. Hence, it is not possible to raise the health status and quality of life of people unless such efforts are integrated with wider effort to bring about the overall transformation of a society. Thus the health of tribal women can be studied in light of several parameters i.e. 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.

SEX RATIO

Sex Ratio (females per thousand males) measures the balance between males and females in human population. Large imbalance in this aspect affect the social, economic and community life in many a ways. In a population closed to migration, the sex ratio is an indicator of the sex differential in mortality. A higher or lower sex ratio reflect the status of the socio cultural, maternal and child health care programmes existing in the population. The sex composition of the population in India is found to be favourable to male. Female disadvantage in mortality attributed as the cause for the low sex ratio.

[6] Debar,U.N. (1961): Report of Scheduled Areas and Scheduled tribe Commission, New Delhi.
[7]Chauhan, Abha (1990): Tribal women and social change in India. A.C.Brothers, Etawah

As compared to the general population, there appears to be a more even distribution of males and females among the Scheduled Tribes i.e.902 is the sex ratio in general population and 970 is the sex ratio in Scheduled Tribes in Udham Singh Nagar. In my two survey blocks of Khatima and Sitarganj it was found to be 960 and 961 respectively. This suggests that the females in the tribal society are not neglected; the social and cultural values protected their interest.

FEMALE LITERACY

Literacy is universally recognized as a powerful instrument of social change. The level of literacy is undoubtedly one of the most important indicators of social, cultural and health development among the tribal communities. Literacy is important for the young girl; it had correlations with the survival of her children. Infant mortality is found to decrease significantly when the mother is educated. In my survey of khatima and Sitarganj Blocks, large number of females was found to be illiterate or educated upto primary level. This scenario is now changing and in response to government programmes more and more young girls of tribal community are joining schools and colleges. Infact in the only institution of higher education in the area of Khatima and Sitarganj, the tribal girls have outnumbered their male counterpart in higher education.

MARRIAGE PRACTICES AND AGE AT MARRIAGE

The cultural norms that particularly affect women's health are attitudes towards marriage, marriage practices, age at marriage, values attached to fertility and sex of the child, pattern of family organization, her status in the society, decision making capability and ideal role demanded of women by social and cultural conventions (Kshatriya[8], 1992).All these determine her place in the family, her access to medical care, education, nutrition and other health resources.

MARRIAGE PRACTICES

Marriage Practices of tharus are largely endogamous. In some cases, cross cousin marriages were preferred and practiced. The system of cross cousin marriage had proved to be beneficial to the females in terms of care and treatment at husband's place. It also avoided high bride price/ dowry and maintained the property of the household.

AGE AT MARRIAGE

The age at which the girl was given in marriage depend on social values. Among the tribals, virginity is not very much valued. Many of the tribal societies were lax towards pre-marital sex relations which were considered as training in the art of love and sex- life and which often ended in marriage. In the

[8] Kshatriya, G. (1992): Health as parameter for women's development. National workshop on education and women's development. National Institute of education Planning and Administration. New Delhi.

survey it was observed that most of the girls in Tharu community married below the age of 15.At this age of marriage it was observed from research investigations that the frequency of abortions, miscarriages, and still-births were found to be much higher. The major life threatening complications for very young mothers were pregnancy induced high blood pressure, anemia and difficulty in delivery due to disproportion between the pelvic-size and the head of the baby.

FERTILITY AND MORTALITY

Studies on fertility and mortality trends among the tribal population of India have been found to be fragmentary and isolated. Limited studies are available on infant mortality and hardly any study is available on maternal mortality among the tribal population. Kumar and Mitra[9] (1975) observed high infant mortality and fertility among 199 Tharu tribal women of Nainital. Despite the availability of modern facilities of treatment, Tharus had their own beliefs and concepts of diseases. Saxena[10] (1990) in his study conducted among the Tharus and Buksha tribes of Uttar-Pradesh reported that the Tharu and Buksa couples displayed a high level of fertility which was well reflected in the tendency to achieve higher births order even at younger ages. In the survey of four villages in Khatima and Sitargang Blocks maximum families were found to have birth order of 3 plus which reflected a tendency of high fertility among the women's of Tharu tribe.

NUTRITIONAL STATUS AND MOTHER'S HEALTH

The health and nutritional problems of the vast tribal population of India were as varied as the tribal groups themselves who presented a bewildering diversity and variety in their socio-economic, socio-cultural and ecological settings. The nutritional problems of different tribal communities located at various stages of development were full of obscurities and very little scientific information on dietary habits and nutritional status was available due to lack of systematic and comprehensive research investigations. Malnutrition was commonly and greatly affected the ability to resist infection, led to chronic illness and in the post weaning period led to permanent brain impairment.

Good nutrition was a requirement throughout life and was vital to women in terms of their health and work. Nutritional anemia was a major problem for women in India and more so in the rural and tribal belt. In developing countries, it was estimated that at least half of the non-pregnant and two third of the pregnant women were anemic. The situation was particularly serious in view of the fact that both rural and tribal women had a very heavy work load and anemia had a profound effect on their psychological

[9] KumarN.& A.K.Mitra (1975): Reproductive performance of Tharu women East Anthrop. 28 Pg 349-357

[10] Saxena D.N. (1990): Family building, Fertility and family welfare among two Tribal Community of U.P. In demography of tribal development. (eds A.Bose, U.P. Sinha and R.P. Tyagi). Pg 249- 269.

and physical health. Anemia lowered resistance to fatigue, affected working capacity under conditions of stress and increased susceptibility to other diseases.

Maternal malnutrition which was quite common among the tribal women was also a serious health problem; especially for those having many pregnancies too closely spaces, and reflected the complex socio-economic factors that affected their overall situation. Nutritional status of pregnant women directly influenced their reproductive performance and the birth is crucial to an infant's chances of survival and to its subsequent growth and development. Nutrition also affected lactation and breast feeding which were key elements in the health of infants and young children and a contributory factor in birth spacing.

Scanning through available data, it was observed that in most of the families the staple diet was wheat and rice or minor millets. On the basis of the survey the composition of an average diet and its nutritive value can be illustrated in the following table.

Table-6.1

SL.No.	Foods	Amount (Gms)	Nutrients	Amount
1	cereals	540	Protein	57 gms
2	Pulses	12	Fats	24gms
3	Leafy Vegetables	7	Carbohydrate	490 gms
4	Roots and Tubers	7	Calories	2400
5	Other Vegetables	85	Calcium	360mg
6	Milk	80	Iron	24mg
7	Meat, Fish & Egg	5	Vitamin A Value	340µg
8	Oils and Fats	15	Thiamine	.7mg
9	Sugar & Jaggery	13	Riboflavin	.6mg
10	Fruits	5		

It is apparent that this diet is insufficient in many respects. It fails to supply the nutrients in many respects. It fails to supply the nutrients in the required amounts and thus is ill balanced. The nutritive value has been calculated on the assumption that the cereal intake is composed of a mixture of cereals. However it is common Knowledge that in most families only a single cereal is consumed. Further, though items like leafy vegetables and flesh foods and fruits are listed in the average diet given above, very few families consume these or the consumption may be occasional. If we take these facts into consideration, the nutritive value of the diet consumed in a good number of families constituting a majority of the population will be much worse than what is shown above. The situation becomes grim especially in pregnant and lactating women. Pulses, milk, and milk products and other animal foods which were the source of rich proteins were lacking in their diets. Their diet were found to be grossly deficient in calcium, iron and vitamin-A.

FOREST ECOLOGY AND WOMEN'S HEALTH

The forest based tribal economy in most parts of the world are women-centred (Menon[11],1987-1991).Women made provisions for the basic necessities like 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.

Because of extensive felling of trees by vested interests, the distances between the villages and the forest areas had increased forcing the tribal women to walk longer distances in search of minor forest produce and firewood. In this fast changing milieu, workload on tribal women has increased drastically. The woman has to put in an average 14 working hours as compared to 9 hours put in by men. Given this additional workload, even women in advanced stages of pregnancy were required to work in the agricultural fields or walk great distances to collect fuel and minor forest produce. The over strain on tribal women however, was not adequately compensated due to the non- availability of minor forest produce and decrease in the food grain production. This had implications particularly for the house wife who was responsible for the provision and distribution of food, in cases of shortages; she even deprived herself of food in order to feed the others. Studies in this connection have shown that tribal in general were undernourished. To add to additional workload, there was the destruction of traditional herbs through deforestation and lack of access to modern medicine. This, combined with the increasing ecological imbalance, resulted in diseases such as TB, stomach disorders and malaria.

[11] Menon Geeta (1987): Tribal women. Victims of the development process.Social Action vol. 37
---------- (1991): Ecological transitions and the changing context of Womens' work in tribal India. PURUSARTHA, 14 Pg. 291-314.

CHILD BEARING AND MATERNAL MORTALITY

Childbearing imposed additional health needs and problems on women, physically, psychologically and socially. The complications of pregnancy and of child birth and of illegally induced abortions in areas where environmental and health conditions were adverse resulted in large numbers of female deaths (U.N. 1984)[12]. In India the maternal mortality was around 500 per 100,00 live births, which was about 50 times that in a developed country or in the better off segments of the Indian society (UNICEF,1983)[13]. Poor nutritional status with its concomitant problems of poor body weight, poor weight gain during pregnancy, low hemoglobin levels, was one of the primary underlying causes of maternal mortality in India. More maternal deaths occurred in India in one week then in all of Europe in one year. Generally malnourishment, poor medical facilities and unfavorable social conditions were the major underlying causes for high maternal mortality in India. Nutritional anemia, a serious problem in pregnancy, affected 50 percent of the women of childbearing age in South East Asia.(Shiva,1992)[14]. The situation was all the more aggravated among women in the tribal belt because of the prevailing magic-religious and socio-cultural practices.

MATERNAL AND CHILD HEALTH CARE PRACTICES

Maternal and child health care practices were found to be largely neglected in various tribal groups. In the survey of the two blocks it was apparent that from inception of pregnancy to its termination, no specific nutritious diet was consumed by women. Expectant mother to a large extent were not inoculated against tetanus. On the other hand some, some pregnant women reduced their food intake because of the fear of recurrent vomiting and also to ensure that the baby may remain small and the delivery may be easier. The consumption of iron, calcium and vitamins during pregnancy was poor. The habit of taking alcohol during pregnancy was found to be common among the tribal women and almost all of them continued their regular activities including hard labour even during advanced pregnancy. More than 90 percent of the deliveries were conducted at home attended by elderly ladies of the household. No specific precautions were observed at the time of conducting deliveries which resulted in an increased susceptibility to various infections. Services of paramedical staff were secured only in difficult labour cases.

[12] U.N. Report (1984): Health Status of women, Improving concepts and methods for Statistics and indicators on the situation of women, studies in methods- series F No.-33.
[13] UNICEF (1983). Women Health and Development.
[14] Shiva Mira (1992): Women and Health. The State of India's Health (ed. Alok. Mukhopadhayay), Voluntary Health Association of India. Pg 265-301.

Child mortality directly related to pregnancy was found to be appreciably high among the tribal population of Udham Singh Nagar. In addition lot of females suffered from ill health due to pregnancy and child birth in the absence of a well-defined concept of health consciousness. As far as childcare was concerned most of the illiterate mothers were observed to breastfeed their babies, but, most of them adopted harmful practices like discarding of colostrums. Giving prelacteal feeds, delayed introduction of breast feeding and delayed introduction of complementary feeds. Vaccination and immunization of infants and children were inadequate among tribal groups. In addition extremes of magico-religious beliefs and taboos aggravated the problems.

SEXUALLY TRANSMITTED DISEASES

Infections of the female genital tract were numerous and widespread. They constituted a large part of grade morbidity among women. Contributing to a continuous and physically draining fatigue. These infections were closely related to inappropriate care or poor hygiene in connection with child birth abortion or menstruation. They included the sexually transmitted diseases which were most prevalent diseases in the area. It was very difficult to collect data on this disease as no respondent was forthcoming. I tried to gather information from lady doctors in the area and according to them this problem i.e. infection in genital tracts due to poor hygiene, infection during birth were widespread and common. It was also observed that tribal women gave more attention to child welfare than to family planning methods. This may be due to their inherent maternal instinct and protectiveness towards their children. They contacted doctors more for the child born than for ante-natal care i.e. when foetus was in the womb or for safe delivery. .

The Above survey provides ample information about the health status of Tharu women, the limitation that they face and exploitation that they are subjected to. Tharu women are hardworking, apart from doing work on field they also have to feed their children and cook food. This burden is compounded when in many families they are the only sole earning member. Male member in Tharu population are known for their drinking habits, excessive drinking by these people has brought them on cross road. Today large number of Tharus are illegally selling their land to outsider for liquor. This has brought miseries to Tharu families and ultimately the worst sufferers are children and females. It is in this background that a Tharu woman has to work. The myth surrounding her higher status is nowhere to be seen.