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HEALTH STATUS OF PRIMITIVE TRIBAL WOMEN IN INDIA

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Abstract
"Reproductive health was an essential component of health and was a precondition for human , economic and social progress. The highest possible level of health was not only a basic human right, but also a socio-economic imperative because the driving forces of growth were human energy and innovation (OHCHR, 2014). Reproductive health is an important health feature and a major determinant of human growth. Reproductive health is a significant part of the population's health needs. The definition of reproductive health acknowledges the variety of women 's special health needs before, during, and after childhood as well as men's needs The present study is about the Health status of women belonging to Irular Tribe in Cuddalore District Tamil Nadu. It offers empirical data on the reproductive health of tribal women, on the one hand, and on reproductive health and treatment, on the other".
Key words : Reproductive Health; Growth and development; Sustainability; Tribal Women

Introduction

"India's tribal population (84.3 million) was greater than any other nation in the world (GOI, 2013).Women in the tribal regions of India stayed out of conventional services. Their values, superstitions and ways of raising children tended to be adopted. They have not given proper attention to hygiene , sanitation, environment, nutrition and social action in order to boost bio-psycho - social status in society (Narain, 2019). In fact,, the factors that affected the health status of the tribal population in general also extend to tribal women (Contractor, Das, Dasgupta, & Belle, 2018). The lack of health and medical facilities and the lack of existing institutions has worsened the problem, because even tribes who wanted to use modern services of health were not provided with the facilities (Subramanian, Smith, & Subramanyam, 2006). All these factors contributed to the poor health of tribes, particularly indoor tribes. Reproductive health reflected a population's overall health status. Women's reproductive function during conception, birth, breastfeeding and child-rearing has put them at the center of reproductive health for the population (Centre for Disease Control and Prevention, 2020). Furthermore, women were central to many economic and social practices in tribal communities, involving traditional relationships with factors contributing to reproductive health".

"Reproductive health was an essential component of health and was a precondition for human , economic and social progress. The highest possible level of health was not only a basic human right, but also a socio-economic imperative because the driving forces of growth were human energy and innovation (OHCHR, 2014). The sick, exhausted people cannot produce such energy and imagination and thus a safe and active population will become a precondition for social and economic growth. Reproductive health therefore reflected the degree of self-determination, the reproductive rights of women and the force of the socio-political power of tribes. The present study tried to examine tribal women's reproductive health in India. The study addresses primarily the women of the Irula Tribal in Tamil Nadu".

Review of Literature

"Health is vital to national development in all sectors. The wellbeing of one woman influences other phases of her life and the wellbeing and well-being of future generations. (WHO, 2009). Health is vital to national development in all sectors. The wellbeing of one woman influences other phases of her life and the wellbeing and well-being of future generations (WHO, 2009).). According to Chaudhuri (1994)the incidence of the disease was lowest in forest areas and highest in industrial areas. Tribal women's health was also shown to be closely related to their profession. It is well-known and acknowledged in this sense that women in the tribal world contributed more significantly to economic growth than men. However, it should also be emphasized that the tribal women were the same as all women, having the same wishes, loves and fears, the same love for their homes, for husbands and for their children. Indigenous people or tribal people have higher rates of infant mortality, lower life expectancy and more case of chronic illness than the non- indigenous population in their home countries. It is argued that the indigenous people are among the poorest of the poor. They suffered from extreme discrimination and lead a life of misery (WHO, 2005). Suman (2012) states that reproductive health care was an integrated health programme of women, which takes into consideration the antenatal care of women and post-natal care programme of the child. Reddy (2001) revealed in his study that, low fertility, live births and

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fertility, high prenatal mortality rate and hereditary diseases were observed among consanguineous couples. The congenital malformations were observed only in consanguineous marriages. Among consanguineous marriages, the disease prevalence, prenatal, postnatal mortality and morbidity were very high due to the increase in homozygosis and enhanced risk of hereditary disease".

Methodology

"Among the 36 Tribal communities in Tamil Nadu, the Toda, Kota, Kurumbas, Irular, Paniyan and Kattunayakan tribes are classified as Particularly Vulnerable Tribal Groups (PTGS) by the Government of Tamil Nadu as the size of the population of these communities is either declining or remaining static over the period. The other Tribes scattered all over the State are called as Dispersed Tribes (Government of Tamil Nadu: 2013 -14, p.37). The present study is about the Health status of women belonging to Irular Tribe in Cuddalore District Tamil Nadu. The total size of the Irular Tribal people in Cuddalore District was 11,773 which have spread over 6 taluks as per the Census of India 2011. The census data showed that the highest Irular Tribal population was concentrated only in Chidambaram taluk that was 3475 consisting of 1775 male and 1700 female. The research work is descriptive and analytical. It is based on both primary and secondary data. Secondary data are collected from books, journals periodicals and census and primary data are collected through field study. A structured and pre- tested interview schedule was used to collect data from the respondents. The study pertains to the issues on the reproductive health status of women belonging to Irular Tribe".

Result and Discussion

"The study conducted among the Irula tribal women in Cuddalore district Tamil Nadu. Demographic and socio-economic factors were significant health determinants.The study showed that 58.2% of them under the age group of 31-40 years and among them 48.4% were married at the age of 16-20. 59.3% of the respondent were married and 52.7% of the respondents from nuclear family. 46.3% have secondary level of education. Table showed that, 52.6 % of the respondent's house has 4-6 members. considering the income of the respondents, 56.9 % of the respondents belongs to the yearly income group10000-20000. The evidenced that 33.4% 38.8 % of the tribal women were went for daily wage and 34 % were went for farming in their own land or land taken for lease. According to the opinion of the 42.4 %, husbands has main decision making power and participation during community activity were rarely as per the opinion of 56.3 % of the respondents. Menarche age is different since the relationship between various factors such as biology, diet and socio-economic status influences the physiological phenomenon (Stover, Hardee, Ganatra, Moreno, & Horton, 2016). It was evident from the table 2, Majority (56.25%) of the respondents age at menarche was 13-14 years followed by 40.75 % of them whose age at menarche was 12-13 years. The showed that, 47 % of the respondents stated that, after the menarche, they are allowed to go only certain places and 45.5 % of them stated that, they were not allowed to go with male members among the family as well as relatives. Considering the issues during menstruation cycle, 77.25 had tensions and irritation and 65.74 % felt discomfort during this cycle. Majority (74.5%) of the respondents faced physical discomfort like stomach ache, back ache and muscle crumps. 56.75 % of the women felt tiredness and 73.45 % felt mood swing associated with menstrual cycle. It was evident from the data that. majority (87.54%) of the respondents were not allowed. to go out during menstrual cycle and 73.56 % of them were able to perform religious activities . And the study also revealed that, most of them (58.35%) were not allowed to do any house hold work and even to enter main part of house. The study further revealed that, 16-25 were the age of their first pregnancy as per the opinion of 80.8 percent of the respondents. 72.5% of the respondents had normal delivery and 44.6 % of them used hospitals. 53.5% of the tribal women gave breast milk itself for first feeding of their child. The data evidenced that, majority (58.3%) giving immunization to their child, but 34.1% of them are not giving. According to the response of 78.3 % of the Irula tribal women they were aware about the menopause and 59.7 % of them have treatment seeking behaviour in rare cases related to reproductive health".

Conclusion

"Reproductive health was not necessarily a lack of reproductive diseases or illness but a state of total physical , mental and social well-being. Reproductive health addresses reproductive mechanisms, roles and structures at all life stages. This research represents a important advance in understanding the reproductive health status of Irula tribal women in Caddalore Tamil Nadu district. It offers empirical data on the reproductive health of tribal women, on the one hand, and on reproductive health and treatment, on the other. Access to resources and programs related to reproductive health for tribal women should be expanded. Approaches to expanded access to health and reproductive health services for disadvantaged and vulnerable populations ought to be focused on knowing behaviours, and the needs of the primary stakeholders. Strategies for improved access should concentrate on the quality enhancement of public sector programs, the development / strengthening of community-based health and referral networks. Tribal families were found to opt more for government treatment. Thus the primary health center in the tribal area is the most significant. It is therefore proposed that

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primary health centers (PHCs) in remote tribal villages should be improved so that they have an equal access to good health care, as well as better off counterparts empowered by better procurement and the private sector. This helps us achieve the goal of "health for all." In order for reproductive rights and reproductive health to be aware, effective advocacy is necessary and can be encouraged by the use of effective knowledge, education and communication strategies. It is recommended that the government appoint social workers as field officers to assess and track the implementation of schemes in the tribal villages as they undertake technical training to resolve vulnerable persons' environmental challenges. This ensures that the curriculum remains successful and responsive to culture".

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