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A Study on the Health and Nutritional Status of Tribal Women in Godam Line Village of Phansidewa Block in Darjeeling District

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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 problems of the tribal women in Godam Line Village of Phansidewa Block of Darjeeling District in West Bengal. A total of 50 tribal women, of which 40% fell in the 21- 40 years age group while the rest (60%) between 41-60 years, were interviewed using schedule. 80% of them are engaged as tea workers. Out of all diseases they suffer from, the predominant one is the group of enteric diseases. Water borne disease remains a major public health problem in the tea-gardens of North Bengal. They drank water from well which often remained precarious leading to contamination of pathogens from diverse sources including soil and seepage of sewage water. The study suggests immediate interventions for improving water quality and in reducing outbreaks of waterborne diseases in tea gardens.

***Keywords**: Health status, Tribal women, Nutrition, Health Infrastructure,*

I. INTRODUCTION

Health status is an important index of economic growth and development. The status of health of a given population has positively or negatively influenced nation's economic growth. For example, improvement in health status has indeed contributed in a great way to the economic growth rate in France and Great Britain. On the contrary, diminished health status is one of the factors responsible for Africa's low economic performance. (Das, 2012 [1]. The situation in India is not only different but often very complex due to regional disparities and rural-urban divide. Despite rapid strides in socio-economic development, health and education, the widening economic, regional and gender disparities are posing challenges for the health sector. (Das, 2012 [2]. About 75 % of the health infrastructure is concentrated in urban areas where only 27 % of the Indian population lives. Approximately, 73 % of the Indian population accesses only 25 % of the total health infrastructure of the country. (Patil et al 2002[3]). Hence, the health status of Indians is still a cause of concern. This is reflected in data concerning life expectancy, infant mortality rate (54/1000 live births), maternal mortality rate (254/1000 live birth) (Annual Report, 2009-2010 [4]). In any country the state of health is measured in terms of life expectancy, mortality rate, fertility rate and many more. But it can't be ignored that all these indicators of health are dependent on other factors like per capita income, nutrition, sanitation, safe drinking water, social infrastructure, medical care facilities, employment status, poverty, etc which affect the health of every individual. There is direct relationship between health and development (Sharma, 2012 [5]). Generally, at household level, cultural norms and practices and socio-economic factors determine the extent of health problems among women. Tribal are characterized by a distinctive culture, primitive traits, and socio-economic backwardness. Although scheduled tribes are accorded special status under the fifth/sixth schedules of the Indian Constitution, their status on the whole, especially their health still remains unsatisfactory (Santhosam et al, 2013 [6]. Tribal communities in general and primitive tribal groups in particular are highly disease prone. Also they do not have required access to basic health facilities. They are most exploited, neglected, and highly vulnerable to diseases with high degree of malnutrition, morbidity and mortality (Balgir, 2004 a. [7]). Their misery is compounded by poverty, illiteracy, ignorance of causes of diseases, hostile environment, poor sanitation, lack of safe drinking water and blind beliefs, etc. Some of the preventable diseases such as tuberculosis, malaria, gastroenteritis, filariasis, measles, tetanus, whooping cough, skin diseases (scabies), etc. are also high among the tribals. Some of the diseases of genetic origin reported to be occurring in the Indian tribal population are sickle cell anemia, alpha- and betathalassemia,glucose-6-phosphate dehydrogenase (G6PD) deficiency, etc.(Balgir, 2004 b. [8]). Night blindness, sexually transmitted diseases are well known public health problems of tribals in India. This paper explores the health and nutritional status of a cross-section of tribal women population living in tea gardens of northern West Bengal. It also explores the accessibility and

availability of public health services to these disadvantaged women in the tribal population at Godam Line Village of Phansidewa Block in Darjeeling District of West Bengal.

II. OBJECTIVES

The objectives of the study were:

1. To study the socio-demographic characteristics of the Tribal women
2. To identify the health problems of the Tribal women.
3. To find out the problems faced in accessing health services by these women
4. To study the diet pattern of these women.

III. METHODOLOGY

1.1. Selection of study area

The present study was carried out in Godam Line Village of Phansidewa Block in Darjeeling district using random sampling method.

1.2. Sample design

The sample consisted of 50 females belonging to the age groups between 21-60 years.

1.3. Tools of data collection

The main tool used for data collection was a semi-structured interview schedule.

IV. RESULTS AND DISCUSSION

4.1. Socio-economic characteristics

The sample consisted of fifty tribal women. Out of this total number, 12 % of them were between the age group of 21-30 years, 28% between 31-40 years, 38% were between the age group of 41- 50 years, and the remaining 22% between 51-60 years. In terms of religion, the percent of Hindu respondents (52 %) were marginally ahead of Christians (48 %). Ninety two percent of the respondents were married and the remaining females were unmarried. Majority of the respondents (64%) were illiterate and the rest were literate but had attended only up to Primary school. Majority of these women lived in nuclear families (80%) and remaining 20% of these women lived in joint families. Fifty two percent of them lived in rented house and the remaining 48 percent lived in their own house. Majority of these women lived in pucca houses (68 percent), 24 percent lived in kuchha houses and the remaining 8 percent lived in semi-pucca houses.

4.1.1. Economic Status

Although economic status is a very relative term but for the purpose of the present study earning status of the household was taken as the parameter to determine the health status of the respondents. The study has shown that majority of them (78 percent) have more than one earning members in their family. The study also shows that 16 percent of family earn up to Rs.2500 monthly, 52 percent of family earn between Rs. 2600 to Rs.3500 monthly, 12 percent monthly earn between Rs 3501 to Rs.5000 monthly and 20 percent of families earn above Rs.5000 monthly. Therefore, as per the data except one-fourth of the respondents, the rest of them belonged to lower/medium economic group.

4.1.2. Occupational Status

Only 10 percent of the respondents were housewives. Eighty eight percent of the respondents are engaged as tea workers and 2 percent of them are engaged as office workers. These working women were employed on the basis of daily wages.

4.2. Health Status and Problems faced by the tribal women relating to health

The source of drinking water of most of the respondents was well water (92 %). A little less than half of the respondents (44 %) have reported that there is no toilet facility in their houses. All most all respondent (94 % of the respondents) have reported that there is no drainage facility in their houses. All the respondents had health problems, the most common being diarrhoea (50%), cough and cold (50%) and dysentery (50%). Others included hypertension (8%), arthritis (6%) and vision problems (2%). Health of the community can be encouraged by providing clean environment and breaking the cycle of disease, as foreseen by environmental sanitation. As such this issue is dependent on several integrated factors like availability of resources, accessibility of proper technologies as per necessities of a community, socio-cultural factors connected with environmental sanitation and behavioral aspects of the community, political commitment, legal steps adopted, and many others. When environmental sanitation is concerned, India is far behind many countries (Pandve, 2008 [9]). India spends a little over 6 % of GDP in sanitation. Over 70% of this economic impact was health-related, with diarrhea followed by acute lower respiratory infections accounting for 12% of the health-related impacts. The present study centering tribal women community in a tea garden of North Bengal has reiterated

the importance of environmental sanitation. Evidence suggests that all water and sanitation improvements are cost-beneficial in all developing world sub-regions (Hutton et al, 2007 [10]). Almost 100% of the tribal women reported that during illness they visited the doctors in the PHC. But all types of facilities are not available. All respondents are agreed about the non-availability of all types of medicines in PHC. But all of them agreed that during pregnancy they got proper care, medicine, ambulance facility, immunization care for their children, and regular health check-up facility in PHC.

4.3: Nutritional Status

Food is a pre-requisite not only for attaining good health but also for maintaining adequate growth and body equilibrium. The choice of food is deeply related to life style of an individual and above, in which he is living. However the food habits are greatly influenced by thoughts, beliefs, notions, traditions and taboos of the society Apart from these socio-cultural barriers, the religion, education and economic factor do alter the food behaviours (habits). These factors are the determinants of the food pattern of the individuals in a given society but bound to vary from a society to other, one area to other and so on. It is also reported that food consumption of Kolas and Maria Gond of central Province depends largely upon their socio-economic condition (Pingle, 1972 [11]). The deep rooted ethnic and cultural practice influence the choice of food of rural and urban people as well but economic condition had a significant and contributing factor to determine the choice of food of any community (Mahadevan, 1962 [12]). The present study has been carried out to view the food consumption and dietary habits of tribal women of Godam line to their socio-cultural system.

4.3.1: Food Consumption Pattern

The diets of tribal women primarily consist of rice and wheat. Fifty four percent of them consume pulse. Majority of them (86 percent) do not consume milk despite they domesticate cows. All of them are habituated with drinking of tea. So the consumption of sugar is present in their routine diet. Besides they eat vegetables (100 percent), fish (94 percent), mutton (only 32 percent). They are very much aware about the sanitation practice. Before taking food, all of them wash their hands.

4.3.2: Food Habits during pregnancy & lactation

No special foods are being consumed during pregnancy by most of the respondents. Only 10 respondents answered that during pregnancy they consumed fruits, Horlicks and milk.

4.3.3: Food during illness

No special foods are given to the sick person. Fifty percent of the respondents suffer from chronic diarrhoea and dysentery. They are not serious about these types of diseases. The majority of them considered ill only when the people will become bed-ridden. During the study, fifty percent of the respondents reported about their sufferings from chronic diseases like diarrhoea and dysentery. At that time they consume little food and usually do not take liquid food. They take advice from doctors do not follow the advice for taking large quantities of water.

4.3.4: Alcoholic Practices

Alcohol has a socio-religious sanctity (Suneel et al [13]). Drinking of indigenous liquor 'Haria' was a popular practice among tribals in the village. Men were found to be habitual drinker and consumed almost daily in a good measure, while the women consume occasionally and during festivals and ceremonial days. Only 30 percent of the respondents answered about their drinking habit of Haria during festivals.

V. CONCLUSION

Generally, at household level, cultural norms and practices and socio-economic factors determine the extent of health problems among women. Tribal are characterized by a distinctive culture, primitive traits, and socio-economic backwardness. The diets of the tribal women consist of cereals and pulses. Among cereals, their diet is confined to rice and wheat. Besides they eat vegetables, fish etc. Hardly any respondent of this village told that they consumed milk. They are in the habit of drinking tea. This shows that the consumption of sugar is present in their routine diet. Surprisingly the consumption of mutton is almost absent in their diet.

Normally they take food twice daily. Drinking of liquor is a practice among the tribal. However, 70 percent of the respondents do not consume it. The choice of food is largely determined by their cultural practice and existed beliefs. Few foods such as fruits, health-drink are consumed during pregnancy. No special foods are given to the sick person and they usually go to govt. hospital in getting treatment during illness. At present there is an utmost need to identify the existing system of environmental sanitation with respect to its structure and functioning and to prioritize the control strategies according to the need of the community. These priorities are particularly important because of issue of water constraints, environment-related health problems, rapid

population growth, inequitable distribution of water resources, issues related to administrative problems, urbanization and industrialization, migration of population, and rapid economic growth. The role of the WHO Guidelines for Drinking Water Quality emphasizes an integrated approach to water quality assessment and management from source to consumer. It emphasizes on quality protection and prevention of contamination and advises to be proactive and participatory, and address the needs of those in developing countries who have no access to piped community water supplies. The guidelines emphasize the maintenance of microbial quality to prevent waterborne infectious disease as an essential goal. In addition, they address protection from chemical toxicants and other contaminants of public health concern (Sobsey et al, 2003 [14]). When sanitation conditions are poor, water quality improvements may have minimal impact regardless of amount of water contamination. If each transmission pathway alone is sufficient to maintain diarrheal disease, single-pathway interventions will have minimal benefit, and ultimately an intervention will be successful only if all sufficient pathways are eliminated.

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