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RESEARCH ARTCLE

TRIBAL WOMEN'S HEALTH CONDITIONS IN ANDHRA PRADESH-An Overview

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ABSTRACT

Government all over the World today have come to accept the health of people as public responsibility. Health is a very significant and vital factor for the prosperity of a country. Health is one of the most important indicators for socio-economic development. World Development Report 1993 says, " Improved health reduces production losses, permits the proper utilization of natural resources, increases the ability of literate for the next generation and frees the resources that would otherwise have to be spent for the next generation and frees the preamble of the Constitution of the World Health Organisation (WHO), health is defined as " a state of complete physical, mental and social well being and not merely an absence of disease or infirmity. Nothing could be of greater importance than the health of the people in terms of resources for socio-economic development.

Health according to the Constitution of India is a state subject. The state government assisted by local bodies is responsible for providing health care facilities to its people. Though the government is trying its level best to promote the health of its people but due to various reasons certain sections of the society, especially the tribal people that to tribal women are not availing the facilities provided by the Government due to various reasons. The aim of this paper is to explain the Tribal Women's Health Conditions in Andhra Pradesh and suggest measures to improve their conditions.

Introduction

Government all over the World today have come to accept the health of people as public responsibility. Health is a very significant and vital factor for the prosperity of a country. Health is one of the most important indicators for socio-economic development. World Development Report 1993 says, "Improved health reduces production losses, permits the proper utilization of natural resources, increases the ability of literate for the next generation and frees the resources that would otherwise have to be spent for the next generation and frees the preamble of the Constitution of the World Health Organisation (WHO), health is defined as "a state of complete physical, mental and social well being and not merely an absence of disease or infirmity. Nothing could be of greater importance than the health of the people in terms of resources for socio-economic development.

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Objectives of the Study

1. To study the literacy levels and economic conditions of the tribal women in present day scenario
2. To examine the health parameters like fertility, mortality rates, sex ratio, nutritional level
3. To focus the health impact on economics of tribal women in AP

Literacy

Literacy is universally recognized as a powerful instrument of social change. The level of literacy is understood as the most important indicator of social, cultural and health development among the tribal communities. It is very important for the young girl. It had positive correlation with the survival of her children. Infant mortality is less significant when the mother is educated up to the primary level and above. The low educational status of tribal women is reflected in their lower literacy rate, lower enrolment rate and higher drop outs in the school.

The literacy rates of the tribal population as well as general population for four decades (1961-2011) are given in Table1.

The following major trends can be seen from Tables 1 in AP and at National level. It has been observed from the tables that

•The literacy rate of tribal's is lower than that of general population.

•The literacy rate of the rural tribal female is the lowest of all groups.

•There is gender bias in the literacy of tribal population as in other groups, the female literacy being lower than the male literacy. Though there has been five-fold increase in the literacy of tribal females it still is much lower than the national average for the females, which is at 39.29 per cent.

As per the 2001 Census, the total literacy rate among Tribes for all categories (male & female) of AP is 23.00. Out of which male's literacy rate are 36.02 and females literacy rate is mere 12.08.The female literates are very less in number when compared to males and due to which nourishing of children, feeding etc is neglected as they go to fields for search of livelihood. The mortality rate thus is very less among tribes. Moreover, the health facilities are not provided from either side of the Government or private.

The improved level of literacy will ensure the equal access to education for women in any category. It eliminate discrimination, universalizes education, eradicates illiteracy, creates a gender-sensitive educational system, increases enrolment and retention rate of girls and improve the quality of education to facilitate life-long learning as well as development of vocational/technical skills by women. Reducing the gender gap in secondary and higher education would be a focus area, Sectoral time targets in existing policies will have to be achieved with a special focus on girls and women particularly those belonging to tribal and weaker sections. Gender sensitive curricula needs to be developed at all levels of educational system in order to address sex stereo typing as one of the causes of gender discrimination.

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Table 1AP Literacy Rates among Scheduled Tribes and General Population, 1961-2011

Category	*1961*	*1971*	*1981*	*2001*	*2011*
Tribal Male	*06.40*	*08.47*	*12.02*	*25.25*	*56.02*
Tribal Female	*01.73*	*02.13*	*03.46*	*18.68*	*39.08*
General Male	*30.19*	*33.18*	*39.26*	*55.13*	*74.85*
General Female	*12.03*	*15.75*	*20.39*	*32.75*	*59.17*
Rural Tribal Female	*NA*	*NA*	*03.09*	*05.23*	*39.20*
Rural General Female	*8.42*	*13.08*	*17.96*	*30.62*	*54.40*
**Total Tribal*	*07.99*	*10.89*	*16.35*	*17.06*	*48.60*

Source:
AP, Census of India, Primary Census Abstract for General Population and Scheduled Tribes, 1961, 1971, 1981, 2001,2011.*Estimated, NA = Not Available.

Economic Activities of Tribal Women

Most of the tribal's live in forest and their economy is totally agricultural based economy. The tribal women possess unique skills in agricultural operations. However, over the years various new techniques have been introduced to reduce the manual labour power and to use different external inputs to enhance the productivity. With the introduction of any new technology, it is mostly the male members who got the opportunity to undertake training and to make optimum use of it, while the women generally have to learn from other users. Equal opportunity must be given to women to participate in training and they should be encouraged to make use of wide range of agricultural implements in tilling, weeding, planting, and inter-cultivation, pest control, harvesting, threshing, cleaning, drying, etc and also in operating machines or even motorized implements and tools. The usage of improved techniques help not only in increasing the production but also in reducing their strain and time spent on farming activities. Among the tribal cultivators, males are 47.9 per cent and females are 32.2 per cent. On the other hand, the female agricultural labourers are 59.1 per cent while males are only 37.2per cent. In the occupation of household industry, almost male and female are equally working and their respective percentage is 2.5 and 2.8. This shows that the females are more industrious and they play an important role in their economic activity. But in the field of livestock and forestry the women's involvements less 5.9 per cent when compared to male partition, which is 12.4 per cent. Andhra Pradesh is the traditional home of 33 tribal groups and most of them are found inhabitation in the border areas of the state i.e. in the North and North east. The main tribal groups who dwell in this state are Chenchu, Koya, Konda reddy, Nayakpod, Sugali, Savara, etc. All women belonged to low socio-economic status.Educational status of women was very poor. About 95.45 percent of women are nearly illiterates tarnishing which on their existence. Lack of education failed to hammer in them the basic understanding of health care practices, which is required for women at the time of pregnancy period, which is the most memorable time of woman hood. Some woman welfare organizations standardized weight for Indian women nearly 50 kg at the time of pregnancy. Data on many accounts show that maximum no of tribal women were having 40 kg weight only at the time of pregnancy which reflects the malnutrition and malnourishment. It is not only true to AP but also of other states.

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Health Status Scenario

National Health Policy: The 1983 National Health Policy was meant to arrive at "an integrated, comprehensive approach towards the future development of medical education, research and health services to serve the actual health needs and priorities of the country." Critical of the curative model of healthcare, it emphasized a primary health care approach to prevent illness and promote good health. It envisioned an in expensive but decentralized system of health care, depending on volunteers, paramedics and community participation, with an expanded private curative sector to reduce the government's burden, and a network of epidemiological stations to support health programmes. Life expectancy at birth and infant mortality are two important indicators of a society's health. And the billionth Indian baby is less likely to die in childhood, more likely to live a long life. She can expect to live beyond her 60th year, twice as long as her great-grandfather did. Generally tribal people are living in remote and ecologically diverse climates and areas. Modern medicine has not been accepted in most tribal areas, where magico-religious health care systems prevail. Health conditions in tribal areas have been described as deficient in sanitary conditions, personal hygiene, and health education. Common diseases are sexually transmitted ones and genetic abnormalities such as sickle cell anaemia and Glucose-6 Phosphate Enzyme Deficiency (G-6-PD).Disease incidence for sickle cell anaemia have been estimated at more than 19per cent among 35 tribal population groups. About 5 million are estimated to be carriers. G-6-PD shows a genetically carried deficiency in a blood enzyme; persons commonly reject anti-malarial, antibiotics, and analgesics. The population estimated to have the deficiency is about 13 million, primarily residing in Madhya Pradesh, Maharashtra, Tamil Nadu, Orissa, and Assam states (>15 per cent). The incidence is high in malaria zones. Health workers need screening kits, so that identified people can be tattooed and high risk families counselled accordingly. The Onges, Jarawas, and Shompens of Andaman and Nicobar Islands are facing extinction due to endemic diseases, venereal diseases, and a shortage of women. Health workers need information on the folklore related to health of these and other tribal groups, in order to provide appropriate health and sanitary practices and to document indigenous herbs for medical use. Malnutrition is pervasive among tribals. Deficiencies have been detected in gross amounts of calcium, vitamin A, vitamin C, riboflavin, and animal protein. Southern tribes are known for their caloric and protein deficiencies. Those in rice-eating belts tend to have had higher protein intake. The work load of tribal women is heavy, long, and increasing. Maternal mortality is due to unhygienic conditions and in appropriate tribal practices. Interventions must focus on tribal culture, medical training of indigenous people. A health care delivery system catering to the community needs, and more research, activities with regards to their medicine is useful as it is readily available in the nature.

Fertility and Mortality Rate

Global under-5 mortality has fallen from 110 (109–110) per1000 in 1980 to 72 (70–74) per 1000 in 2005. Child deaths worldwide have decreased from 13·5 (13·4–13·6) million in1980 to an estimated 9·7 (9·5–10·0) million in 2005. Global under-5 mortality is expected to decline by 27 per cent from 1990 to 2015, substantially less than the target of Millennium Development Goal 4 (MDG4) of a 67 per cent decrease. Several regions in Latin America, North Africa, the Middle East, Europe, and Southeast Asia have had consistent annual rates of decline in excess of 4 per cent over 35 years. Global progress on MDG4 is dominated by slow reductions in sub-Saharan Africa, which also

has the slowest rates of decline in fertility. Female mortality and morbidity rates are linked to overall fertility levels-in India, 3.4 children per woman. Child birth closely follows marriage, which tends to occur at young ages: 30 per cent of Indian females between 15 and 19 are married. Child bearing during adolescence posses significantly greater health risks than it does during the peak reproductive years and contributes to high rates of population growth. In Andhra Pradesh tribal mortality rates are (i). Infant mortality rate per1000 population is 103 and ii). Maternal mortality rate is per1000 population 5 to 8. Indian women also tend to have closely spaced pregnancies. Some 37 per cent of births occur within two years of the previous birth, endangering both the health of the mother and the survival of the infant and older siblings. In some cases not even two year gap is maintained, more so among tribal women.

Marriage and Fertility

The following are the key parameters of marriage and fertility in Andhra Pradesh.

- Women age 20-24 married by age 18 year- 54.7 per cent
- Men age 25-29 married by age 21 year- 34.8 per cent
- Total fertility rate (children per woman 1.79 per cent
- Women age 15-19 who were already mothers or pregnant at the time of the survey 18.1 per cent
- Median age at first birth for women age 25-49year- 18.8per cent
- Married women with 2 living children wanting no more children 91.5 per cent
- Two sons 94.1 per cent
- One son, one daughter 93.6 per cent
- Two daughters 85.0 per cent

Maternal mortality in India, estimated at 437 maternal deaths per 100,000 live births, results primarily from infection, hemorrhage, eclampsia, obstructed labour, abortion, and anemia.Lack of appropriate care during pregnancy and child birth, and especially the inadequacy of services for detecting and managing complications etc, explains most of the maternal deaths. There are also a number of background factors: nutrition and health status, age, number of children, marital status, gender disparities, lack of information, socio-economic conditions and poor access to health services all influence maternal mortality and morbidity.

Sex Ratio

In 146 of every 1,000 babies born died before their first birthday, the infant mortality rate (IMR) is half that today, at 68/1,000.National averages of all indicators of health and health care are looking up. For example, couples are having fewer children. In 1998-99, the total fertility rate was 2.9 per woman, gone down from 3.4 in 1992-93. More deliveries take place in health facilities (34 per cent in 1992-93, compared to 26 per cent in 1992-3) or with the help of trained support (42 per cent from 33 per cent), reducing the risk to both mother and child. More children receive the essential vaccines protecting them from tuberculosis, diphtheria, pertussis, tetanus, measles and polio -42 per cent, up from 36 per cent. However, such averages hide wide variations, from the populous northern state of Uttar Pradesh (with an IMR of 88/1,000) to the southern state of Andhra Pradesh (31/1,000) whose health indicators rank among those of developed countries.

More than one-third of married Indian women have chronic energy deficiency; more than half of them are anaemic. Forty-five per cent of children under three are severely and chronically malnourished. Only 42 per cent of children between the age of 12 and 24 months have completed their immunization schedule; a massive 14.4 per cent have not received a

single vaccine. Only 31 per cent of the rural population has access to potable water supply and only 0.5 per cent enjoys basic sanitation. More than one-third of all deaths take place in children under the age of five. In 1999, 98 of every 1,000 children died from an infectious disease before their fifth birthday, placing India 49th out of 187 countries in the under-five mortality rate, some of the facts are given here under.

1. In 1998 as many as 429,000 children died of diphtheria, pertussis (whooping cough), tetanus, measles or polio. One in two polio deaths in the world occurs in India. All of these are preventable.
2. 733,000 children under the age of five died of diarrhoeal diseases in 1990 (250 million cases annually).
3. 777,000 children under the age of five died of respiratory infections in 1990 (nearly 500 million cases annually).
4. 333,000 children died of complications following low birth weight in 1990.
5. These deaths are preventable through adequate nutrition to mother and child, clean water supply and sanitation, effective immunization and an accessible health service to provide prompt treatment.

In 2001, people continue to die for the same reasons they did when India became independent in 1947-infectious diseases. Babies continue to die every day of treatable respiratory infections, diarrhoea and other illnesses either preventable through clean water, nutritious food and cheap vaccines, or treatable with basic drugs. AIDS is one more infectious disease in the landscape today found recently. As the entire Indian population ages, many more people are being struck down by non-infectious ailments. Some people believe that cancers, diabetes and heart disease will soon overtake infectious diseases as the number one killer.

Low body weight causes higher incidence of toxemia, prematurely, malnutrition, and low-birth-weight baby shows a close association with poor weight gain. These tribal women's educational level is very low (4.55 per cent). While it has been found in various research work that in some community nearly2.45 per cent women were in healthy category and 2.72 percent women were having normal grade of BMI (Body Mass Index). It shows that nearly 95 per cent women were malnourished. The findings reveal that the majority tribal women are living in very pathetic condition due to poor socio-economic status in AP.

Women's Problems

The Indian and Tribal women are facing very serious health problems, which are listed below;

1. One in three Indian women did not receive an ante-natal check-up during their pregnancy. Fifty-four percent delivered their babies without the support of trained personnel. Fifty-eight per cent of children have not completed their immunization schedule and 14 percent have not received a single vaccine. Only one in two women seeks treatment for illness, usually because the nearest health service is too far away, or it's too expensive. These examples are only meant to illustrate the fact that people's access to health care is limited by their ability to pay, as well the availability of services.
2. More than sixty five per cent of households reported that they went to a facility because of problems in present or previous pregnancies or because they were referred during ante-natal care (ANC) (20 per cent).Absence of complications, cost and/or distance was expressed as the main reasons for delivery at home, as well as the familiar environment and female attendants. This is

supported by the WTP (willingness to pay) survey that found that most women preferred a home delivery with a trained attendant. They value the fact that payments are made to suit household financial circumstances and can be made in kind. They get faster service compared to those at a facility (duet avoidance of travel time), together with a supportive family environment and food. Women preferred well equipped comprehensive essential obstetric care(CEOC) services compared to basic essential obstetric care (BEOC) facilities because of the ability of the former to treat emergencies (in terms of staff, equipment, blood availability and operating theatre).

3. India is believed to have one of the largest private health sectors in the world. Varying estimates place private expenditure at between 75 and 85 per cent of health care expenditure. One out of two persons seeking hospitalization goes to the private sector, which handles a larger proportion of out-patients than of in-patients. Medical facility is the need of the hour still to large sections of people not only in AP but also at the all India level. Utmost care is to be taken in this regard.

Conclusion and Suggestions

In India around 68 per cent of pregnant and lactating women suffer from anaemia. Untrained traditional birth attendants called generally Dais attend around 72 per cent of all births. The pathetic situation in tribal dominating areas cannot be solved without any realistic approach. The administration regularly should review all of projects and planning's for appropriate solution of pathetic condition regarding their poor socio economic arena. Government also will have to set forward the vision that how they can make life better to be dependent on a natural resource which is mostly common in tribal dominating districts.

The following are some suggestions made to this study.

1. Literacy rate of Tribal women should be improved and Tribal Women should come out of traditional activities and customs.
2. Unqualified Medical Practitioners shou ld be prohibited in tribal areas.
3. The condition of sanitation is quite unhygienic in tribal areas of AP. Only 10 per cent have access to a safe hygienic toilet. It should be improved and provided minimum public health facilities, taking responsibility.
4. Increase public health expenditure at least 2 per cent of GDP for these tribes. The effective awareness should be inculcate d among tribes.
5. Fullest and optimum utilization of existing health care infrastructure, so that current inertia can be removed and they are geared up to meet the existing and the future challenges of health care.
6. Early marriages should be stopped, so t hat blood pressure anaemia problems during the pregnancy can be avoided
7. To increase doctors, ANMs, male workers, Lab Technicians, Staff nurses to meet the required health needs.
8. To increase the facilities of bed, equipment, and medicines as per the needs of the rural people.
9. To increase sub-centres to cater the growing needs of local rural and tribal people.

10. Awareness should be created among pregnancy tribal women, As a result pre and post-natal problems can be avoided.

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