

A Multi Cultural Approach To Tribal Women Health: -A case study in Gajapati district of Odisha, India.

Trisingh Pattamajhi¹, Dr. Babita Das²

¹Ph.D Scholar -Department of Sociology, Kalinga Institutes of Industrial Technology (KIIT), Bhubaneswar, Odisha, India.

²KISS university, Bhubaneswar, Odisha, India.

Abstract:

Health is an important factor, determining the well-being of any community and society at large. Tribal health is an essential and important components derived usually from the indigenous way of living style. It focuses particularly on group and individual well being in the definite geographical location despite of limited availability of medical service. The Women health among the tribal community remains more challenges and critical even today which deserves special attention from all concerned. This study, therefore, aimed at assessing the health seeking behaviour among the tribal women in adopting a multi-cultural approach in Gajapati district of Odisha, using interview schedules for three stages of respondents such as, for school children, for teachers and for school management committee members. The data was generated through both quantitative and qualitative methods. The findings showed that a considerable number of respondents have adopted a multi-cultural approach to deal with the health issue of tribal women in the district. Avoiding the traditional health care service, majority of educated tribal women favored the modern treatment and health care service from the modern health care institutions. Their interest considerably correlates with age and awareness and impact of modern education. Considering various issues such as cost, attitude towards health, socio-religious manner influence the use of available medical care service. In general, the mood of modern educated women has a positive health seeking behavior to adopt a multi-cultural approach for the health care service among tribal women of Gajapati district, Odisha, can be further augmented and strengthen for the good health care practice in the future to come.

Keywords: Tribal health, health seeking behaviour, traditional health care, modern treatment

Introduction:

Tribal health generally is of jeopardized condition and remains as a threat of life because of their life style and the way of living in the particular environment, promoting various causes of health issues. Most of the time tribal health is neglected, overlooked and compromised as many of them are may be less serious, taken for granted or the basic medical care facility is absent in their nearby locality due to their location community in the hilly terrain and deep forest surrounded by isolation and remoteness

.The health of tribal women is still in a wobble situation being paid list attention among the tribal community .There are many government and non- government organizations working in the health field for the tribal community , but still some of them are not accessible regularly because their interior place of location ,where there is a lack of proper road communication and far distance for the common road. The meaning of health has different notions for the individual, group and community. Health as a word used to denote “a condition or a state of well being (Dolfman, M.L.The Concept of Health).The meaning of health is more accurately correlated with the mental soundness and well being than physical function s of the body of a mankind. It is believed traditionally that the concept of health is the disease –Free State representing the traditional medical concept. Moreover, the health is defined exclusively as lack of disease, symptoms, signs or problem. This definition highlights the illness rather focusing particularly on individual well being. Personal well being needs to be a central theme around the health and its notions.

India is a land of a big percent of tribal community, representing different forms of backwardness, downtrodden and marginalized state .It is said that India accommodates one of single largest population of indigenous people in the world(approximately 10.2 crores).According to census 2011,India has 8.6 percent of the indigenous tribal population ,dwelling in different geographical hilly terrain and spreading over all the region of the nation.

Majority of tribal community reside in a hilly and forest station where they face the problems of illiteracy , malnutrition, inadequate access to potable water, lack of personal hygiene and sanitation, making them more exposed to various sickness, as result of it they have worse health indicators than the general population.

Tribal health is understood as one of the imperative and indispensable components of tribal lives and way of living. It is very important to understand the tribal health as the living pattern of the indigenous people. Their health status is not good and shape condition in the contemporary world. The common disease such as infectious and communicable diseases is still prevalent among the tribal community due to the typical geographical location. The health condition of tribal community is often compounded due to the lack of awareness on health and inaccessibility to the health care facilities. Tribal community as the heterogeneous group possess one commonality in relation to poor health indicators, a greater burden of morbidity and mortality and deprived of regular health care service in their locality (Report of the expert committee on Tribal Health , Ministry of Health and family welfare,n.d.).

The health status of tribal people is of abysmal position as it gets further critical by their remoteness and inaccessibility of the locality, promoting more complex and confounded health challenges. As a result, health care facilities are less available in the locality rather it becomes more challenges impossible as the tribal live hilly station where medical facilities are limited. Since there is no other option their health system is confined to the magioc-religious health care system. Now it is apparent that tribal communities undergo many challenges to understand the living pattern of indigenous people. The alternative medical treatment for the tribal community is left on their own system of medicine and health care based on herbs and shrubs including the traditional systems like shamans (traditional healer). The belief and practice of tribal on traditional health practice make the tribal community more addicted to the medicinal plants as a faithful custodian of it. This health practice of tribal population has been there since generations in their locality. Tribal community regularly rely upon the herbal treatment for generations as modern medication is not easily accessible to them in the tribal community specially during the time of emergency (Negi, D.P.& Singh, Monica Munjial).

Despite of lots of awareness on health issues from various sources including, social media impact, government initiative of national rural health mission, the modern medical care system in the tribal community is in a state of absolute negligence and even ignorance. Moreover, there is very less numbers of medical staff to look after the medical service for tribal community. It is an additional burden on the paramedical staff and private clinics to handle the regular health service in the tribal community as there is a shortage of medical staff for that locality. In the absence of medical staff in the tribal area, the modern medicine remains far away and the tribal community easily falls on the ethno medicine, it is very common in the tribal universe. Various previous ethno-medicine studies replicate the degree of dependency and close proximity with the natural medicinal plants used for the treatment of different health illness including simple sickness like cold to malaria (Prasad, Ravi Shankar & Sinha, Pramod Kumar).

It is not that of an easy to imagine that tribal health care is as simple as it is available in the hospital located at plane or urban area. Tribal Health Care Challenges are the parts of daily life of tribal community, residing at the hilly and forest areas, which is easily noticeable among the tribal people at large. Due to their close association with the nature and environment the Tribal Health life become more confused and puzzled to understand it. Malnutrition is one of the common diseases prevailing among the tribal population. The traditional socio-cultural practices and illiteracy makes the tribal community more vulnerable and victimized of the malnutrition in the locality. Their current health

status is the reflection of their habitual traditional socio-cultural practices and multiple deprivations in health care service and other benefits. Most of the time, tribal areas record many health issues which are contagious like tuberculosis and non- contagious diseases includes malaria, diarrhoeal, malnutrition and anemia (Swaminathan, Soumya). According to the previous study poverty rate among the tribal community is too high, in rural area at 47 percent and at 30 per cent in urban locality.

Lack of awareness is another factor responsible for tribal care challenges in their respective locality .It is too hard to handle the health related issues without knowing the root causes of the etiology of the health problems. Due to illiteracy, ignorance and unaware of health related challenges, tribal population face many health problem in their daily life. With a limited investment on the health awareness campaigns, it had a significant impact on the community for a quite long time (The World Bank).

Since the generation, tribal community has been living in the hilly and forest areas which make it further difficult to them to access the health care service available away from them and the available health care infrastructure causes more trouble to health issue. Another factor is that there is absence of mobile transportation during the emergency, as a result a number of death cases are confirmed in the locality. It is observed that due to a deep-rooted cultural rift between the tribal community and non tribal health works this makes obstacle for their health care system. Adamant to their nature , tribal people remain non reactive and unattended making life complicated and eventually they for the local health care practitioner for treatment .Because of their poor economic situation tribal population is unable to accesses private health care facilities .Tribal health is more vulnerable to the disease as majority of them live below poverty line. Financial constraints and irregular and low income promotes disease and more death in the community.

The Gajapati district of Odisha state is one the most picturesque district at south –east of Odisha, occupies a special place in the Odisha tribal map. .Gathering of forest products, shifting cultivation have been some of major occupations of tribal community in the study area. From the civilization of the human being, it is considered health is an indispensable constituent of the well-being of humanity and is requirement for human development. Illness of tribal population is mainly associated the present socio-economic position, social isolation, poverty, widowhood, mental illness, environment, adequate housing facility.etc. The tribal health challenges can be derived from the cultural norms, practices and socio-economic reasons

Prevailing in the community. The Among the tribal community related to health and disease, there are common beliefs, myth custom and tradition which influence the health seeking behaviour of people in the community (Balgir RS.2004a).

The plight and melancholy of tribal community is compounded by many factors like blind beliefs, poverty, no safe drinking water, illiteracy, poor sanitation, unaware of various health causes.etc. The district is very often victimized by communicable, non communicable and silent killer genetic diseases, affecting and killing many people in the community. Many of the communicable and non communication can be control and prevented in the tribal belt if the there is timely and regular health awareness and other required activities on information education and a communication IEC) done .The tribal population is still victimized and subject to contagious diseases and more prone health issue, despite of tremendous medical progress and advancement, remain isolation from the main stream of the society. In Indian society tribal people are most neglected and exploited and more prone to various disease with high degree of malnutrition, morbidity and mortality (Balgir RS.2004d).

Tribal population is generally known as forest dwellers, practicing their traditional health care system based on the herbal and the psychosomatic lines of treatment over the years. According to the previous studies done by the anthropologists reveals that the traditional medicine among the tribal community still exists and continues so, despite of people access to modern medicine (western). Their treatment practices include animals, plants, flowers and other substance etc. During their traditional health practice and treatment, it is always connected to mysticism, supernatural and magic practice. Faith healing is a unique nature of traditional tribal health care system, which has greater influence in the modern treatment procedures. The current health status of tribal community comes to the stage which deserves different health care services available in different health centers as they are backwards and under privileged in the areas of welfare and development (Balgir Rs.1997.Khods-health status).

Health is extensively connected to health awareness and development as it is a universally cherished goal. So far as the health is concerned, people need to seek for health service by themselves rather it cannot be forced upon anyone. In other words to say, people must seek for health service and health must meets needs of people. Health care system can stimulate to development with progressing human productivity .Due to this the investment in health is called an investment in human capital. Facilitation of health services to all people in the community is regarded as the significant step towards growth and development (Srinivasan S.1987). Health care service is one of the most human asset, significant to all mankind endeavors, enhancing the quality of life for needy in the society.

The tribal community of Gajapati district has a distinct health problems caused mostly by different reasons like isolation, illiteracy, habits, hilly terrains, poverty superstitious belief. The tribal people of the said area have their habitual life style in food, tradition and socio- cultural practices, which causing health challenges as it has been proved in the studies. The health care facilities and health needs have to become more compounded phenomenon among the tribal people in the study area because of the following points such as ;

- a. Concept of health and disease remains as traditional among the tribal community still.
- b A habit of access to health care facility free of cost.
- c. Inaccessibility of medical facilities
- d. Lack of qualified medical practitioner in the community
- e. Qualified health professional avoid working and staying in the rural belt.
- f. Absence of medical Doctor as and when need arises.

II Research method

This research study is based on the qualitative and quantitative in nature should adopt an explicit, disciplined, systematic approach to generate the most appropriate results. It helps the researcher to gather the required information and furnish the comprehensive view of the phenomenon under the investigation (Bogdan and Taylor, 1975). The nature of qualitative research is inductive and the researcher usually discover meanings and the in-depth understandings in a given situation (Strauss,A., & Corbin,J. 2008) .This method will facilitate a comprehensive understanding of the process of a multi cultural approach to tribal women health in Gajapati district of Odisha, India. Health issue no doubt is a concern for everyone irrespective of caste, creed, gender, age places.etc. With the help of these two approaches (qualitative and quantitative), more to the point, required and relevant data was collected through an explicit, disciplined, systematic approach and in-depth interview process. In order to gather quantitative information, using structural questionnaire, 150 interview scheduled were administered throughout the study area, covering the women of various ages. (Gajapati district).

The selection of the sample size was based on certain points such as (1) 10 % of women who have developed some sort of health seeking behaviors using this percentage ,the calculation of the sample size take for granted that the same number of the respondents has access to proper health care services.(2) 94 % self-assurance is considered and (3) 4 % interested accuracy is taken .On the other hand, focus group organised and in-depth interview were administered with selected locality based on the geographical difference.

III. RESULT

The strong belief and practice on traditional health service lead to the tribal community more addicted to medicinal plants as a faithful custodian of it. This practice has been there since generations among the tribal community. Their dependency on the herbal treatment is due to unavailability of health care services in the village and nearby areas. Their belief and conviction in the herbal treatment traces back to centuries. Health care facilities in the locality are challenges for the tribal population being located in the hilly stations. Most of the tribal people get deprived of medical facilities as it is inaccessible to them due to the remoteness and isolation in their community surrounded by deep forests, hills and terrains. Since the option is restricted for availing modern medical facilities, their health system is confined to the magioc-religious health care system. Now it is apparent that tribal communities undergo many difficulties to understand the living pattern of indigenous people.

Health problems prevalent in tribal areas include endemic infectious diseases like malaria, tuberculosis and diarrhoeal diseases, apart from malnutrition and anemia. Lack of awareness is another factor responsible for tribal care challenges in their respective locality. It is too hard to handle the health related issues without knowing the root causes of the etiology of the health problems. Due to illiteracy, ignorance and unaware of health related challenges, tribal population face many health problem in their daily life. In the past, most health awareness campaigns, which need significant investments over long periods of time for noticeable impact, were planned by the medical community instead of by communications experts.

Table- I: Profile of respondents

Sl.N 0	Age group	Gender		Total	Perce nt	Sl.N 0	Marital status	Gender		Total	Perce nt
		Male	Female					Male	Fema le		
1	15=25	16	29	45	30	1	Marred	16	32	48	32
2	26- 35	18	17	35	23.33	2	Unmarrie d	17	27	44	29.33
3	36- 45	15	26	41	27.33	3	Widow	13	24	37	24.66
4	46 and	14	15	29	19.33	4	Widower	10	11	21	14

	above										
Total		62	88	150	100	Total		56	94	150	100
Occupation						Place of living					
	Cultivation	17	0	17	11.33	1	Rural	13	48	61	40.66
2	daily labour	14	27	41	27.33	2	Hilly & forest	12	54	66	44
3	Govt/ private job	09	04	13	8.66	3	Semi – urban	12	11	23	15.33
4	Business	07	0	07	4.66	4	urban	0	0	0	0
5	House wife	0	72	72	48						
Total		47	103	150	100	Total		37	113	150	100

The data presentation on the above table reflects the profile of the participants who participated to respond to the questionnaire related to the entitled a multi cultural approach to tribal women health in Gajapati district of Odisha, India. All participants are of the tribal community hailing from the study areas who have seriously contributed the required data for the purpose of the study .The participants from the same community were selected the reasons behind is that who can facility the exact information related to the fact well known to them. Moreover, this data is considered as most important and genuine, has been shared out of their daily health practice experience, the fact which is representing the attitude of tribal women to practice a multi cultural approach to health in the district. The analysis of above tables reveals that 27.33 percent of participants dominate in the age group category (36- 45) they were determined to respond the questions framed related to the topic “a multi cultural approach to tribal women health in Gajapati district of Odisha, India. In the similar manner among marital status type, 32 percent of them are from married background who decided to contribute information for the study. While from the occupational group, 48 percent of respondents are of daily labour background, who cooperated with the researcher for the study purpose information for the study. And with regards to the place of location, 44 percent of participants are hailing from Hilly & forest environment.

Table- II: Disease profile:

Sl.N 0	Common disease	Gender		Total	Percent	Sl. N 0	Health treatment of tribal women	Gender		Total	Percent
		Male	Female					Male	Female		
1	Fever	36	34	70	46.66	1	Witchcrafts practice	14	11	25	16.66
2	Malaria	28	37	65	43.33	2	Traditional healer	46	29	75	50
3	T B	03	05	08	5.33	3	Govt. Hospital	18	22	40	26.66
4	Diarrhea	04	03	07	4.66	4	Private hospital	07	03	10	6.66
Total		62	71	150	100	Total		56	94	85	65
Effective health treatment in emergency						Frequent visit to the Doctor					
	Witchcrafts man	11	04	15	10	1	Always	23	17	40	26.66
2	Traditional healer	36	24	60	40	2	Sometime	59	41	100	66.66
3	Govt. Hospital	27	23	50	33.33	3	Never-	04	06	10	6.66
4	Private	13	12	25	16.66						
Total		47	103	150	100	Total		86	64	150	100

The health status of tribal people is very dreadful as it gets further critical by their remoteness and inaccessibility of the locality, promoting more complex and confounded health challenges. From the study it is found that majority of people (46.66 percent) in the village develop fever as their common health problem in their community as finding from this study.

The study reveals that majority of the respondents.(50 per cent),prefer traditional healers as the center of health care treatment in the tribal community . The inhabitants of the village wish to adopt the treatment based on

traditional practices such as traditional healer, herbal medicine, the magioc-religious health care system as they have been in practice since generation etc.

From the present study it is learnt that majority of respondents (40 percent) believe in traditional health care practice during the time of emergency. During serious health emergency tribal people are automatically motivated for traditional health care practice in the absence of modern medicine.

Tribal women are not that fond of meeting the medical doctors even if they have serious health issue. The study also indicates that majority of respondents (66.66 percent), visit the medical doctors sometime only during the health emergency.

With regards to the effectiveness of treatment is concerned, the tribal women believe and endorse the government health care service .The finding of the study too reveals that majority of the people (53.33 percent) have faith on the government health care service. The study also shows that the tribal people are unable to go for health spending, 6.66 per cent of the respondents wish to have free medical service which is not available all the time in their community .

Table- III: Treatment & preventive control approach:

Sl.N 0	Health seeking Behaviour	Gender		Total	Percent	Sl. N 0	Health worker service	Gender		Total	Percent
		Male	Female					Male	Female		
1	Govt. Hospital	41	33	74	49.33	1	From Govt. Hospital-	28	22	50	33.33
2	Private hospital/NO G Hospital	26	24	50	33.33	2	From Private hospital	39	41	80	53.33
3	Traditional (Indigenous)	15	21	26	17.33	3	From NOG medical service	08	12	20	13.33
Total		82	78	150	100	Total		85	75	150	100
Health Awareness event by NGOs						Vaccination of children					
	Yes	26	19	45	30	1	Always	44	36	80	53.33
2	Sometime-	52	43	95	63.33	2	Sometime	27	23	50	33.33

3	No	06	04	10	6.66	3	Never-	13	07	20	13.33
Total		84	66	150	100	Total		84	66	150	100

The present study shows that majority of respondents (49.33 percent), prefer the health care service from the government. There is health seeking behaviour in this modern time, the people of tribal community to give up their traditional health practice system and try to adopt the multi cultural approach to tribal women health in the modern time. The young and educated generation takes initiatives to bring this change in their belief and practice approach.

53.33 percent of tribal women prefer to have health care service from the private hospital ,it indicates that tribal people of modern times have more faith on the private health care service than other from other health care service.

According to the current study 63.33 percent, of tribal women are beneficial of health awareness event organised by the NGOs sector in the community sometime only. The remote based NGOs are extensively organizing the health awareness event for the people of local community.

With regards to the children vaccination, from the study it is found that 53.33 per cent, children are vaccinated in the study area by the health workers. As per the responses from the participants, health workers execute their active participation in the rural areas for smooth vaccination of the children when necessary.

The analysis of the study reveals that majority of 33.33 percent of tribal children health is not good in tribal community who dwell in the top of the hill and deep forest surrounded by remoteness and isolation. 50 percent of tribal people prefer to have the anganwadi center in their respective community which can help and promote the growth and development of the children from their locality.

Result and Conclusion:

The alternative medical treatment for the tribal community is left on their own system of medicine and health care based on herbs and shrubs including the traditional systems like shamans (traditional healer).Tribal women face various health care challenges as part of their daily life of in the community. .Because of the close association with the nature and environment the Tribal Health life become more confused and puzzled to understand it .Malnutrition is one of the common diseases prevailing among the tribal population. The traditional socio-cultural practices and illiteracy makes the tribal community more vulnerable and victimized of the malnutrition in the locality. The current Health status of tribal

women is the reflection of their habitual traditional socio-cultural practices derived from the tribal environmental condition and multiple deprivations in health care service and other benefits.

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