

## **Tribes Psychology about Health awareness of Rural India**

**Dr. Israr Alam**

Dept. of Psychology

Veer Kunwar Singh University, Ara

### **Abstract**

The tribes in India are spread over the length and breadth of the country. The tribal populations are recognised as socially and economically vulnerable. Their lifestyles and food habits are different from that of their rural neighbours. They depend on minor forest produce and manual labour for livelihood. They may not have adequate income. Their food consumption pattern is dependent on the vagaries of nature and varies from extreme deprivation (in the lean seasons) to high intakes (in the post-harvest period). About 21% of them are scheduled castes and 24% are tribes. Purulia suffers from very poor conditions in terms of hygiene, poverty, and lack of safe drinking water, resulting in major health problems such as diarrhoea, malaria, filarial, TB, anaemia, and others. Poor child birth and nutrition standards lead to high IMR and MMR. Maternal malnutrition which was quite common among the tribal women was also a serious health problem especially for those having numerous pregnancies too closely spaced and reflected the complex socio-economic factors that affected their overall condition.

**Keywords:** Diarrhoea; Malaria; Filarial; Anaemia

### **Introduction**

The tribes in India are spread over the length and breadth of the country. Total tribal population of the country are found in some states in india. Socially backward and economically deprived tribal populations have their different life styles than other rural neighbours. They live from hand to mouth from manual labour and forest produce. They live with inadequate money. They consume daily food from vagaries of nature and suffer from debility due to minimum food consumption in the lean season. About 21% of them are scheduled castes and 24% are tribes. Purulia suffers from very poor conditions in terms of hygiene, poverty, and lack of safe drinking water, resulting in major health problems such as diarrhoea, malaria, filarial, TB, anaemia, and others. Poor child birth and nutrition standards lead to high IMR (Infant mortality rate) and MMR (Maternal mortality rate). In developing countries like India both pregnant and non-pregnant women suffer from anaemia. Among pregnant women about two third of pregnant women suffer from blood deficiency and half of the common young women are anaemic. Nutritional anaemia was a major problem for women in India and it is more observed in the tribal belt. In developing countries, it was estimated that at least half of the non-pregnant and two thirds of the pregnant Women are anaemic. Maternal malnutrition which was quite common among the tribal women was also a serious health problem especially for those having numerous pregnancies too closely spaced and it reflected the complex socio-economic factors that affected their overall condition. Tribal diets are grossly deficient in Calcium, Vit A, Vit C, riboflavin, and animal protein. Diets of South Indian tribes in general are grossly deficient even in respect of calories and total protein is deficient even in respect of calories and total protein. Tribal people have succumbed to poor access to health service; there is no such utilization of health services and there is no such utilization of health service, some social, cultural, and economic factors are responsible for these; some poor utilization of health services; are unique and some of the problems of accessibility are noticed in tribal areas; difficult terrain and sparsely distributed tribal population in forests and hilly regions suffer from these problems. Sub centres, primary

health centre (PHC) community health centre are not; located in proper places, causing disadvantages to tribal women, there is lack of infrastructure; there are less number of doctors and nurses, paramedical staffs, transport facility is poor in time of emergency and other developments, Appropriate policies should be made to encourage or motivate the service provided to start work in tribal areas; inadequate mobilization of NGO lack of integration of other health program reach culmination, IFC (Iron folic acid supplement programmes) activities are not tuned to tribal beliefs and practices; Services are not patient- friendly in terms of training, cultural barriers; inhibit utilization, local traditional faith healers are not involved; weak monitoring and supervision system are not entangled.

Onges in the Andaman have very little awareness or access to either nutrition or health care. Differential area-specific need assessment, strategies and programmes to improve access, and utilisation of nutrition services have to be developed for each of tribal areas. The demographic status of the primitive tribes has shown a declining or static trend. The demographic data of Juanga primitive tribe of Orissa revealed a marital fertility rate of about 6 and life expectancy at birth was 35.9 years. A study carried out recently by RMRC, Bhubaneswar amongst four primitive tribes of Orissa, revealed an infant mortality rate (per 1000 live birth) of 139.5 in Bondo, 131.6 in Didayi, 132.4 in Juanga and 128.7 in Kondha (Kutia); a maternal mortality rate (per 1000 female population) is of 12 in Bondo, 10.9 in Didayi, 11.4 in Juanga and 11.2 in Kondha tribe; the life expectancy of 48.7 years in Bondo, 57.1 years in Didayi, 49.6 years in Juanga and 50.7 years in Kondha; the crude birth rate (per 1000 population) is of 18.31 in Bondo. Intestinal protozoan and helminthic infestations are the major public health problems and were observed in 44.6% in Bondo, 44.9% in Didayi, 31.9% in Juanga and 41.1% in Kondha primitive tribes of Orissa. Amongst helminthic infestation hookworm was most common (21% in Bondo, 18.7% in Didayi, 14% in Juanga and 18.2% in Kondha. As per nutritional status there are wide variations and access to and utilization of nutrition and health services also vary from women to women, literacy level is high among tribal people in north east states; they avail access facilities, comparing with the national average of nutritional and the health status of women and children. In that states they are better, on other hand, Onges of Andamans belong to primitive tribes and are not aware of access to either nutrition or health care; different areas have specific assessment strategies and programs are to improve access and nutritional services have been utilized for development of tribal areas. The demographic states of the primitive tribes have declining trend or it is static. The demographic data of Tuanga primitive tribes of Orissa show a material fertility rate about 6% and life span at birth is around 35.9 years. A deep attention has been drawn in recent time by RMRC, Bhubaneswar among four primitive tribes of Orissa. It discloses an infant mortality of 13.4 in Juanga and 128.7 in Kondha (kutia). A maternal rate (per 1000 female population) of 12 bondo, 10.9 in didayi, 11.4 in Juanga and 11.2 in mortality rate Konda tribes shows that the life expectancy is 48.7 years in Bondo 57.1 years Diyadi, 49.6 years in Juange. The birth rate which is 18.31 as per thousand in Bondo among Kondo major health problem is intestinal protozoa and helminthic infestation.

### **Sources of Data Collection**

Data collection is done by direct interview method where respondents directly response questionnaire; the interview schedule is composed. with open- ended questions for this out of 200 people among them hundred people response complete aim to complete present study. A qualitative study is done. Adolescents are required to complete questionnaire; which have included a signed consent and specific question on age and ethnicity. Questionnaires give clear indication about their socio-economic condition, ethnicity, religion, and their general

awareness of health status. This study is done among men and women from 15 years to 45 years of age.

### Method

The study was conducted on 200 adolescents; the current billion strong generation of 10-19-year-old will be the largest generation inhibitory to make transition from childhood to adulthood. Though reproductive health of adolescent girls they have been neglected for long past, but for last 10-12 years an emphasis has been given to raise their awareness level by introduction of lifestyle in school education and this should be performed in friendly environment. Present study reveals that mainly Adolescents girls feel awkward and shy to get knowledge about contraceptives before their marriage. Somewhere they have guilty feeling. Due to some initiative of government to aware about adolescent reproductive health their attitude towards it is not so helpful for those programs (Anwasha Clinic, Weekly Iron Folic Acid tablet supplement, rastriyabalsaktikaryakarma, Kisorishaktiyojana).

### Results

adolescent have idea about contraceptives pill in comparison to other contraceptives, girls have habit to take bath in river and pond being unaware of proper hygiene they become susceptible to reproductive tract infection, white discharge etc. different types (RTI, skin disease) of statistical shown significant relation with their use of pond water, river which proves that due to unhygienic habit they become susceptible to those disease.

### Discussion and Conclusion

40% among responded have knowledge about Contraceptive pills irrespective of both sex Majority of rural people are suffering from skin disease and reproductive tract infection due to taking bath in pond water (75%). when women, men reported about white discharge, irritation.

Due to lack of knowledge about several diseases and main cause of occurrence of disease, they are frequently suffering from those kind of diseases, in cases of Tuberculosis patient sometimes failed to take medicine and it causes return of disease. In present study, it shows there are tendency to early marriage of girls in rural areas and tribal people, mean age of marriage is 15.8 years; 43% girls have their first child before age of 19 years, at time of this study a report shows that counsellor of adolescent centre has found 4 cases of unmarried pregnancy and one girl experiences to go through abortion, but she is not interested about any kind of abortion. Due to awareness of generation of about contraceptive they are to consume emergency contraceptive pill at time of emergency. Early age marriage is main cause of birth of low birth weight child or intrauterine growth retardation; biologically girls do not mature physically to carry on their womb. In rural India women, still are neglected on nutrition, 50% are anemic; use of sanitary latrine are so poor and they use open field for defecation which cause worm infestation which leads anemia.

### References

1. Sumana B, Anoop KK, Salil KB (2004) Knowledge, Attitude family planning of tribals. Journal Family Welfare 50: (1).
2. Sanjoy D (2011) Health and nutritional status of the Indian tribes of tripura and effects on education. Inquiries Journal 3(3): 1.
3. Ranjana S, Seema ZK, Mukesh KC (2008) Researching evidences on prevalence of HIV/AIDS among tribal people in India. European Press Conference 1-8.