

USE OF ICT IN BUILDING UP WOMEN HEALTH AWARENESS AMONG TRIBAL STUDENTS IN INDIA

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Abstract

Information and Communication Technology (ICT) has significant impact on all areas of human activity. According to World Health Organization, health is a state of complete mental, physical and social well-being and not only the absence of disease or weakness. Ensuring good nutrition and a healthy lifestyle can contribute significantly to women's health throughout their lives. In India Status of tribal women in terms of education, employment and health is low compared to tribal men. The purpose of this theoretical paper is to find out the use of ICT in building up Women Health Awareness among Tribal students in India.

Keywords : ICT, Women Health, Tribal Students, Computer, Internet, Smartphone

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Introduction

Information and Communication Technology (ICT) is used for information storage and retrieval. The ICTs have rapidly evolved since mid 20th Century. ICT has significant impact on all areas of human activity (Brakel and Chisenga, 2003). In developed countries, ICT plays a pivotal role in ensuring timely and speedy diagnosis as well as in improving and securing the quality of health care in most medical disciplines. ICT also offers the option of remote, distant delivery of an increasing number of public health care services, despite physical distances and time zones existing between patients and health care providers. A similar statement can be made for education: advancements in ICT made the application of new educational concepts for distance learning, problem oriented learning, self- assessment, awareness raising and mass education possible (Geers and Page, 2007).

Tribal people are marginalized even today in our society in many respects. Provisions made in the Constitution have brought about changes in their position but still they are confronted with a number of challenges. Out of the total tribal population, tribal women add up to almost half. For the socio-economic development of any country healthy population is essential. Here, in India, women, especially belonging to the deprived section of the society, are silent sufferers of ill health throughout their life course. And the reason is their socio-economic status, unawareness, low perception and negligence of their own health. Nutritional deficiency is a major problem for tribal women in India and it is observed particularly in tribal areas. Moreover, discussing sex has been a taboo in Indian societal set-up. There are still several myths and misconceptions about puberty, masturbation, night emission, sexual intercourse, safe sex, reproductive health, sexually transmitted diseases (STDs), etc. Unprotected sexual practice among young adults can cause serious consequences, particularly in adolescent girls. Moreover, immature reproductive tracts of young people make them more susceptible to HIV/AIDS. Only during the last decade, there has been an increasing realization of the importance of adolescent behaviour. The challenge lies in developing programme to induce behavioural changes among the young as well as the adult population (Singh and Jain, 2009). ICT enhances access to and communication on women health information. Recent advancements in ICT in relation to public health, education and public (Internet based) networking provide a growing arsenal of instruments (in terms of ICT based interventions) for combating women health problems.

Significance of the study

The last two decades have witnessed a revolution caused by the rapid development of ICT. ICT increases the flexibility of delivery of education so that learners can access knowledge anytime and from anywhere. ICTs can act as a channel of delivery of e-government services including health and education. This study will try to find out the use of ICT in spreading women health awareness among tribal students in India.

Objectives of the Study

The objectives of the study are:

- i. To find out the status of women health among tribal people.
- ii. To find out the role of ICT in education.
- iii. To find out the role of ICT in spreading women health awareness.

Methodology

A desk study and literature review was conducted on the current research. The present paper is based entirely on secondary sources of information, mainly drawn from various research studies conducted in this field.

ICT in Education

Why do we need ICT in school education? It is not that education was not taking place before computers came into existence. Is this paradigm shift necessary? The shift is necessary because it is the age of information and technology. But, unfortunately, in India Information and Communication Technology is associated with the use of computers and internet. The use of ICT tools like Radio, television, teleconferencing, video conferencing, etc. are the date back introduction of ICT tools in education. And along with all these, the radical development of computers and internet in the field of information and communication has almost brought a revolution in the field of education. Since 1992, the access of email left behind the concept of geographical distance of common people. ICT is used as a supportive educational tool enabling the students 'learning by doing'. With the help of ICT teachers engage students in self-paced, self-directed problem-based or constructive learning experiences. ICT is not merely to provide information but to interact, share, and learn (George, 2012).

The strength of ICTs can be jotted up as follows from the studies of several researchers:

- ICT opens options for all individual to learn as individual rather than homogenous group.
- There is easy access to huge information resources throughout the world.
- A learner can start at any point depending upon the prior learning instead of always in a sequential way.
- Uniformity of quality is better maintained by using ICT in teaching learning system.
- In a country like India, where the variety of climate can be compared to the world as it does not matter where the learning process takes place or what is the state of the climate at that place.
- With the help of ICT the cost of per person for education is lowered by a certain considerable rate.
- Use of ICT in education is a time saving factor for receiving and sending information.
- With the use of ICT in education huge number of audience living in different geographical place and time can be addressed.

There are weaknesses of ICT in education too. Sometimes, the strength appears to be weakness. The weaknesses are as follows:

- A huge one time investment is necessary for ICT tools, which is appeared to be a problem.
- Technology is being developed everyday. To cope up with the pace of the development creates financial pressure and increases e-waste which is harmful for the environment.
- At every part of the nation, it is not possible for all the people to have access to ICT always. Digital divide is another big problem for using ICT in education.
- The trainers or the officers who prepare ICT tools used in education need huge practice and orientation for the proper time-to-time development of the tools. But there is the lack in this system of their Practice and orientation.
- There are still a number of educators and learners who are not interested in ICT.

With the use of ICT, a teacher becomes a learning facilitator, who helps students as the actively engage with information and materials to construct their own understanding. By this, students know how to learn not just what to learn.

ICTs in the developing world have the potential to enhance the education experience for children who:

- live in rural and remote-rural locations.
- have special learning needs.
- have physical disabilities constraining their access to schools.
- have dropped out and/or have kept themselves out of school for various reasons.
- aim for excellence and fail to get satisfied in the current system.

In India, various ICTs have been employed over the years to promote primary and secondary education. These include radio, satellite based, one-way and interactive television, and the Internet. The Government of India has taken several policies to equip the schools in India with ICT (Majumdar and Sikdar, 2016).

Tribal Women Health in India

The Constitution of India, Article 366 (25) defines Scheduled Tribes as "such tribes or tribal communities or part of or groups within such tribes or tribal communities as are deemed under Article 342 to be the scheduled Tribes (STs) for the purposes of this Constitution". In Article 342, the procedure to be followed for specification of a scheduled tribe is prescribed. A tribal woman occupies an important place in the socio-economic and political structure of her society. They exercise free and firm hand in all aspects related to their social and economic life. In the process of change, the tribal woman is forced to adhere to certain norms which may even take away her freedom, her control over the traditional productive system, her house, family and children and even her own life. The process of such alienation has an impact on the tribal women.

In India, women are discriminated due to several historical, religious and other reasons. A girl child is suppressed from the movement she is born in terms of personal development. She is made to undergo the feelings of being inferior and feeble. She is denied the prospects for personal expression (Bhasin, 2007). India is the second populous country in the world with 6.77 crores of tribal population. Most of the tribal people are poor, illiterate and inhibited in inaccessible forests and hilly areas. They lag behind in all spheres of life in comparison with other sections of the population. The government of India has launched a number of schemes for the promotion of education and welfare among the tribes in general and different new initiatives

for the women section in particular. In spite of these efforts, health awareness has not improved. Being among the poorest and most marginalised groups in India, tribals experience extreme levels of health deprivation.

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 (De, 2017)

Rural tribes suffer 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). Open defecation, lack of sanitary latrines, poor educational standards for girl children, and poor awareness of HIV/AIDS also compound their health and development problems.

HIV and AIDS has become the fourth largest killer worldwide, and in Asian counterpart it is scattering at an alarming rate. In other parts of Asia HIV and AIDS are alarmingly high (Ranjana, et al, 2008). Nutritional deficiency is a major problem for tribal women in India and it is observed particularly in tribal areas.

Women's access to 'power and resources' emerged as the important contributing factor to their reproductive health at the fourth world conference on women in 1995 held in Beijing which emphasizes increasing women's economic and educational status, and as a consequence, women's reproductive rights. Thus, reproductive health indicates the level of self-determination, women's reproductive rights, and strength of tribal's socio-political power. Social justice is also linked to the status of reproductive health of Indian tribal population as the right to have basic needs and opportunities for reproductive wellbeing of women are linked to their empowerment. Socio-cultural and economic factors which interrupt on reproductive health include women's lack of awareness of health and nutrition matters, strong privacy norms which inhibit health-seeking of adolescent girls, and unmarried women, large family norms and indifference towards

family planning, lack of proper health awareness from the side of health personal, encouraging frequent and continues pregnancies which frequently result in maternal mortality, morbidity and delivery complications (Islary, 2014).

Tribal People's Participation in Education in India

The tribal community all over India has been subjected to various forms of deprivation such as, alienation from land and other forest resources since the British rule. Women by nature have greater ability to organize people, resources and work. They have greater perseverance adaptability and attitude for discipline and cleanliness. To utilize their creativity, adaptive and organizational ability and to motivate them to participate in education, development of their own group is actually required (Rani, G. S. et al, 2011). Lack of education which is a crucial requirement for the sustain growth of a developing society is largely responsible for the exploitation and pitiable plight of the tribes.

Literacy is an important indicator of development among tribal groups. The trend of literacy of tribes in India from 1961 to 2011 is shown in the Table 1.

Table 1: Literacy Trends of Scheduled Tribes in India from 1961 to 2011(in percentage)

Year	Male	Female	Total
1961	13.83	3.16	8.54
1971	17.63	4.85	11.39
1981	24.52	8.05	16.35
1991	40.65	18.19	29.60
2001	59.17	34.76	47.10
2011	71.70	54.4	63.1

Source: National Commission for SCs & STs, Fifth Report & Census, 2011

Table 2: State/UT wise Gross Enrolment Ratio in Higher Education (18-23 years, in percentage)

States/UTs	ST Male	ST Female	Total
Andaman & Nicobar Island	2.6	5.1	3.8
Andhra Pradesh	24.7	17.7	21

Arunachal Pradesh	30.7	29.7	30.2
Assam	16.2	16	16.1
Bihar	12.2	9.8	11.0
Chandigarh	-	-	-
Chattisgarh	8.8	7.1	7.9
Dadra & Nagar Haveli	5.1	3.7	4.4
Daman & Diu	19.6	12.1	15.9
Delhi	-	-	-
Goa	15.5	19.6	17.5
Gujarat	12.5	11.7	12.1
Haryana	-	-	-
Himachal Pradesh	21.2	20.7	21.0
Jammu & Kashmir	9.5	7.7	8.7
Jharkhand	6.4	7.7	7.1
Karnataka	16.3	13.8	15.1
Kerala	13.5	17.0	15.3
Lakshadweep	1.8	5.7	3.7
Madhya Pradesh	7.9	5.6	6.7
Maharashtra	12.8	7.3	10.1
Manipur	24.0	24.4	24.2
Meghalaya	12.7	16.8	14.8
Mizoram	23.4	21.8	22.6
Nagaland	11.9	13.1	12.5
Odisha	7.7	5.8	6.7
Puducherry	-	-	-
Punjab	-	-	-
Rajasthan	17.0	10.6	13.9
Sikkim	13.0	16.3	14.7
Tamilnadu	37.8	23.7	30.6

Telengana	34.2	24.4	29.2
Tripura	9.5	5.6	7.4
Uttar Pradesh	26.2	24.0	25.1
Uttarakhand	41.9	49.5	45.7
West Bengal	9.4	6.6	8.0

Source: Ministry of Human Resource Development, Department of Higher Education, New Delhi. All India Survey on Higher Education 2013-14(provisional).

Role of ICT in spreading women health awareness

According to WHO, the use of ICTs in health is not merely about technology (Dzenowagis, 2005), but a means to reach a series of desired outcomes, such as:

- health workers making better treatment decisions;
- hospitals providing higher quality and safer care;
- people making informed choices about their own health;
- governments becoming more responsive to health needs;
- national and local information systems supporting the development of effective, efficient, and equitable health systems;
- policymakers and the public becoming more aware of health risks; and
- people having better access to the information and knowledge they need for better health

By 2015, all countries have integrated the use of Information and Communication Technologies in their national health information systems and health infrastructure. “Open Government Data” is a new trend that can support health sector review processes. Many governments around the world are now releasing raw public data, opening and sharing their information with citizens, media and other stakeholders to help people understand how government work and how policies are made. Making these data easily available means it will be easier for people to review and make decisions and suggestions about government policies based on detailed information, as well as build useful applications that help society, or investigate how effective policy changes have been over time. The participation of tribal students in higher education is quiet dissatisfactory. Still they can be the target group as they are more close to their community than any others.

Conclusion

In India, there is low health consciousness. Women are reluctant to avail of medical health until the sickness aggravates. Tribal women follow many rituals and traditional practices during their reproductive age particularly during menstruation. Their personal hygiene during menstrual period is poor which is mainly due to lack of knowledge about the diseases that occur can occurred due to unsanitary condition, lower socio-economic status and the inaccessibility to sanitary pads. Efforts should be made to provide sanitary pads to such population. Infant deaths were common among women who had delivery system at home.

Despite the problem of digital divide, ICT can generate and spread information through people. The youth of this society can strengthen the process if they get enlightened. Trained peer educators from school and colleges have taken the initiatives of spreading awareness through street-play etc. at the grass-root community level. Awareness can be built up, if not directly, but indirectly through ICT. But the main problem is the lack of coordination and co-operation among the various organizations and also between private initiatives and government initiatives. Proper coordination and sharing of experiences and resources can make ICT initiatives more successful. ICT can contribute to building the necessary platforms for communication and information exchange required. Planned and ongoing projects on health awareness are coordinated by national health policies and plans (specifying the role of the actors involved), sector policies (e.g. health care, education and telecommunications) and priorities of funding agencies and NGOs.

References:

- Bhasin, V. (2007). Status of Tribal Women in India, Department of Anthropology, University of Delhi, Delhi , India.
- Brakel, P. A. and Chisenga, J. (2003). Impact of ICT based distance learning: The African Story. *The Electronic Library*, 21(5), 476-486.
- De, K. (2017). Health Awareness among Tribes of Rural India. *Journal of Molecular and Genetic Medicine*. 11,244 (doi:10.4172/1747-0862.1000244).

- Dzenowagis, J. (2005). Connecting for health: Global vision, local insight., WHO, Geneva.
- Geers, B. and Page, S. (2007). ICT for mitigating the effect of HIV and AIDS, Retrieved from <http://www.spidercenter.org>
- George, A. N. (2012). ICT in education, *Teachers of India*, Retrieved from <http://www.teachersofindia.org/en/article-education>.
- Islary, J. (2014). Health and Health Seeking Behaviour among Tribal Communities in India: A Socio-Cultural Perspective, *Journal of Tribal Intellectual Collective India*, 2(1),1-16.
- Majumdar, R. and Sikdar, D. P. (2016). Application of ICT in building up HIV/AIDS awareness among adolescent students in Indi., *International Journal of Advanced Research and Development*, 1(11), 22-25.
- Ranjana, S., Seema, Z.K. and Mukesh, K.C. (2008). Researching evidences on prevalence of HIV/AIDS among tribal people in India, European Press Conference 1-8.
- Singh, A. and Jain, S. (2009). Awareness of HIV/AIDS among school adolescents in Banaskantha district of Gujarat, *Health and Population: Perspectives and Issues*, 32(2), 59-65.
- Ministry of Human Resource Development, Department of Higher Education, New Delhi, All India Survey on Higher Education 2013-14(provisional).
- National Commission for SCs & STs, Fifth Report & Census, 2011.