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Gender, Water And Health : A Case Study of Tribal Population of Santhal Pangana Division of Jharkhand

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ABSTRACT

Water is a scarce resource. Inspite of Significant achievement in the coverage of habitation with drinking water supply, the sector is riddled with the major constraint of deteriorating water quality. It is estimated that about 18 percent of rural habitations are faced with having the problem of contaminated water resources by different pollutants like excess fluoride, arsenic, iron, brackishness and nitrate. The study reveals that women residing in the area without clean water spent more on medical treatment and most of the tribal women in the study area work as daily labourers in the informal sector, they immediately loose wages if they are too ill to attend the job. This study describes into the present status of tribal women of Santhal Pargana Division of Jharkhand State, in water resource management raising emerging critical issues like water pollution and health linkages. Health problems of tribal women are serious. Every year the figure of child death due to malnutrition is in thousands. Infant death rate is as high as 48 per thousand infants. These issues have been dealt with the help of primary data collected from the field survey during the period Jan. 2017 to July. 2017.

Key words : Water, Scarce Resource, Tribal women, Health problem, Malnutrition.

INTRODUCTION

India has 16 percent of the the world's population but only possess 2.45 percent of land mass and 4% of water resources. Water is essential for human existence and also for the propagation of wildlife and fisheries. It is a scarce resource. Inspite of significant achievement in the coverage of habitation with drinking water supply, the sector is riddled with the major constraint of deteriorating water quality. A sample survey done on water quality across the country has estimated that about 18% of rural habitation are faced with having the problems of contaminated water resource by different pollutants like excess fluoride, arsenic, iron, brackishness and nitrate. The extent of magnitude of water quality problems of chemical origin, especially in the case of fluoride and arsenic, forcing a serious health hazard to a large segment of rural population in the country is on the rise. When water supplies become

contaminated or inadequate, women spend more time and energy to find and collect safe water for their household use.

Rural women constitute 72.72 per cent of total population of the country. On any given indicator of development, the rural women is at disadvantageous position as compared to her urban counterpart. The profile of rural women is that of illiterate, ignorant, poor, superstitious, suppressed and oppressed because of their limited skills. They make up one third of the labour force, though the 'statistical purdah' imposed by assent methods of measuring labour force participation renders much of their work invisible. They spend a considerable amount of time fetching water and collecting fuel and fodder. For the rural women, life has meant that they are born to live as beasts of burden and to die without having lived one moment for themselves. A rural woman finds relief and freedom only in death. Though a good number of empirical attempts have been undertaken on natural resource, environment and pollution, only a few studies have focused on gender, water and health related issues. Lack of gender disaggregated data is a major issue without which argument of the issue remains theoretical and measurement of enhancement and comprehensive gender analysis are impossible. Women could potentially make better use of rural resources such as properly purified water and sewage. With adequate support their activities could be safer and more efficient than they are at present. This paper delves into present status of tribal rural women in water resource management raising emerging critical issues like water pollution and health linkages.

The total percentage of tribals in total population of India is around 9 percent. But despite greater extent in the census, these communities continue to live in utter poverty and completely different situation from the developed section of the society. Though after Independence, development process got impetus with effective implementation of development programmes, it is a fact that these tribal communities could not change and achieve any significant development.

The journey from Marx to Market has to be continued further now from market to man as a part of the nature. No society can surely be flourished and happy of which the greater parts of its members are poor and miserable. Based on the belief that rural poverty is one of the primary factors contributing to over exploitation of natural resources and to encroachment on protected areas, integrated conservation and development projects will be only solution to -

i. Improve the quality of life of tribal people
ii. Promote the conservation and management of resources of the study area.

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Mathodology :

In this present study, women from five tribes of Santhal Pargana Division namely- i.e. (i) Santhal (ii) Oraon (iii) Paharia (iv) Kol (v) Bhumij have been selected. Jharkhand was carved out of the State of Bihar in Nov. 2000 after a long struggle for satehood. Endowed with a vast reserve of natural resources, it has enough potential to be among the leading states in India in terms of growth and progress. However, with 44% of the population below poverty line and 6.5% unable to get sufficient food, Jharkhand is one of the poorest state in the country. Santhal Pargana is the oldest division having six districts namely Dumka, Deoghar, Sahibganj, Pakur, Godda and Jamtara. Santhal Pargana ($23^0$40'-$25^0$18' NL and $86^0$28'-$87^0$57' EL) is a hilly terrain covered with sub-humid deciduous tropical forests. Santhals and Paharias constitute 34.11% of total population of the area. Seven aboriginal tribes namely Santhal, Paharia, Sauria Paharia, Kol, Kanwar, Mohli and Dhangar are inhabiting the territories of Santhal Pargana. These tribal populations live in close kinship with nature and their art, culture, philosophy, thinking and various other attributes are directly or indirectly related with the flora and fauna of the region. But recent human activities in the area in the form of deforestation for shifting cultivation and firewood, mining operation and for developmental purposes have adversely affected the health status and socio-economic conditions of these tribes.

The method of field research was adopted for studying Santhal, Oraon, Paharia, Kol and Bhumij communities from the six districts of Santhal Pargana Division. Facts were received through interviews questionnaire method from Santhal tribal women (40), Oraon tribal women (40), Paharia tribal women (40), Kol tribal women (40), Bhumij tribal women (40). A sample of 200 tribal women respondents was drawn using stratified random sampling technique. The survery was carried out at three levels viz. household level survey indcluding individual responses for health status, village level and heath centre level survey. At the household level multi-pronged approach was used to gather different types of information relating to perceive human health. Village level information was collected from the head of the village panchyat whereas health related information was collected form administrative office of the concerned healthcare centre.

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Reference Period of the Study- Jan. 2017 to July. 2017.

The field observation of these tribes was made to analyse and interpret the received data.

Table No-1
Educational condition of Tribal Women

Tribes	Illiterate	Primary Educational Up to Class-V	Secondary Educational	Higher Secondary Educational	Graduate	Post Graduate	Total
Santhal	20 (50%)	10 (25%)	6 (15%)	2 (5%)	1 (2.5%)	1 (2.5%)	40
Oraon	48 (45%)	8 (20%)	8 (20%)	3 (7.5%)	2 (5%)	1 (2.5%)	40
Paharia	30 (75%)	10 (25%)	-	-	-	-	40
Kol	32 (80%)	8 (20%)	-	-	-	-	40
Bhumij	35 (87%)	5 (12.5%)	-	-	-	-	40
Total	135 (67.5%)	41 (20.5%)	14 (7%)	5 (2.5%)	3 (1.5%)	2 (1%)	200 (100%)

(Source : Field Research)

The Table : 1 Clearly points out that the educational scenario of tribal women is not satisfactory. Tribal children are deprived of education even today's world of Information Technology. Even today, the rate of illiteracy among tribal women is more them 50%.

OBSERVATION & DISCUSSION :

The main concentration of women in the study area was in the age group of 15 to 45 years. Among the sample respondent, 7.4% of the respondents were girl child. Among the respondents, 21.9% were house wives and majority engaged either in informal activities like beedi rolling, agricultural work, paid domestic services, rural artisans etc. or acted as helping hands with their mother at home. The overall level of education of the respondent was poor. It was observed that 75.8% women respondents were married at the time of survey. The presence of divorced or separated women was relatively low. In this study, it was found that only 7.6 % of rural households had access to drinking water in their home. i.e. tubewell, while 92.4% had to fetch water form a source outside their home spending an average 3 to 4 hours a day. Of these homeholds, 41.9% accessed community taps, 34.7% relied on neighbor sources which was next to their house. The remaining percentage might access more than one source of water. Often, they had to face a long queue at the tap and make 4 to 5 trips daily to meet the requirement of the family. The requirement of water of an average household was 100 to 150 litre per day depending on the members of the family.

Sometimes to keep away from distance of the community tap or on account of frequent disturbances in power supply women had to use water from kachcha wells for drinking purpose without boiling. It is observed that majority of women had to manage their own household task independently. The survey reveals that young women and children took bath in nearby ponds located in the villages. Others used wells for taking bath without having any sheds. Majority (61.1%) of the houses used kachcha latrine and many possessed almost an open urinal with two bricks or stones for sitting, which was often connected with a narrowly dug sewage. The study shows that majority (68.2%) of women washed domestic utensils and clothes at nearby ponds because it saved them time and effort. For most women who lived in houses without a drainage system, the biggest problem was that all water used in the house had to be carried outside and thrown into the street.

The study reveals that women and children in remote villages were badly affected by water pollution. It is found that most of the diseases were indoor air and water borne such as tuberculosis, bronchitis, asthma, eye disease, adverse pregnancy outcome, skin infection, joint pain, other respiratory disease, diarrhoea, malaria etc. It is also reported during the period of survey that eight women were admitted to the hospital due to contaminated water. The women suffering from respiratory diseases and water related diseases appeared to be very high. The women suffering from respiratory disease were 4.8% and from water related diseases were 19.7%. The reporting of symptoms and diseases were kept into account on the basis of respondent's memory recall for all the members of the households. Adverse pregnancy outcomes (still birth, low birth weight) and early infant death had been linked with water pollution and it is found that odds ratio in this case was 1.6. The records from health centres in the study villages disclose that three health centres received less than 40 female patients in a day. Average number of female patients visited in a day by all the surveyed health centres together was 63 and average number of female patients treated in a month by these health centres for respiratory or water related problem was 727. The survey signifies that percentage of affected women in each household was higher because women do with entire household work with contaminated water. The average number of days sick and unable to work every woman was about 47 a year. It is found that 4.3% of the sample women were suffering from worm infection and 2.8% from jaundice.

Conclusion and Suggestions :

In remote villages under privileged households often access clean water come across themselves even poorer as a result of ill health, caused by the non existence of safe water. Women are the crucial custodians for those who fall ill from water related disease, reducing their time available for education

and productive economic efforts. When water supplies become contaminated or inadequate, women must spend more time and energy to find and collect safe water for their household use. The study reveals that women residing in the area without adequate clean water spent more on medical treatment and most of the poor women in the study area work as daily labourers in the informal sector, they immediately loose wages if they are too ill to attend the job. Hence, a community without sufficient water supply and proper sanitation can be exposed to several difficulties and to alleviate such problem community participation promotion may be an appropriate solution.

Water is important for poverty alleviation since it helps in the attainment of both water and food security and enables them to be self sustaining over a long period without any resort to subsidy. A breakthrough in productivity and income in poverty concentrated areas can take place by creating water harvesting structures through exploiting both rain water as well as river water. Water reservoirs of all types and sizes, watershed management, recharging underground water storage etc. should be taken up with renewed vigour but without losing sight of the environmental and human aspects. Technologies and institutions appropriate to small and marginal farmers may receive special encouragement. Development of power would be needed for exploiting the groundwater potential and operation of grain storage facilities especially the refrigerated ones. Flood moderation measures especially big dams supplemented by non-structural measures like flood resistant and flood escaping cropping pattern would be needed for boosting agricultural production in areas suffering from flood. Drainage schemes would be needed to take care of low agricultural productivity in areas suffering from drainage congestion. At the same time, output form permanent water bodies like tanks and ponds with respect to fishery and other aquaculture products like makhana and singhara in India should be raised by appropriate methods including regular desilting and deepening. These measures taken along with those for strengthening institutions of marketing, credit and grain storage would bolster agricultural production in poorer areas. These measures should be taken in an integrated and holistic rather than piecemeal manner and on a wide scale to produce visible impacts in future. The role of water in poverty alleviation would require a sharper focus on water for the poor which would include according priority to water needs of small and marginal producers in both rural and urban areas along with other complementary inputs. An appropriate pricing strategy to ensure long term susceptibility would be an integral part of the strategy. A variable mix of technological and institutional interventions of the type mentioned above should be considered for adoption depending upon location specific situations.

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