

# SNAPSHOT OF HEALTH AND NUTRITION SCENARIO OF TRIBAL WOMEN IN ODISHA: A CRITICAL CONCEPTUAL REVIEW

Sanghamitra Jena<sup>1</sup>, Santosh Kumar Pradhan<sup>2</sup>, Dr. Shradha Padhi<sup>3</sup> & Dr. Sucheta Priyabadini<sup>4</sup>

<sup>1</sup> Associate Professor, Rajadhani College, Bhubaneswar

<sup>1</sup> PhD Scholar, KIIT University

<sup>1</sup> Associate Professor, KSOM, KIIT University

<sup>1</sup> Director, KSAC, KIIT University

## ABSTRACT

The purpose of this review article is to explore theoretical understandings of health, health culture in relation to tribal nutrition. Community practice, indigenous mechanism and institutional health provisions for tribal community as a whole were also explored. In addition to this cultural practice in personal hygiene was also given adequate attention. Primary health of tribal women along with nutrition component had been explored for the redesign alternative model through which the situation can be streamlined. In this regards the authors were completely relying on secondary review on the basis of three guiding principles that are; review contour, review context and review process.

It is found that there are few areas on tribal health like nutritional food practice and health exposure is highly required to enhance overall condition of tribal health. However; extensive exposure, institutional counselling and basic understandings on health practices should be considered as one of the most ingredient part of life.

## Introduction

It is purely a research review on tribal health and nutrition which attempt to explore the availability of literature pertaining to the topic under research. This effort is geared to develop a solid foundation and a frame work to give proper academic justice to the issue under investigation. In this context the researcher had tried to anatomise the topic and to make a review of the focal area as well as the peripheral areas that are operating from the fringe and relate to the topic under treatment. In the present study the focal area is tribal health and nutrition and the peripheral area is social welfare programmes relating to maternal health and nutrition aspects. The focal and peripheral areas are taken together and constitutes to thematic areas of women health and nutrition.

The researcher has followed standardised review techniques. This technique includes making the review on the basis of three guiding principles that are; review contour, review context and review process. It follows thematic, partial and longitudinal analysis of the literature. It becomes pertinent here to make a clear cut spell out the time frame within which the reviews are begin made. The time frame is strictly adhering to all throughout the review. It is more reflective and issue related in character. In the present research study the thematic, partial and longitudinal line is being followed and the researcher has looked into the context, the content and the conclusions offered in each piece of the research review.

## Conceptual Understandings of Health

What constitutes 'health expenditure' has always been a matter of academic debate: what to include and what not. It is a well known fact that health is a function of a large number of factors such as medical care, income, education, sex, marital status, access to drinking water, sanitation facilities and environmental conditions. A universally acceptable resolution to this debate remains out of reach both for ideological reasons and for practical also. In ideologically,

For the well being of mankind priority to better health care is one of the important aspects to consider on priority basis. In this regards few areas related to social, economical, and political fields are prominently played vital role to address health problems at community level which is interplay in nature. Significantly it is being observed that health

<sup>1</sup> Sanghamitra Jena, Associate Professor, Rajadhani College, Bhubaneswar

<sup>2</sup> Santosh Kumar Pradhan, PhD Scholar, KIIT University

<sup>3</sup> Dr. Shradha Padhi, Associate Professor, KSOM, KIIT University

<sup>4</sup> Dr. Sucheta Priyabadini, Director, KSAC, KIIT University

seeking behaviour at the community level might have backed by cultural practice, belief system, and customary trend. However; inaccessibility and interior location aloof cause for which tribal health has been constantly affected and becoming worst kind of situation that other areas. In other way it is also affecting development process of the state as well as country.

The term 'health' is understood differently by different people developing upon the specific social, economic, cultural and political situations in which they happen to be expressed. Politically powerless would consider himself to be in a state of health so long his body permits him to perform his duties and tasks and earn minimum subsistence. Even rich men will think that in the same way though he may seek immediate medical care. Several definitions focused the individuals as responsible (or their ill-health and thus failed to bring out the nexus between diseases and the external factors which are social and political. Talcott Parsons gave a definition of health in a restricted form. According to Talcott Parsons; "health can be understood as the optimum capacity of an individual towards the effective performance of the roles and tasks for which the person has been socialised" it is inferred that participation of an individual in social system plays vital role in terms of productivity and solidarity. This view is further correlated by the following definition: "Health may be thought of as the extent of an individual's continuing physical, emotional, mental and social ability to cope with his environment". This view shows that the individual is responsible for what he is suffering from. They go to say that if a person is suffering from diarrhoea caused by unsafe drinking water the individual is blamed for not boiling the water instead of blaming the social system which failed to provide safe drinking water owing to lack of political will.

The above concept of health is not based on any system analysis. A few of the contemporary views on health, though they reflect an attempt to consider the extraneous factors also. Ronald Fதாகberg and Joyce Lesson added sociological dimension to the concept of health. They attempt towards a clear 'conceptualization' of health by different committees and organizations on various occasions finally culminated in the formation of a widely accepted definition given by the World Health Organization. According to WHO, "health is a state of complete physical, mental, social well-being, and not merely an absence of disease (or) infirmity". Though this definition underlines the social dimension of health, it has not taken into account the existing gap which prevails between the people and the 'health providers' in the contemporary situation. Besides, WHO's definition is also too general and it has not specified the level which can indicate 'complete' physical, mental, and social well-being of individuals. It varies among different social categories depending upon their social status and the political power they enjoy. In fact most of the developed countries has also given priority on typical traditional pattern of life style such as; assigned role performance, class hierarchy, diversified age groups, Gender role & conflict. They have also considered that apart from economical aspects social focus needs to be considered to address better wellbeing and make fit socially healthy. A shift from 'individual' to 'social' responsibility is expressed in the above explanation, and it is also true that every social phenomenon has a direct bearing on the health of the people. Those aspects are further validated by the definition given by the Survey and Development Committee. According to this committee, the term health indicates consistency of sickness person concerned establishes the human relationship mostly matters in respect to physical and social environment. The purpose of this is to ensure more productivity life with dignity as much as possible.

#### ***Health Culture***

The role of a community and its cultural roots do play an important role in shaping a healthy life of the society. The idea of a healthy life depends upon the fact that how an individual perceives a healthy life and more significantly the kind of access he or she has to institutions or medical institutions in particular. Hence health culture provides an useful link to understand a healthy life. Hence anthropologists tend to understand health or patterns of a healthy life through health culture. However despite several studies a very select few have been integrity and there are even lesser amount of work on tribal population's health or healthy way of life.

Tribes are living in the forest over thousands of years. They use forest resources as herbal products and psychomatic lives of treatment. This is known as traditional or indigenous health care system. In regard to this, research on traditional health care system stated that "medicinal plants, flowers, seeds, animals and other naturally available substances formed the major basis of treatment, this practice always had the semblances of mysticism, supernatural and magic often relating in magico religious rites" (Balgir,1997). Healing through faith has also formed part of the traditional health care system. For instances, the doctor priest of Soura tribe utilises several herbs and roots along with their magic-religious practices in Odisha. Health hazards and related issues of the tribal's is an interesting amalgamation of various social, cultural, educational and economic practices. Hence, it becomes inevitable to study the health culture of tribal communities as it opens up several dimensions and possibilities to study their life practice already concerning health.

Treatments of disease have also been closely associated with common beliefs, traditions, culture, values and practice. Health belief and ideas of the tribal are also greatly influenced by the folklore, traditions and local practices. The folklore, traditions and local practice of different socio-cultural systems of tribes also positively influence the health practice which could ensure the alternative methods for appropriate health and sanitary practices within standardised health care system. Interestingly the study said that health culture and practice of a community does not change easily with changes in the access to vary health services (Balgir, 2004). Hence, the idea is to change the mind set and localise the services so that optimal use of the resources can be made.

#### **Health and Nutritional Status of Tribe**

India is the country where tribal community spread across all regions. Considering to climatic and physiological condition the tribal community has been step up. In Odisha, there are 62 varieties of tribes and 13 primitive tribes. The state like Odisha is rich in minerals and ample opportunity for the tribal community where they can lead their life more productively and meaningfully. While we discuss about nutritional aspects of tribal community at that time there are few areas which needs to be look into on priority. There are few areas which are very essential to address in case of addressing better health nutrition of tribal community these are like drinking water, sanitary condition, availability of nutrient foods and better health services. In fact, the situation is very precarious to address proper health and nutrition of the tribal community. The problems like maternal and child health, unhygienic sanitary conditions and poor health services are the prominent causes behind malnourishment and poor health conditions. However; socio-economic factors also plays an important role to curb the issues.

#### **Reproductive Health**

After India's independence several central and state institutions were established in different parts of the country to cater the needs of the rural masses and indigenous sections of the society. Despite their relevance several male officers were posted in these offices on short term basis, usually for a period of two to three years. As the tribal areas were cut off from the mainland and no access to modern amenities of life, these officers were in a sense forced to not bring in their families with them to those hinterlands. During these years some of these officers had illicit relations with some of the tribal women. They also had bigamy relation with tribal women. This did not cost much and the relationship provided a solution to these officer's sexual needs and loneliness. After spending two-three years time in these areas the officers directly left these areas leaving with their tribal wives and kids in a precarious situation. This undesired and unwanted practice never came into the limelight and was deliberately kept in the dark. These practice furthered the practice of land grabbing by the mafia in the tribal areas where exploitation of tribal women both in terms of mental and physical, extortion and loot of forest resources by non tribal tenders. Moreover, this has led the spread of certain unknown diseases among the indigenous people.

Despite the richness in minerals, forest and water resources the non-availability of basic educational and health services for the potential of these areas to further connect with the costal or urban areas. To make matters worse, lack of drinking water supply, electricity and infrastructure takes the tribal people away from the mainstream and creates a vacuum. Without adequate means of livelihood the tribal has to migrate in search of work, education and better life. During this process, sometimes they leave family in their respective village which they never wanted in reality. They find it hard to love in city and this sometimes leads problem there to all sorts of things including crime etc. Hence, the development approach should be desired in such a way that it is all inclusive and centers to every sections of the society. It must ensure that the fruits of growth and prosperity are evenly distributed and sustainable so that no citizen is left behind and everybody is counted. Sometimes in the name of growth, development and prosperity we tend to target the tribals, the down trodden and weaker sections of the society. Sometimes it is observed that the development process has displaced sizable sections of tribal people from their natural habitat. This has further pushed them into the vicious cycle of poverty, hunger and malnutrition. The reason even after 70 years of our independence the tribal health is in shameless, high rate of infant & maternal mortality rate, low life expectancy among the tribal. Interestingly the delivery was conducted by the mother herself in a halt squatting position holding a rope tied to the roof of the house. The unhygienic menstrual practices sometimes fasten the pace of natural and child death. The post-delivery child care is critical but that is lacking in these tribal communities.

#### **Strategies to Improve Health Care in Tribal Areas**

There are few selected strategies have been developed to work on and effective implementation of the programmes accordingly.

- Ensuring availability of adequate infrastructure and personnel.
- Area specific RCH programmes addressing to vulnerable groups.
- Effective implementation of the health and family welfare programmes where community participation needs to be ensured to address core health issues at the ground level.
- Close monitoring, early detection of problems in implementation and midcourse correction.

### Way Forward

In respect to quality of life, the research based findings stated that “community health care is one the most important of all human endeavour to improve the quality of life especially of the tribal people” (Balgir, 1997, 2000, 2005). It also stated that certain conditions for individual and groups is to be reflected for well being, conducive environment and sound physical growth of an individual and groups as a whole. Similarly, many medical scientist said “human being can no longer be treated as an anatomical and physio logical entity and that man’s individuality should be understood in terms of perceptions, culture and belief system” (Balgir, 2000). Followed by modern science has contributed significantly to health sector through influence of western medicines, still traditional pattern of health care system has also significant relations in larger perspectives. Concerning to availability, accessibility and affordability of health facilities the majority of tribal community and other rural area people have been familiar with indigenous practice of health care system and healing process. It will be more effective of region specific traditional medico opportunity could address along with modern allopathic treatment. It is the way through which people can access better health care facilities as and when required according to the need and priority as concerned. In this regards it can be stated that health care facilities should be provided according to the need of people and proactive role of allied institutions is highly required. In relation to this; “they must want and be prepared to do their share and to cooperate fully in whatever the health programmes ancommunity develop” (Balgir, 2000). However the problems like hunger, malnutrition, food scarcity still plays dominnat role in modern era across the country while we discuss about tribal population’s health care. Looking into health care of poor tribal and rural people, balanced nutrition to all citizens is highly sensitive part to improve the conditions for ensuring quality of life where government should play proactive role. It is also argued that “sufficient knowledge about the culture, environment, natural and human resources, skill endowments and the belief system of a set of people” (Balgir et al, 2002, 2005). Therefore it is inferred that the appropriate method is suited to study on behaviour and environmental impact are another gray areas for conducting study. The core aspects of health system of tribal community can be conceptualised by using certain specified tools and techniques.

- Improvement of health care infrastructure.
- Developing a flawless referral system.
- Provide diagnostic facilities for genetic defects.
- Follow up of anaemia and other severe patients.
- Carry out population genetic survey programmes.
- Health education.
- Genetic counselling.
- Marriage counselling.

### Concluding Remarks

It is necessary to continue with primary health care educational activities, national health and tribal health programmes and other measures of providing proper nutrition and counselling and with the help from experts from multi-disciplinary fields, the health status of the tribal population can be improved. From the above discussion it is to be suggested that better maternal and child health could improve nutritional status. In addition to this, social cultural understandings also plays vital role to address the issues of tribal health. Even though availability of natural fruits with high nutrient value in their surroundings they should consume as and when required. In present scenario a new dimension has been seen like all good qualities of fruits are channelized to the open market for getting money. Substantial health supports at the local institution level could change the scenario of tribal health. Still adequate counselling in terms of food habit and health care & attention could change dynamics of tribal health. However; socio-cultural health behaviour and health tourism are the new areas of study to explore ground level situation along with alternative models of health services can be explored.

### **Reference:**

- Balgir, R.S. (1989): “Ethnic and regional variations in the red cell glucose-6-phosphate ehydrogenase deficiency in India”, *Indian J Hemat*, Vol. 7: pp. 101-109.
- (1996a): “The prevalen e of sickle cell hemoglobinopathy in India”, in T. Madhava Menon, C. ivathanu, KP. Prasanth, M. Sasikumar and P.R.G. Mathur (eds.), *Encyclopedia of Dravidian Tribes*, Trivandrum: The Interna-tional School of Dravi an Linguistics, pp. 21-29.
- (2000a): “Human genetis, health and tribal development in Orissa”, in P. Dash Sharma (ed.), *Environment, Health and Development: An Anthro-po-logical Perspective*, Ranchi: S.C. Roy Institute of Anthropological Studies, pp. 87-104.
- (2004a): “Dimensions of rural tribal health, nutritional status of Kondh tribe and tribal welfare in Orissa: A biotechnological approach”, Proceedings of the UGC Sponsored National Conference on ‘Human Health and Nutrition: A Biotechnological Approach’ (Lead Lecture), 12-13th December, Thane, pp.47-57.

- (2004c): “Medical genetics in Orissa: An urgency in health and disease”, Proceedings of the 8th Orissa Bigyan Congress on ‘Science for Sustenance’ held during 11-12th December, Bhubaneswar, pp. 20-23.
- (2005a): “Biomedical anthropology in contemporary tribal society of India”, in Deepak Kumar Behera and Georg Pfeffer (eds.), *Contemporary Society: Tribal Studies*, Vol. 6, *Tribal Situation in India*, New Delhi: Concept Publishing Company, pp. 292- 301.
- **Website**
- <https://www.clearias.com/major-tribes-in-india/> , accessed on 11<sup>th</sup> May 2018.
- <http://open.lib.umn.edu/socialproblems/chapter/13-1-sociological-perspectives-on-health-and-health-care/>, retrieved on 2<sup>nd</sup> May 2018.
- <http://www.who.int/about/mission/en/>, accessed on 3<sup>rd</sup> May 2018

