# REPRODUCTIVE HEALTH OF INDO-TRIBAL WOMEN : AN EMPRICAL ANALYSIS

Dr. KM Ashifa
Asst. Professor in Social Work
Faculty of Health Science
Istanbul Gelisim University- Turkey

**Abstract**

*Reproductive health is an essential component of general well-being and acts as a necessary condition for individual, financial, and societal progress. As stated by the Office of the United Nations High Commissioner for Human Rights (OHCHR, 2014), guaranteeing the highest level of health is not only considered a basic right of every person, but also has major socio-economic significance. The major drivers of societal advancement and development are human vitality and innovation. Reproductive health is highly significant since it plays a critical role in shaping human development. The field of reproductive health is crucial for meeting the healthcare needs of the population. Reproductive health refers to the comprehensive set of health needs that are unique to women at every stage of their life, such as before puberty, throughout pregnancy, and after giving birth, as well as the health needs of males. The present investigation aims to analyse the health condition of female individuals belonging to the Irular Tribe living in the Cuddalore District of Tamil Nadu. The given statement includes empirical evidence regarding the reproductive health of indigenous women, as well as their reproductive health and treatment*

.***Key words :*** *Reproductive Health; Growth and development; Sustainability; Tribal Women*

## Background of the Study

As per the Government of India (2013), the tribal population of India, at 84.3 million inhabitants, exceeded that of any other country worldwide.Women in the tribal regions of India abstained from participating in customary vocational activities. The persons in issue typically adopted the attitudes, superstitions, and child-rearing methods of their culture. The importance of hygiene, sanitation, environmental factors, nutrition, and social efforts in improving the overall well-being of the community has not been enough emphasised (Narain, 2019). The characteristics that affected the general health status of the indigenous community also had an impact on tribal women (Contractor, Das, Dasgupta, & Belle, 2018). The

worsening of the problem arises from the lack of health and medical infrastructure, as well as the absence of established institutions. This situation is made worse by the inability to provide tribes who want access to modern healthcare treatments with the necessary facilities (Subramanian, Smith, & Subramanyam, 2006). Multiple factors contributed to the less than ideal health results reported in indigenous groups, especially those living in indoor environments.. The overall health state of a population can be assessed by examining its reproductive health. The reproductive role of women, encompassing conception, birth, lactation, and child-rearing, has positioned them as central figures in the domain of reproductive health for the general population (Centre for Disease Control and Prevention, 2020). Moreover, women played a pivotal role in various economic and social activities within tribal societies, which encompassed customary associations with elements that influenced reproductive well-being.

Reproductive health is a fundamental aspect of overall health and serves as a prerequisite for personal, economic, and societal advancement. According to the Office of the High Commissioner for Human Rights (OHCHR, 2014), ensuring the utmost degree of health is not only considered a fundamental entitlement of every individual, but it also holds significant socio-economic importance. This is due to the fact that human vitality and innovation are the key catalysts for driving growth in society. Individuals who are unwell and fatigued are unable to generate the necessary levels of energy and inventiveness. Consequently, the establishment of a healthy and engaged populace becomes a prerequisite for fostering social and economic progress. The concept of reproductive health encompasses the level of autonomy and agency exercised by individuals, particularly women, in making decisions about their reproductive choices, as well as the influence of socio-political dynamics within tribal communities. The current study aimed to investigate the reproductive health of tribal women in India. This study primarily focuses on the women belonging to the Irula Tribal community in Tamil Nadu.

The literature review is an essential component of academic research that involves a comprehensive examination and analysis of existing scholarly works and publications related to a specific topic or research question. It serves

The significance of health in all sectors of national development cannot be overstated. The interconnectedness of a woman's wellbeing extends to several aspects of her life and has implications for the wellbeing of subsequent generations (World Health Organization, 2009).

The significance of health in various sectors of national development cannot be overstated. The interconnectedness of a woman's wellness extends to several aspects of her life and has implications for the wellbeing of future generations (World Health Organization, 2009). According to Chaudhuri (1994), the prevalence of the disease exhibited the lowest rates in forested regions, while the highest rates were observed in industrialized areas. The health of tribal women was shown to be significantly associated with their occupation. It is well recognized and accepted that women in tribal societies have made a more substantial contribution to economic prosperity compared to men. Nevertheless, it is crucial to underscore that the tribal women exhibited similarities to women in general, as they possessed comparable desires, affections, and anxieties. They shared an equal fondness for their households, spouses, and offspring. Indigenous or tribal populations have elevated rates of infant mortality, diminished life expectancy, and a higher prevalence of chronic illnesses compared to non-indigenous populations within their respective nations. There is a contention that indigenous populations are situated among the most economically disadvantaged segments of society. According to the World Health Organization (2005), individuals in question experienced severe instances of discrimination and endured a profoundly distressing existence. According to Suman (2012), reproductive health care is a comprehensive health program for women that encompasses both antenatal care for women and postnatal care for children. In a study conducted by Reddy (2001), it was shown that consanguineous couples exhibited various reproductive outcomes, including low fertility rates, live births with reduced fertility, high rates of perinatal mortality, and an increased prevalence of genetic disorders. The occurrence of congenital abnormalities was exclusively observed within consanguineous couples. Within the context of consanguineous unions, there exists a notable elevation in the occurrence of diseases, as well as heightened rates of prenatal and postnatal mortality and morbidity. These outcomes can be attributed to the amplified levels of homozygosity and the subsequent augmented susceptibility to hereditary ailments.

**Methodology**

The Government of Tamil Nadu has classified the Toda, Kota, Kurumbas, Irular, Paniyan, and Kattunayakan tribes as Particularly Vulnerable Tribal Groups (PTGS) due to the declining or stagnant population sizes of these communities. These tribes are among the 36 Tribal communities in Tamil Nadu. The dispersed tribes, as referred to by the Government of Tamil Nadu (2013-14, p.37), are the other tribes that are distributed around the state. The

current research focuses on examining the health status of women who are affiliated with the Irular Tribe in the Cuddalore District of Tamil Nadu. According to the Census of India 2011, the Irular Tribal population of Cuddalore District was recorded to be 11,773 individuals, distributed among six taluks. According to the census data, it was observed that the largest concentration of the Irular Tribal community was found exclusively in Chidambaram taluk, totaling 3,475 individuals, with 1,775 males and 1,700 females. The research conducted in this study is both descriptive and analytical in nature. The analysis incorporates a combination of primary and secondary data sources. Secondary data are typically obtained from sources such as books, journals, periodicals, and census records, while primary data are gathered through direct field study. Data from the respondents was collected using a meticulously designed and pre-validated interview schedule. This study focuses on examining the reproductive health status of women who are members of the Irular Tribe.

**Result and Discussion**

The research was done among the Irula tribal women residing in the Cuddalore area of Tamil Nadu. Demographic and socio-economic factors played a crucial role in determining health outcomes.The study revealed that 58.2% of individuals within the age range of 31-40 years fell into this category, with 48.4% of them having entered into marriage between the ages of 16 and 20. A total of 59.3% of the participants in the study reported being married, while 52.7% of the participants said that they belonged to a nuclear family structure. Approximately 46.3% of the population have a secondary level of education. According to the data presented in the table, it was observed that 52.6% of the participants' households consisted of 4-6 individuals. In relation to the respondents' income, it is observed that 56.9% of the participants fall within the annual income bracket of $10,000 to $20,000. The data indicates that 33.4% of tribal women engaged in daily wage labor, while 38.8% were involved in farming activities on either their own property or land acquired through leasing. According to the perspective of 42.4% of the respondents, spouses possess primary decision-making authority, whereas engagement in community activities was infrequent according to 56.3% of the participants' viewpoint. The age of menarche varies due to the interplay of multiple factors, including biology, diet, and socio-economic position, which exert an influence on this physiological event (Stover, Hardee, Ganatra, Moreno, & Horton, 2016).

The findings indicate that a significant proportion (56.25%) of the participants experienced menarche between the ages of 13 and 14, while a slightly less percentage

(40.75%) reported experiencing menarche between the ages of 12 and 13. The findings indicate that 47% of the participants reported being restricted to specific locations after experiencing menarche, while 45.5% stated that they were prohibited from accompanying male family members and relatives. In relation to the challenges faced during the menstruation cycle, 77.25% experienced feelings of tension and irritation, while 65.74% reported discomfort during this period. A significant proportion (74.5%) of the participants reported experiencing physical pain, such as stomach ache, back ache, and muscle cramps. A significant proportion of women, specifically 56.75%, reported experiencing fatigue, while a higher percentage, specifically 73.45%, reported experiencing mood swings in relation to their menstrual cycle. Based on the results, it is apparent that a significant proportion (87.54%) of the participants were prohibited from engaging in outdoor activities during their menstrual cycle. Additionally, a considerable percentage (73.56%) of respondents reported being permitted to partake in religious practices. The study further indicated that a significant majority (58.35%) of participants were prohibited from engaging in household chores and were even restricted from accessing the main areas of the residence. The findings of the survey indicate that a majority of the respondents, specifically 80.8 percent, said that their initial pregnancy occurred between the ages of 16 and 25. A majority of the participants (72.5%) experienced normal delivery, with a significant proportion (44.6%) opting for hospital facilities. A total of 53.5% of tribal mothers opted to provide their own breast milk as the initial source of nourishment for their newborn infants. The research indicates that a majority of parents (58.3%) choose to provide immunization for their children, while 34.1% of parents opt not to do so. Based on the findings, it was determined that a significant proportion of Irula tribal women, specifically 78.3%, possessed knowledge regarding the concept of menopause. Furthermore, it was observed that a considerable percentage of these women, specifically 59.7%, exhibited a proactive approach towards seeking medical assistance in instances pertaining to reproductive health, albeit in rare occurrences.

## Conclusion

Reproductive health encompasses more than the mere absence of reproductive diseases or illnesses; it encompasses a comprehensive condition of physical, mental, and social well-being. The field of reproductive health encompasses the study of reproductive systems, roles, and structures across all phases of life. This study signifies a significant

progression in comprehending the reproductive health condition of Irula tribal women residing in the Caddalore Tamil Nadu area. This study provides empirical evidence regarding the reproductive health of women belonging to tribal communities, as well as insights into reproductive health and its associated treatments. There is a need for the expansion of access to services and initiatives pertaining to reproductive health for women belonging to tribal communities. Efforts aimed at enhancing access to health and reproductive health services for marginalized and vulnerable groups should prioritize a comprehensive understanding of the behaviors and requirements of the key stakeholders involved. Efforts to promote access should prioritize the improvement of public sector programs and the establishment or reinforcement of community-based health and referral networks. It was observed that tribal families exhibited a greater inclination towards seeking government-sponsored healthcare services. Therefore, the primary health center located in the tribal territory holds utmost importance. Hence, it is suggested that enhancements be made to primary health centers (PHCs) situated in distant tribal communities, with the aim of ensuring equitable access to quality healthcare services. This would involve empowering these PHCs through improved procurement practices and leveraging the involvement of the private sector, similar to their more affluent counterparts. This facilitates the attainment of the objective of "universal health coverage." In order to promote awareness and effectiveness in the realm of reproductive rights and reproductive health, it is imperative to engage in advocacy efforts that employ effective tactics of knowledge dissemination, education, and communication. It is advisable for the government to designate social workers as field officers to evaluate and monitor the execution of programs in tribal communities, while also receiving technical training to address environmental issues faced by individuals in vulnerable situations. This approach guarantees the effectiveness and adaptability of the curriculum in accordance with cultural norms.

**References**


[1] Ashifa K.M. & Ramya.P (2019 ).Health Afflictions and Quality of Work Life among Women Working in Fireworks Industry. I*nternational Journal of Engineering and Advanced Technology* ,8 (6S3), 1723-1725. DOI. 10.35940/ijeat.F1323.0 986S319.

[2] Ashifa K.M.(2019). Psychosocial Support Assessment among Women Police Force in India. *International Journal of Psychosocial Rehabilitation*, 23(3), 811-820. DOI : 10.37200/IJPR/V23I3/PR190369.

[3] Centre for Disease Control and Prevention. (2020). *Women's Reproductive Health*. Retrieved from www.cdc.gov: https://www.cdc.gov/reproductivehealth/womensrh/index.htm

[4] Chaudhuri, B. (1994). Social and environmental dimensions of Tribal health. In S. Basu, *Tribal health in India* (pp. 70-83). New Delhi: Manak.

[5] Contractor, S. Q., Das, A., Dasgupta, J., & Belle, S. V. (2018). Beyond the template: the needs of tribal women and their experiences with maternity services in Odisha, India. *International Journal of Equity and Health, 17*, 134.

[6] GOI. (2013). *Statistical Profile of Scheduled Tribes in India 2013.* Retrieved from www.tribal.nic.in : https://tribal.nic.in/ST/StatisticalProfileofSTs2013.pdf

[7] Narain, J. P. (2019). Health of tribal populations in India: How long can we afford to neglect? *Indian Journal of Medical Research, 149*(3), 313-316.

[8] OHCHR. (2014). *Reproductive Rights are Human Rights: A Handbook For National Human Rights Institutions.* Retrieved from www.ochchr.org: https://www.ohchr.org/Documents/Publications/nhrihandbook.pdf

[9] Ramya & Ashifa K.M. Ramya P.(2020).A Study on Stress Management among Sales Women in Textile Industry . International Journal of Advanced Science and Technology 29( 6S)0, http://sersc.org/journals/index.php/IJAST/article/view/110 77 ).

[10] Reddy, K. K. (2001). Consanguinity and Reproductive Health Among Kurichias: A Tribal Population of Kerala. *Journla of Human Ecology, 12*(1), 57-61.

[11] Stover, J., Hardee, K., Ganatra, B., Moreno, C. G., & Horton, S. (2016). Interventions to Improve Reproductive Health. In R. Black, R. Laxminarayan, & M. Temmerman, *Reproductive, Maternal, Newborn, and Child Health: Disease Control Priorities.* Washington DC: The World Bank.

[12] Subramanian, S. V., Smith, G. D., & Subramanyam, M. (2006). Indigenous Health and Socioeconomic Status in India. *Plos Medicine*, https://doi.org/10.1371/journal.pmed.0030421.

[13] Suman, S. A. (2012). Correlates of Antenatal and Postnatal Care among Tribal Women in India. *Studies on Ethno Medicine, 6*(1), 55-62.

[14] WHO. (2005). *The Health of Indigenous Peoples.* Retrieved from www.who.int:https://www.who.int/gender-equity-rights/knowledge/factsheet-indigenous-healthn-nov2007-eng.pdf?ua=1

[15] WHO. (2009). *Milestones in Health Promotion Statements from Global Conferences.* Retrieved from www.who.int: https://www.who.int/healthpromotion/Milestones_Health_Promotion_05022010.pdf?ua

[16] WHO. (2009). *Women and Helath : Today's Evidence Tomorrow's Agenda.* Retrieved from www.who.int: https://www.who.int/gender/ women_health_report/full _report 20091104_en.pdf