

Review
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Awareness and Significance of Health, Sexual Diseases, Genetic Disorders and Dietetic Issues among Tribal Women of India

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ABSTRACT [ENGLISH/ANGLAIS]

India is the second largest concentration of tribal population in the World. Indian tribes constitute around 8.3 percent of nation's total population. There are 635 tribes located in India. Present, health is a prerequisite for human development and is an essential component for the well being of the mankind. India is characterized by the presence of a large number of endogamous castes, tribes and religious communities with several types of marriage practices and the age at which the girl gets married will depend on social values. Tribal people are known to have sexual practices that differ from those of mainstream cultures and a high prevalence of HIV and AIDS have been reported. Lack of data is a constraint when it comes to tracking the health indicators of the tribal population. Tribal communities in general and primitive groups in particular are highly disease prone. Maternal malnutrition which is quite common among the tribal women is also a serious problem, especially for those having quite a few pregnancies too closely spaced, and reflected the complex socio-economic factors that affects their overall situation. Hence, there is an urgency of comprehensive health research among the tribal populations of India.

Keywords: Tribal women, health, nutrition, genetic disorder, HIV and AIDS

RÉSUMÉ [FRANÇAIS/FRENCH]

L'Inde est le deuxième plus forte concentration de la population tribale dans le monde. Tribus indiennes constituent environ 8,3 pour cent de la population totale nationale. Il ya 635 tribus situées en Inde. Présent, la santé est une condition préalable au développement humain et est une composante essentielle pour le bien être de l'humanité. L'Inde est caractérisé par la présence d'un grand nombre de castes endogames, les tribus et les communautés religieuses avec plusieurs types de pratiques du mariage et l'âge à laquelle la jeune fille se marie va dépendait des valeurs sociales. Les populations tribales sont connues pour avoir des pratiques sexuelles qui diffèrent de celles des cultures dominantes et une forte prévalence du VIH et du sida ont été signalés. Le manque de données est une contrainte quand il s'agit de suivre les indicateurs de santé de la population tribale. Les communautés tribales dans les groupes généraux et primitifs, en particulier la maladie sont très enclins. La malnutrition maternelle, qui est assez fréquent chez les femmes des tribus est également un sérieux problème, surtout pour ceux ayant un bon grossesses peu trop rapprochées, et reflète la complexité des facteurs socio-économiques qui affectent leur situation globale. Par conséquent, il ya une urgence de la recherche en santé globale parmi les populations tribales de l'Inde.

Mots-clés: Les femmes tribales, la santé, la nutrition, maladie génétique, le VIH et le SIDA

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INTRODUCTION

India is the second largest concentration of tribal population in the World. Indian tribes constitute around 8.3 percent of nation's total population, constituting nearly 84.3 million according to census 2001. The term "indigenous" has prevailed as a generic term for many years. In some countries, there may be preference for

other terms including tribes, first people, aboriginals, ethnic groups, adivasi, janajati etc. [1]. There are 635 tribes in India located in five major tribal belts across the country and were inhabiting in hilly and plain forest regions [2]. Among these tribal groups, 74 tribes have been identified as primitive tribes for their small size of community, pre-agricultural stage of economy, high

extent of isolation, low level literacy [3]. There are a number of studies on the tribes, their culture and the impact of acculturation on the tribal society. There have also been studies on the status of women relating to their socio-cultural problems, their economic rights, their participation in management, their access to employment, food, health, etc. Considering the above aspects the present review has carried out to highlight the significance of health and dietetic problems among the tribal women.

Health is a prerequisite for human development and is an essential component for the well-being of the humankind. The health problems of any communities are influenced by interaction of various socio economic and political factors. There is a consensus agreement that the health status of the tribal population is very poor and worst among the primitive tribes because of their isolation, remoteness and being largely affected by the developmental processes going on in the country.

TRIBAL WOMEN AND CAUSATIVE HEALTH ISSUES

The status of women in a society is a significant reflection of the level of social justice in society. Women's status is often described in terms of their level of income, employment, education, health and fertility as well as the roles they play within the family and society [5]. However, after a comparative analysis of the various indicators like political organization, religion, ritual practices among the different tribes in India, it has been observed that the status of tribal women is comparatively lower than that of tribal men. Moreover, the condition of tribal women has gone from bad to worse as a result of the impact of social change which has affected the social structure of tribal society [6].

MARRIAGE PRACTICES

India is characterized by the presence of a large number of endogamous castes, tribes and religious communities with several types of marriage practices. The pattern of marriages in India is largely governed by three important regulations, namely endogamy, marrying within the group of birth, exogamy, marrying out from the group and consanguineous marriage. The regulation of consanguineous marriages does not permit marriages between two individual related though a common male ancestor up to the seventh generation on the father's side. On the other hand, there is a greater incidence of

consanguineous marriages especially among the population of the southern states and various tribal communities [7].

In many tribal communities, cross-cousin marriages were preferred and practiced and has proved to be beneficial to the females in terms of care and treatment at husband's place. It also avoided high bride price/dowry and maintained the property of the household. Consanguineous marriages may, however, result in an increased probability of abortions, miscarriage, still births, neo-natal deaths, infant and juvenile deaths, physical and mental imperfection.

AGE OF MARRIAGE

The age at which the girl gets married depended on social values generally after puberty. Among the tribal's, virginity was not very much valued. Since many of the tribal societies were negligent towards pre-marital sex relations which were considered as training in the art of love and sex life and often ended in marriage [8]. According to census 1971 at the national level, the age at marriage for tribal women was higher than that of the rural women in general. The mean age at marriage of the tribal females in Assam, Gujarat, Himachal Pradesh, Kerala, Manipur, Meghalaya, Nagaland, Andaman and Nicobar Islands and Arunachal Pradesh was more than 18 years. On the other hand, it was less than 15 years in Rajasthan and Uttar Pradesh.

In the North-Eastern region, the age at marriage was found to be relatively high whereas it was relatively low in the central region because of the influence of Hindu culture [9]. It was further observed from research investigations that the frequency of abortions, miscarriages, and still-births were found to be much higher in young mothers below the age of 19 years. The major life threatening complications for young mothers are pregnancy induced high blood pressure, anemia and difficulty in delivery due to disproportion between the pelvic size and the head size of the baby.

SEXUALLY TRANSMITTED INFECTIONS (STI)

Several causes of vulnerability to sexually transmitted infections (STI's) are reported during the social assessment and in other studies. The youth are more susceptible to STI due to lack awareness of safe sex practices. According to the opinion from the health providers in Chhattisgarh, the tribals on their own never catch STI, it is only when the outsiders such as contractors

visit their areas and they leave behind such problems. In Andhra Pradesh, Government officials and NGO workers revealed that the tribal girls participating in fairs and dances are made easy prey to commercial sex by the tourists with the help of local brokers.

In India there are a number of ethnic groups in which sex work has a special traditional cultural status. In these groups some young girls are designated to take on the permanent status of unmarried and to engage in forms of entertainment including the provision of sexual services [10]. Infections of the female genital tract were numerous and widespread which constituted a large part of grade morbidity among women. These infections are closely related to inappropriate care or poor hygiene in connection with child birth abortion or menstruation. These infections were often untreated as they are difficult to diagnose and would even further lead to infertility. The presence of small number of sexually transmitted infections was also reported from Andamanese, tribal groups of Madhya Pradesh, Rajasthan and Mysore. Further exploratory studies are required to this effect, based on which measures can be initiated to create awareness.

HUMAN IMMUNE VIRUS (HIV) AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Tribal people are known to have sexual practices that vary from those of mainstream cultures. Less or nothing is known about the prevalence of HIV and AIDS among tribal people in India, except perhaps in some of the tribal states of the North-East of India as these have high prevalence of drug use. HIV and AIDS has become the fourth largest killer worldwide, and in Asian counter part which is scattering at an alarming rate.

Several causes for the vulnerability of tribal to HIV and AIDS have been reported in numerous studies. It is found that in the prevalent institution of bride price if the boys from the communities are unable to pay the bride price, then girls are offered in marriage to non-tribal like truckers, contractors or forest contractors [11]. While the unsuspecting tribal considered this union as marriage, those marrying the girls considered this as entertaining and often left the girl after the sexual union. As regards the extramarital relationships is widely practiced by men especially when women are pregnant or nursing and during period of travel for work. The data indicates that tribal women are particularly vulnerable to these

incidences since they get married and commence sexual activity at an early age.

Few NGOs, academicians and private practitioner mentioned that vulnerability of youngsters increases because of lack of information on safe sex. It was also found that tribal people got greatly influenced by outsiders. This kind of interaction happens during fairs and also as a result of exploring employment opportunities due to acute poverty. To some extent these kinds of interactions have formed space for HIV and AIDS vulnerability among tribal youth.

The tribal population in the country is high and their sheer number makes it essential for the government to bring them in the fold of the national programme. To enable these initiatives, it is essential to understand the behavioral practices that drive the vulnerability and risk among the tribal people. This would help guiding evidence based design of HIV and AIDS prevention, diagnosis, treatment and care programmes oriented towards tribal group.

GENETIC DISORDERS

Genetic disorders namely sickle cell anemia and Glucose-6-Phosphate enzyme deficiency (G-6-PD) are most common among the tribal community. Sickle cell anemia are found to occur in rather high frequencies in tribes, both male and female are equally affected in the populations whereas males are more affected than females in G-6-PD deficiency cases. Both these genetic disorders had profound health implications in terms of morbidity for the affected person. Sickle cell disease in valued a shortened life span of the red cell leading to severe and often fatal anemia. The sickle cell disease was found in 72 district of Central, Western and Southern India. There are more than 35 tribal population groups showing a frequency of more than 19 percent, it was estimated that approximately a staggering 5 million individuals are carriers (heterozygotes) among the tribals [12]. Prevalence rate up to 40 percent of heterozygous form (sickle cell trait) was reported in some tribes i.e. Adiyar of Kerala, Irula, Paniyan, Mulukurumbha of Nilgiri hills and Gonds of Rajpur [13].

G-6-PD is an important enzyme of the red blood cell and its deficiency are inherited as an X-linked recessive trait. Males are strongly affected but expression in females varied greatly. This enzyme deficiency caused frequent hemolytic episodes by intake of commonly used drugs such as anti-malarials, anti-biotics, analgesics etc, About

13 lakhs G-6-PD deficient's are present in tribal population [12]. The prevalence was especially high among the tribes of Madhya Pradesh, Maharashtra, Tamil Nadu, Orissa and Assam states.

WOMEN'S HEALTH AND FOREST ECOLOGY

The forest based tribal economy in most parts of the world is women-centered [14, 15]. Women made provisions for the basic necessities like food, fuel, medicine, housing material etc. from the forest products. Food was obtained from shifting cultivation and from minor forest produces (MFP) like flowers and fruits collected from the forest. Extraction from herbs, roots and animals are used for medicine. All these efforts incurred an excessive workload on women. In a study at Meghalaya, [16] it was calculated that the ratio of male and female investment in labor shifting cultivation days per year. The contribution of women was more in almost all activities.

A study on the Kondhs [17] revealed that women put in an average of 14 working hours per day as compared to 9 hours put in by men. Given this additional workload, even women in advanced stages of pregnancy are required to work in the agricultural fields or walk massive distances to collect fuel and minor forest produce. Studies in this connection have shown that tribals in general are undernourished. A study had shown that over 55 percent of Kondhs consumed less than 2000 calories per day [18] and most of them as little as 1700 calories [19] compared to the ICMR stipulated requirement of 2400 calories.

To add to the malnutrition and additional workload, there was the destruction of traditional herbs through deforestation and the lack of access of the tribals to modern medicine. This, combined with the increasing ecological imbalance, resulted in diseases such as tuberculosis, stomach disorders and malaria [14].

OTHER CAUSATIVE FACTORS

The tribal populations in India face considerable disparity as compared to urban populations in terms of health facilities, education and economic pursuits. Naidu and Rao [20] reported low BMI values among lowest monthly per capita income group as compared to those having better occupations.

Lack of data is a constraint when it comes to tracking the health indicators of the tribal population. Tribal communities in general and primitive tribal groups in particular are highly disease prone. Also they do not have required access to basic health facilities. They are most

exploited, neglected, and highly vulnerable to diseases with high degree of malnutrition, morbidity and mortality [21]. The chief causes of high maternal mortality rate are found to be poor nutritional status, low hemoglobin (anemia), unhygienic and primitive practices for parturition. Some of the preventable diseases such as tuberculosis, malaria, gastroenteritis, filariasis, measles, tetanus, whooping cough, skin diseases (scabies), etc. are also high among the tribals.

Health care in India has been neglected because of insufficient aids by the government. The central government has vowed to increase the aid on health of gross domestic product (GDP) and has unveiled a National Rural Health Mission. If this dream comes true, villages would have 24-hour health care services provided by paramedics.

NUTRITIONAL STATUS AND WOMEN HEALTH

The health and nutrition problems of the vast tribal population of India are as varied as the tribal groups themselves who presented a bewildering diversity and variety in their socio-economic, socio-cultural and ecological settings. Good nutrition is a requirement throughout life and was vital to women in terms of their health and work. Nutritional anemia was a major problem for women in India and it's 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 anemic [22].

Anemia lowered resistance to fatigue, affected working capacity under conditions of stress and increased susceptibility to other diseases. 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.

Scanning through available data, it was observed that among most of the tribal groups the staple diet was rice or minor millets except few groups in who consumed wheat [7]. Birds, fish and other meat products are also consumed by the tribals occasionally. 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.

Surveys on the nutritional deficiencies [23] among the tribals reported a high incidence of goitre, angular stomatitis among the Mompas of Assam and Vitamin A

deficiency among the Onges. A high incidence of malnutrition was observed [24, 25, 26] in some primitive tribal groups in Orissa Rajasthan and Gujarat [27]. Studies of tribal communities in Orissa conducted by Ali [28] found that an ecological imbalance caused by rapid deforestation had resulted not only in depleting food resources, but in prolonged droughts adding to starvation. Pulses, milk, and milk products and other animal foods which are the sources of protein were lacking in their diets.

Consumption of calcium in the form of tapioca and fish was noticed to be highest in normal women whereas it was poorest in the lactating women. A similar deficit of calcium in the diets of pregnant and lactating tribal women of Western and Central India was reported by Gopalan[29]. The morbidity status of the tribal women revealed the prevalence of pyrexia, respiratory complaints, gastro-intestinal diseases and rheumatic diseases. In the adult women gynecological complaints and deficiency diseases are commonly observed. The nutritional status of pregnant women directly influenced their reproductive performance. Nutrition also affected location and breast feeding which are key elements in the health of infants and young children which are contributory factor in birth spacing.

CONCLUSION

There is a severe burden of communicable, noncommunicable and silent killer genetic diseases common in tribal communities. Quite a few of the infectious and parasitic diseases can be barred with timely intervention, health awareness, and information, education and communication (IEC) skilled activities. Unless locality specific, tribe specific need based health care delivery system is evolved which is suitable, acceptable, accessible, and affordable, the goal of health for all would remain an utopian vision. There is a lack of comprehensive health research among the tribal populations of India and necessity in need for initiating the region specific, tribe specific, action oriented health research in consonance with the felt needs of the tribal communities. The future research should be mission oriented having practical applications and directed towards improving the health status of tribal group.

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CONFLICT OF INTEREST

No conflict of interest was declared by authors.

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