Chapter 7

Findings and suggestions

It is an academic venture and purely empirical and exploratory sociological analysis based on the facts obtained through schedules, observations and intensive interviews. The interpretation of facts and data had been done as far as possible objectively, subject to the constraints of human error. However, an humble effort had been made to present the true picture ofwomen' health problem in remote and tribal areas with the hope that the analysis and findings may be used for making proper health policies and programmes to improve the Health Status of women.

7.1 Socio-Economic Profile of the Respondents

Socio economic profile provides the base for any sociological enquiry of groups, classes or communities of people. The identity of a person can be understood through their role or status in the social structure. The status of a person in social structure is decided by his or her age,sex, caste, economic condition, his or her earning capacity,and their occupational level also.

For the present study to assess the health problems of rural and tribal women of Ernakulam district, the researcher has analysed the components of socio-economic status such as age, marital status, caste, religion, family pattern, educational level, occupational back ground ,source of income etc. of the respondent.

After processing and analysing the data the researcher found that majority of the respondents belonged to the age of 20-50, regarding their health most of the women from this age group have the problems of backache, shoulder pain, joint pain, arthritis, anaemic, menstrual irregularities etc.

Most of the respondents are in the income group of2000-3000, The main source of income of the respondents from agricultural activities,they basically engaged in the cultivation of spices,arecanut,tapioca, etc. . They also collect various products from the forest like honey, bamboos etc. while we analyse the occupation most of them are day labours . Majority of the respondents have debt, they mostly depend on the private money lenders. They are least bothered about saving habits, spend money for celebrating festivals. Mostof them not depend banks for loans because they have no collateral security to produce. Majority of the respondents lived in thatched houses,very few of the have concrete houses. They got financial support from government's hamlet project for construction of concrete house. It is not sufficient enough to complete the houses.

Some of the respondents are lactating mothers, most of them looks very lean and have a pale face, looks so tired but they are not treated as sick they need to do all routine works, they didn't take any nutritional food. The most privileged section in the house is boys and males. In case of religious aspect all of them follows Hinduism and in case of caste all of them are scheduled tribe and they are in the category of muthuwan,Malayan, Mannan, Arayan.

The education level is not that much depressing around 45% of them have an education up to SSLC and the highly educated number of women was very low. But the new generation was coming forward in this field and it was found that nearly all the daughters of the family were being sent to school. Regarding health matters, education does not play a significant role as the study reveals that even less or uneducated women were also health conscious if they were from the better economic class.

They lives in an over crowded area, like joint families they have very small houses,and most of them are thatched houses by using leafs and walls are maintained by

using bamboos. They do not want to move out the village because of the prevalence of joint families in this region. As far as the location of houses is concerned, it is really very sad that there are still no proper means of transport and people have to walk mile after mile on the forest &hilly areas. This is a great struggle for them.The health centres and doctor's clinics are located at distances of many kilometres and patients have to be carried on foot. In case of emergencies the patient is carried on either shoulders, Cot or Doli. These are some serious practical difficulties faced by them in case of emergency situation.

As far as the occupational status and the earning capacity is concerned, it is strange that women share the double responsibility of looking after the house and children in the morning and then they needs to moving out of house to go into the fields or go inside the forest for collecting woods for fuel, or to collect drinking water. Even caring of the cattle is also their duty. They needs to walk miles and miles along with carrying water or other this cause various health issues to them. The main source of their income is from agriculture now some of them engaged in poultry farming. Now some of them works under govt.schemes(National Rural Employment Guarantee Scheme (NREGS).others are engaged in creating handcraft using bamboos and other things. In short, it can be fairly estimated from the available data that half of the households are living in below the poverty line and another one third also live in poverty and hard economic conditions. They have land, but very small (uneconomic holdings.

7.2 Health and hygiene status of respondents

Some important aspects of behaviour related to health, such as personal hygiene, food habits, general condition of physical health, capacity and duration of working hours, attitude and awareness towards their health-care, attitude towards cleanliness during monthly periods are focused on this aspect.

These factors also have a relation with their socio cultural and environmental factors. For example the availability of water determines whether the women take bath, wash clothes. Among the respondents, it was found that daily bath is not common and mostly women bathe twice a week. Washing of hair daily is not possible. The women are not that much aware about the importance of cleanliness and hygiene.

Maintenanceof cleanliness during the periods, is a part of religious beliefs. During the time of periods the women needs to stay away from their house a separate hut is there called "MARAPURA"they need to stay there until it is over' The age old practice of washing the cloth and using it again and again is still prevalent. Only a few young girls belonging to a comparatively higher economic status, made use of sanitary Napkins. The acute shortage of water, and poverty might be responsible in the lack of hygienic measures.

One of the important factors which influence the health is the sanitation facility. Now here exist with so many awareness programme showing importance of sanitation facility, but still now there so many of them (30%) have no sanitation facility and other group having latrines without septic tank (46%), only 17% have latrines with septic tank .There mode of waste disposal is not good most of them put all kind of waste in to an open pit nearby home, some of them just throw it here and there. The atmosphere in not clean and tide and there exist great chance for spreading communicable diseases. They always face this kind of problems.

In order to meet the demand for water most of them depend public tap,this is not available to those living inside the forests. The tap facility is limited also, water availability is not guaranteed. They also depend ponds,but these areas are contaminated with various waste items,so there exist chances of spreading communicable diseases.

While we analysing the attitude of taking treatment they are very reluctant to go to the hospital, they try various herbs and traditional methods to cure it. No one is ready to take treatment at onset of disease, if we seek the reason behind it we understood the fact that they are least bothered about their health or they are not at all aware about the importance of maintaing it Most of the respondents are ready to depend on traditional health practices and they use medicines without the prescription of doctors(especially pain killers, paracetamol etc) One of the strange fact is that most of them seems to be very lean with pale face and looks very tired through interviewing we can understand they have so many health problems of joint pain ,pain in legs,back ache ,so many other problems but no one complains about it as a disease they just treat all these are part of normal health system, unless a women is bed ridden is not treated as sick.

She goes to work in the field just after a week or two weeks of delivery. They must go to fetch water from anywhere for cooking and other domestic purposes despite of their illness, because no male of the house would ever do that and they must not complain. Similarly, they must give a major share of the food to their husbands and eat the left over. The woman with severe health issues only goes to the hospital, and mostly they depend on the government hospitals and PHC's. They are not satisfied with the services of PHC's, they often complaints there is not enough medicines and other facility. Health services offered by the private sector are not affordable to them.

The food habits of the women's in this region is very casual, they mainly consume rice and certain other ground nuts and other things collected from forests .They mainly depend the public distribution system ,but most of them are not satisfied with the quality of food items supplied through this system. They commonly use bamboo rice, tapioca etc.

most of them are vegetarians; no one is interested in the cultivation of vegetables. They use vegetables, meat, and fish very rarely.

7.3 Reproductive health status of the respondents

To assess the reproductive health of women, a comprehensive range of factors such as attitude towards marriage, number of children, attitude towards family planning measures, precautions taken during pregnancy, attitude towards abortion, medical care during pro and post natal periods, source and place of child birth, period of rest and care after child birth etc. are focused.

Most of the respondents got married between the age of 18-25, and other set of respondents who married after 25 yrs, around 19% of them married before the age of 18. There is no special condition relates with marriage ,the main factor is that women as wife needs to look after the house hold activities ,ready work in fields , needs to go to fetch water ,etc. there is no special consideration is provided to women Pregnancy and child bearing is treated as natural phenomenon and women's treat child birth as a natural process. Sex education is not formally given to girls, they understand things from surroundings. After marriage women are under the sub-ordination of husband's and mother in laws. The decisions even relating with the number of children are either taken by the husband or by the mother in laws.

Here around 44% of the respondents have one or two children, 23% of them have three-four children and few respondents have more than four children, most of them want boy baby and it decides the number of child. Here around 27% of the suffers the problem of infertility, researcher try to find out reason by asking with other respondents and health workers analysed the fact that women's consuming certain tablets that usually provided as

contraceptives , but here there aim is to delay the menstruation. Because during the time periods they need to stay away from home and to live alone in a special hut called “marapura”. Every one hesitated to this thing and increased use of tablet is one of the important reasons of infertility. Most of the women do go to the centres for proper check up during pregnancy, and take immunisation. They go to hospital for delivery, around 12% of then perform delivery in home itself with the help of midwife.

Most of the mothers are given normal diet after delivery and period of rest after delivery is also not very long. Generally they start doing household work after two weeks, the elderly women take care of the newly born child .Women take low quantity of food during the time of pregnancy to reduce the birth weight of baby for easy delivery. This causes malnutritional problems both to mother and infant.

7.4 Medical and health care delivery system

The available health care facilities in the studied areas have been assessed according to the collected data, field survey and interviews by the researcher herself. Regarding the Medical and Health Care Delivery System as planned by the government, the situation is not very encouraging. Most of the women fail to use these facilities because of the location and approach of the health centres. The problems for therespondents of deep remote areas is the difficulty of transportation as most of them have to walk on feet.

In many villages, there are only sub centres and not PHCs, there is no doctor attached with. Only AN M and her mate assistant were whole-sole in charge who are available only unto 2 PM. Many times she has to visit villages under her. At that time the centre used to remain closed. There was acute shortage of medicines. Only iron and vitamin tablets and some devices for family planning were available in small quantity

Regarding the utilization of medical facilities by the respondents, most of them reported that, although they go to those centres despite the long distance. Because they cannotafford the expenses of private doctors or nursing homes, but they were not satisfied at all with the services of PHC: and MHCs. and some respondents told that they never went to either PHC or government dispensaries. The reason for not availing the facilities were many. Such as lack of confidence on doctors, carelessness in treatment, rude behaviour of personnel, absence of doctors every time, shortage of medicines in stock, too much long distance and lack of transportation facilities etc. Although these respondents were not economically well off "and they had to manage money anyhow for treatment. But they were very much fed-up with these centres and they thought it was wastage of time and energy going there.

7.5 Various health problems of respondents

Most of the respondents face so many health problems and among that the main problem is arthritis(81%) , shoulder pain, back ache,urinary infections, menstrual irregularities, gynaec problems, weakness etc.

Most of the cases they didn't take any treatment for this kind of diseases or they depend traditional medicines. Their lifestyles are the main reason for diseases, due to heavy work load and have no rest the women are become weak and due to mal nutrition they have low immunity status.

They depend public tap for water, but most of areas are inside the forest,it's very rarely water available to them,so most of the cases they need to collect water from pond,for this they need to walk miles to fetch the water.

They lives in an overcrowded area and most of the houses are thatched small huts having one room and kitchen and ventilation is limited or nil, they are not tidy and hygienic , in spite of all these they are not all aware about the health and hygiene practices.

Alcohol consumption is usual among these people but they hesitate to reveal it. All these circumstance increases the chance of diseases among women's in rural and tribal area,especially in the area selected by the researcher.

7.6 Suggestions

- The tribal women's lack awareness relating with health and hygiene matters ,it is the basic fact that identified from this study, so in order to improve the health status among them needs to raise their awareness about the health and hygiene practices supplied through various government and non-government institutions and agents among all tribes.
- Provide better sanitation and drinking water facilities for improving the social conditions of tribe mothers.
- While planning health policies give more consideration for rural and underprivileged classes of the country. Major proportion of the health expenditure should channelize towards rural and tribal health schemes.
- Self-sufficiency in food is a primary necessity as many health problems are caused due to poor diet and malnutrition. Anaemia is prevalent among 95 per cent due to malnutrition. Low body weight and mouth ulcers due to poor diet are also wide-spread, we can provide them knowledge for cultivation of vegetables in the form of kitchen garden.

- To raise the economic status of tribal women's we can give them ideas for the cultivation of crops such as ginger, turmeric and can give them training related with poultry farming ,give them knowledge about the cultivation of variety food crops.
- Health policies must be integrated in to programmes of economic, socialand community development for these areas. The respondents have the knowledge of creating various kinds of handicrafts. Try to create a system for the collection of items in order to provide proper value for it, this helps to prevent the exploitation of tribes.
- The economy of the poor households is forest based. Women of these households make provision for necessities like food, fuel, etc.There should be relaxation in the forest policy of the govt. for the entry of people in jungles and their traditional forest,rights should be restored.
- According to the latest National family health survey, half of all Indian children are under nourished and half of all adult women suffer from anaemia. Vaccination is treated as a solution,which will automatically raise the resistance levels to diseases.
- Schemes offered by government as part of ICDS programme through anganwadi' should be functional and supervised properly. It should ensure full coverage for all villages especially in remote and tribal areas.
- Primary health centres are the main health service providers in remote areas, most of the respondents depends on these and government hospital.so immediate steps should be taken to increase the number of PHC centres and sub centres with full facilities in remote and tribal areas. Try to ensure these services are properly utilised, for this we can raise the awareness with help of tribal promoters.

- Ensure proper availability of services from Government hospitals, Privatehospitals, PHCs, Sub Centres, CHCs, Clinics etc. Voluntary Organizations andfrom various health agents like ASHA worker, Anganwadi Workers, Tribal Promoters, etc.
- Provide adequate transport facilities in order to access the health care facilities.

7.7 Limitations of study

The study had been concerned with the health problems of Tribal women living in remote and tribal areas of Ernakulam district, most of the respondents are from Kuttampuzha, Thattekkad, Pooyamkutty and nearby places, specifically from poor and downtrodden classes. Thus the conclusions drawn from this study may not be applicable to the women from economically well to do households and women living in urban areas of the district.

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7.8 Conclusion

The utilisation of health care services by the tribes depends up on the accessibility, affordability,socio-economic conditions. The average life expectancy in India is low compared to many countries and now there gradual improvement over years. India has highest number of married anaemic women because of the reason women eat less and low nutritious food.

Illiteracy, poverty and lack of awareness are the main reason for their health issues. The perception of the rural women is better than it was in the past but still they have to improve. For that they require proper assistance from various government and non-government organization. If they are financially strong and independent, many of their issues would be solved.