TRIBAL WOMEN EMPOWERMENT: A CHALLENGE OF 21ST CENTURY

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Abstract

India is the second populous country in the world as regards to tribal population. 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, the community and society. A tribal woman occupies an important place in the socio-economic structure of her society. Literacy is considered to be an important tool for improving the status of women among the scheduled tribes. Education, language, childbearing and maternal mortality, Women's health, gyaenic problems such as menarche, menstrual problem, pregnancy, delivery, abortion, family planning practices, nutritional status, mothers health, etc are responsible for overall general status of tribal women in India. These tools if properly used responsible for empowerment otherwise leads to hindrance and hurdles. Proper plan of action for developing the above parameters certainly enhance their day to day improvement and responsible for strong individual, then strong family and ultimately empowered tribal society.

Key Words: Tribal Women, Empowerment, Fertility, Mortality, Pregnancy

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India is the second populous country in the world with nearly 10.7crores of tribal population belonging to over 577 tribal communities that come under 227 linguistic groups. Their vocation ranges from hunting, gathering, cave dwelling nomadic to societies with settled culture living incomplete harmony with nature. Most of the tribal people are poor, illiterate and inhibited in inaccessible forests and hilly areas. They lag behind in all spheres of life in comparison with other sections of the population. The Government of India has launched a number of schemes for the promotion of education and welfare amongst the tribes. In spite of these efforts the rate of literacy has not been improved like advanced communities. In case of the primitive tribes it is very poor and among women it is very low. Literacy is the key for socioeconomic development of any section or region.

So far tribal population is concerned, forests have been their dear home and they totally submitted themselves to forest settings. Their relationship with the forest is symbolic in nature. They have been utilizing the resources without disturbing the delicate balance of the eco-system. Tribal thus mostly remained as stable societies and were unaffected by the social, cultural, material and economic evolutions that were taking place with the so called civilized societies. But this peaceful co-existence of the tribal has been disturbed in recent years by the interference in their habitats. Traditional communities living close to nature have, over the years acquired unique knowledge about the use of living biological resources. Modernisation, especially industrialization and urbanization has endangered the rich heritage of knowledge and expertise of age old wisdom of the traditional communities.

General Overall Status of Tribal Women:

The status of women in a society is a significant reflection of the level of social justice in that 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, the community and society (Ghosh, 1987). A tribal woman occupies an important place in the socio-economic structure of her society. The Dhebar Commission Report (1961) mentions that the tribal women is not drudge or a beast of burden, she is found to be exercising a relatively free and firm hand in all aspects related to her social life unlike in non-tribal societies. The tribal women in general

and in comparison with casts, enjoy more freedom in various walks of life. Traditional and customary tribal norms are comparatively more liberal to women.

Literacy is considered to be an important tool for improving the status of women among the scheduled tribes. Aggregate statistics often paint a dismal picture of the low-literacy rates and schooling among the scheduled tribe women. Literacy also affects the health care practices of tribal women especially in the rural and inaccessible areas.

Hindrances and Hurdles in Empowerment of Women:-

i) Education:

What a woman learns from her natural environment, from the salt of her soil, what helps her learn the art of living or growing food grains, learn her own culture, social responsibilities does not constitute education according to the dominate paradigm. People who have learnt all these things are dubbed as illiterate, uneducated and uncivilised in the modern education system. As a result, they suffer from terrible inferiority complex, which drives them towards a sort of mental poverty and they loose faith in their own way of living. Secondly, prevalent education system tries to entrench the idea in their mind that their language is not useful for them to be integrated to the national mainstream, to be civilised. So they need to learn a Standard Language. In the tribal areas most of the teachers do not come to the school but draw their salary. At some places they employ proxy teachers paying nominal amounts per month. At other places where 5/6 teachers are required only 1 teacher is posted. The biggest problem is this that teachers coming from outside do not understand their language nor their life style. Thus they fail to instill any interest in them to study anything. Till today one will hardly find limited matriculate or graduates in tribal areas.

Everything in their life is wrong- their food, dress, way of living etc. They should make themselves fit the nation and national duty. The education system which develops an inferiority complex in the minds of a group or a community towards their own way of living, wants the people to ignore, to hate their culture, life pattern, their production system and to be dependent on state to follow the `standard life'. It wants people to accept all its institutions/ power centers as liberator. Through education state has cast its net in such a beautiful way that the people will think without it they cannot be developed,

educated and civilised. It is creating mental slavery towards existing order and has been successful in making people not to believe in their own strength.

ii) Language:

The adivasis learn mother tongue from their community which is different from written languages. So after entering into primary level they face language problem and most of them fear to go to school. It is the reason of heavy dropouts in the tribal region. Different tribal groups follow different languages which is their mother tongue. Some tribal languages has no script, it is only utilized verbally. So it is difficult to prepare syllabus in their own languages.

iii) Child bearing and Maternal Mortality:

Child bearing imposes additional health needs and problems on women – physically, psychologically and socially. Maternal mortality was reported to be high among various tribal groups but no exact data could be collected. The chief causes of maternal mortality were found to be unhygienic and primitive practices for parturition. For example, it was observed that in some tribes, the delivery was conducted by the mother herself in a half squatting position holding a rope tied down from the roof of the hut. This helped her in applying pressure to deliver the child. In complicated labour, obviously it might lead to maternal as well as child mortality. The habit of taking alcohol during pregnancy has been found to be usual in tribal women and almost all of them are observed to continue their regular activities including hard labour during advanced pregnancy. More than 90 per cent of deliveries are conducted at home attended by elderly ladies of the household. No specific precautions are observed at the time of conducting deliveries which resulted in an increased susceptibility to various infections. Services of paramedical staff are secured only in difficult labour cases.

As far as child care is concerned, both rural and tribal illiterate mothers are observed to breast-feed their babies. But, most of them adopt harmful practices like discarding of colostrums, giving prelacteal feeds, delayed initiation of breast-feeding and delayed introduction of complementary feeds. Vaccination and immunization of infants and children have been inadequate among tribal groups. In addition, extremes of magico-religious beliefs and taboos tend to aggravate the problems.

iv) Forest Ecology and Women's Health:

The forest based tribal economy in most parts of the world is women-centered. Women made provisions for the basic necessities like food, fuel, medicine, housing material, etc. from the forest produce. Food is obtained from shifting cultivation and from minor forest produce (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.

Because of extensive cutting of trees by vested interests, the distances between the villages and the forest areas has increased, forcing the tribal women to walk longer distances in search of minor forest produce and firewood. In this rapidly changing milieu, tribal women are confronted with an extraordinary workload. A study on the tribes 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 were required to work in the agricultural fields or walk great distances to collect fuel and minor forest produce. The over strain on tribal women however, is not adequately compensated due to the non-availability of minor forest produce and decrease in food grain production.

To add to the malnutrition and additional workload, there was destruction of traditional herbs through deforestation and the lack of access of the tribal to modern medicine. This along with the increasing ecological imbalance resulted in diseases such as TB, stomach disorders and malaria.

v) Gyaenic problems of tribal women:

The most important period in the life span of women is the reproductive period, which extends from menarche to menopause; the intervening periods are marriage, pregnancy, conception and child birth. However, these conditions are determined by socio-economic and cultural factors and available health care facilities.

Menarche:

Though India has a long history of child marriages, this phenomenon is not common in all sections of the society and particularly among the tribal populations. A marriage for the biologically premature girls among the tribes is uncommon for the simple reason that marriage should immediately allow for sexual gratification of the couple. Therefore attainment of puberty is an important phase in the life of girl and her role in the progeny. Generally, it is observed that not much gap is given between menarche and marriage. Most of the girls get married within 2-6 years after menarche.

Menstrual problems:

Menstrual complications are generally recorded among all the tribal groups, which can project some pointers about the prospects of conception. There are also irregularities in the occurrence of menstrual periods among the tribal women.

Pregnancy and delivery:

The process of reproduction begins with conception and ends with delivery passing through a number of ardent stages. Attainment of puberty signals the biological potential of an individual for sexual activity and conception.

The time of waiting for first conception after marriage is an indicator for reproductive potential. It is found that majority number of women conceived within 2 years of their marriage among all the tribes.

Place of Delivery:

Giving birth to child is the most risky phase in the life a woman and is of great concern and anxiety to the family members. At this event, many socio-cultural practices and the modern medical systems get on to loggerheads and ultimately have been found to show strong impact on the woman in the labour. But very often the tribal people prefer the traditional procedures rather than the modern medical facilities. According to a report, as many as 75 per cent of the tribal Women prefer house delivery. The labour ordeals in the company of their near and dear in the primary health centre are utilized hardly by 2 per cent of the sample. From a study, out of 845

deliveries, the close relatives are followed by 158 local untrained women, 93 midwife, 27 local trained women and 25 by the neighbours who conducted recorded 338 deliveries. When delivery is conducted at home, the actual place of delivery varies from place to place. After the pollution period is completed, the mother and the child move to their respective houses.

The primitive tribe adopted different methods for delivery. The popular methods are posture of lying down on back, kneel down and hold the rope hanging from roof, and squat on the ground and stretch their legs. The umbilical cord is cut with the help of traditional equipment of the cutting tools commonly used for daily chores. Use of thin and fresh bamboo strip to cut the cord is a common traditional among the tribes. Only three per cent of the total populations under study are using the unclean blade. It is also observed a negligible number of primitive tribes are using a sickle to cut the umbilical cord. Before cut off the cord, to avoid excessive bleeding they tie the cord at a distance from the naval with different materials

Abortions and family planning practices:

Abortion is a common feature in the history of reproduction which depends on the general health conditions of the pregnant woman and the cultural practices of the society. The norm of small family size has spread into the nook and comers of the country in the recent years and this message is materializing among the tribes as well. Recently, it is found that there is a great consciousness among the tribes for abortion and family planning practices. The spacing of successive children is an important aspect of health care of mothers. Among the primitive tribes they have the practice of spacing successive children.

Maternal and child health care:

Maternal and child health care is one of the most important aspects of health seeking behaviour which are largely neglected by the tribal groups (Basu et al. 1990). In most of the tribal communities, there is a wealth of folklore available in regard to maternal and child health care practices. This indigenous knowledge could provide a model for appropriate health and sanitary practices in a given eco-system. Health and treatment modalities are closely interrelated with the environment, particularly the forest ecology. Many tribal groups use different parts of plants not only for the treatment of diseases, but also for population control (Chaudhari 1990).

There exists a definite nexus between forest and nutrition; it has been noted by many workers that tribals living in remote forest areas have a better overall health status because they eat natural and balanced diets than tribals living in less remote, forest free areas.

Nutritional status and mother's health:

The health and nutrition problems of the vast tribal population of India were as varied as the tribal groups themselves who presented a bewildering diversity and variety in their socio-economic, socio-cultural and ecological settings. The nutritional problems of different tribal communities located at various stages of development are full of obscurities and very little scientific information on dietary habits and nutrition status is available due to lack of systematic and comprehensive research investigations. Malnutrition is common and greatly affected the ability to resist infection, led to chronic illness and in the post weaning period led to permanent brain impairment.

Good nutrition is a requirement throughout life and is vital to women in terms of their health and work. Nutritional anemia is a major problem for women in India and more so in the rural and tribal belt. In developing countries, it was estimated that at least half of the non-pregnant and two thirds of the pregnant women were anemic (U.N., 1984).

Plan of action to be implemented for Empowerment:-

Tribal Women in India has specific problems, some of these are built-in problems of these tribal communities and some were imposed upon them which hinder their overall development and progress inclusive of their health. Therefore, in order to improve the health status of the tribal women, the health care delivery should be designed for each specific tribal group in such a way cater to their specific needs and problems by ensuring their personal involvement.

The following strategies may be pursued:

. Formulation of realistic development health plans based on needs as felt by tribal women of the specific tribal groups.

. Need for promoting nutritional and health education among working, lactational and pregnant tribal women.

. Healthy nutrition should be encouraged through local produce and local recipes. Nutritional needs should be solved by the tribal women themselves through a better utilisation of their locally available cheap but nutritious food.

- Development of poultry and fisheries are to be encouraged.
- Health education should be imparted by the local tribal women with guidelines provided by health functionaries.
- The nutritional and health status of pregnant tribal women need to be improved by adequate intake of nutritious diet, including iron and minerals and also by hundred per cent immunisation.
- Tribal women in their advanced stage of pregnancy should be advised to reduce their workload and take adequate rest.
- The habit of taking alcohol and drugs during pregnancy should be discouraged.
- The children should be properly immunised, the harmful practices of discarding colostrum, delayed initiation of breastfeeding a complementary feeds should be discarded and health education aspects should be properly explained to tribal women.
- Specific precautions need to be observed at the time of conducting deliveries at home, aseptic conditions need to be followed for cutting the naval cord.
- Primitive practices of parturition are to be discarded and necessary health education should and necessary health education should be imparted by the tribal nurses.
- Maintenance of personal hygiene in connection with childbirth, abortion or menstruation should be properly explained by tribal nurses in order to prevent the infections of the female genital tract.
- Periodic examination of tribal women by qualified technicians of primary health centre should be carried out to detect the presence of sexually transmitted diseases, if any.
- The staff of the Primary Health Centre should be properly trained to detect the presence of two commonly prevalent genetic disorders i.e. sickle cell and Glucose-6-Phosphate Dehydrogenase Enzyme Deficiency (G-6-PD).

- A Genetic Health Card needs to be maintained for each tribal family where vital information like blood group status, haemoglobin level, presence/absence of genetic disorders will be mentioned.

Conclusion:

Tribal Women play a major role in the management of their natural, social, economic resources and agricultural development including crop production, livestock production, horticulture and post harvest operations but they remain backward due to traditional value, illiteracy, superstitions, dominant roles in decision making, social evils and many other cultural factors. Tribal communities in India are economically and socially backward and mostly live in forests and hilly terrains isolated from the other elite communities. They have their own way of living and different socio-cultural and eco-geographical settings. Lack of proper education and health facilities, faulty feeding habits, certain irrational belief systems and special tribal chores are likely to aggravate their health and nutritional status. Tribal women, in general, enjoy better status in the society than the general caste people because they exercise decisive role in the family (mother work), society (social work) and economy (other work) in India. However, the ideological devaluation of women's contribution and reorientation of gender and sex have brought about concomitant drastic changes in the status of women and their empowerment in different dimensions of deprivation and exploitation, and imposed restrictions on daily folk-chores of life. In few communities, a definite decline has been observed threatening their very existence. This decline may not be due to low level of fertility but rather high level of mortality and illogical health practices. The success of dynamic tribal development is dependent on various factors like improved literacy rate, sustainable socio-economic status, women's empowerment, better health care and other human resource indicators. It is much desirable to make reproductive health care accessible and affordable, extending basic amenities, empowering women and enhancing their employment opportunities, and providing the transport and communication facilities.

To ensure gender equality and empowerment of women in terms of educational parity should be within reach. But to replicate this in political representation and employment is still a distant reality. Greater political representation of women ensures a greater silence of women's

issues in policy making. However, at the present rate of increase, it will take 40 years for women in developing countries to reach the parity zone of 40 to 60 per cent of seats in assemblies and in the parliament of the country.

The National Population Policy (NPP) 2000 and Reproductive and Child Health (RCH) programme in India has reflected a paradigm shift from earlier demographically driven target oriented coercive policy to emphasis on human development, gender equality, adolescent reproductive health and rights, and development of issues related to stabilizing Indian population. The female age at marriage is low relative to the legal minimum age of 18 years in comparison to men (21 years). Age at marriage has far reaching consequences on fertility rates, child bearing, and other health issues such as infant and maternal mortality. Menarche or the onset of menstruation cycle constitutes the land mark for female entry into the institution of marriage. Women are pressurized to have children soon after their marriage in order to prove their fertility and worth. Hence adolescent marriage becomes synonymous with adolescent child bearing. Early marriage has adverse effects on the health of mother and child. The high rate of maternal, neonatal infant and child deaths are positively associated with early marriages. Female education and raising investment on adolescents' social and economic prospects, and enhancing their self esteem can do a lot of improvement in their health, nutrition and development.

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