

A systematic study on analysis of healthcare consciousness among tribal women: An investigation in East & West Godavari districts of Andhra Pradesh

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ABSTRACT Present systematic investigation and analysis of healthcare awareness about tribal women in East and West Godavari districts are carried out. Most of the tribals facing several difficulties to get better healthcare because of their life in remote areas. A survey containing 40 items covering emotional and reproductive health views. The following domains were chosen to assess tribal women's emotional and reproductive health: Emotional signs, Anxiousness and depression, General health conditions and Bodily sickness. These four categories are further subdivided into eight sections: Feelings of depression, Physical signs and symptoms, Anxiety, Vasomotor signs like hot flashes and night sweats, Difficulties in sleeping, Behaviors related to sexuality, Menstrual issues and Retention and focus. Health awareness do not differ with age. Tribal women's birth order created no impact or difference in their health consciousness.

Key words: *Scheduled tribes, tribal health, tribal women, Healthcare, Andhra Pradesh*

I. INTRODUCTION

A Tribe refers to a group of people of the same ancestry theoretically and a tribal is a member of that group. The word "tribe" usually symbolizes a community, a race, a breed or a class of people. Its meaning is relevant and valid to everyone. But the word tribal is not understood as itself but as a Girijan in other words a hills man. The community of Girijans can be called Hill tribes in actuality. Conferring particular rights and privileges they were recorded in the schedule to the constitution. Thence they are called Scheduled Tribes. According to the definition given in Article 366 (25) of The Constitution of India, Scheduled Tribes are "such tribes or tribal communities or part of or groups within such tribes or tribal communities as are deemed under Article 342 to the Scheduled Tribes (STs) for the purposes of this Constitution". Article 342 prescribed the selection rule for a scheduled tribe though it does have any criteria to specify any community as a scheduled tribe. A well-known measure is dependent on these traits: geographical isolation, backwardness in terms of livelihood, economy and technology reach; and idiosyncratic culture, language and belief or religion. These people are primordial as they are underdeveloped and are rearward with underprivileged living circumstances in comparison with others.

In general, the primordial tribal communities live in outlying areas and hilly areas, slopes, isolated from the modern civilized world. Such main tribal groups identified in the regions of East and West Godavari districts are Begata, Kotiya, Kondadora, Nookadora, Konda Kammara, Konda Kapu, Gadaba, Mali, Porja, Mannedora, Khond and

Valmiki. Among all these, Khond, Porja and Gadaba are known as the most primordial tribes. Many tribes live in poverty and grieve from factors or situations like illiteracy, no health care, starvation and malnutrition [1,2]. Their economic life as well as health are difficult. Recent amendments to the Constitution of India were endorsed to lessen the sufferings of the tribes and to clear the hindrances of their upliftment.

II. FACETS OF TRIBAL HEALTH

Primordial people reside in and near forest areas and together protect the territories' biodiversity. They are not much connected with the outside world. They fed themselves on forest food both prepared and uncooked. Tribal people are more connected to forests and they seem to be inseparable. Their existence and growth are dependent on each other. Tribes have a significant bond with the forests and the mountains surrounding them for centuries. Tribes became part and parcel of forests and their economic, social, religious and cultural lives are very much entwined with the forests. Their relationship with nature especially with forest is known as symbiosis as they depend the mothers and the mothers on the forest. They depend on forest for food, medicine, fiber production, animal feed, pesticides and other products.

Tribal health traditions are usually not written and are verbally transmitted to other generations. These traditions are mostly the same age as mankind. Because they depend on natural assets from various environments, these traditional remedies are extremely diverse. More than 7,500 medicinal plant species, as well as 200 animal and mineral resources, are utilized for healing ailments in India. It is

assumed that it is utilized to deal with and to resolve illnesses. These tribes' healthcare practices are forward-thinking, constantly evolving, including a broad spectrum of health procedures built on native knowledge and expertise. Tribal groups are considered as practitioners of these ancient practices, even though are not limited to socioeconomic levels.

Over the last 200 years, these practices have been gradually decreasing. Aside from stated causes of declining cultural variety, such as the Western method of education, adoption of advancement methods that support modern medical systems is playing an important role in the collapse of such ancestral medical procedures. Medicine acknowledges disease's physical, biological and psychological elements as the reason and remedy. Native health customs, together, believe that every living being, besides their physical, biological and emotional characteristics, has an element of spirituality. Religious routines which include petitions, adorations, recitals, etc are incorporated into testing and treating processes.

III. TRIBES AND TRIBAL WELLNESS IN EAST AND WEST GODAVARI DISTRICTS

Out of 34 tribes in Andhra Pradesh, some are Konda Dora is primarily found in eastern and western Godavari districts, as well as the scheduled regions of Srikakulam, Vijayanagaram, and Visakhapatnam. As per the 2011 Census, 2,10,509 is the total number of people out of which 103977 are men and 106532 are women and the literacy rate is 40.31 [3,4]. They are called Kubin or Kondalgi in their original language, Kubi. The Kondadras belonging to East Godavari, Srikakulam and Vijayanagaram forgot their native tongue as they adopted Telugu. Konda Reddis dwell on the shores of Godavari River in Andhra Pradesh, forested east and west Godavari districts. There were 90,937 people residing there as of 2011 census out of which 44736 are men and 46201 are women. In accordance to the 2011 census, the total literacy percentage of Konda Reddi was 46.78 %. Their local language is Telugu. The Valmiki are only recognized as a scheduled tribe in Andhra Pradesh's Agency region. They belong to the East Godavari and Visakhapatnam agency areas. They believe they came from Valmiki, the sage who composed the Ramayana. The population is 70,513 out of which 34,060 are men and 36,453 are women. The total literacy rate in Valmiki was 59.86% based on 2011 census. Koya tribe is primarily found in the hills of Andhra Pradesh's East and West Godavari districts.

The authorized region encompasses 14,132.56 sq. kms or nearly 8.82% of the entire territory of the state, and contains 5,318 villages distributed over the districts of East and West Godavari, Srikakulam and Visakhapatnam. The government placed a great deal of emphasis on tribal development. The focus in tribal communities is on creating social infrastructure like road access and connectivity and

potable water supply. The agency primarily supports the academic progress of tribal young people. Offer monetary help to their families to involve them in economic growth by encouraging small scale businesses etc making them financially strong and independent. Forestry goods (MPFs) allow them to create a practical public supply structure.

IV. SCOPE OF THIS STUDY

In connection with Indian tribal groups, health problems need particular focus. Primordial tribes in India face a variety of health issues and genetic variations including sickle cell anaemia, erythrocyte G6-PD enzyme deficiency, and sexually transmitted diseases (Scheduled Tribes and Scheduled Castes Report, 1986-87 Committee). Tribes' disease is mostly caused by insecurity, apathy, inadequate personal cleanliness, and less knowledge about health. Researchers have highlighted difficulties such as (1) widespread illnesses such as malaria, tuberculosis, influenza, diarrhea, high infant mortality and malnutrition, and (2) venereal infections, miscarriage, fertility, dependency on opiates and intake of roots that can result in infertility. There are fewer women available for men, causing an asymmetrical ratio of male to female. Consequently, there is a pressing need to look deep into India's primordial tribal groups majority of which are small in size [5,6]. The alimentary and medical challenges confronting enormous tribes of India are equally varied as its tribal groups, proving wide socio-economic, cultural and environmental variations. Dietary malnutrition is a major issue of India's women, particularly those living in the countryside and tribal regions. Malnutrition during pregnancy is common in primordial tribal women, particularly those who gave multiple births in less time. Hence, researchers envisioned this investigation to explore health views, opinions, beliefs, etc., of women in tribal regions of East and West Godavari districts.

A. Aims of the study

1. To study health awareness in tribal women in relation to the following:
 - (i) Age: ≤ 16 , 16-20 years, 21-25 years, 26-35 years
 - (ii) Birth order: First, middle, last
2. The technique of descriptive surveys was employed to explore this matter. The survey method proved to be effective in data collection on women's attitudes regarding emotional and reproductive health.

B. Sample

From 250 tribal women belonging to East and West Godavari districts of Andhra Pradesh, sample was collected to explore tribal women's health knowledge on emotional and reproductive health.

C. Tool Construction

A survey containing 40 items covering emotional and reproductive health views. The following domains were

chosen to assess tribal women's emotional and reproductive health:

1. Emotional signs
2. Anxiousness and depression
3. General health conditions and
4. Bodily sickness.

These four categories are further subdivided into eight sections:

- i) Feelings of depression
- ii) Physical signs and symptoms
- iii) Anxiety
- iv) Vasomotor signs like hot flashes and night sweats
- v) Difficulties in sleeping
- vi) Behaviors related to sexuality
- vii) Menstrual issues and
- viii) Retention and focus

Declarations were submitted on surveys. Furthermore, the appropriateness was investigated and an initial assessment of submissions was carried out. Women perceived a one-half confidence coefficient for the Emotional and Reproductive Health Scale of 4.53.

D. Data Analysis

The assumptions that follow are those that were formulated and are evaluated one at a time.

1. The age of tribal women has no bearing on their health awareness.
2. Tribal women's birth order makes no impact in their health consciousness.

According to Table 1, tribal females aged ≤ 16 years had the highest level of health awareness with an average of 684.09, least is females of 26-30 years with the average of 530.60.

Table 1. Health consciousness based on Age

	Number	Mean	Standard Deviation
≤ 16 years	78	121.23	9.25
16-20 years	65	109.05	10.21
21-25 years	59	104.85	11.24
26-30 years	48	107.15	15.41
Total	250	114.25	12.13

Table 2. Health consciousness depending on Age-ANOVA

	Sum of squares	Df.	Mean Square	F
Between groups	605.710	8	315.266	1.3289*
Within groups	8226.923	51	145.68	1.005
Total	8832.633	59		

*Not significant at 0.05 level

V. Result

1. Health awareness do not differ with age.
2. Tribal women's birth order created no impact or difference in their health consciousness.

VI. CONCLUSION

The large primordial population in India is facing a variety of health challenges and challenges related to nutrition, reflecting a broad spectrum of social, cultural, and environmental factors. The exploration of a large number of small and primordial tribes is therefore desperately needed. Children are having awareness up to some extent as they are being educated. Still is a lot much to be reformed. Women in tribal are not very much aware of health and medical knowledge. Anemia is highly affecting them. Nutrition during pregnancy is inadequate and the lack of knowledge of health concerns during pregnancy is also causing much damage to tribal women. They are giving multiple births in no time resulting in the deterioration of women's health. This study reveals such facts. The age as well as birth order do not make much difference in other words no impact on the emotional and reproductive health of tribal females in the regions of East and West Godavari Districts.

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