HEALTH STATUS OF SOLIGA TRIBAL WOMEN IN KARNATAKA: A REVIEW

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Abstract

In India, approximately 700 tribal communities are considered as 'Scheduled Tribes' under the Article 342 of the Constitution of India. Of these 75 are the primitive tribes. In Karnataka there are 50 tribal groups; of these 2 are the primitive tribes. The total population of tribes was 36.67 lakhs which constitute 6.6 percent of the total population. (GOI, Ministry of Tribal Affairs, Annual Report, 2011-12, PP, 26). The Scheduled Tribes are notified in 30 States/UTs and the number of individual indigenous groups, etc. notified as Scheduled Tribes is 705. The population growth of the tribes from Census 2001 to 2011 has been 23.66% against the 17.69% of the entire population. The sex ratio for the overall population is 940 females per 1000 males and that of Scheduled Tribes 990 females per thousand males. More than half of the Scheduled Tribe population is concentrated in Central India, i.e., Madhya Pradesh (14.69%), Chhattisgarh (7.5%), Jharkhand (8.29%), Andhra Pradesh (5.7%), Maharashtra (10.08%), Orissa (9.2%), Gujarat (8.55%) and Rajasthan (8.86%). National Family Health Survey (1998-99) has also stressed upon the poor health status of tribal, particularly the women in India. The infant and child mortality rates have been reported very high among the tribal population as compare to the non-tribal population of the country. The nutritional status of the tribal women was also lower than the other population n. It has been found that 64.9 percent of tribal women were anemic and about 80 percent child population of tribes has been found anemic however this rate is just 74.3 percent in the general population.

Keywords: Scheduled Tribes, Poor health, Nutritional status, Anemic, Health service.

Introduction

Scheduled Tribes (STs) and Scheduled Castes (SCs) are the most disadvantaged socio-economic groups in India. The tribal population of the country, as per 2011 census, is 10.43 crore, constituting 8.6% of the total population. 89.97% of them live in rural areas and 10.03% in urban areas. The Scheduled Tribes are notified in 30 States/UTs and the number of individual indigenous groups, etc. notified as Scheduled Tribes is 705. The population growth of the tribes from Census 2001 to 2011 has been 23.66% against the 17.69% of the entire population. The sex ratio for the overall population is 940 females per 1000 males and that of Scheduled Tribes 990 females per thousand males. Broadly the Schedule Tribes inhabit two distinct geographical areas the Central India and the North- Eastern states. Scheduled Tribe are sign of primitive traits, distinctive culture, geographical isolation, inhibition of contact with the community at a large, and Backwardness (MOTA, 2012-13). **National Family Health Survey** (1998-99) has also stressed upon the poor health status of tribal, particularly the women in India. The infant and child mortality rates have been reported very high among the tribal population as compare to the non-tribal population of the country. The nutritional status of the tribal women was also lower than the other population n. It has been found that 64.9 percent of tribal women were anemic and about 80 percent child population of tribes has been found anemic however this rate is just 74.3 percent in the general population. It has been also noted that there is a lack of antenatal and postnatal care among the tribal population.

Concentration of tribal population in india

More than half of the Scheduled Tribe population is concentrated in Central India, i.e., Madhya Pradesh (14.69%), Chhattisgarh (7.5%), Jharkhand (8.29%), Andhra Pradesh (5.7%), Maharashtra (10.08%), Orissa (9.2%), Gujarat (8.55%) and Rajasthan (8.86%). The other distinct area is the North East Assam, Nagaland, Mizoram, Manipur, Meghalaya, Tripura, Sikkim and Arunachal Pradesh (Encyclopedia Britannica vol-22).

Why the name Schedule Tribe?

The tribal communities in India have been recognized by the Indian Constitution under 'Schedule 5' of the constitution. Hence the tribes recognized by the Constitution are known as 'Scheduled Tribes'.

Definition of Tribe

The Oxford Dictionary of sociology (2019) 'Tribe is defined as a social group bound together by kin and duly associated with a particular territory; members of the tribe share the social cohesion and associated with the family together with the sense of political autonomy of the nation."

According to Gillin and Gillin (1969) 'A tribe is a group of local communities which lives in a common area, speaks a common dialect and follows a common culture".

Strength of tribe's in karnataka

In India, approximately 700 tribal communities are considered as 'Scheduled Tribes' under the Article 342 of the Constitution of India. Of these 75 are the primitive tribes. In Karnataka there are 50 tribal groups; of these 2 are the primitive tribes. The total population of tribes was 36.67 lakhs which constitute 6.6 percent of the total population. (GOI, Ministry of Tribal Affairs, Annual Report, 2011-12, PP, 26). Every Indian tribe has distinct features. An attempt has been made in this paper to introduce the selected Scheduled Tribe, i. e. Soliga under investigation and then the Soliga women.

Map of karnataka showing tribal population in percentage of total population in each districts.

. (Sources: Debdutta Bhattacharya 2018)

A profile of the tribe soligas:

Soligas are indigenous tribes of Karnataka State. The Soliga people are one among the few remaining forest residing tribal people who are living in and around the forests of Southern India forests. Soliga is a member of a tribe in Karnataka that dwelling in the Biligirirangana Hills and associated Hill ranges in Southern Karnataka, mostly in Chamarajanagara District. Most of them are focused in and around the Biligirirangana Hills in Yallandur Taluk and Malamahadeshwara Hills of Hanur Taluks, and also spread in Chamarajanagar and Gundalpet taluk of this District (Tenzin Gayden 2011). Soliga Tribes speak Soliga nudi, an ancient Kannada Language. They used to practice Shifting Cultivation, but have more or less given up this practice now. They grow Ragi (nutritious simple millet) for survival, although their main source of income is harvesting and sale of minor forest produce like Honey, Nellikai, (uses for pickles) Bamboo, Paasi (Lichen). They are gradually more being brought to the mainstream of the society with an active Government and NGO initiative like Vivekananda Girijana Kalyana Kendra, founded by highly acclaimed by Dr.H. Sudarshan. This Non-government organization has opened state of art of modern school in the dense jungles of B.R. Hills of

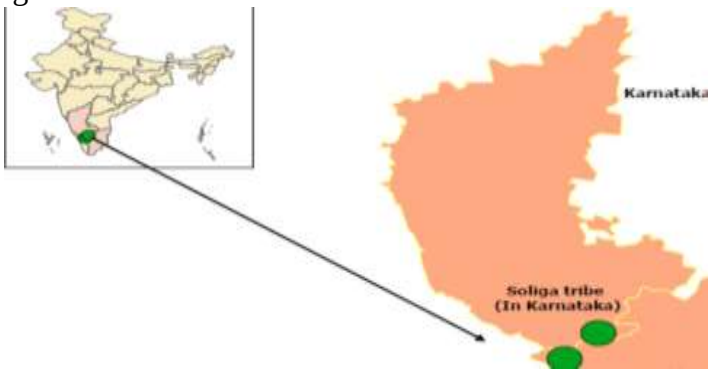
Chamarajanagara District for the Soliga Tribal Kids. Many have been given lands closer to villages and most of the forest dwelling populations have been brought together into clusters called Podus- a settlement of 10 – 15 settlements huts. But majority of Soliga Tribal population prefers to stay in the dense jungles of the Chamarajanagara Distirct of Karnatak. Most of the forests arears they stay is comes under protection of Karnataka Forest Department. The forest areas they stay are The Biligirirangan Hills are a Wildlife Sanctuary under Wildlife Protection Act, 1972, the Male Mahadeswara Hills is a Reserve Forest, and Bandipur is a National Park. There is a lot of man-animal conflict with their increasing population and needs. Recently, their rights on harvesting MFP 14 is being sought to be withdrawn citing conservation concerns and proposed Tiger Forest Project sparking a debate about the rights of indigenous people. According to 2011 census, 33,871 numbers of Soliga Tribal in Karnataka and 5965 numbers in neighboring in Tamil Nadu.

Soliga tribal history and distribution

One of the forest aborigines are the Soliga inhabitants in Karnataka and Tamil Nadu. The hilly interior forest slopes boast of this tribe in Karnataka around the slopes of BR Hills (Biligiri Ranga Hill Range), MM Hills of Hanur Taluk (Male Mahadeshwara Hill Range) and Gundlupet of Chamrajanagar district. The foothills around the forest tribes which inhabitants the Soliga tribe is the most backward tribe. The forest being a source of livelihood draws its earliest evidence of human habitation in the BR Hills dating back to as early as 1200 BC with the latest ones dating to around AD 200. There are other historic evidences that substantiate the habitation and civilization in this region like the megalithic sites and menhir which were part and parcel of the daily lives and rituals of the Soliga tribal community who had been part of the tribal civilization for the past couple of centuries. With the rise in the population of the Soliga community, the tribe started to migrate across and all over the state. The year 1956 saw a receding in the Soliga tribe residing in areas like Bangalore, Mysore, Manday, Kolar, Tumkur, Shimoga, Chitradurga, Hassan and Chikmangalur. But approximately 90% of the Soliga tribe lives in rainforest areas of Biligiri Hill Ramge of Yelandur Taluk and Malemadeshwara Hill Range of Hanur Taluk in Chamarajanagara districts of Karnataka.

Soliga Tribal Women with their kids Picture - 1

Soliga Tribal Women near her PODU thatched hut Picture - 2



Soliga Tribal area Source 2011 Census Report

Socio-Economic and cultural factors of the Soliga tribe

The tendency of family method that succeeds in the Soliga tribe is that of nuclear family system with newlywed couples living separately in the new house built by the groom especially for this purpose. There are Podus - 10 to 15 thatched hut settlements in the Soliga community which consists of the well-organized Nyaya (their own judiciary system) system for justice. Soliga tribal practice patriarchal family system. Male head of the family takes the key decision of the family. All-important and critical decisions of the community like occupation of the youngsters, migration, wedding, cultural activities, worshipping are taken in consultation with the senior members of the community. Further the social system of the Soliga community is guided by self-sustainable, environment friendly, user friendly based production and exchange. Barter system is very much present in this Soliga Community. Planning, organizing, individual views and accumulation of resources are not focused by the Soliga community though they prefer to live in the lap of nature.

Statement of the problem

Health care is one of the most important for all human accomplishments to improve the quality of life especially, the tribal people (Balair, 2005). According to the NFHS-3 survey 47% of Soliga Women are having prolonged energy deficiency. At the same time Soliga Tribal Women are suffering from breathing tract infection and diarrheal disorders. In tribal communities, the role of women is substantial and crucial. Soliga Tribal women are severely experiencing maternal malnutrition which is quite common in their community. Marriage practices, early age at marriage, fertility, mortality, life expectancy at birth, nutritional status and health, child bearing and maternal mortality, child health care practices are the key problems that Soliga tribal women are facing. Despite exploitation by contractors and managers, tribal are sincerer and honest than non-tribe's. Soliga tribal women face problems and challenges in getting a sustainable livelihood and a decent life due to poor health, environmental degradation and the interference of outsiders.

Objectives of the study

The main objectives of the study are

1. To examine the marriage practice of Soliga Tribal Women.
2. To evaluate the maternal mortality of the Soliga Tribal Women.
3. To assess the Primary Health care facilities in the tribal dominated areas.
4. To analyze the nutritional status of the Soliga Tribal Women.
5. To understand the policy and programs for the upliftment of the tribal women.

Review of the literature

R.K. Kar (1993) stated that the tribal believe in traditional methods of curing the ailments. Firstly, they approach the traditional healers for treatment and then to other medical care. Further, he has concluded that though the traditional customs, rituals, beliefs, and habits, as well as diagnosis and treatment of diseases, are changing fast under the impact of an ongoing process of modernization and it revealed that in most of the tribal society's traditional health-seeking behavior dominate over the modern medicine system.

Salil Basu (1994) focuses on some of the major issues of tribal health through a thematic collection of various research papers. The widespread poverty, illiteracy, malnutrition, absence of safe drinking water and poor sanitation, poor maternal and child health, inaccessibility to health care systems, have been found the various contributing factors for the poor health status of the tribes in India.

National Family Health Survey (1998-99) has also stressed upon the poor health status of tribal, particularly the women in India. It has been found that 64.9 percent of tribal women were anemic and about 80 per cent child population of tribes has been found anemic however this rate is just 74.3 percent in the general population. It has been also noted that there is a lack of antenatal and postnatal care among the tribal population.

K. Sujata Rao (1998) in her study of in Andhra Pradesh observed that poverty along with several factors like lack of access to right food, iron, protein and micronutrients deficiency are the major cause of poor health of the tribal people. Maternal Mortality Rate (MMR) is eight per 1000 as against four per 1000 for the state. Infant Mortality Rate (IMR) 120-150 per 1000 compared to 72 per 1000 for the state. Lack of accommodation, poor infrastructure, large scale absenteeism and vacancies, poorly trained and unskilled manpower, is thus the reason for poor health care services, which in turn leading to the poor health of the tribal in the region.

Indian Council of Medical Research (2002) in his bulletin focused on the health status of primitive tribes in Orissa. It is found that majority of the Bondo, Didayi, Kondha, and Juanga the primitive tribes of Orissa has different grades of anemia. Apart from anemia, certain others respiratory infections/diseases including upper respiratory tract infection were more common among this diverse population . Lack of safe drinking water, poor sanitation, unhygienic environment, and poor health infrastructure were the main reasons for the poor health status of primitive tribes.

Rajiv Yadav and J. Roy (2005) in their study on the nutritional status of Children of Bharia tribe (Madhya Pradesh) have found that Bharia tribal people consume only cereals but they didn't consume pulses. The intake of leafy vegetables and other vegetables in a meal is very low. Their diet was also deficient in nutrients like calories, proteins, iron, and folic acid and other essential requirements.

Methodology of the study

The study is based on both primary and secondary data. The primary sources material relates to the field survey conducted in the month of March 2023, through interview schedule in Jadeswamy doddi village, Kollegala Taluk of Chamaraja Nagara district. In order to easy my study 50 Soliga Women selected on Random Sampling Method. Informal discussions were also made with the officials of NGOs. The secondary data was collected from the Magazines, Journals, Periodicals, Daily Newspapers, etc.

Results and discussion

Health Problems of Soliga Tribal Women: The study of health culture of tribal women belonging to the poorest strata of society is highly desirable and essential to determine their access to different health services and its availability in social set up.

1. Lack of Timely Transportation: One of the reasons why the Soliga women give way to reproduction related complications and obstacles is lack of timely transportation to the nearest hospital. Majority of the Soliga tribal lives amidst in the forest area or by remote villages. Accessible to these remote villages are relatively tough task. 0ut of 50 respondents 45 of them consisting of 90 per cent Soliga women replied that if they want to visit nearby Primary Health Care centers they have walk not less than 7 to 12 km. which is tiresome one. So they avoid visiting the health centers. Hence they silently bear their pain and suffer.
2. Lack of trained medical health personnel in the Primary Health Care Centers: Majority of the respondents who are consisting of 96 per cent of Soliga women opined that health care needs of the tribal women are taken care by their elder female member of their family, who treats them with their own traditional indigenous health practitioners at village level. The real is problem is that when they suffer from acute diseases they require specialized treatment and trained health personnel which is lacking nearby their podu or dwelling houses.
3. Maternal related deaths: Expert doctors estimate that 70% of the maternal related deaths are preventable. Tetanus and anemia claim a large number of women because mothers get very little or no care in the post-natal period (UNICEF data 2000). Anemia can be overcome with proper nutrition and supplements. Those Soliga women are pregnant and a third of women in the reproductive age found out that they are weak. More than 76 per cent of the Soliga women respondents responded that they are feeling weak, exhaust, thirsty all the time and experiencing dizziness. Due this pregnant Soliga women given birth to immature babies. It is pity know that in pregnancy and childbirth, anemic or weak is bigger risk for the life and health of both mother and child.
4. Marriage Practicies: Soliga practice cross-cousin marriages were preferred and practiced. 86 per cent of the Soliga Women respondents consisting of 43 of them reiterated that in a social aspect, the system of cross-cousin marriages has proved that very much beneficial to the Soliga women because she gets good care and better treatment at the husband place. In fact, it avoids dowry system. But the medical researchers have concluded that cross-cousin marriages increased the probability of miscarriages, abortions, infant deaths and birth defects. Hence it has been proved that cross-cousin marriage proved a costly affair in their family system.
5. Early age of the marriage: Soliga;s in the Kollegala Taluk practice early age at marriage. Girls in Soliga societies were given in marriage after puberty. In the study it has been observed that Soliga girls were married before the completion of 15 years. 90 per cent of them Soliga women consisting of 45 of them replied that they have entered in to the wedlock at the age of 15 to 16 years. Research studies proved that frequency of abortions, still-births, miscarriages were found to be higher among the young mothers who are below the age of 19 (World Health Organization 2004). At the same time young Soliga mothers experience high blood pressure, blood loss and difficulty in delivery.
6. High rate of Infant Mortality: Soligas in the Jadeswamy doddi village are facing high rate of infant deaths. The key reason is that lack of medical care, lack of primary health care centers, absence of pediatric doctors. Due to the acute shortage of medicine and nourishment children are facing the death bells. 74 per cent of the Soliga women replied that they are living in a constant fear of medical complication to their younger ones. Even if they escape the death bells due to the weakness the children in future course of life may face the physical deformity.
7. Problem of consuming nutritious food: Good nutrition is a key requirement throughout the life of women in terms of their health and work (National Institute of Health 2017). Soliga women are suffering acute problem of nutrition. Malnutrition is common among them. Soliga women work very hard as laborers in their owner's farms, but they consume very less food. Observation of the study found that most of the Soliga women consume less than 1500 calories compared to the ICMR

stipulated requirement of 2400 calories. 42 Soliga women respondents consisting of 84 per cent of them categorically said due to their poor family condition they avoid eating full stomach. Lack of nutritious food make them prone to persistent fatigue, anemic finally fall prey to life threatening diseases.

8. Poor quality of health services: Public Health Foundation of India (2020) NGO from Delhi claims 130 women die during the child birth for every 100000 live birth in India. In Soliga villages deliveries are conducted by dadis (Old women nurses). These dadis are regarded as untrained health assistants who do not from a part of the formal government health care system. Even trained personnel-nurse for instance plays a responsive role of doctors. The untrained and non-penalized attitude of the nurses and dadis put the Soliga women in dire straits.
9. Non-availability of Doctors: Non-availability of private or government doctors as and when need arises into the pattern of rural health services shows that the scarcity of trained manpower for health is a major problem and obstacle to the extension of health service to Soliga tribal areas. 56 per cent of the Soliga women consisting of 28 women laments that qualified health workers do not want in rural and tribal areas because of professional personal and social reasons. Due to this Soliga women are not getting the much medical treatment.
10. High Frequency of Maternal Mortality: The major health problems of the tribal communities are the high incidence of maternal mortality. The Sample Registration System 2020 reports that insufficient supply of food, poor environmental and personal hygiene result in high levels of reproductive tract infections. Due to the poor sanitation condition Soliga women are suffering from various infectious diseases.

Suggestions to improve the health status of soliga women:

1. The government must formulate realistic health plans based on the needs of the Soliga Tribal Women.
2. The government must promote nutritional and health education to the working, lactation and pregnant Soliga Women.
3. Healthy nutrition habits should be encouraged among the Soliga women through local available products with local recipes.
4. The government has to give more prominence to develop poultry and fisheries where Soliga community live.
5. Health education must be imparted by the health functionaries to the local Soliga women.
6. The government must setup mobile medical care units to visit the Soliga villages.
7. The government must ensure primary health care centers in all the Soliga hamlets.
8. The habit of taking alcohol and drugs during pregnancy should be discouraged.
9. Primitive practices of magico-religious method should be discouraged.
10. Soliga women must be encouraged to maintain high amount of hygiene in connection with childbirth.

Conclusion:

Soliga Tribal women in Jadeswamy Doddi village in Kollegala Taluk had specific problems. Some of these problems were built-in problems and some were imposed upon which hinder their overall development inclusive of their health. The poor socio-economic condition of the Soliga women makes them to bear the maximum burden of the family. Therefore, in order to improve the Soliga women's health status, the health care delivery system must be designed in such way that the problems faced by her should not be re-occurred.

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