

Health Status of Bodh and Balti Tribal Women in Leh Block

Dr. HUMMERA AZIM

Sr. Assistant Professor

Institute at Home Science, University of Kashmir

India

TASHI DOLKAR

Research Scholar

Institute of Home Science, University of Kashmir

India

IRFAN HAKAK

Professional Assistant

Institute of Home Science, University of Kashmir

India

Abstract:

The present study aims to know the health status of Bodh and Balti tribal women in Leh block of Leh district of J&K state. The sample of the study consists of 100 women, (50 from Bodh tribe and 50 from Balti tribe) in the age group of 20 -60 years. Random sample technique was used to select the sample. Interview schedule and observation were used to collect required information from the respondents. The result reveals that from the total number of respondent's majority 92% of respondents (48%from bodh tribe and 44% from Balti tribe) suffer from general diseases like fever, cold, cough, blood pressure, anemia and headache. 48% of respondent (16%from bodh tribe and 18% from Balti tribe) suffer from reproductive problem. Whereas 32% of respondent (16%from bodh tribe and 16% from Balti tribe) suffer from serious disease like chronic bronchitis, joint pain, thyroid, T.B, asthma, stone problem in kidney and gall bladder. The data also reveals that Majority 66% of respondents (28% from Bodh and 38% from Balti) respondents view that women's good health do effect on her household chores if she will

have good health she can perform household task easily in the same way 56% of respondents (22% from Bodh and 34% from Balti) respondents view that if a women is in good health she can take care of her children in better way followed 44% of respondents(28% from Bodh 16% from Balti tribe) view that if a women is in a good health she can take care of her family member remain 33% of respondents (22% from Bodh and 14% from Balti)view for her own health because if a women is in good health she can performed all activities of household. Regarding Health seeking behavior Majority 90% of respondents (42% from Bodh and 48% from Balti) give first priority to the Govt. hospital of city where as 80% of respondents (34% from Bodh and 46% from Balti) respondents give priority to Govt. dispensary of village in minor health problem, while 30% of respondents (24% from bodh and 6% from Balti) respondents visit to private doctor of city. Whereas 80% (34%from bodh tribe and 46% from Balti tribe) of the respondents give priority to govt hospital for health checkups, as there is no other option like private hospitals available in town.

Key words: Health status, Tribal women, Leh, Bodh and Balti.

Introduction

Tribal or adivasis, as they are popularly known as a symbol of self-assertion, comprise of around 8.2 per cent of the national population. The status of tribal women can be judged mainly by the roles they play in society. Their roles are determined to a large extent through the system of descent. The families try to pass their property by the line of descent. The family surnames too are traced on the basis of the system of descent. The status of a person quite often depends on the system of authority he/she enjoys in the community. When the authority is held through the male line, it is called 'patriarchy' and when it is held through the female line; it is called 'matriarchy. The status of the tribal women usually depends on the economic roles they play. The tribal in the past were usually forest dwellers and their livelihood to a great extent depended on the food-

gathering economy. More than the men, the women walked long distances to fetch wood and fodder. Besides, they also collect fruits, roots and tubers, lac, gums and leaves for self-consumption and sale. The men also complemented them by collecting timber and logs. They climbed the trees to shake down the fruits that were gathered on the ground by women. As there has been large scale deforestation, women have to slog harder to retain the gathering economy. The tribal women in India have virtually no role to play in the social and political spheres. Even in the past though for many tribes in central India and in the North-East there were bachelor's dormitories, there was hardly anything for the girls. The girls used to fag around for the boys residing in the dormitories. The tribal women had no place in the village councils. The women were never represented in the traditional Panchayatas. (Burman, 2012) The status of any social group is determined by its levels of health-nutrition, literacy education and standard of living. The tribal women, constitute like any other social group, about half of the total population. However, the health of tribal women is more important because tribal women work harder and family economy and management depends on them. Higher infant mortality rate in the tribal compared to national average; low nutritional level of the tribal; lower life-expectancy in the tribal than the national average; high incidence of sickle cell disease and glucose -6- phosphate enzyme deficiency in some tribal societies; and higher fertility rate in tribal women compared to the national average have been reported by various studies. The factors which influence the health status of the tribal population in general, are also applicable to tribal women more so. It has been reported that illiteracy, in tribal as well as non-tribal population, is positively correlated to health. (Bhasin 2007, 1-16). Every day approximately 1000 women die due to complications of pregnancy and childbirth nearly all of these deaths are preventable. Access to family planning is also known to play an important role in reducing maternal

mortality. Health services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health. They include personal and no personal health services occur in developing countries (Kushwah 2013, 66-69).

Status of Women during Vedic Period

“Yatra Nari Astu Pujyante Ramante Tatra Devataa”

The God reside in places where woman is worshiped. Women had a very significant position in our ancient Indian society. In fact they were superior to men. There are literary evidences to suggest that woman had power which could destroy kingdoms and mighty rulers. In the Vedic society women participated in religious ceremonies and assemblies. There is no evidence of isolation of women in Vedic period in domestic or social affairs, but they were affectionately dependent on their male relations throughout their lives. Women had an opportunity to choose their man through a type of marriage called Swayamvara. She had equal rights with men and enjoyed freedom in choosing their life partner. Women went to Gurukul to receive education and married only after acquiring education. According to Altaker, “Women played a more active role and participation in rituals, girls in higher society allocated to undergo the Upanayana rite” (Rathod 2010).

Literature Review:

Pandey (2011: 189-198) conducted a study on Socio-economic status of tribal women. The study deals with the transhumant Gaddi population of Bharmour (Chamba district of Himachal Pradesh). Findings reveal that ecological and environmental factors existing in Bharmour had given to Gaddi women a special economic power, an elevated social status and authority almost equal to men. The population of the area under study

has been stable for quite a long time. It has not been dominated or strongly influenced by the Muslims, Gorkhas, Tibetans or the British. There had been no recent changes in their technology so as to bring about rapid changes in social organization. The total composition of the village was of 612 persons. Out of which there were 329 males (53.75%) and 283 females (46.24%). Average life of Gaddis was between 65-70 years of age group. Out of 612 people, 288 were married and 311 were unmarried. The unmarried persons mostly belong to 15-25 age groups, in which Women enjoy greater say in family life, great deal of social freedom and several of their actions were condoned/ tolerated.

Dhingra (2011). Conducted study on “The Health Status of Tribal (Gujjar) Adolescent Girls”. The sample for the study comprised of 200 girls in the age group of 13-15 years. Both nomadic and semi-nomadic Gujjars were included. A combination of snowball and random sampling technique was used for the selection of the sample group from various areas of Jammu district of Jammu and Kashmir state. Clinical assessment was conducted to look for the symptoms of various ailments (anaemia, malnutrition, hypertension, respiratory rate and other pathological signs). The results of the study revealed that adolescent Gujjar tribal girls enjoy a balanced emotional status along with capacity for strenuous physical activity. The data of the study showed that the body mass index (BMI) of the majority (88.1%) of the subjects was low indicating the highest prevalence of malnourishment among girls of 13 yrs of age. 96(48%) subjects had systolic blood pressure below 100. The observations for the signs and symptoms of anaemia and malnutrition indicated that 90 percent of the subjects had pale cold skin, 89.5 percent had general weakness and 86.5 percent had yellow conjunctiva. Majority (90.5%) of the respondents showed clear cut presence of anaemia having haemoglobin less than \square 10gm/dl. The results hold implications for professionals

to introduce health programmes in order to improve the health of adolescent girls in particular.

Das (2012) conducted a study on autonomy and decision making role of tribal women: A case study of santoshpur village in sundergargh district of odisha. The objectives of this study were to assess the level of autonomy and decision making power of tribal women. Traditionally women had always been subjugated. True development of a nation is not possible if one half of the population is ignored or marginalized. The sample size of the study was 225 households all together and the entire sample was taken into account. The study examined the decision making role of tribal women and to find out the impact of their socio-economic status on their decision making roles. The major findings reveals that 73% of tribal women enjoy autonomy at their household level, especially in social aspects and enjoy equal rights along with their husbands in economic matters but their community participation was passive and autonomy level was very low. The major reason behind this was low literacy rate and unemployment. Out of 122 tribal household, none of the females were members of any welfare organization at village level. 80 percent of the tribal females votes according to the family decision or upon the decision of the village headman.

Baiju (2011) conducted a study on Tribal Development under Decentralized Governance” in Kerala. Tribal population was the aboriginal inhabitants of India who have been living a life based on the natural environment and have cultural patterns congenial to their physical and social environment. The study was mainly based on a baseline survey conducted in the tribal settlements of Thiruvananthapuram district, Kerala. A stratified random sampling method was used in the selection of sample households from exposed, interior and remote settlements 9. The survey data was strengthened by focus

group discussion and unstructured interviews with the stakeholders. In the total the sample of the study of 78 Panchayat of Thiruvanantha puram district, the tribal settlements were located only in 25 Panchayat. There were 4500 tribal households scattered over 251 tribal settlements of this district. Seventy five out of 251 settlements were selected from the three strata comprising 600 households (30% of households of each stratum i.e.; exposed, interior and remote) for the study. This paper attempted an analysis of the development and welfare programmes addressing poverty, land alienation, exploitation, education, health care, employment, social development and in their reach out to these target groups and discussion of policy implications and the strengthening of service delivery.

Methodology

The Study was conducted in Leh block of Leh district of J&K state. The Leh block consists of 15 villages and from each village 10 women were selected randomly in the age group of 20-60 years. A total of 100 women (50 from Bodh tribe and 50 from Balti tribe) were covered during the study. Interview schedule and observation were used to collect the required information. Then the data was analyzed. The Data so analyzed was systematically coded and tabulated under different headings. Coding was done on the basis of Sample.

Results and Discussion

Table1: General health of respondents.

N=100

Diseases	Bodh n = 50		Balti n = 50	
	N	%	N	%
General disease	24	48	22	44
Serious disease	8	16	8	16
No disease	10	20	11	21

Reproductive problem	8	16	9	18
Total	50	100	50	100

1: General health of respondents

The **Table 1** shows that majority 92% of the respondents (48% Bodh and 44% Balti) suffer from general diseases like fever, cold, cough, and headache, minor illness which may be because of traditional food habits cause minor illness and due to the cold climate people suffer from cold and cough where as 34% of respondents (16% from Bodh and 18% from Balti) suffer from reproductive problem because they don't had any knowledge about maintains of health and lack of education and awareness, prevalent myths, misconceptions, superstitions, etc. Remain 32% of respondents (16% from Bodh and 16% from Balti) suffer from serious diseases like blood pressure, eye problem, joint pain, thyroid, anemia T.B, asthma, stone problem in kidney and the reason may be cause behind of high blood pressure is due to high consumption (gur-gur cha)salty butter tea is responsible for prevalence of high blood pressure. Most of the people living in village and they used traditional stove or Chula (thab) which help in heating the room worm as well as food is also cooked on heat which is used for dual purpose like cook for food purpose and heating in the winter season but this chula are causing adverse effect on their health like respiratory problem, eye problem and lungs problem. Wood and cow dung is used as fuel ,they also uses this system for heating of room, the smoke coming out cause air pollution and due this they suffer from eye problem like conjunctivitis, irritation of eye, respiratory diseases and cause lung cancer. The prevalence of high anemia among women where may because there is lack of knowledge regarding the nutritional contain of iron rich of food. Secondly unavailability of vegetables and fruits during winter season and they mostly depend upon preservative food.

Table 2: Effects of women’s good health on her family.

N=100

Effects of good meal	Bodh n= 50		Balti n= 50	
	N	%	N	%
Can perform household chores	14	28	19	38
Can take care of children	11	22	17	34
Care of other family members	14	28	8	16
For her own health	11	22	7	14
Total	50	100	50	100

2: Effects of women’s good health on her family.

From the **table 2** it is found that among total number of respondents Majority(66%) of respondents(28% of Bodh tribe and 16% from Balti tribe) felt that women’s good health do effect on her household chores if she have good health she can perform household task easily and nice where as 56%of respondents (11%from Bodh and 17% from Balti) view that if a women is in good health she can take care of her children in better way followed 44% of respondents(14% from Bodh 8% from Balti tribe) view that if a women is in a good health she can take care of her family member remain 36% of respondents (22% from Bodh and 14% from Balti)view that if a women is in good health she can take care of her children like in their education, diet, sanitation because if her health will be good, she will automatically perform all the tasks efficiently.

Table. 3: Health seeking behavior of the respondents.

N=100

Place	Bodh n = 50		Balti n = 50	
	N	%	N	%
Govt. dispensary of village	17	34	23	46
Govt. hospital of city	21	42	24	48
Pvt. Doctor of village	-	-	-	-
Pvt. Doctor of city	12	24	3	6
Total	50	100	50	100

***Multiple responses**

3: Health seeking behavior of the respondents

The **table 3** shows that health seeking behavior of respondents. Data of the table reveals that Majority(90%) of respondents (42% from Bodh and 48% from Balti) give first priority to the Govt. hospital of city because of the better facilities available and there is no any other option where as 80% of respondents (34% from Bodh and 40% from Balti) respondents give priority to Govt. dispensary of village in minor health problem and because of socio-economic condition as they cannot afford the expensive treatment of private doctor, while 30% of respondents (24% from bodh and 6% from Balt) respondents visit to private doctor of city and respondents visited to doctors according to their fees.

Summary and conclusion

The present study will explore the health status of Bodh and Balti tribal women in Leh block of Leh district with an objective to study the health status of Bodh tribe and Balti tribe of women in Leh district 100 women were taken as sample, 50 from Bodh and 50 from Balti tribes. Purposive random sampling technique was used to select the sample. Interview schedule was used to elicit the information from the respondents. The results of the study reveal that majority 48% from Bodh and 44% from Balti respondents suffer from general diseases like fever, cold, cough, headache, minor illness because of their eating habits, social practices and due to cold climatic condition where as 32% of respondents (16% from Bodh and 16% from Balti) suffer from serious diseases like blood pressure, eye problem, chronic bronchitis, joint pain, thyroid, anemia T.B. The reason of high blood pressure is due to consumption (gur-gur cha) butter tea whereas few respondents suffer from T.B and the reason may be caused behind of T.B is:-poor economic condition, close and congested living, eating together from one plate, smoking and poor environmental

sanitation, low level of literacy. Majority 66% of respondents from both tribe 14% from Bodh and 19% from Balti respondents view that women's good health do effect on her household chores if she will have good health she can perform household task easily. Regarding Health seeking behavior Majority 90% of the respondents from both tribe 42% from Bodh and 48% from Balti respondents give priority to govt hospital for health check up as there is no other option like private doctor and better facilities available and free treatment in the hospital and people also believed in Govt. whereas 80 % of respondents 17% from Bodh and 23% from Balti respondents give priority to Govt. dispensary of village in minor health problem and also due to poor economic condition people were go to govt, dispensary.

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