



# INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

## Health Status of Yerava Tribal Women in Kodagu District

Muthamma K.K

Research Scholar, Mangalore University, Karnataka, India.

**Abstract:** This study has been undertaken to examine the health status of Yerava tribal women in Kodagu District. Women's health and well-being need special care because their health is largely influenced by socioeconomic factors such as low income, lack of proper education, and early marriages. The objective is to examine the health status of Yerava women. The present paper attempts to examine the age of marriage, general sickness, communicable diseases, type of treatment, contraceptive use and transport facilities. The data was collected by structured interview schedule. Studies reveals that there was low prevalence of communicable diseases, but have general sickness such as fever, cold, headache, backache, allergy, stomach ache, gastritis and anaemic.

**Index Terms – Women, Health Status, Yerava, Communicable.**

### I. INTRODUCTION

India's tribal population, the world's second biggest, with 10.43 crore, constituting 8.6 % of the total population. About 89.97% live in rural areas and 10.03% in urban areas (Census 2011). In India, tribal concentration areas have traditionally been secluded, undeveloped, and increasingly affected by development processes (Ahmed, 1985). Generally the health status of tribal women is very low compared to the general population. World Health Organization (WHO) defined health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

The health state of India's tribal population is widely acknowledged to be poor, with a lack of sanitary conditions, personal hygiene, and health education (Basu, 1994). Anaemia is common among tribal mothers, and girl children receive less than the recommended nutritional intake. Overall, the tribal community suffers from a lack of proper dietary intake. The Scheduled Tribes' level of understanding and practise of family planning was also found to be low (Kanitkar and Sinha, 1988).

Kodagu, often known as Coorg, is the state of Karnataka's smallest district. It is a scenic, hilly region in southern Karnataka, on India's Western Ghats, and is regarded as one of the state's most beautiful hill stations. The state of Kodagu is known for its magnificent naturalistic environments. Many high-value plantation crops, like as coffee, black pepper, and cardamom, are well-suited to the region.

Kodagu is home for tribes such Yerava, Kudiya, Jenu Kuruba, Kadu Kuruba, and Soliga who are believed to be the original settlers of the area. The majority of the tribal population of the district are either leaving within the forests or in resettled colonies in very interior rural areas. Some of them are still dependent on the forest substantially for their livelihoods. Kodagu also has dispersed settlements of three specific nomadic communities: Golla, Haavaadiga and Hakki-pikki

Yerava tribes remain underprivileged, and their development, particularly in terms of health, basic infrastructure remains poor. Alcoholism is a major problem in addressed if these tribes are to live a healthy and productive existence. The removal of these tribes from their forest-based lifestyles and their persistent marginalization from productive participation in the local economy are the principal obstacles to their immediate and rapid mainstreaming (DHRD 2014).

There are 15433 ST families in Kodagu district. Most of them are concentrated in the rural areas of the district. STs form about 10.47% of the district's population. The proportion of STs is higher in the district, in comparison to the state and national figures. The highest proportion of ST population in the district is found

in Virajpet taluk (19.61 percent). The proportion of STs in other taluks is lower than the state average (Census 2011).

The health profile of vulnerable communities is concerning, because illness and malnutrition not only impede economic activity, but also hinder individual and household progress. Out-of-pocket health-care expenses can place the family in a vulnerable and insecure position. Furthermore, it is widely known that when it comes to health and sanitation metrics, the STs are at the bottom (DHRD 2014).

## 2. Review of Literature

Women, particularly those who are in the reproductive age 15- 49-years old are more susceptible to health issues like high-risk pregnancies, anaemia, malnutrition, and other long-lasting illnesses, and their health status directly affects both the mother and the child (WHO, 2009).

Tribal women are much poorer than non-tribal women in every socioeconomic, demographic, and health criterion. Malnutrition is a common occurrence among tribal women. In Jharkhand, there is also a high frequency of anaemia among indigenous women. In Jharkhand, tribal women use maternity health care at a significantly lower rate than non-tribal women. The use of contemporary contraception is likewise much lower among tribal women than among non-tribal women. All of these are likely to have a long-term negative impact on their health not just on their personal health and well-being women (Maiti et.al 2005).

Due to varied and distinct feature and mode of living tribes they easily fall prey to various health problems. The tribes are the victims of communicable and non-communicable diseases; reproductive health problems, tuberculosis, hepatitis, sexually transmitted diseases, malaria, diarrhea, scabies, cough and HIV/AIDS, etc. are prevalent among the tribes (Balgir 2006). The health problems are dealt by the medical staff at the primary health centers or by traditional indigenous health practitioners.

Health problems and health practices of tribal communities have been profoundly influenced by the inter-play of complex social, cultural, educational, economic and political practices. The common beliefs, customs, traditions, value and the practices connected with health and disease have been closely associated with the treatment of diseases (Balgir 2011).

Tribal communities are among India's poorest, most marginalised, and most at-risk populations, and they suffer from severe health disparities (Willis et al 2004, Basu 1992, 1994, Chhotry 2003). The indigenous tribes are very susceptible to sickness, and they lack the necessary access to basic medical facilities. They have the highest levels of exploitation, neglect, and vulnerability to illnesses that cause significant malnutrition, morbidity, and mortality (Balgir, 2004). Poverty, illiteracy, ignorance about the causes of diseases, a hostile environment, inadequate sanitation, a lack of access to safe drinking water, and blind beliefs all contribute to their misery. Inadequate nutritional status, anaemia, unhygienic delivery methods, and poor nutrition are the key contributors to the high maternal mortality rate.

Early marriage and child birth is a major determinant of women's health. Inadequate and improper utilization of health facilities and wide spread anaemia among all the reproductive age women, leading to high maternal mortality (NFHS-2). Poor health has repercussions not only for women but also their families.

## 3. Objectives of the Study

1. To examine the health status of Yerava tribal women.

## 4. Research Methodology

Research Methodology includes the collection of data, framing questionnaire, field work and analysis using SPSS version 21 and MS Excel 2010. The present study was conducted in the tribal hamlets of Virajpet and Somwarpet taluks in Kodagu District. The study was done to understand the health status of Yerava women. The study is descriptive in nature. Information was collected through structured interview schedules.

**Sampling Design:** The sample was selected from the tribal hamlets of Virajpet and Somwarpet taluks. The sample size was 320 women respondents from the Yerava community. Simple Random Sampling was used to select the sample.

**Collection of data:** The study is based on Primary and Secondary Data. The Primary Data is collected from the Yearva women directly through interview schedule. Secondary Data is collected from various journals, books and articles from websites.

## 5. Data Analysis and Interpretation

Table-1: Socio-Economic Status of the respondents (N=320)

Variables	Frequency	Percent
<b>Age</b>		
18-27	83	25.9
28-37	115	35.9
38-47	75	23.4
48 and above	47	14.7
<b>Marital Status</b>		
Unmarried	6	1.9
Married	270	84.4
Separated	5	1.6
Widow	39	12.1
<b>Education</b>		
Illiterate	175	54.7
Primary	68	21.7
Secondary	46	14.3
SSLC	17	5.3
PUC	12	3.8
Graduate	2	0.6
<b>Occupation</b>		
Farm labour	299	93.4
Agriculture	2	.6
Homemaker	11	3.4
Asha Worker	6	1.9
	2	0.6
<b>Monthly Income</b>		
< 10,000	48	15.0
10,000 - 15,000	249	77.8
15,000 - 20,000	20	6.3
> 20,000	3	0.9

Source: Primary Data

Table-1 highlights the socio-economic status of the respondents. The study includes the Yerava women respondents who are in the age group of 18 - 48 and above. The study reveals that 35.9% are in the age group of 28-37, 84.4% are married, 54.7% are working as farm labour and 77.8% respondents' income is 10000-15000/ per month and 0.9% have income below 20,000/- per month.

### Health Status

The health statuses of the respondents are measured in terms of, general sickness, communicable diseases, type of treatment, decision making, age of marriage, antenatal and post natal care, use of contraceptives and transport facilities.

### General Sickness

Table 2: General Sickness of the respondents

General Sickness	Percent of Cases
Headache	22
Anaemic	28
Backache	17.4
Cold	14.3
Allergy	8.3
Fever	6.4
Stomach ache	6.3
Gastritis	6.6
Others	5.3
No Problem	23.7

Note: Figures not to total (N= 320)

Table- 2 shows the general sickness suffered by Yerava women 22 per cent respondents complained of headache, 28 per cent respondents are anaemic, was confirmed by the medical prescriptions and blood test report given by the doctors, 17.4 per cent respondents had back ache, this may be due to long hours of work in the estate and home, 14.3per cent respondents had cold, 8.3 per cent respondents had allergy, 6.4 per cent respondents had fever, 6.3 per cent respondents were suffering from stomach ache, 6.6 per cent respondents had gastritis, 5.3 per cent respondents had other health issues which include knee pain, blood pressure, heart problem, uterus problem, thyroid, asthma and diabetics. 23.7 respondents did not have any sickness. Yerava women suffer from general sickness such as headache, body ache, knee pains, gastritis, stomachache, backache this seems to be because of malnutrition and long hours of hard work in estates and fields and also due to excessive consumption of liquor.

### Communicable Diseases

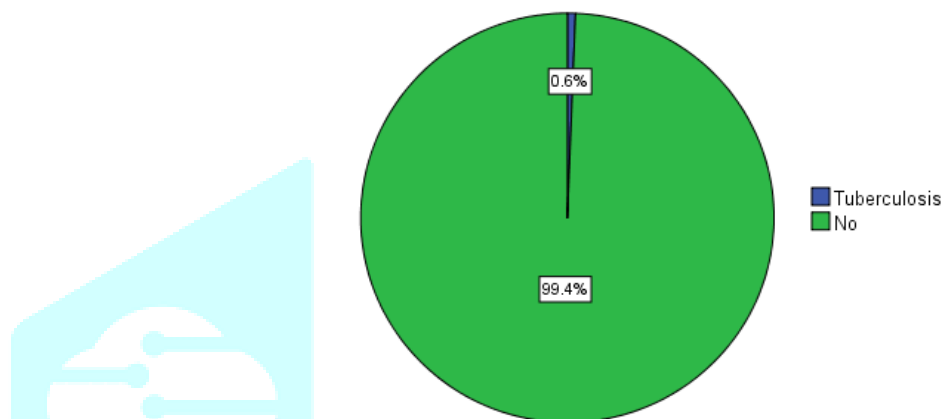


Figure 1: Communicable Diseases among the Respondents N =320

Figure 1 shows that 0.6 per cent suffer from tuberculosis this is due to proximity of houses, hygienic conditions, low body weight, anaemia. The problem of tuberculosis is found in very small percentage of women due to active government T.B eradication programmes and well supported by health department and Asha Workers. 99.4 per cent respondents did not suffer from any diseases. Even though being malnourished they are not susceptible to any diseases and are of general good health.

### Type of Treatment

Table 3: Type of Treatment by the Respondents

Sl. No	Treatment	Percent of Cases
1	Government Hospital	89.1
2	Private Hospital	7.8
3	Traditional Medicine	24.3
4	Ayurvedic Medicine	0.6
5	Pharmacy/Drugstore	0.3
6	None	3.4

Note: Figures not to total (N= 320)

Table 3 depicts that 89.1 per cent respondents on falling sick go to the nearest Primary Health Centre or Government Hospital for the treatment of diseases as it is free of cost, 7.8 per cent respondents go to private clinics and they are of the opinion that the medicines given in the P.H.Cs is not effective, the paramedical staff and doctors are reluctant and are not concerned towards the sick. Among 24.3 per cent respondents 3.7 per cent women consume only traditional medicine handed over generations and 20.6 per cent respondents also use traditional medicines for minor health problems like cold, fever headache, stomach ache, dysentery etc., if the problem persists they go to the government hospitals, 0.6 per cent women prefer to consume Ayurvedic medicines for general sickness, 0.3 per cent women go to local pharmacy for over the counter medicine and 3.4 per cent women do not take any medical treatment they continue with their home remedies. Thus it is evident that majority of yerava women are health conscious and visit health centres for health problems.

## Medical Expenditure

**Table 4: Medical Expenditure of the Respondents (N = 320)**

Medical Expenditure of the Respondents		
Sl. No	Medical Expenditure	Percent
1	Planters/Owners	55.7
2	Savings	44.3
	<b>Total</b>	<b>100</b>

Source: Primary Data

Table 4 shows that 55.7 per cent respondents borrow money from the estate owners for treatment of diseases. 44.3 per cent respondents use their savings from the wages to treat their sickness. Even though the treatments in the government hospitals are free some of them prefer private clinics because of the lack of interest shown by government hospitals in treating them. The money spent is more on transportation since they live deep inside the forest.

## Decision in obtaining Health Care

**Table 5: Decision in obtaining Health Care**

Sl. No	Decision	Percent
1	Alone	93
2	Husband	1
3	Jointly	6
	<b>Total</b>	<b>100</b>

Source: Primary Source

Decision in obtaining health care indicates the status of women in the society. The decision to visit a doctor or the health worker is taken by the woman who is not well. Table 4 signifies that 93 per cent respondents take decision alone, 1 per cent women decide after consulting their husband, but to seek or not to seek is solely their decision. 6.0 per cent respondents jointly take decision in obtaining health care.

## Age of Marriage

**Table 6: Age of Marriage of the Respondents N= 320**

Age of Marriage	Percent
14-16	19.3
16-18	42.5
18 and above	39.2
<b>Total</b>	<b>100</b>

Source: Primary Data

Yerava Women marry at a young age. Attaining of puberty is considered as an appropriate time for marriage. The age of marriage influences frequency of child bearing since longer the child bearing age more the chances of frequent child births and spacing between child births. Table 4 shows that 19.3 per cent respondents were married at the age of 14-16 years, 42.5 per cent were married at 16-18 years and 39.2 per cent were married at 18 and above. This can be justified that the yerava women marry at a very young age.



## Mode of Transport

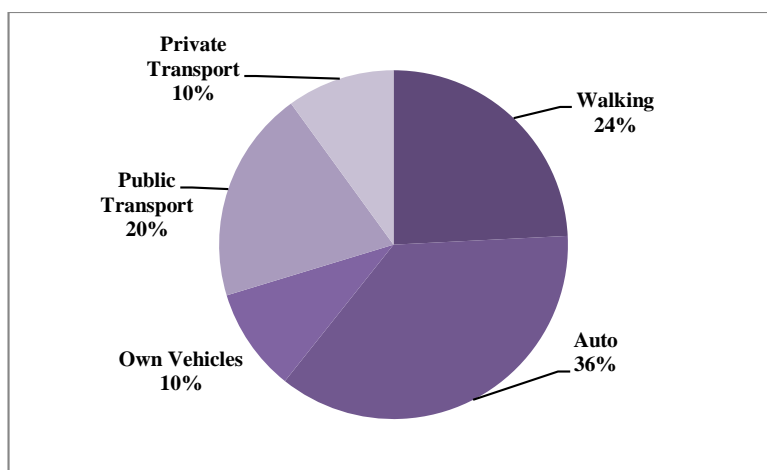


Figure 2 Mode of transport of the respondents N =320

Figure 2 shows that among the respondents, 24 per cent of women use walking as a mode of transport to health centres to seek treatment, 36 per cent women use auto, 10 per cent women have their own vehicles, 20 per cent women use public transport, and 10 per cent women use private buses as a mode of transport to seek treatment. Poor infrastructure and distances, as well as lack of communication network, cause significant problems for the respondents because very few of them have their transportation: the rest rely on hired vehicles, which are expensive and refuse to commute in dark, citing wild animals and bad roads.

## Methods of Family Planning

Majority of yerava women prefer tubectomy over other methods like contraceptives, birth control pills. 70.3 per cent women have undergone tubectomy, 2.8 per cent women used contraceptives, 0.9 per cent used pills, 4.1 used traditional method and 20 per cent did not use any methods of family planning. Family planning after much persuasion from the Asha worker is done by these yerava women.

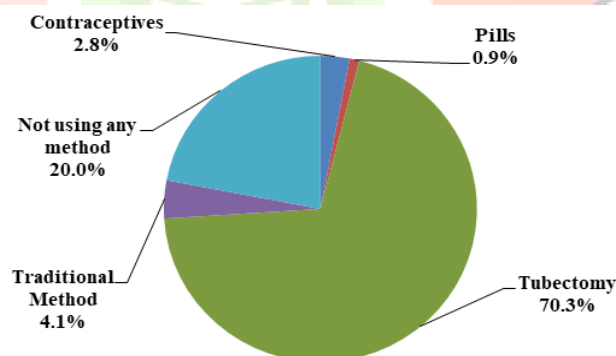


Figure 3 Methods of Family Planning used by the Respondents N= 320

## Findings of the Study

- ❖ The study includes the Yerava women respondents are in the age group of 18 - 48 and above. The study reveals that 35.9% are in the age group of 28-37, majority (84.4% ) are married.
- ❖ Majority (54.7% ) are working as farm labour and 77.8% respondents income is 10000-15000/ per month.
- ❖ There is low prevalence of communicable diseases.
- ❖ Among the respondents 28 per cent are anaemic.
- ❖ Respondents belonging to different age groups suffer from general health issues such as headache, back ache, cold, knee pain, gastritis, stomach ache, backache.
- ❖ Majority (89.1%) respondents seek services from government hospitals when they are sick, very few use traditional medicines.
- ❖ Majority (93%) respondents take decision alone in obtaining health care.
- ❖ The Yerava respondents marry at a very young age, 42.5 per cent were married at the age of 16-18 years.
- ❖ Among the respondents 36% use auto as a mode of transport to seek health services.
- ❖ 70.3 per cent women have undergone tubectomy. This shows that the respondents are aware of family planning.

## Conclusion

Women are the backbone of a family's overall health, ensuring their access to high-quality treatment can also benefit the health of children and families. There is no doubt that the health of women affects the health of families and communities. Studies reveals that among the respondents there was low prevalence of communicable diseases, but have general sickness such as fever, cold, headache, backache, allergy, stomach ache, gastritis and anaemic. They were married at a very young age and they take decision in availing health care services. Majority of the respondents seek services from government health facilities and are aware of family planning methods. The study emphasizes in enhancing health-care services in tribal communities through the implementation of health awareness programmes and initiatives.

## References

- [1] Ahmed, A. 1985. Regional Development Process and Redistribution of Tribal Population in Mid-India. Geo Journal Library Book Series(GEJL, Volume 3).
- [2] Balgir, R.S. 2004. Dimensions of rural tribal health, nutritional status of Kondh tribe and tribal welfare in Orissa: a biotechnological approach. Proceedings of the UGC Sponsored National Conference on Human Health and Nutrition: A Biotechnological Approach.
- [3] Balgir, R.S. 2006. Tribal Health Problems, Diseases Burden and Ameliorative Challenges in Tribal Communities with special emphasis on Tribes of Orissa, Tribal Health:Proceedings of National Symposium. Regional Medical Research Centre for Tribals, Indian Council of Medical Research. 161-176.
- [4] Balgir, R.S. 2011. Genetic Disease Burden, Nutrition and Determinants of Tribal Health Care in Chattisgarh State of Central-East India: A Status Paper. Online Journal of health and Allied Sciences. 10(1).1-7.
- [5] Basu, S.K. 1994. A health profile of tribal India, Health for the Millions. Apr; 2(2):12-4.
- [6] Census of India. 2011. Govt of India, Ministry of Home Affairs. Registrar General and Census of Commissioner. India.
- [7] Chhotray, G.P. 2003. Health status of primitive tribes of Orissa. ICMR Bulletin. Vol,33. No.10. ISSN -0377-4910.
- [8] District Human Development Report. Kodagu District. Available from [www.kodagu.nic.in/zp/docs/HDR/kodagu%20%20HDR%20Full%20Draft.Pdf](http://www.kodagu.nic.in/zp/docs/HDR/kodagu%20%20HDR%20Full%20Draft.Pdf).
- [9] <https://www.who.int/health-topics>
- [10] <https://www.globalbrandsmagazine.com>
- [11] Kanitkar T and R. K. Sinha. 1988. A Report on Demographic Study of Tribal Population in Santhal Pargana in Bihar and Phulbani and Kalahandi Districts in Orissa, Bombay, India, Mumbai:International Institute for Population Sciences, 46p.

- [12] Maiti, Sutapa, Sayeed Unisa and Praween K. Agrawal. 2005. Health Care and Health Among Tribal Women in Jharkhand: A Situational Analysis. Kamla-Raj Stud. Tribes Tribals, 3(1): 37-46
- [13] NFHS-2. National Family Health Survey-2 1998-99-. Mumbai: International Institute of Population Sciences.
- [14] Rao, K.L.N. 1951. Yeravas of Coorg in the Tribes of India. Delhi, 1951 Bharatiya Adimjati Sevak Sangh. P-70.
- [15] Willis, R., Stephens, C. & Nettleton, C. 2004. The Right to Health of indigenous peoples. Report of a Conference held at the London School of Hygiene and Tropical Medicine, London: Health Unlimited.

