

## Health Care and Health Among Tribal Women in Jharkhand: A Situational Analysis

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**ABSTRACT** The paper investigates the health care and health condition among the tribal women in comparison to the non-tribal women in the newly formed state of Jharkhand by drawing upon data from the National Family Health Survey - 2, conducted during 1998-99. The non-tribal women were better off than the tribal women in terms of standard of living, education and other socio-demographic indicators. The paper lists out antenatal, delivery and postnatal characteristics of tribal and non-tribal women, delivery and postpartum care, contraceptive use and problems and nutritional status and identifies many lacunae.

### INTRODUCTION

India's tribal population, the largest in the world, was about 67.7 million in 1991. The tribal areas of concentration in India are traditionally isolated, underdeveloped and are increasingly affected by development processes (Ahmed, 1985). There is a general agreement that the health status of the tribal population in India is very poor, deficient in sanitary conditions, personal hygiene, and health education (Basu, 1994). Tribal mothers have high rates of anemia, and girl children receive less than the desired nutritional intake. All told, the whole tribal community is deficient in adequate food intake. The extent of knowledge and practice of family planning was also found to be low among the Scheduled Tribes (Kanitkar and Sinha, 1988). There is a need for proper understanding of the different health aspects of tribal women and their specific health needs so that relevant health measures can be prepared and implemented. More particularly, there is a need for undertaking a region-specific study of the health of the tribal women, which will make planning for their welfare more successful. In the above context, this study investigates the maternal health care practices and health condition among the tribal women in comparison to the non-tribal women of Jharkhand\* with reference to:

- Differentials in the socio-economic and demographic characteristic;
- Antenatal problems and care, delivery care and postnatal care;
- Current contraceptive use and reproductive health problems; and
- Nutritional and anemia status.

### DATA SOURCE AND METHODOLOGY

Data are from India's second National Family Health Survey (NFHS-2) conducted in 1998-99 for the state of Jharkhand. This survey was designed on the lines of the Demographic and Health Surveys (DHS) that have been conducted in many developing countries since the 1980s. NFHS-2 collected demographic, socioeconomic, and health information from a nationally representative probability sample of 90,303 ever-married women age 15-49 residing in 92,486 households. All states of India are represented in the sample (except the small Union Territories), covering more than 99 percent of country's population. The sample is a multi-stage cluster sample with an overall response rate of 98 percent. Details of sample design, including sampling frame and sample implementation, are provided in the basic survey report for all India (IIPS & ORC Macro, 2000). For the state of Jharkhand, NFHS-2 has collected data of a representative probability sample of 1614 ever-married women age 15-49 years residing in 1642 households (IIPS & ORC Macro, 2001). The analysis here focuses on 1614 ever-married

\* The newly created state of Jharkhand has a sizeable proportion of tribal population (27.7% according to 1991 Census). Also the National Family Health Survey (NFHS-2, 1998-99) shows 29.1% tribal women in its total sample population of Jharkhand.

women age 15-49 years comprising of 469 tribal women and 1145 non-tribal women (including Scheduled castes, other backward class and general castes).

Maternal health care of the tribal women in comparison with the non tribal women has been investigated with reference to the health problems and health care during pregnancy, antenatal checkups, antenatal advices, reasons for not receiving antenatal checkups, problem during and after delivery, place of delivery and assistance during delivery and also the post natal health care of the mother as well as the baby. In addition to these, the situation of the tribal and non-tribal women in Jharkhand has also been seen in terms of their nutritional and anemia status, current reproductive health problems and contraceptive use and problems with the method currently in use. Simple bi-variate analysis has been done and result has been shown in percentage for different health care and health parameters.

#### **SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF TRIBAL AND NON-TRIBAL WOMEN OF JHARKHAND**

Table 1 represents the percentage distribution of tribal and non-tribal women aged 15-49 years by different socio-economic and demographic attributes like age, marital status, types of place of residence, education, husband's education, standard of living, working status, lifestyle, religion, exposure to mass media and number of children ever born. Age structure shows different patterns for tribal and non-tribal women. Tribal women were slightly more in the younger cohorts than non-tribal women. About 52% of tribal women are below age 30 compared to 50% of the non-tribal women. Less than 3% of tribal women reside in urban areas compared to 23% of non-tribal women. More than 80% of tribal as well as non-tribal women belong to the Hindu religion. Though over ninety percent of both tribal and non-tribal women are currently married, a considerable percentage (6.1) of tribal women also belongs to 'other' category comprising of divorced, separated and others. The mean numbers of children ever born for both the tribal and non-tribal women are almost the same.

A sizeable gap has been noticed in educational attainment between tribal and non-tribal women in Jharkhand. 89% of the tribal

women were illiterate compared to 71% of the non-tribal women. Only 3% of tribal women completed education above high school compared to 8% in the case of non-tribal women. Again, not only are tribal women illiterate themselves, their husband's educational status is also very poor. 62% percent of tribal women's husbands are illiterate compared to 37% among non-tribal women. Again, with respect to mass media, which plays an important role in development and utilisation of health services, 88% tribal women have not been exposed to any mass media compared to 61% among non-tribal women.

In table 1, household standard of living index (SLI) has been calculated on the basis of availability of amenities and is a proxy variable for determining the economic status of the household. There is a huge gap in SLI between tribal and non-tribal women in Jharkhand. About 12% of non-tribal women have a high standard of living compared to only 1% of tribal women. The majority of tribal women (more than 75%) have a low standard of living, compared to only 49% of non-tribal women.

Considering the lifestyle indicators like chewing *paan masala* or tobacco, drinking alcohol, or smoking, it has been found that in Jharkhand, tribal women are more prone to these undesirable behaviour than their non-tribal counterparts. These lifestyle indicators are of substantial interest because the use of *paan masala*, tobacco, and alcohol, all have a very detrimental effect on one's health. More than 21% of tribal women are addicted to chewing *paan masala* or tobacco, compared to only 7% among the non-tribal women. Alcohol consumption is more than 31% among the tribal women compared to only 4% among the non-tribal women. Also, about 4% of tribal women smokes compared to only 1% of non-tribal women (Table 1).

#### **ANTENATAL, DELIVERY AND POSTNATAL CHARACTERISTICS**

##### **Antenatal Problems and Care**

Antenatal care (ANC) refers to pregnancy-related health care provided by a doctor or a health worker in a medical facility or at home. The Safe Motherhood Initiative proclaims that all pregnant women must receive basic professional antenatal care (Harrison, 1990). The

**Table 1: Percentage distribution of tribal and non-tribal women by selected socio-economic and demographic characteristics, Jharkhand, 1998-99**

<i>Socio-economic and demographic characteristics</i>	<i>Tribal women</i>	<i>Non-tribal women</i>
<i>Age Groups</i>		
Below 30	52.3	49.5
30-40	32.1	30.8
Above 40	15.6	19.6
<i>Marital Status</i>		
Currently married	93.9	95.8
Others	6.1	4.2
Mean Children Ever Born	2.2	2.3
<i>Type of Place of Residence</i>		
Urban	2.6	23.2
Rural	97.4	76.8
<i>Educational Attainment</i>		
Illiterate	89.0	71.1
Literate, <middle school complete	5.7	14.6
Middle school complete	2.6	6.0
High school and above	2.6	8.3
<i>Husband's Education</i>		
Illiterate	61.8	37.3
Literate, <middle school complete	17.5	21.4
Middle school complete	9.1	12.7
High school and above	11.6	28.7
<i>Working Status</i>		
Working	41.1	22.8
Not working	58.9	77.3
<i>Lifestyle Indicators</i>		
Chew paan masala or tobacco	21.7	6.6
Drink alcohol	31.3	4.2
Smoke	4.3	1.4
Not Regularly Exposed to Any Media	87.8	61.4
<i>Standard of Living Index</i>		
Low	75.8	48.8
Medium	23.2	38.9
High	1.0	12.3
<i>Religion</i>		
Hindu	81.3	17.0
Others	18.7	
<b>Number of women</b>	<b>469</b>	<b>1145</b>

RCH programme of the Government of India recommends that as part of antenatal care, women should receive two doses of tetanus toxoid vaccines, adequate amount of iron and folic acid

tablets or syrups to prevent and treat anemia, and at least three antenatal checkups that include blood pressure checks and other procedures to detect pregnancy complications (Ministry of Health and Family Welfare 1997; 1998).

*(i) Problems During Pregnancy:* Table 2 shows the percentage of tribal and non-tribal women age 15-49 years experiencing any of the pregnancy-related problems like night blindness, blurred vision, convulsions (not from fever), swelling (of the leg, body or face), excessive fatigue, anemia or vaginal bleeding. The pregnancy-related health problems commonly reported among both the tribals and non-tribal women are excessive fatigue (49% and 56% respectively). The second important pregnancy related problem among the tribal women in Jharkhand is swelling of legs, body or face, (49%). 38% of tribal women reported convulsions that were not from fever, compared to 34% among the non-tribal women. The reported problem of anemia is almost same (29%) among both the groups of women in Jharkhand. Only 2% tribal women reported any vaginal bleeding compared to 3% non-tribal women.

*(ii) Components of Antenatal Check-ups:* The effectiveness of antenatal check-ups in ensuring safe motherhood depends in part on the tests and measurements done and the advice given during the check-ups. Table 3 shows the percentage of tribal and non-tribal women who have gone through several antenatal check ups at least once during their last pregnancy. The condition of non-tribal women, which includes Scheduled Castes, Other Backward Classes and general castes, is comparatively better for these six check ups. General check-up, which includes weight and height measurements, has been done by 50% of the tribal women compared to 57% among the non-tribal women. Only 37% of tribal mothers had their blood pressure checked as

**Table 2: Percentage of tribal and non-tribal women with health problems during pregnancy, Jharkhand, 1998-99**

<i>Health problems during pregnancy</i>	<i>Tribal women</i>	<i>Non-tribal women</i>	<i>Total</i>
Night blindness	20.4	14.1	15.9
Blurred vision	33.6	36.0	35.3
Convulsion (not from fever)	38.4	34.1	35.3
Swelling of the legs, body or face	49.0	31.1	36.1
Excessive fatigue	49.3	55.7	53.9
Anemia	28.9	29.2	29.1
Vaginal bleeding	2.1	3.3	2.8
<b>Number of births</b>	<b>142</b>	<b>368</b>	<b>510</b>

*Note:* Table includes only for the most recent birth during the three years preceding the survey

compared to 60% of the non-tribal women. Abdomen examinations were the most frequently carried out antenatal check-up by 53% and 70% of tribal and non-tribal women respectively. Only 15% of births among tribal mothers were accompanied by an internal examination during any antenatal check-up. Again 41% of tribal mothers had undergone a blood test and only 28% had their urine test. Most of these measurements or tests were performed 1.5 times more often during antenatal check-ups for non-tribal mothers than for tribal mothers. X-ray or sonography was not done at all for the tribal women. 2% of non-tribal women has undergone X-ray and 7% had undergone sonography.

For all the items of antenatal advice, tribal women received less advice than their non-tribal counterparts (Table 3). 63% tribal women received advice on dietary conditions during pregnancy from the health workers, whereas about 70% of non-tribal women received the same advice. Advice on danger signs during pregnancy had been received by 35% of tribal women compared to 40% of non-tribal women. About 39% of tribal women received advice on delivery care, as compared to more than 45% of non-tribal women. However advice on newborn care was received by almost the same percentage of tribal and non-tribal women. It is very distressing to note that only about 7% of tribal women received advice on family planning as against 19% of non-tribal women. While it is felt that pregnant women who utilise antenatal care services come in contact with the health staff and are thus more likely to accept family planning

after child birth, in Jharkhand, a different situation prevails.

**(iii) Status of TT Vaccine and Iron and Folic Acid Supplementation:** In India, the tetanus toxoid immunisation programme for expectant mothers was initiated in 1975-76 and was integrated with the Expanded Programme on Immunization (EPI) in 1978 (Ministry of Health and Family Welfare 1991). Table 4 shows the antenatal check-ups, status of TT vaccine and iron and folic acid supplementation among the tribal and non-tribal women in Jharkhand. One in every four tribal women undergoes ANC compared to 44% of the non-tribal women. Again, not only is the incidence of ANC is less frequent among the tribal women, but also, they are much behind the non-tribal women in taking up the full course of ANC. More than 55% of tribal women did not receive a single dose of TT vaccine during their last pregnancy compared to 37% of non-tribal women. Again, in the case of tribal women, only 29% received the complete TT injection (all three doses), whereas in the case of non-tribal women, the percentage goes to 48. It is recommended that immediate attention should be paid towards tribal women so that more pregnant women are covered by TT vaccine in order to save them and their children from the most dangerous disease of tetanus. The findings also suggest that despite generally improving coverage of tetanus toxoid vaccination, the coverage for socio-economically disadvantaged women lags far behind that of the privileged women in Jharkhand.

Iron deficiency anemia is the most common

**Table 3: Exposure to antenatal check-ups, tribal and non-tribal women, Jharkhand, 1998-99**

<i>Components of antenatal check-ups</i>	<i>Tribal women</i>	<i>Non-tribal women</i>	<i>Total</i>
<i>Antenatal Measurement/Tests</i>			
General checkup	49.7	56.7	55.3
Blood pressure checked	37.0	60.0	55.3
Blood test	41.3	59.8	56.0
Urine test	28.3	53.3	48.2
Abdomen examined	53.2	70.0	66.5
Internal examination	14.9	26.1	23.8
X-ray	0.0	2.2	1.9
Sonography	0.0	6.7	5.3
<i>Antenatal Advice</i>			
Diet	63.0	69.4	68.1
Danger signs of pregnancy	34.9	40.2	39.1
Delivery care	39.1	45.6	44.2
Newborn care	42.6	42.2	42.3
Family planning	6.5	19.4	16.8
<b>Number of births</b>	<b>142</b>	<b>368</b>	<b>510</b>

*Note:* Table includes only for the most recent birth during the three years preceding the survey

**Table 4: Tetanus toxoid vaccination and Iron Folic Acid tablets or syrup consumption among tribal and non-tribal women, Jharkhand, 1998-99**

<i>TT Vaccine and IFA supplementation</i>	<i>Tribal women</i>	<i>Non-tribal women</i>	<i>Total</i>
Has done ANC	25.7	44.3	39.0
Given iron folic acid tablets	24.3	36.2	32.8
Given enough tablets for at least three months	73	89.2	85.8
Consumed all tablets	78.4	83.5	82.4
TT injections given	43.7	63.5	57.9
Given all the three doses of TT injections	28.8	48.4	44.2

*Note:* Table includes only for the most recent birth during the three years preceding the survey

micronutrient deficiency in the world. Overall, about one-third of newborn children in India are of low birth weight. Therefore the provision of iron and folic acid (IFA) tablets to pregnant women to prevent nutritional anemia forms an integral part of the safe-motherhood services offered as a part of the MCH activities of the Family Welfare Programme (MOHFW, 1991) and now offered as a part of the RCH Programme. Table 4 also shows the status of IFA consumption among the tribal and non-tribal women in Jharkhand. 24% of tribal women were given IFA tablets and among them 73% received enough tablets for at least three months. 78% of the tribal women consumed all the tablets given to them. However consumption of IFA tablets were higher among the non-tribal women.

**(iv) Reasons for not Receiving Antenatal Check-ups:** Table 5 explores the reasons for not receiving antenatal care among the tribal and non-tribal women in Jharkhand. For 72% of the births to tribal mothers who did not have any antenatal check-ups, mothers did not consider having a check-up necessary or customary, compared to 65% of non-tribal women. Also 11% of tribal women reported that antenatal care service is either too far from their place or it is inconvenient for them to visit or they had no time to visit. Costs for obtaining health care services was reported by another 15% among the tribal women compared to 21% of non-tribal women. Lack of knowledge or familial resistance were the other reasons. These results suggests that there is a

need to inform the mothers and families about the availability and benefits of antenatal check-ups to help overcome traditional attitudes and other hurdles that prevent mothers specifically tribal mothers from seeking antenatal care for their pregnancies. Again, since about one-fourth of the reasons reported deal with the problems of accessibility and cost of services, utilisation of antenatal care services among women in general and tribal women in particular could also be increased by lowering direct and indirect costs, improving quality, and making services more accessible.

### Delivery Care

**(i) Place of Delivery:** One of the important major thrust areas of the RCH Programme in India is to encourage and promote deliveries under proper hygienic conditions under the supervision of trained health professionals. Table 6 shows the place of delivery of the both tribal and non-tribal mothers in Jharkhand for their most recent birth. It is shocking to note that more than 92% of the most recent delivery among the tribal mothers had been taken place in their own home compared to 74% among the non-tribal mothers. In parent's home, 8% births took place among non-tribal mothers as compared to 3.3% among tribal mothers. Only about 5% of the deliveries of tribal mothers have been taken place in health facilities compared to 18% among the non-tribal women. Only 1% of the births among the tribal

**Table 5: Reasons for not receiving antenatal check-ups, tribal and non-tribal women, Jharkhand, 1998-99**

<i>Reasons for not receiving antenatal check-up</i>	<i>Tribal women</i>	<i>Non-tribal women</i>	<i>Total</i>
Not necessary/not customary	72.4	65.5	67.9
Costs too much	15.2	20.7	18.8
Too far/inconvenient/no time to go	11.4	4.4	6.8
Family did not allow/lack of knowledge	1.0	8.3	5.8
Other reasons	0.0	1.0	0.6

*Note:* Table includes only for the most recent birth during the three years preceding the survey



mothers took place in facilities operated by non-governmental organisations or trusts. The corresponding figure for non-tribal mothers in Jharkhand stands at zero.

**(ii) Assistance During Delivery:** Table 7 provides information on assistance during delivery for the most recent birth among the tribal and non-tribal women in Jharkhand. Only 5% of the recent births among tribal mothers has been conducted by a trained person whereas it is 17% among the non-tribal mothers. Thus in both the group, safe delivery is very less. It is distressing to note that 94% of the births among the tribal mothers has been attended by untrained persons compared to 82% among the non-tribal women. This, of course, is very dangerous to the life of the woman as well as of the child. Here there is an immediate need to sensitize the tribal women about this risk.

**(iii) Delivery Characteristics:** Table 8 shows the percentage of most recent births during the three years preceding the survey among the tribal and non-tribal women in Jharkhand. Based on the mother's report, 23% of the most recent birth in Jharkhand was by caesarian section. The proportion of deliveries by caesarian section was lower among the tribal women than the non-tribal women. In Jharkhand 29% of babies born to the tribal women were not weighed at birth compared to 27% among the non-tribal women. Even for babies that were weighed, more tribal mothers

did not remember the weight. Among the children for whom birth weights were reported, less than one percent of tribal children weighed less than 2.5 kg at birth, as compared to a figure of 4% among non-tribal women.

More than 21% and 1% of births among the tribal women were of small size and very small size respectively, compared to 14% and 4% among the non-tribal women. Most of the births among the tribal and non-tribal women (73% and 75% respectively) were of average size. A small proportion of babies among both the tribal and non-tribal women were reported large at the time of their birth (5% and 7% respectively).

#### Postnatal Care Among the Tribal and Non-Tribal Women in Jharkhand

**(i) Postpartum Check-ups:** The health of a mother and her new born child depends not only on the health care she receives during her pregnancy and delivery, but also on the care she and the infant receive during the first few weeks after the delivery. Table 9 shows the percentage of non-institutional births for which a postpartum check-up was received. Among the births that were followed by a postpartum check-up, the table also shows the percentage with a check-up within two days of delivery (which is the most crucial period) and within one week of delivery. Only 11% of the births among the tribal women

**Table 6: Place of delivery among the tribal and non-tribal women, Jharkhand, 1998-99**

Place of delivery	Tribal women	Non-tribal women	Total
<i>Health Facility/Institution</i>			
Public	0.7	6.4	4.7
NGO/Trust	1.3	0	0.4
Private	2.6	11.7	9.2
<i>Home</i>			
Own home	92.1	73.6	78.8
Parent's home	3.3	8.4	6.9
<b>Number of births</b>	<b>142</b>	<b>368</b>	<b>510</b>

Note: Table includes only for the most recent birth during the three years preceding the survey

**Table 7: Percentage distribution of births by attendant assisting during delivery, Jharkhand, 1998-99**

Delivery conducted by	Tribal women	Non-tribal women	Total
Any trained person (Doctors/ nurse/midwife/other health professional)	4.9	17.4	13.9
Any untrained person (Traditional Birth Attend/ relatives and friends)	94.4	82.1	85.5
None	0.7	0.5	0.6
<b>Number of births</b>	<b>142</b>	<b>368</b>	<b>510</b>

Note: Table includes only for the most recent birth during the three years preceding the survey

were followed by a check-up within two months of the delivery compared to 19% among the non-tribal women. 59% of the check-ups took place within 2 days of births for tribal women as compared to 66% in the case of non-tribal women.

Table 9 also shows, the percentages of mothers, who received specific recommended components of postpartum care including an abdominal examination and advice on family planning, breastfeeding, and baby care. For 38% of births among the tribal women, mothers who received a postpartum check-up also had their abdomen examined during the check-up, as compared to 29% for non-tribal women. Advice on breastfeeding and baby care was considerably more common among the tribal women (56% and 63% cases respectively). Least important was the advice given on family planning, which was 19% among the tribal women and 24% among the non-tribal women.

(ii) **Postpartum Complications:** Postpartum complications have been studied through two indicators like massive vaginal bleeding or very

high fever at any time during the two months after delivery. Tribal mothers in Jharkhand reported of severe postpartum complications (massive vaginal bleeding as well as very high fever) for 4 percent of births and any symptom of postpartum complications for 23 percent of births. However postpartum complications were higher among the non-tribal women (Table 10).

(iii) **Initiation of Breast-Feeding After the Birth of Last Child:** Although breastfeeding is universal in India, very few children are put to breast immediately after birth. But among the tribal women 14% of the children began breastfeeding within one hour of birth and 22% started breastfeeding within one day of the birth. Most of the tribal as well as non-tribal children began breastfeeding more than one day after their birth (64% and 69% respectively). However about two-thirds of both tribal (65%) and non-tribal women (64%) squeezed the first milk from the breast before they began breastfeeding (Table 11). This practice is contrary to recommendations for feeding infants formulated by the WHO.

**Table 8: Characteristics of births among tribal and non-tribal women, Jharkhand, 1998-99**

Characteristics of birth	Tribal women	Non-tribal women	Total
Percentage delivered by caesarian section	20.0	23.0	22.7
<b>Birth Weight</b>			
< 2.5 kg	0.6	1.6	1.3
2.5 kg or more	1.2	3.7	3.0
Not weighed	28.9	27.0	27.6
Don't know/missing	69.2	67.7	68.2
Total percent	100.0	100.0	100.0
<b>Size at Birth</b>			
Large	4.6	6.8	6.2
Average	73.0	74.9	74.4
Small	21.1	14.4	16.3
Very small	1.3	3.9	3.2
Total percent	100.0	100.0	100.0
<b>Number of births</b>	<b>142</b>	<b>368</b>	<b>510</b>

Note: Table includes only for the most recent birth during the three years preceding the survey ( ) Based on less than 25 cases

**Table 9: Postpartum checkups among tribal and non-tribal women, Jharkhand, 1998-99**

Postpartum check-ups	Tribal women	Non-tribal women	Total
Percentage with a postpartum check-up within two months of birth	11.2	18.5	16.4
Percentage seen within two days of birth	58.8	66.2	64.8
Percentage seen within one week of birth	41.2	33.8	35.2
<b>Components of Postpartum Check-up</b>			
Abdominal examination	37.5	29.4	31.0
Family planning advice	18.8	23.5	22.6
Breastfeeding advice	56.3	51.5	52.4
Baby care advice	62.5	52.9	54.8
<b>Number of births</b>	<b>142</b>	<b>368</b>	<b>510</b>

Note: Table includes only for the most recent birth during the three years preceding the survey

### CONTRACEPTIVE USE AND PROBLEM AND REPRODUCTIVE HEALTH PROBLEMS

#### Contraceptive Use and Problems

Table 12 shows the current contraceptive usage and problem among tribal and non-tribal currently married women in Jharkhand. 15% of the currently married tribal women were currently using some method of contraception and about 31% of the non-tribal women were doing so. 1% of the tribal women were using any traditional method and 3% were using other methods like folkloric methods. Modern methods of contraception were used by only 1% of tribal women and 3% of non-tribal women. Again, among the current contraceptive user, terminal method were used by 9% of tribal women compared to 25% of non-tribal women. Also among the women who are currently using contraception, 15% of the tribal women had some

problem compared to 27% among the non-tribal women.

#### Reproductive Health Problems

Absence of reproductive tract infections (RTIs) is essential for the reproductive health of both women and men and is critical for their ability to meet their reproductive goals. Table 13 shows the prevalence of different types of reproductive health problems among the tribal and non-tribal women in Jharkhand. The reproductive health situation seems to be better among the tribal women in Jharkhand than their non-tribal counterparts. Overall 43% of tribal women have any reproductive health problem compared to 46% among non-tribal women. Of all reproductive health problems, urinary tract infection is higher among the tribal women (28%) than non-tribal women (26%). Among the currently married tribal women, the symptom of bleeding after intercourse is higher (4%) than the non-tribal women (2%).

**Table 10: Postpartum complications, which occurred to tribal and non-tribal mothers within two months after the delivery, Jharkhand, 1998-99**

<i>Postpartum complications</i>	<i>Tribal women</i>	<i>Non-tribal women</i>	<i>Total</i>
Any postpartum complications (Massive vaginal bleeding or very high fever)	23.2	25.8	25.1
Severe postpartum complications (Massive vaginal bleeding and very high fever)	4.2	9.8	8.2
<b>Number of births</b>	<b>142</b>	<b>368</b>	<b>510</b>

*Note:* Table includes only for the most recent birth during the three years preceding the survey

**Table 11: Initiation of breastfeeding after childbirth among tribal and non-tribal women, Jharkhand, 1998-99**

<i>Initiation of breastfeeding</i>	<i>Tribal women</i>	<i>Non-tribal women</i>	<i>Total</i>
Percentage started breastfeeding within one hour of birth	13.8	7.6	9.4
Percentage started breastfeeding within one day of birth	22.1	24.2	23.6
Percentage started breastfeeding more than one day of birth	64.1	68.3	67.1
Percentage whose mother squeezed first milk from breast	65.3	64.1	64.6
<b>Number of births</b>	<b>142</b>	<b>368</b>	<b>510</b>

*Note:* Table includes only for the most recent birth during the three years preceding the survey

**Table 12: Current contraceptive usage and problems among tribal and non-tribal women, Jharkhand, 1998-99**

<i>Current contraceptive usage and problem</i>	<i>Tribal women</i>	<i>Non-tribal women</i>	<i>Total</i>
Currently using any method of contraception	14.9	30.8	26.3
Using terminal method	9.1	24.6	20.1
Any modern method (Pill/IUD/Condom)	0.8	3.4	2.7
Any traditional method	1.3	0.9	1.0
Other methods (folkloric method)	3.2	0.9	0.5
Using no method	85	68.9	73.6
Problem with the current method	14.5	26.8	26.3
<b>Number of women</b>	<b>469</b>	<b>1145</b>	<b>1614</b>



**Table 13: Symptoms of reproductive health problems among tribal and non-tribal women, Jharkhand, 1998-99**

<i>Reproductive health problems</i>	<i>Tribal women</i>	<i>Non-tribal women</i>	<i>Total</i>
Any abnormal vaginal discharge	29.4	31.4	30.8
<i>Vaginal Discharge Accompanied By<sup>1</sup>:</i>			
Itching or irritation	17.5	18.3	18.1
Bad odour	11.4	13.6	12.9
Severe lower abdominal pain <sup>2</sup>	19.2	20.5	20.1
Fever	7.8	10.3	9.6
Other problem	7.8	9.4	8.9
Symptoms of a urinary tract infection <sup>3</sup>	28.4	25.9	26.6
Any abnormal vaginal discharge or symptoms of a urinary tract infection <sup>3</sup>	41.9	41.7	41.8
<sup>4</sup> Painful intercourse (often)	12.1	13.0	12.8
<sup>4</sup> Bleeding after intercourse (ever) <sup>2</sup>	3.7	2.3	2.7
Any reproductive health problem	43.4	45.5	44.9
<b>Number of women</b>	<b>469</b>	<b>1145</b>	<b>1614</b>

<sup>1</sup> Ever-married woman, <sup>2</sup>Not related to menstruation, <sup>3</sup>Includes pain or burning while urinating or more frequent or difficult urination, <sup>4</sup> Currently married women

## NUTRITION AND ANEMIA STATUS

### Nutritional status

Physical measurements such as height, weight and body mass index reflect the total nutritional status over a lifetime. Nutritional status is also a very important indicator of assessing maternal health. Table 14 shows among the tribal and non-tribal women, mean height, percentage with height below 145 cm, mean body mass index (BMI), and percentage with specified levels of BMI in Jharkhand. The mean height among both tribal and non-tribal women in Jharkhand is 150 cm, which is one point less than all India average. 17% of tribal women are below 145 cm of height compared to 19% among the non-tribals. The mean BMI for tribal women in Jharkhand is 19.1 compared to 19.5 among the non-tribal women. Though more than half of the women in Jharkhand have a BMI between 18.5 –

25 kg/m<sup>2</sup> (normal condition), still about 41% of both tribal and non-tribal women in Jharkhand, have a BMI of less than 18.5 kg/m<sup>2</sup> which indicates a high prevalence of chronic nutritional deficiency.

### Anemia status

Anemia is characterised by a low level of hemoglobin of the blood. In India, anemia affects an estimated 50% of the population (Seshadri 1998). Table 15 shows the status of anemia among the tribal and non-tribal women of Jharkhand. Tribal women in Jharkhand have a high prevalence of anemia with about three-fourth of women having any type of anemia compared to 64% among the non-tribal women. About 3% of the tribal women in Jharkhand are severely anemic compared to only 1% among the non-tribal women. Otherwise also 30% and 39% of tribal women in Jharkhand are either moderately

**Table 14: Nutritional status of tribal and non-tribal women, Jharkhand, 1998-99**

<i>Nutritional status</i>	<i>Tribal women</i>	<i>Non-tribal women</i>	<i>Total</i>
<i>Height</i>			
Mean height (cm)	149.9	149.7	149.8
Percentage below 145 cm	17.1	19.1	18.5
<i>Weight-for-Height*</i>			
Mean body mass index (BMI)	19.07	19.53	19.41
Percentage with BMI <18.5	40.9	41.4	41.3
Percentage with BMI 18.5 - 25	57.0	54.6	55.3
Percentage with BMI 25 - 30	0.9	3.4	2.7
Percentage with BMI > 30	1.2	0.6	0.7
<b>Number of women</b>	<b>469</b>	<b>1145</b>	<b>1614</b>

\*Excludes women who are pregnant. The Body mass index (BMI) is the ratio of the weight in kilograms to the square of the height in meters (kg/m<sup>2</sup>)

**Table 15: Anemia status among tribal and non-tribal women, Jharkhand, 1998-99**

<i>Percentage of women with</i>	<i>Tribal women</i>	<i>Non-tribal women</i>	<i>Total</i>
Any anemia	74.8	64	67.2
Mild anemia	39.1	42.5	41.5
Moderate anemia	33.1	20.3	24.0
Severe anemia	2.6	1.2	1.7
<b>Number of women</b>	<b>469</b>	<b>1145</b>	<b>1614</b>

anemic or mild anemic. This is a major cause of concern.

### SUMMARY AND CONCLUSION

The above discussion clearly brings out the differential in the health care and health condition among the tribal women and non-tribal women in Jharkhand. The findings reveals that in each and every socio-economic, demographic as well as health parameters, the tribal women a very much poor than the non-tribal women. Malnutrition is pervasive among tribal women. There is also a high prevalence of anemia among the tribal women in Jharkhand. The utilization of maternal health care is also very less among the tribal women than non-tribal women in Jharkhand. Use of modern methods of contraception is also significantly less among the tribal women than the non-tribal women. All these will likely to have not only an adverse long-term impact on their own health and well being but also on their children.

In India, the National Health Services have often neglected the tribal people in general and tribal women in particular. In addition to the social and economic factors contributing to the low health status of this underprivileged group, cultural factors might also play a role. In 1982, with the establishment of the National Health Policy, the Indian government declared the need to improve the health status and quality of life of the underprivileged groups. But programs to improve the health status and quality of life of underprivileged groups cannot succeed unless they form part of a larger effort to bring about and overall transformation of society (Basu, 1992).

The interventions for improving the health status of women under the Government of India's Child Survival and Safe Motherhood Program, has not significantly able to improve the services for women specially in the tribal areas of Jharkhand. Therefore there is an urgent need to

create awareness about this at the community as well as at an individual level. In order to improve the health status of the tribal women in Jharkhand, the health care delivery system should be designed effectively to cater to the specific needs of the tribal women during pregnancy and at childbirth by ensuring their personal involvement. Health interventions must focus on tribal culture, medical training of the tribal people, and a knowledgeable health care delivery system catering to the needs of tribal women and the child.

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