Addaiyan Journal of Arts, Humanities and Social Sciences

OPEN ACCESS

ISSN : 2581-8783 (Online)

(An international Publisher of Research & Academic Resources)

Journal Homepage : https://aipublisher.org/projects/ajahss/

Health Issues of Tribal Women in Karbi Anglong District of Assam- A Case Study

[1]*Abu Reja Md. Parvis, Assistant Professor, Hojai Girls' College, Assam, (India)*

Corresponding Author*
Abu Reja Md. Parvis

Article History
Received: 03.05.2019
Accepted: 08.05.2019
Published: 11.06.2019

Abstract: Karbi Anglong is the largest district of Assam having an area of 10,434 Sq. Km. The district enjoys autonomy under the provision of Sixth Schedule of the Indian Constitution. As per 2011 census, the total population of the district is 9, 65,280 Nos. out of which 4, 93, 482 male and 4, 71,798 female. Density of population is 93 per Sq. Km. and Sex ratio is 956 females/1000 males. The literacy rate in the District is 73.52% having male literacy 82.12% and female literacy 64.62%. As per 2001 census, total number of ST (Scheduled Tribe) population in the District is 4, 52,963 which is 55.69% of total population. This paper attempts to discuss the health issues of the tribal women belonging to Karbi (Mikir), Dimasa, Garo, Bodo etc.tribes of the district. The largest three ST populations according to 2001 census are – Karbi (Mikir) 3, 45,540, Dimasa 46,095 and Garo 20,604 Nos. To study the subject, information/data have been collected through both primary and secondary sources. The findings of the study reveal the fact that although the health status of tribal women has been improving due to various government schemes and efforts of NGOs on health awareness; it is not up to the mark till date. The main reasons for this are - poverty, lack of health consciousness, want of communication facilities in remote rural and hilly area, lack of proper execution of various government schemes etc. Karbi Anglong is widely known for unrest during the recent decades due to the activities of different terrorist organizations some which have recently come into agreement signing MoU (Memorandum of Understanding) with the Government. Unrest in the District is another indirect cause contributing to the deteriorating condition of women health. A sample survey conducted on the issue reveals facts regarding mortality rate, marital age distribution, pregnancy related death rate, nutrition availability, nutrition deficiency, access to health awareness programmes etc. in respect of tribal women

of the District. Here, a comparative status of women health concerning various tribes of the District is also discussed. Some recommendations forwarded for improving the status of tribal women health of the District.

Key Words: Karbi Anglong, Tribal Women, Health Issues

Introduction:

Karbi Anglong is the largest district of Assam in terms of area which is 10,434 Sq. Km. The district enjoys autonomy under the provision of Sixth Schedule of the Constitution of India. Formerly, it was included in The United Mikir and North Cachar Hills District which came into existence on 17.11.1951. Before that, the area formed parts of Nagaon, Sivasagar and Cachar District (Assam), United Khasi and Jaintia Hills District (present Meghalaya). The District was formed by combining partially excluded areas of Nagaon and erstwhile Sivasagar (Mikir Hills Tract), Block-I and Block-II of United Khasi and Jaintia Hills District and North Cachar Hills (excluded area) Sub-Division of Cachar District, on the recommendation of Commission appointed for the purpose vide Notification No.TAD/R/31/50, dtd. 03.10.1950. Historically, this area was administered by British a bit differently in the sense that Govt. of India Act, 1919 classified these areas as Backward Tract and Govt. of India Act, 1935 classified them as excluded and partially excluded areas. After independence, Constitution of India also maintained the special status by way of provisions contained in Sixth Schedule. As per provisions of the Sixth Schedule, Karbi Anglong District Council was constituted on 23.06.1952 with it's headquarter at Diphu which was formally inaugurated by Late Bishnuram Medhi, the then Chief Minister of Assam. Constitution of India vested upon the District Councils some Legislative, Executive and Judicial functions. With effect from 1st June, 1970, almost all the Development Departments of the Govt. of Assam functioning in the Karbi Anglong District have been placed under the Administrative control of the Karbi Anglong District Council. Functioning of Sixth Schedule however continued to be marred by District Council's incompetence and state's indifference etc. Accumulation of grievances and new aspiration of tribal youths to have economic power gave birth to various movements for implementation of Article 244(A) of the Constitution. As a result, an MoU (Memorandum of Understanding) was reached between Govt. of Assam and movement leaders on 01.04.1995 and in pursuance of that MoU, Govt. of Assam vide its Notification No.HAD.57/95/63-64, dtd.29.06.1995 entrusted 30(thirty) more departments to Karbi Anglong District Council. Even after that the dissatisfaction of the local people did not cease mainly due to too slow and steady development

concerning the overall growth of the District. As a consequence, some insurgent groups continued their activities demanding implementation of Article 244(A) which in turn resulted in even more steady development for indifferent attitude of the Government. Only recently, at the initiative of the Central Government in 2012 again a MoS (Memorandum of Settlement) was agreed between some major terrorist organizations (who laid down weapons) and the Government to accord more autonomy to the District but it indeed remains as a paper document only till date.

As per 2011 census, the total population of Karbi Anglong is 9, 65,280 Nos. out of which 4, 93, 482 Nos. are male and 4, 71,798 Nos. are female. Density of population is 93 per Sq. Km. and Sex ratio is 956 females/1000 males. The literacy rate in the District is 73.52% having the male literacy 82.12% and female literacy 64.62%. As per 2001 census total number of ST population in the District is 4, 52,963 which is 55.69% of total population. This paper attempts to discuss the health issues of the tribal women belonging to various tribes such as Karbi (Mikir), Dimasa, Garo, Bodo etc. in Karbi Anglong district. The largest three ST populations in the District according to 2001 census are – Karbi (Mikir) 3, 45,540, Dimasa 46,095 and Garo 20,604 Nos.

Objectives:

(1)To introduce the problems of Karbi Anglong District, the largest and one of the most backward districts of Assam.

(2) To observe the present status of Women Health in the District.

(3) To study the problems relating the health issues of tribal women in the District.

Methodology:

To study the subject information/data have been collected through both primary and secondary sources, the former being mainly from field investigation through sample survey, interview etc. and the latter being from censuses, journal, websites etc.

Status of Women Health:

The average status of women health in Karbi Anglong District is observed to beyond the mark. Although it seems to have improved than earlier if compared to one decade back, yet the improvement is mostly confined to the urban area. Again, health consciousness is observed amongst comparatively small groups of educated women of rural/urban area. The less educated and illiterate women are seen least conscious about health issues. However, in the urban area less educated women are seen to some extent more aware of health issues compared to those of the rural areas. To study the health issues of women in general and tribal women in particular a sample survey had been conducted in different places including both rural and urban areas of Karbi Anglong (East and West- the District is

divided into two regions). For this purpose a questionnaire was responded by more than hundred respondents and on the basis of the information furnished, an average observation has been made as discussed below.

Female Mortality:

The study reveals that female mortality rate is noteworthy. As per Annual Health Survey (AHS) 2011-12 female infants experience higher mortality than males in rural as well as urban areas. Again, the same survey reports that Maternal Mortality Ratio (MMR) in the District is 288 (MMR= proportion of maternal deaths per 1, 00,000 live births). The present study agrees with the above data with following observations: a) female mortality rate is higher in rural than urban areas; b) MMR is higher in rural area compared to the urban.

Marital age distribution:

As per the survey, it has been observed that marriage of females held the most at the age group belonging to 16-25 followed by 25+ and under 16. The largest number of marriages of women held in urban area at the age group 25+ which is the second position in case of rural area. The largest number of females married in rural area at the age group belonging to 16-25. Although legal obligations are there, a large number of marriages (5-10% approximately) are held at the age group under 16 which are witnessed mostly in rural area. Again, the study reveals that marriages of age group under16 are found mostly in the tribal communities followed by a few cases belonging to SC communities.

Pregnancy related Death:

Although the cases of pregnancy related death have been decreased compared to one decade back yet a large number of cases are still found in the remote, rural & hilly area. Most of the cases of such death occur in case of age group under 16 followed by age group 16-25 and in rural areas. However, such cases may be less in terms of percentage (2-3% approximately) but proper communication and health facilities could surely minimize its numbers.

Access to Nutritious Food:

According to the survey it has been observed that access to nutritious food by the pregnant women of various categories in the District is as follows: Gen- Good; SC and ST- Poor in both rural and urban area.

Nutrition deficiency:

As a result of poor access to nutritious food it is seen that during pregnancy a large number of women belonging to ST category (around 60%) followed by SC (around 40%) and Gen- (around 20%)

suffer from nutrition deficiency. It has been observed that nutrition deficiency is the most in the women belonging to age group 16-25. Since most the marriages are held during this age so married women are the major victims of nutrition deficiency. Again, the major victims of married women are those during and after pregnancy period. The main reasons for this are found to be poverty, lack of health consciousness, personal negligence and dislike of nutritious food etc.

Access to health awareness programmes:

Some health awareness programmes are conducted at the initiative of government most of which are mostly organized by NGOs. National Rural Health Mission (NRHM) also conducts such programmes for the benefit of women. But access to such programmes by women is not satisfactory and very negligible in case of remote hilly areas. It is better comparatively in case of urban area due to some reasons such as publicity, consciousness of a large section of women, better communication etc. which are lacking in remote hilly area. The study reveals that since those areas of the District are mostly inhabited by tribal people, so tribal women are the most deprived of the benefits of such programmes.

Comparative status of women health concerning various tribes/communities in the District:

While conducting the survey on the issue of tribal women health a comparative study had been done on the status of health of women belonging to ST, SC and GEN. As per the study health status belonging to General category in the District is better than the SC followed by the ST. The reason for the worst condition of health of the tribal women is found mainly to be poverty, culture (food habit etc.), lack of education, lack of health consciousness, improper execution of government schemes, lack of appropriate communication facilities etc. Again, comparatively better health enjoyed by the women belonging to SC and General category is mainly due to their better economic and social condition.

Recommendations:

Some recommendations are forwarded for improving the status of tribal women health in the District. a) To stress on the spread of female education. b) To improve the communication facilities especially in remote, hilly areas, c) To organize health awareness programmes at the initiative of govt. departments with co operation of local NGOs. d) To involve the women organizations in health related activities. e) Mass publication of health related writings. f) To execute the govt. schemes such as Janani Suraksa Yojana, Mamoni etc. properly.

Conclusion:

The study reveals some general reasons for the poor condition of women health belonging to tribal communities as follows: a) poverty b) lack of health awareness c) illiteracy and ignorance d)

culture (tradition, convention, food habit etc.), e) want of appropriate execution of government schemes etc. To uplift the women health in general and tribal women health in particular in this District all concerned- the educated people, intellectuals, researchers, institutions, NGOs, women organizations and the Government particularly should take positive step and various government schemes under NRHM (National Rural Health Mission) such as Janani Suraksa Yojana (JSY), Mamoni, Janani Sisu Suraksha Karyakram (JSSK) and plans such as DHAP (District Health Action Plan), NRHM should get implemented properly. To meet this end all concerned should have common eagerness for the uplift of women health. In this regard, the representatives of intellectual section and the NGOs/women organizations may form a common forum to supervise the implementation of the govt. schemes and plans.

References:

Secondary Source:

1. Census of India 2011.
2. Census of India 2001.
3. Deb, P. *Problem of Tribal Land Alienation: A Case Study of Karbi Anglong* (Doctoral thesis submitted to Gauhati University for the Degree of Doctor of Philosophy) in the year 2005.
4. Annual Health Suvey (Ministry of Home Affairs, Govt. of India) Bulletin-2011-12
5. http://ecostatassam.nic.in/

Primary Source:

Data/information collected through Sample Survey conducted by the author of the paper.

*****

Questionnaire format used for collection of information/data:

Questionnaire

Topic: Health Issues of women in Karbi Anglong District of Assam

Name of Informant: _____

Designation: _____

Address: _____

_____

Please furnish information/data on 'Health Issues of women in Karbi Anglong District of Assam' as per the questionnaire format given below by putting tick mark (√) for the options and your own comment/observation/information against the columns, when required. You may supply with the information/data either based on any authentic source available with you or your own observation/study on the subject. Your name and address will be kept confidential and the data will be used for research purpose and be cited in research writing only.

Sl. No	Question	Answer	Source	Remarks
01	What is the status of 'women health' in Karbi Anglong District of Assam, according to you?	V. Good ( ) Good ( ) Poor ( )	Authentic* ( ) Own ( )	
02	What is the female mortality rate (%) in Karbi Anglong in regard to the following:	SC- ST - GEN-	Authentic* ( ) Own ( )	
03	What is the female marital age distribution (%) as per the following:	Below 18 ( ) 18-25 ( ) 25+ ( )	Authentic* ( ) Own ( )	
04	Pregnancy related death (%):	SC ( ) ST ( ) GEN ( )	Authentic* ( ) Own ( )	
05	The status of nutrition availed during pregnancy in case of SC ST GEN	 V.Good ( ) Good ( ) Poor ( ) V.Good ( )Good ( ) Poor ( ) V.Good ( )Good ( ) Poor ( )	Authentic* ( ) Own ( )	

06	Women of which caste/community are comparatively having more nutrition during pregnancy and why (pl. mention in the remarks column).	SC ( ) ST ( ) GEN ( )	Authentic* ( ) Own ( )	
07	Women of which caste/community are comparatively having more nutrition deficiency during pregnancy and why (pl. mention in the remarks column).	SC ( ) ST ( ) GEN ( )	Authentic* ( ) Own ( )	
08	Access to health awareness programme by women (% wise)	SC ( ) ST ( ) GEN ( )	Authentic* ( ) Own ( )	

09. Is there any Health awareness programme conducted by govt./NGO?

No ( ) Sometime ( ) Frequently ( )

If yes, who conducts more programmes?

Govt. ( ) NGO ( )

If yes, do women of remote, hilly area have access to such programmes?

No ( ) Sometime ( ) Frequently ( )

If No, what are the reasons, according to you?

---

10. Is there any scheme(s) taken by the govt. for improving women health in the district?

Yes ( ) No ( )

If yes, name the scheme(s):

If Yes, what are its effects, according to you?

---

11. Is there case of nutrition deficiencies in female available in the district?

Yes ( ) No ( )

If yes, what may be the reason(s), according to you?

Poverty ( ) Gender Discrimination ( ) Lack of health consciousness ( ) All of these ( )

If yes, who suffers more nutrition deficiencies?

Under 13yrs. ( ) 13-19 yrs. ( ) 19-25 yrs. ( ) 25+yrs ( )

What is reason for the above, according to you?

---

*If the source is authentic please mention in the remarks column.