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Estimation of health status of tribal farm women of Sabarkantha district

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ABSTRACT

Women play multiple roles in a family as housekeepers and also equally important roles as wage earners and agricultural producers. However, very often they are subjected to malnutrition and form a group highly vulnerable to morbidity and mortality. A women's health will be less productive in the labour force. Sabarkantha is considered as one of the country's 250 most backward districts. The present study was conducted in Khedbrahma and Poshina talukas of Sabarkantha district. Five villages from these two selected tribal talukas were selected randomly for the study. Total ten villages were selected for the study. Ten tribal farm women from each randomly selected village were selected. Thus, hundred tribal farm women were selected for present study. A pre-tested interview schedule was administered to elicit the information regarding their socio-economic attributes and health status. The data were collected by personal interview. More than half of the respondents were illiterate and were having low income. Clinical signs and symptoms were also observed. While studying the morbidity profile of the tribal farm women it was observed that anemia was found to be most prevalent (16%) followed by gum & teeth problems (12%) and digestive tract disorders (10%). Majority (59%) respondents were recorded of having no history of illness which might be due to ill informed status about the disease and lack of diagnosis.

Key words: Tribal farm women, health status, malnutrition.

Women play multiple roles in a family, primarily as mothers and housekeepers and also equally important roles as wage earners, agricultural producers, nutrition providers etc. They are instrumental in the acquisition of food, its preparation, storage and distribution. However, very often they are subjected to malnutrition and form a group highly vulnerable to morbidity and mortality. A women's health will be less productive in the labour force (Lakshmi, 2014). Sabarkantha is economically backward and disadvantage district. In 2006 the Ministry of Panchayati Raj named Sabarkantha one of the country's 250 most backward districts (out of a total of 640). It is one of the six districts in Gujarat currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). Dangs has the lowest percentage of villages having health centers. The second lowest is Kachchh, followed by Bhavnagar, Surendranagar, and Sabarkantha. The main occupation of tribal farmers of these talukas is agriculture and animal husbandry. The tribal farm women are performing duties which required higher physical fitness. Health is an important parameter for tribal farm women. Estimating disease prevailing conditions, nutritional deficiencies may help in knowing the healthy or unhealthy physical conditions of an individual. Thus, study on health status of tribal farm women of Sabarkantha district was felt necessary.

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MATERIALS AND METHODS

The present study was conducted in Sabarkantha district of Gujarat. Sabarkantha district has three tribal talukas *viz;* Khedbrahma, Poshina and Vijayanagar. Khedbrahma and Poshina talukas have low literacy rate. Thus these two talukas were selected purposively for the study. Five villages from these two selected tribal talukas were selected randomly for the study.

Total ten villages were selected for the study. Ten tribal farm women from each randomly selected village were selected. Thus, hundred tribal farm women were selected for present study. A pre-tested interview schedule was administered to elicit the information regarding their socio-economic attributes and health status. The data were collected by personal interview. The clinical signs were observed by researchers and noted as per the guidelines provided by Rao et al. (1954). The interpretation of clinical signs was made as per the procedure recommended by Jelliffe (1966). Data were interpreted in terms of percentage and frequency.

RESULTS AND DISCUSSION

Socio economic background of tribal farm women

The data presented in Table 1 shows that majority of respondents belonged to middle age group (45.00%) and young age group (44.00%), followed by old age group (11.00%). The majority (74.00%) of respondents were illiterate, followed by primary education (12.00%), higher secondary education (8.00%), and secondary education (6.00%). While 58.00 per cent of respondents had nuclear family while 42.00 per cent respondents had joint family. Majority of respondents had medium family (49.00 %) while nearly equal per cent of respondents had small and big family size. The data in Table 1 indicate that majority (76.00 %) of the respondents were having occupation of farming + animal husbandry followed by farming+ labour (14.00 %), farming only (7.00 %) and farming + service (3.00 %).

It was found that 59.00 per cent respondents had annual income up to Rs. 25000, 27.00 per cent from Rs. 25001 to Rs. 50000, followed by Rs. 50001 to Rs. 75000 (07.00 per cent), Rs. 75001 to Rs. 100000 (5.00 %) and above Rs. 100000 (2.00 %). Great majority (78.00 %) of the respondent had katcha house while 22.00 percent had pakka house. It is revealed that majority (44.00 %) of the respondents possessed herd size above 5 numbers followed by up to 5 numbers of animals (32.00 %). The data show that 60.00 per cent of the respondents were marginal farmers, followed by small (32.00 %) and medium (8.00 %). None of them was big farmer. Among the respondents 56 per cent of the respondents were non-vegetarian while 44 per cent were vegetarian.

This social scenario shows poor education, lower socio-economic conditions and large family size of majority tribal farm women. These factors can be considered as the main causative factors of poor health status of tribal farm women.

History of disease/disorder of the tribal farm women

Table 2 shows morbidity profile of the tribal farm women. Anemia was found in 16 per cent respondents. Nutritional anemia is a major problem for women in India and more so in the rural and Tribal belt (Basu, 2000). Gum & teeth problems were observed in 12 per cent respondents. Total 10 respondents were found suffering from digestive tract disorders followed by hypertension (3 %) and diabetes (1 %). This result is in line with NNMB data shows that the lowest prevalence of hypertension was observed in tribal of Gujarat (women: 6.3 %). Majority (59 %) respondents were recorded having no history of illness which might be due to ill informed status of the disease and lack of diagnosis. Further, they consume food produced at their own farm using less chemical fertilizer, insecticide and are minimal processed foods. It has also been observed that every day 5 to 10 KM walk is a common among tribal farm women.

Clinical investigations of the tribal farm women

Table 3 shows distribution of the respondents according to their clinical investigation. These clinical investigations represent nutritional deficiencies in the body. Nutritional deficiencies negatively impact health status of an individual. Total 40 percent respondents were found to have hair related problems and 23.00 per cent were found to have flag sign and dispigmented hair. Except dispigmentation (8 %) no remarkably changes were observed on face. Total 78 per cent respondents were found having healthy eye sight while 14 per cent were observed having pale conjunctiva and 8 per cent complained about night blindness. Angular scars, chilosis and stomatisis were observed in 6 per cent, 14 per cent and 17 per cent respectively. Edema of tongue was seen in 10 per cent and glossitis was in 5 per cent. Molted enamel and yellowish pigmented teeth were observed in 33 per cent respondents while carries was observed in 17 per cent respondents. Total 20 per cent respondents were complained about spongy and bleeding gums. Ridged nails were observed in 21 per cent respondents while brittle nails and spoon shape nails were observed in 13 per cent and 5 per cent respectively. These are the signs of anemia (Shrilaxmi, 2006) also. All these deficiency symptoms show impaired health of tribal farm women. Insufficient intake of food and unavailability of healthy and nutritious food may be due to low socio-economic conditions, wrong cooking methods, large family size and poor education could

Table 1 Distribution of the respondents according to their socio economic attributes

(n=100)

Sr. No.	Attributes	Classification	Frequency	Per cent
1	Age	Young (Up to 35 years)	44	44.00
		Middle (35 to 50 years)	45	45.00
		Old (above 50 years)	11	11.00
2	Education	Illiterate	74	74.00
		Primary education (1-7 Std.)	12	12.00
		Secondary education (8-10 Std.)	06	06.00
		Higher secondary education (11-12 Std.)	08	08.00
3	Type of family	Joint family	42	42.00
		Nuclear family	58	58.00
4	Family size	Small family (Up to 4 members)	25	25.00
		Medium family (5-8 members)	49	49.00
		Big family (Above 8 members)	26	26.00
5	Occupation	Farming only	07	07.00
		Farming + labour	14	14.00
		Farming + Animal husbandry	76	76.00
		Farming + Service	03	03.00
6	Annual income	Up to Rs. 25000	59	59.00
		Rs. 25001 to Rs. 50000	27	27.00
		Rs. 50001 to Rs. 75000	07	07.00
		Rs. 75001 to Rs. 100000	05	05.00
		Above Rs. 100000	02	02.00
7	Type of house	Katcha	78	78.00
		Pakka	22	22.00
8	Herd size	Herd size (up to 5 number)	32	32.00
		Herd size (above 5 number)	44	44.00
		Do not possess animal	24	24.00
9	Land holding	Marginal (Up to 1.00 ha)	60	60.00
		Small (1.01 to 2.00 ha)	32	32.00
		Medium (2.01 to 4.00 ha)	08	08.00
		Big (Above 4.00 ha)	00	00.00
10	Food habit	Vegetarian	44	44.00
		Non-vegetarian	56	56.00

Table 2 Distribution of the respondents according to their history of disease / disorder (n=100)

Sr. No	Disease/disorder	Frequency	Percent
1	Diabetes	01	01.00
2	Hypertension	03	03.00
3	Heart Disease	00	00.00
4	Anemia	16	16.00
5	Gum & teeth problems	12	12.00
6	Digestive tract disorders	10	10.00
7	Any Other	05	05.00
8	None	59	59.00

Table 3 Distribution of the respondents according to their clinical investigation (n=100)

Sr. No.	Signs and Symptoms	Frequency	Per cent
1.	Hair		
	A Lack of luster	6	06.00
	B Thinness and sparseness	9	09.00
	C Flag sign / dispigmented	23	23.00
	D Easy plukability	2	02.00
	E Normal	60	60.00
2.	Face		
	i) Diffuse depigmentation	8	08.00
	ii) Naso-labial dyssebacea	0	00.00
	iii) Moon face	0	00.00
	iv) Normal	92	92.00
3.	Eye		
	i) Night blindness	8	08.00
	ii) Pale conjunctiva	14	14.00
	iii) Xerosis	0	02.00
	iv) Xeropthalmia	0	02.00
	v) Bitot's spot	6	06.00
	vi) Normal	78	74.00
4.	Lips		
	i) Angular stomatitis	6	06.00
	ii) Angular scars	14	14.00
	iii) Cheilosis	17	17.00
	iv) Normal	63	63.00
5.	Tongue		
	i) Oedema	10	10.00
	ii) Scarlet and raw tongue	5	05.00
	iii) Magenta tongue	4	04.00
	iv) Glossitis	5	05.00
	v) Normal	76	76.00
6.	Teeth		
	i) Molted enamel & pigmented	33	33.00
	ii) Caries	17	17.00
	iii) Normal	50	50.00
7.	Gums		
	i) Spongy bleeding gums	20	20.00
	ii) Normal	80	80.00
8.	Nails		
	i) Brittle nails	13	13.00
	ii) Ridged nails	21	21.00
	iii) Spoon shape	05	05.00
	iv) Normal	61	61.00

be the possible reasons of nutritional deficiency signs and symptoms observed as clinical investigations and poor health of tribal farm women.

CONCLUSION

While studying the morbidity profile of the tribal farm women it was observed that anemia was found to be prevalent (16%) followed by gum & teeth problems (12%) and digestive tract disorders (10%). Majority (59%) respondents were recorded of having no history of illness which might be due to ill informed status about the disease and lack of diagnosis. Insufficient intake of food and unavailability of healthy and nutritious food may be due to low socio-economic conditions, wrong cooking methods, large family size and poor education could be the possible reasons poor health of tribal farm women. Awareness regarding health and nutritional facilities being availed by government and balanced diet choices may help in improve the health status of tribal farm women.

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