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Mary G. Bage
Reader in Sociology,
Post Graduate Department of
Sociology, Utkal University,
Vani Vihar, Bhubaneswar,
Odisha-751007.

Health Care Practices among Kolha Married Women – A Case Study of Odisha

Mary G. Bage

Abstract

A female's health status has a direct bearing on the health and well being of the whole family. Maternal morbidity and mortality affect not just the mother but the family as whole. Kolha women not only shoulder the responsibility of home management and child care but also actively involved in working outside the house hold and supplement their income by wage earning. They play dominant role in the field of economy. Thus their health status is of paramount importance for their family as well as for the community. Poor health condition reduces their ability to take care of the family members and also their earning capacity.

Keywords: Tribe, Health, Medicine, Community, Women, Pregnancy

1. Introduction

Relining is a process of resurfacing of a denture with new base materials to make it fit more accurately. While rebasing is a process of replacing the entire denture base material with new material. Relining is indicated when there is resorption of the ridge and denture lack retention and stability. It is for refitting of the impression surface. Rebasing is indicated when there is discoloration of denture base or porosity of denture base. Reline is defined as the procedure used to resurface the tissue side of a denture with new base material, thus producing an accurate adaptation to the denture foundation (GPT-8).

2. Literature Review

Odisha state is situated from 17-49 N to 22-34 N latitude and between 81-29 E and 87-29 E longitude. It is bounded by the states of West Bengal in the north east, Jharkhand in the north, Chhatisgarh in the west, Andhra Pradesh in the South and Bay of Bengal in the east. Odisha State, as it exist today, was formed on the 1st April 1936. According to 2001 census the population of STs was 81.45 lakhs who constitute 22.13% of the total population. The maximum numbers of tribal groups /communities (62) are living in Odisha and 13 tribal communities identified as particularly vulnerable tribal groups (PTGs) because of their economic vulnerability, impoverishment & marginalization.

Geographically Odisha has divided into two regions (1) coastal region and (2) Highland Region. The highland region provides abode for major tribal communities of the state. The tribal people of odisha are considered as autochthones and are surviving till today because of their glorious culture. In spite of their economic backwardness, illiteracy, poverty, malnutrition, unemployment, lack of adequate health facilities, high incidence of I.M.R and M.M.R etc, they manifest their rich cultural heritage. The Coastal districts such as Jagatsingpur, Kendrapara, Bhadrak, Jajpur, Blasore, Khurda and Puri have high order of decadal (1991-2001) in ST growth rate which varies "between" 22.9% to 72.2%. This shows that migration among STs from tribal district to coastal districts for livelihood is increasing.

The Kolha are early settlers of kolham region of Singbhum district of Bihar and have different names like kal, Kolha, Ho, Munda, Mundari and Lrka Kal. In course of time they migrated to Madhya Pradesh, Mharatra and Odisha. They belong to Aystro-Asiatic and speak Kal language of proto-munda group. Accoding to 2001 census, the population of Kolha in Odisha is 4,99,110 (Male : 2,50,788 & Female: 2,48,322) the sex ratio is 952 and literacy rate is 27.1%. They are concentrated in the districts of Keonjhar & Phulbani. However, in and out migration has become common phenomenon among Kolha tribe for their livelihood. Their settlements are generally uniclans and homogeneous and live in separate hamlets. The Kolha are settled cultivators and agricultural laborers. Most of them are land less and earn their income by working as wage laborers in farm and non-farm sectors.

Correspondence:
Mary G. Bage
Reader in Sociology,
Post Graduate Department of
Sociology, Utkal University,
Vani Vihar, Bhubaneswar,
Odisha-751007.

Rice, jawar, wheat are their staple food and also they consume edible leaves, fruits and roots. They are addicted to rice beer (Handia), Mohua Liquor and smoking of tobacco.

3. Tribal Concept of Health

Health is one of the basic requirements to lead a normal socio-economic life. The primitive methods of healing in course of time developed into a distinct system of medicine. The whole tribal concept of disease and treatment is based on the therapeutic agents that were derived from his immediate environment such as plants, animals and other mystical powers. Thus, the well being of the tribal believed to be attained through offerings, prayers and observation of the social taboos.

Saying Health is wealth carries highest value in human being life. Human beings from all ages are concerned with health care practices. Not only that government at the national as well as the state level deals with the problem of health which is so vital to country's all round development. A sizeable portion of the national revenue has been spent on programmes of health and sanitation.

A female's health status has a direct bearing on the health and well being of the whole family. Maternal morbidity and mortality affect not just the mother but the family as whole. Kolha women not only shoulder the responsibility of home management and child care but also actively involved in working outside the house hold and supplement their income by wage earning. They play dominant role in the field of economy. Thus their health status is of paramount importance for their family as well as for the community. Poor health condition reduces their ability to take care of the family members and also their earning capacity.

Conception or pregnancy, a vital and proud event in the life of Kolha married women, is a physiological process but becomes miserable and morbid because of inadequate care and supervision of mother during pregnancy, delivery and puerperium. Common diseases associated with pregnancy are: Anaemia, Preperal sepsis, perineal tears and hemorrhages. Poor health condition of kolha mother leads to acute infections like polio and malaria or chronic disease like tuberculosis.

The nutritional status of tribal women is similar to that of tribal children and much worse than other general population or to women belonging to other disadvantaged social groups. However, the incidence of anemia amongst tribal women is significantly higher than that of other social groups.

Table 1: Anemia among Women

Social Group	Percentage of women
Scheduled Tribe	74.7
Scheduled Caste	66.3
Other Backward Class	61.3
Other	54.4

Source: IIPS and ORC MACRO (2001) (NFHS-2)

There are two indicators of maternal health 1) extent of antenatal check up and 2) delivery care. Around 37% of tribal women did not have any antenatal check up. The percentage of tribal women who had undergone professional

antenatal check up was also much lower. The available care centre are Anganwadi, OHC & Kaviraji. Most of the kolha women visit Kaviraji/Traditional medicine man during maternity period.

Table 2: Antenatal Check –Up

Social Group	No Antenatal Check up	Professional Antenatal Check up
Scheduled Tribe	37	40.7
Scheduled Caste	17.7	69.7
Other Backward Class	14.6	73.0
Other	14.6	77.1
Total	20.3	66.1

*Percent of births during three years preceding the survey
Source: IIPS and ORC MACRO (2001) (NFHS-2)

The institutional delivery is low in the case of Odisha (22.7%) it is even lower in the case of tribal women (8.7%). Similarly, professional assistance during delivery in the case of tribal women is only 36.1% as against 55.6% for the population as a whole. Kolha women during delivery prefer the help of Kusunubudhi (Village Dai) even any complications during delivery the head of family asked to call the village doctor/Vaidya. For them it would be a sacrilege to go for modern medicine other than resolving to black magic and tribal rituals. Furthermore, they cannot afford the costly health services nor they are available to them at their doorsteps at accessible distance.

Health and condition of sanitation are related to each other. Lack of sanitation, unhealthy living environment and lack of awareness degrades the health status of Kolha Women. Poverty, illiteracy and lack of sanitation knowledge keep them in darkness. They are not only discriminated on the education front but also in terms of their access to health care facilities, reproductive rights, proper diagnosis of disease and nutritious food intake unlike women in general. The causes of maternal mortality are physical causes (their habitat) Social causes (their way of life) and medical causes (diagnosis and treatment). Maternal mortality is indirectly related to the low status of women and socio-cultural beliefs which discriminate against women.

Besides the magico-religious treatment of diseases, treatment by herbal medicine is also very much practiced among the tribal of Odisha. Herbs used by the Kolha for medical purposes as indicated below:

- Sal-Tree (Shorea robusta)
Parts Used- Seed, leaf & Bark
Preparation – Seed Paste, Leaf Juice
Medical Application: Diarrohea, Vomiting, Open wound and pain
- Cadamba (Anthocephalus)
Parts used: Leaf, Bark & root
Preparation: Leaf Juice, Bark Pest and root juice
Medical Application; Neurasthenia, Skin disease, Insomnia, Lactation
- Muchukunda (Pterospermum Suberi Folium)
Parts Used: Flower. Leaf

- Preparation: Flower Juice or Leaf Juice
Maedical Applcation: Headache, Clod, Cough & fever
4. Gambhari (Gamelina Arboria)
PartsUsed: Laef, Bark Fruit
Preparation: leaf Paste, Fruit juice, Bark Dust water
Maedical Application: Ulcer, Cough, UTI, Eye disease, worm infection
 5. Denga-Vagi (Solanum Indicum)
Parts Used: Flower, root leaf, fruit Bark
Preparation: Flower dust, Root Juice, Leaf juice, Fruit Juice
 6. Kendu Tree (Ebony)
Parts Used-Fruit Juice, Leaf Paste, Seed Paste
Medical Application: Ulcer, Vomiting, Diarrhoea, Asthma, Inestinal Ulcer
 7. Chakunda (Cosia Tora)
Parts Used: Fruit, seed and leaf
Preparation: Fruit Juice, Seed paste and Leaf Juice
Medical Application: Scabies, Skin-eruption, Eczema, Earche, cough
 8. Mahanimba (Melia Azadirracheta)
Parts Used: Root, Bark Leaf, Flower
Preparation: Dust, Paste or Juice
Medical Application: Skin disease, Nasal Irritation, Throt problem, Fistula, Piles

4. Conclusion

The national perspective plan for women (1989) emphasized on a holistic approach to women's development .This recognized the importance of action in diverse fields for improving the social and economic status of women. The National Nutrition Policy expresses concern for the nutritional status of women. The urgent need of the time is advocacy initiatives that concentrate on viewing and providing held care services and particularly reproductive health within the holistic life cycle approach;

- Effort should be made to put an end to discrimination against girls and women.
- Emphasize importance of education and appropriate health care in childhood and adolescence.
- Campaign against unwanted pregnancy as it leads to unsafe abortions to minimize the related problems like child neglect, Malnutrition, disease and social problems.
- Provide effective contraceptive advice and promote improve services especially better quality and access to timely and responsive health services.
- For the proper implementation of the programmes involvement of stakeholders should be encouraged among local communities.

However, process of change in the form of modernization and hinduisation are tking place.Tribals along with Kolha nowadays mostly live in multitribal and multiethnic villages and towns.Kolhas are becoming more Hinduised and observing Hindu festivals like Durga Puja,Laxmi puja etc as per the Hindu calendar. But still the kolha's are very strong in maintaining their traditional way of life at the same time it

is of increasing importance to focus future research on the processes of transition and modernization.

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