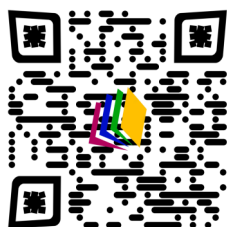




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Physical and Mental Health Status of Tribal Girl Children: An Analytical Study of Bansapal Block of Keonjhar district of Odisha

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ABSTRACT:

The present paper is an analytical study of Physical & Mental health status of tribal girl children in Keonjhar district of Odisha. Data has been collected from different schools of Bansapal block of Keonjhar district. Keonjhar is the homeland of four different tribal races that include Juanga, Munda, Pradhan tribes. Girl children constitute the most vulnerable segment of any community. The objective of the paper is to assess the physical and psycho social development of well nourished and malnourished tribal girl children in the study area. The main objective of the paper is to identify the micro environmental factors influencing their growth and development of well nourished and malnourished tribal girl children within the age group of 5-15. The paper seeks to identify the physical and psycho social perspective of tribal girl children. The paper examines that how childhood physical and mental health of the tribal girls impacts their health status in adulthood and their reproductive health.

KEY WORDS: Physical health, Mental health, Gender health, Anthropometric Measurement, Reproductive health, Morbidity, Intellectual disability, Particularly Vulnerable Tribal Communities (PVTTC)

Introduction

Among various communities inhabiting in India, the tribal communities are the most marginalized and vulnerable. They are neglected and discriminated in terms of income distribution and social status. Most of them are desperately poor, backward generally uneducated and lead a hard and miserable life. The tribal societies in India are undisputedly considered to be weakest sections of the population in view of common socio economic and socio demographic factors such as poverty, illiteracy, lack of developmental faculties, lack of adequate primary health facilities, Despite the protection given to tribal population by the Constitution of India in 1950, they remain as

the most disadvantaged in India.

Health status of tribal is considered as one of the most determined indicator of tribal well being. Researchers also attached greater importance to health status to describe status of tribal women (Dash, 2013), various factors that influence the health status of tribal women starting with their adolescence. Their health status has been greatly determined not only merely by socio, cultural and educational background, but factors like demographic, economic and political also greatly determined (Balgir, 1999). The health status of tribal women particularly the tribal girls is also a cause of concern (Sharma & Arora, 2014).

Statement on Research Problem

The present research has made an attempt to study the Nutritional status of tribal school going children (5-15). The boys and girls are normally found to be shorter and lighter than the standard norms (Easwaran, 1992). As per various studies it is found that half of the children exhibited deficiency sign of one form or other. The girl children also have low haemoglobin level (78%). Studies in Odisha also highlight the physical and mental health status of tribal girl children which found to be comparatively less than their counterparts in the other parts of country. In Odisha, the average value of height, weight, arm circumference, head circumference, chest circumference of children were less than ICMR standard in both sexes weight for height ratio of the children revealed that 30% children were suffering from severe malnutrition, 34% children were suffering from moderate degree of malnutrition and 36% children were found to be normal.

Odisha, is one of the most scenic state in eastern India, which occupies a unique place in the tribal

map of the country having largest number of tribal communities. (62 tribes including 13 primitive tribes). The tribal health problem in the State which indicates that the primitive tribes have distinct health problem mainly governed by multidimensional factors like their habitat, difficult terrain, ecologically variable riches, illiteracy poverty isolation, superstition and deforestation. Some of the important factors of child health have been exported further to provide an overall picture of status of children health in the State indicators like crude birth rate, crude death rate, life expectancy of people of birth child, immunization, maternal health care and infrastructure in health care system are appropriately analyzed for the revelation of the health status of the people. It is observed that death rate for people in Odisha is much higher and life expectancy is lower than the national level average.

The crude death rate (CDR) in child mortality are diarrhoea, gastro entities, anaemia and jaundice which together accounted for 35.4% of total death. Lack of personal hygiene, poor sanitation, poor mother child health and health services managed care. The benefits covered under a health contract, absence of health education, lack of national preventive programmes and lack of health services are responsible for the poor health of the tribal's problem like sanitary food supplies, water contamination and poor food intake on the health status of tribals. However research on physical and mental health status of tribal girls is virtually missing. No symmetric study has been by any scholar on this crucial aspect of tribal girls and their physical and mental health. To fill the vacuum, the present study is an earnest endeavour to unfold the myths & reality. The present micro study has been undertaken at Banspal block in Keonjhar district of Odisha.

Objectives of the study

Physical and mental health of tribal girl children determines the health status of tribal women in subsequent stages. The present paper is an analytical study of the physical and mental health status of the tribal girl children in Banspal block of Keonjhar district of Odisha. The objectives of the study are as follows;

To study the physical and mental health status of tribal girls in the age group of 5-15 years

To make a comparative assessment of such health issues between the tribal boys and girls to know the tribal girl's vulnerability and comparative advantages and disadvantages.

To study how the weak physical and mental health status of tribal girls add to their morbidity and reproductive health problem during their adolescence and adulthood.

Methods of study

The present study is an attempt to assess the physical and mental health status of girl children (5-15 years) representing Bhuyan, Pradhan and Juang tribe four villages of Bnaspal Block of Keonjhar district of Odisha. Data were collected through personal interview and information also was collected with the help of Anthropometric measurement and the observation method. Anthropometric measurements are main indicators in assessing physical status. Anthropometric measurements i.e. height, weight, chest circumference, mid arm circumference, head circumference and calculate BMI. All measurements were taken by one operator (CM) using measurement tape and weight was assessed to the nearest 0.1kg using weighing machine. The body mass index (BMI) was calculated as kg/m^2 .

Observation method has been followed in which by getting involved in a variety of activities of the

tribal girls in the age group of 5-15 over an extended period of time that enable us to observe the cultural patterns in their daily lives and their participation in various activities to facilitate a better understanding of those behaviours and activities.

Besides eliciting information from primary sources there is wide use of secondary data i.e. Govt, records, ICMR study reports, NFHS data, books, journals and periodicals for baseline data which has facilitated the survey and research.

Data Collection

For collection of data various villages of Bansapal block were visited. Different Angan Wadi Centres (AWWs) and health sub Centres were also visited to conduct the study. After establishing rapport with the villagers information from key informants were also collected.

Analysis of data

Statistical tools like mean and standard deviation formats were used for analysis of data. After data analysis has been made and on the basis of which the results of the study has been analysed.

Study Area Profile & Field Study result analysis

About of the tribal population is concentrated in three States i.e. Madhya Pradesh, Bihar and Odisha (Velapan, 1994). Odisha is a tribal dominated State with largest number of tribal community(62), representing major linguistic group like Dravidians, Austro-Asiatic or Indo-Aryan (Sahoo, 2011) The Koenjhar district predominantly populated by Scheduled tribe and normally falls under the Scheduled area. Keonjhar district consists of 13 blocks. Among the 13 blocks Banspal has been chosen as our sample block for the purpose of the

micro study. Banspal Block situated in the west side of Keonjhar district, about 14 KM from the district Hq. The geographical locations of the block has made it different from the rest of the areas of the district. The scenic beauty of Banspal is full of hills and plateaus. The block area consists of Bhuyan Pitha and Juanga Pitha. The eastern part of the block is Juanga Pitha and western part is Bhuyan Pitha. Two PVTG communities i.e. Juanga and Bhuyan are largely found in this Block. The Block consists of 21 Gram Panchayats. 169 villages and 260 wards. All the blocks are Integrated Tribal Development Agency(ITDA) blocks.

The tribes which predominantly populate the region are Santhal, Bhuyan, Kolha and Mankedia. Illiteracy rates are below the State and National average. In the study district of Koenjhar , 35% children are malnourished and childhood morbidity. The tribal community is not able to link this education process with their way of livelihood for survival and hence is moving out of formal education stage from elementary education. Economic constraint is found to be another great reason for dropouts of children who are involved in house hold, agricultural and animal husbandry work. The tribal children in Keonjhar district particularly the girl children due to certain adverse realities like insufficient food intake, frequent infections, lack of access to health services, illiteracy, unhygienic personal habits, adverse cultural practice etc. are prone to various morbidities.

The tribal girl children from elementary to high school level being the most vulnerable segment, with their peer nutritional status indeed reflect their health status. Health Status especially that of School children is a mirror indicator of their physical health and psychological health of the tribal women

community. However, in tribal areas children constitute the most vulnerable segment with regard to health challenges. Their nutritional status, a sensitive indicator of community health and nutrition. Lenka (1991) made an attempt to study the nutritional status of children (0-3 years) of tribal of Odisha. The average value of height, weight, arm circumference, head circumference and chest circumference of children in the district revealed were less than ICMR standard. However, secondary data reveals that in the district merely 30% children are suffering from severe malnutrition, 34% children were suffering from moderate degrees of malnutrition and 36% children found to be normal. The present survey has been carried out to record the anthropometric profile of the tribal children particularly the girl children and assess their nutritional status, which has also directly affected their mental health status.

The present paper is based on a survey carried out to record the anthropometric profile of tribal girl children and to assess their physical and psychosocial health status. The findings of the study has clearly indicated how to help to promote social activities that appreciate and emphasize, select activities that involve to improve the health status of the girl children and creative abilities and formulating recommendation for further research so as to reduce this nutritional burden. To know the physical status of tribal girls in the study area, anthropometric measurement tools has been used and a comparative assessment of physical health of tribal boys and girls has been made.

Data Interpretation and discussion of Result

Table No.-1 : Comparative Physical health status of boys and girls in the study area

Sl. No.	Aspect	Boys		Girls	
		Mean	Standard Deviation	Mean	Standard Deviation
1	Height	100.99	7.29	94.134	5.96
2	Weight	13.98	1.27	13.32	1.30
3	Chest Circumference	59.38	2.79	59.33	2.08
4	Mid arm Circumference	16.87	0.22	16.68	0.19
5	Head Circumference	49.10	1.34	48.57	1.27
6	BMI	13.98	1.27	14.09	0.99

The above table represents data pertaining physical health status of School going tribal children in the study area of Banspal block of Keonjhar district. We have measured the physical fitness of both tribal boys and girls to have a comparative assessment and to know that in which aspect of physical fitness, the tribal girls are lagging behind or aspects in which they are ahead of the boys.

The above data clearly indicates the physical development in respect to two group's i.e. tribal boys and girls. It has been observed that the boys have higher mean score in all variables of physical development than their girl counterparts. With regard to Physical Development boys higher mean score(100.99, 13.98, 59.38, 59.38, 16.87, 49.10, 13.98) in all aspects like Height, Weight, Head Circumference, Chest Circumference, Mid arm Circumference than girls(94.134, 13.32, 59.33, 16.68, 48.57, 14.09). This clearly indicates that the physical health status of the tribal girls in Banspal Block is comparatively low in respect to the physical health status of the tribal boys. This clearly

indicates that this childhood low physical health status of the girl children creates problems for adolescents and also create reproductive health problems for tribal women of the study area. From Focused Group Discussion (FGD), it was captured that due to low physical fitness, they are also succumb to various other morbidity which intrinsically linked to their general health status.

Table No.2: Mental health status, Conceptual and readiness Skills among the tribal boys and girls

Sl. No.	Aspect	Boys		Girls	
		Mean	Standard Deviation	Mean	Standard Deviation
1	Concept of Shape	2.47	0.83	2.44	1.02
2	Concept of Colour	1.57	0.49	1.5	0.52
3	Concept of quantity	2.07	0.75	1.09	0.28
4	Auditory Discrimination	1.09	0.45	1.65	0.47
5	Visual discrimination	1.84	0.36	2.17	0.53
6	Copying	1.94	0.61	2.01	0.91

Data presented in table 2 talks about the mental health status of tribal boys and girls. To know the mental health condition of the tribal children we have conducted some tests, which distinctly indicated the mental makeup of the tribal children. The test result reveals that in Banspal block although the tribal boys outline the girls in terms of physical health but in terms of mental health status, the tribal girls are in a better position.

As per the data we clearly noticed that the

conceptual and reading skills of both tribal boys and girls, the boys remained unmatched to the girls. It was found that in three major aspects i.e. concept of shape, concept of colour and concept of quantity, the tribal boys have higher mean score(2.47, 1.57, 1.19) that girls (2.44, 1.5, 1.9) respectively. On the other hand conceptual and reading skills like auditory discrimination, visual discrimination and in copying aspect the mean score of girls is (1.65, 2.17 and 2.01) which is higher than the mean score of boys (1.19, 1.84 and 1.94) respectively.

Conclusion

The paper offering a careful examination of primary source of data; has found that the tribal girl children in the study area of Banspal block shows average physical development, where as in other aspects like conceptual and reading skill development the tribal girls record better performance than the boys. The tribal girl children which are normally focused more vulnerable in terms of haemoglobin status due to reproductive health problem mainly in period of adolescence also undergo psychological stress. But to conclude on the basis of the study findings, it has been observed that the better mental health status of tribal girls in Banspal block has accounted their improved health status the passing of the initial stage of adolescence. However, the findings of the study clearly indicates a comparative disadvantages Of physical health status of tribal girls that greatly impacts their adolescence and adulthood reproductive health.

References

Bose, K., and F. Chakraborty. 2005. "Anthropometric Characteristics and nutritional status based on body mass index of adult Bathudis: A tribal population of Keonjhar District, Orissa, India." *Asia Pacific Journal of Clinical Nutrition* 80-82.

Dash, Anjali. 2013. "Relates on Tribal education and Health: Evidence from Rural Odisha, India." *International Research Journal of Social Science*.

Hurlock, E. B. 1997. *Child Development*. Tata McGraw: Hill publishing company Limited.

Sahoo, L. K. 2011. "Socio-Economic Profile of Keonjhar and Mayurbhajna distinct." *Odisha Review*.

Santrok, John W. 1997. *Life-span Development*. Texas : University of Texas Dalals.

Shram, Neeru, Samridhi Arora, and Ambika Sharma. 2014. "Exploring Tribal Women's Health Seeking Behaviour In Context of Demographic and Self Related Variables." *International Journal of Recent Scientific Research*.

Velpan, K. 1994. "Tribes and Tribal languages." *The State of Institute of Language*.