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A Study on the accessibility of Health Care Services to the Physical Health of Tribal Women with reference to Illigara Doddi, Ramanagara District.

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***Abstract*-- Tribal women will face several challenges to safeguard their health aspects such as physical, psychological, emotional, social, and spiritual perspectives. Most of Women have reproductive health issues, maternal mortality, anemia, postpartum disorder, uterus cysts, and other health issues. Most of the women will be illiterate, lacking personal hygiene, socio-economically deprived, away from technology, and living in remote tribal areas. The health conditions of tribal women living in those regions are worsened as they lack health care services. Across the nation, tribal women were more socio-economically downtrodden and suffering from health issues about adolescent menstrual health problems, reproductive health, and aging-related health problems. They struggle to overcome these physiological health problems and earn their livelihood irrespective of socio-economic and psychological problems in the tribal community.**

Present research study depicts the tribal women's major physical health issues and the ways to overcome these issues through social work intervention. In addition to this, tribal women will be suffering from malnutrition, anemia, and other gynecological problems. The objectives of the study is to understand the physiological health issues of tribal women. To find out the social work interventions to overcome from physiological health problems.

Investigator gathered the data through various books, journals, previous studies, suggestions and discussions with experts and academicians. The study is confined to tribal women who lives in tribal area of Illigaradoddi tribe of Ramanagara district in Karnataka. This paper aims to understand the social work perspectives to address the issues of physical illnesses of tribal women and identify the role of social workers while working with tribal women. The outcome of the study will focusing on creating awareness among the tribal women about common physical illnesses for the sake of prevention and about the maintenance of their physical fitness to lead healthy life. Social work interventions and referral services support to improve the health status and the identity the tribal women collaboration with healthcare services of government healthcare institutions.

***Keywords*--Tribal Women, Physical Health, Accessibility**

I. Review Of Literature

Research Article on secondary data on Tribal women health issues reveals that the existing legislation and judgements dealing with the health of tribal women. They face difficulties getting medical facilities in the absence of proper infrastructure. Despite the fact that there are existing legislation and conventions for ensuring the rights of the tribal women, including the medical facilities, there are still issues with the proper medical facilities for tribal women. The main points for discussion are consolidated as the right to health Aspects for Tribal Women in India and State Obligation. (E Prema, 2020)

Recent India's National Family Health Survey-4 found that 46% of indigenous women and adolescent girls had, at least four antenatal care visits, compared to 61% of Hindu women and adolescent girls. The tribal population suffers the triple burden of disease; in fact, it is quadruple, namely, communicable diseases, non-communicable diseases, malnutrition, mental health, and addictions. 8.6%of the tribal population constitutes 30% of all malaria cases, less than 60% P. falciparum, and 50% of the mortality associated with malaria. (Balaram Paswan, 2015-16)

The article on Exploring barriers to health service accessibility for tribal women in India explores that About 10 crore ST population live in India. Tribes are an essential component of our civilization and have resided since the beginning of human society. They have always been included in mainstream culture. The administration tried to assimilate with the predominant culture. Certain indigenous groups have transitioned from their woodland habitats to integrate into the dominant society. The majority of India's population resides in rural regions, with the tribes inhabiting forested areas being particularly disadvantaged. Their healthcare use is limited owing to inadequate access to healthcare services. (Zainul Abedin*1, Nov 2024)

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II. Introduction

Iruliga tribe is belonging to the Dravidian Family, Iruliga means dark people/darkness in Kannada, the root word 'Irul' meaning 'darkness' in Tamil and Malayalam. Iruligas are situated at Ramanagara and Mysore districts. The predominant occupation of Iruligas is rat and snake catching, and honey collection. The Iruliga tribal women, primarily situated in the Ramanagara and Mysore districts of Karnataka, have undergone a significant evolution from a deeply forest-dependent, nomadic existence to a marginalized, sedentary life influenced by modernization, technology and socioeconomic pressures. Once known for their deep expertise in herbal medicine and forest resources, their role has shifted from that of forest gatherers to agricultural laborers and daily wage earners. Majority of the Iruligas gave priority for rat and snake catching, and do daily wage work at other farmers farming land.

III. Research Methodology

In this study both Primary and Secondary data used, the Primary data have been collected from the Tribal Women, Self-help groups and local community leaders by using an interview tool. The secondary data have been collected from reports, journals and articles.

The present study is based on the **Focused Group Discussion**. In this method, the group of Self help groups is a single unit of the study. Here, those individuals who experienced health issues and health care facilities availability in their community are considered as a single unit of the study.

Inclusion Criteria: It is limited to only the Iruligara Doddi of Channapattana Taluk, Ramanagara District of Karnataka state and limited to tribal women, who were facing physical health issues.

Exclusion Criteria: The researcher conducted Focused Group Discussion with Self Help Group women and remaining population of the village were excluded in the study.

Details of Focused Group Discussion And Case Studies: The researcher conducted Focused Group Discussion of Self-help groups Total of 20. For the study purpose interview guide was prepared. The interview was taken with their informed consent, assuring of confidentiality of the information, and utilized only for research perspective.

IV. Operational Definitions

According to International Labour Organization "Societies cannot afford to ignore the potentials of female labour in reducing poverty and the need to search for innovative ways of lowering economic, social and political barriers. Society's ability to accept new economic roles for women and the economy's ability to create decent jobs to accommodate them are the key prerequisites to improving labour market outcomes for women as well as for economic development as a whole (ILO, 2008)."

Physical Health can be defined as a state of well-being when all internal and external body parts, organs, tissues and cells can function properly as they are supposed to function.

Access to healthcare Services refers to the ability of individuals to obtain timely, affordable, and appropriate healthcare services when needed. It involves removing barriers that may prevent individuals from seeking and receiving necessary medical care, including physical, financial, cultural, and informational obstacles. Essentially, access to healthcare ensures that everyone has the opportunity to maintain good health and receive medical attention when required, regardless of their background or circumstances.

Focused Group Discussion: Investigator conducted Focused Group Discussion with Self-help group women with regard to their Menstrual cycles, Abdominal infections and cysts, menopausal issues, reproductive tract infections and diseases. In addition to this, they were also facing anaemia, sickle cell anaemia, aplastic anaemia and hemophilia. As the investigator observed and interacted with different women with mental retardation, autism, dyslexia, they are actually facing societal discrimination, stigmatization, and social stereotypes due to their illness. People have a misconception about the mental illness such as it is a curse of older birth, Sin of previous birth or might be some kind of black magic done by others. Because of misconceptions, people use to do societal discrimination, not include during social gatherings, in social institutions also neglect them or making negative comments or stigmatizing them of their illness. We observed about their socioeconomic status it is very low, compare to a normal healthy person. Here investigators did Focused Group Discussion with self-help groups of Iruligara Doddi Village of Channapatna Taluk, Ramanagara District during Social work camp. Below mentioned issues discussed during the FGD and few case studies with adolescent girls and tribal women.

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Child Marriage Issues: Here we observed more of child marriages sometimes even they do marriage of a girl, even though she is not attained her menstrual cycle. They won't allow any police personnel or other government officials to enter their community as they were stopping the child marriage. Most of the adolescent girls who were below 15 or 16 years of age already delivered a baby and carrying another baby on their womb. During the FGD, they expressed that this is ours customs, we have to obliged whether we are agreed or not, will follow our parents instructions. The child marriage and their reproductive health is in worsen condition, as their womb is not grown that much to carry a baby and they face issues of high-risk pregnancies. At the same time, mother and child both are malnourished.

Poor Menstrual Hygiene Practices: Most of the Tribal women and girls are having stomach ache, irregular periods, Polycystic Ovarian Disease, and moreover they use unhygienic clothes as sanitary napkins. It is leading them to urinary tract infections, reproductive tract infections, bacterial vaginosis, skin irritation and rashes are the major health issues faced by the Iruliga tribal women. Irrespective of regular awareness by the Asha Worker and Link health workers they keep on using clothes during menstruation and after washing those clothes they use to dry those on the shadow place due to hiding this, so wetness won't dry properly, the same clothes used on regular basis. The Iruliga Tribal women rely on herbal medicine to manage irregular periods, menstrual disorders, infertility and birth control. It is a leading cause for the most of menstrual disorders.

Anemias and Malnutrition: The Iruliga tribe in particularly in areas like Iruligara Doddi, experiences critical levels of malnutrition and anemia, driven by extreme poverty, lack of access to healthcare, and poor environmental sanitation. Studies on similar tribal populations in Karnataka indicate a high prevalence of chronic energy deficiency and severe anaemia among women of reproductive age. Moreover, the women and girls of Iruliga tribe having very less hemoglobin level, which leads to under nutrition and malnutrition.

Communicable Diseases: Concerning to Poor living conditions in a small hut of plastic tarpaulins, lack of sanitation facilities, lower economic strata leads to communicable diseases such as malaria, tuberculosis, acme dermatitis, hepatitis and so on. In addition to this, they were also addicted to alcohol consumption and chewing/smoking tobacco products.

There is a concern over increasing cases of infant and maternal mortality among tribal women, particularly during childbirth due to high risk pregnancies.

Lacking accessibility of Healthcare services: Iruligara Doddi is situated outside of the city, far away from basic amenities, infrastructures, and away from basic healthcare services. In this village, weekly once one Asha Woker and Link healthcare worker for checking the health of aged, pregnant women, children and other general population. But most of the tribal women, children or pregnant women won't give priority for English medicine, they believe only in village herbal medicine. As child marriage is more in the iruliga tribe, high risk pregnancies also more still they are following traditional herbal medicine which is more harmful for their health conditions. It is leading to higher prevalence of maternal and infant mortality rates among tribal women.

V. Social Work Interventions For Enhancing Tribal Women Health

Social work interventions for the Iruliga tribal women in Iruligara Doddi of Ramanagara district, Karnataka require a holistic, community-based, and culturally sensitive approach. The Iruligas are a particularly vulnerable group characterized by isolation, poor literacy, and high dependence on informal, hazardous, or traditional income sources, leading to significant health disparities, including high anemia consists of 55.9% in some Karnataka tribal studies, malnutrition, and poor reproductive health.

1. *Community Based Reproductive and Maternal Health Support :*
   a) *Establishment of Primary/Community Health Centers:* Due to remote locations, Primary health center or mobile units staffed with a doctor, ANM/nursing staff, and female support staff can provide on-site ante-natal checkups, immunizations, and family planning services.
   b) *Trained Traditional Birth Attendants (Soolagittiyaru):* Partnering with local elderly women who are trusted, training them in hygienic practices, institutional deliveries and connecting them with ASHAs (Accredited Social Health Activists) to ensure safe institutional deliveries to prevent maternal and infant mortalities.

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c) *Nutritional Support for Women:* Organizing community kitchens or providing supplementary nutrition which is iron-rich food to tackle the high prevalence of anaemia and malnutrition among tribal women to overcome from anaemia and nutritional deficiencies.

2. *Strengthening Healthcare Access and Infrastructure:*
   a. *Tribal Women Counsellors at Hospitals:* Providing Primary/Community Health Care Centers, Training and placing local tribal youth as counsellors in primary health centers (PHCs) and district hospitals to bridge the language and cultural gap, helping women navigate services.
   b. *Emergency Transportation Service:* Setting up a dedicated, free, 24/7 emergency transportation service (ambulance) that can reach the nearest motorable point to tackle high maternal mortality.
3. *Preventive and Promotive Health Education*
   a. *Usage of Behavior Modification Techniques:* Using culturally appropriate methods like street plays, folk songs, and puppet shows to educate on hygiene, sanitation, and the dangers of substance abuse.
   b. *Health and Hygiene Awareness Programs:* Creating awareness about sanitation, handwashing, and the importance of using purified water, as many tribal areas have poor water treatment.
   c. *Menstrual Hygiene Education:* Distributing sanitary pads, teaching Self help group women about how to make nature friendly sanitary napkins and educating on menstrual cycle, teach them to opt for sanitary napkins instead of sanitary cloth usage and maintain good menstrual hygiene.
4. *Economic Status enhancing for Health improvement*

a. Strengthening of Self-Help Groups for Tribal Women: Organizing women into SHG federations to foster savings, provide access to credit, and initiate micro-entrepreneurship, thereby reducing dependency on moneylenders and improving household income for better nutrition.

b. Reaching out to Government Schemes: Facilitating access to initiatives under the Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN), which focuses on providing health, housing, and clean, safe drinking water.

c. Providing Skill based Training Programs: Imparting skills in value-added products from minor forest products such as honey, medicinal plants, gums to boost income.

VI. Conclusion

Health is a broad concept includes Physical, psychological, spiritual and social well being. Here to improve the overall health requires Social Worker interventions, Government and community based organisations interventions to empower tribal women socio-economically, psychologically and especially physiological health through providing Community/primary health centers, basic amenities, institution-based healthcare facilities to enhance tribal women comprehensive health.

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