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Social Construction of Tribal Health: Maternal and Child Wellbeing among Selected Tribals in South India

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Abstract
Health of the individual is embedded with society's wellbeing. In the case of Tribal community, health status of inhabitants is the question of their existence and survival. One needs a dynamic framework to understand tribal health and its engagement with different forms of functioning where the tribal are constantly told what to eat, what and how to cook for children, why to weigh the child every month in the Aanganwdi center, the need to vaccinate, to deliver in the hospital, to pop a pill when having fever etc. These health messages are not merely about personal health but a moral imperative for a good citizen via a good parent. By identifying health as a repercussion of socio - cultural - ecological and biological whereabouts of a society, present study has adopted a sociological methodology to deal with socio-cultural construction of health amongst the Hill Tribes, particularly the Kurumba and Irula of Attappadi tribal block in Kerala state, India.
Keywords: Social Construction, Tribal, Marriage, Maternal and Child Health.

Introduction

The domain of maternal and child health abounded with immense traditional knowledge and practices.

There are only a few evaluating studies on the status of tribal women in India (K. Mann,1987; J.P. Singh, N.N. Vyas and R.S. Mann, 1988; A. Chauhan, 1990). Thus the study of tribal women cannot be ignored. It becomes important because the problems of tribal women differ from a particular area to another area owing to their geographical location, historical background and the processes of social change (A. Chauhan, 1990). For this, there is a need for proper understanding of their problems specific to time and place so that relevant development programmes can he made and implemented. There is a greater need for undertaking a region-specific study of the status and role of tribal women which alone can throw up data that will make planning for their welfare more meaningful and effective (K.S. Singh. 1988).

The status of women in a society is a significant reflection of the level of social justice in that society. Women's status is often described in terms of their level of income, employment, education, health and fertility as well as the roles they play within the family, the community and society (Ghosh, 1987). It is noteworthy to underscore

the diverse geographical, environmental and socio cultural contexts of Indian tribal groups requiring specific research strategies for each group which is an obstacle to generalize the findings with respect of reproductive health. Hence, it is observed that a study on tribal health usually addresses health problems of a selected tribe from a distinct region and environment (Chakravarty, Palit, Desai, & Raha, 2005; Gautam & Jyoti, 2005; Kshatriya & Basu, 2005; Pati, 2002). Limitations of existing studies on tribal reproductive health suggest shortcomings in the definitions of tribal population and reproductive health, weakness in research design and measurement, and scarcity of theoretical basis.

Both traditional and modern conceptualization of health has been considered health as an independent phenomena but it related with several factors based on the knowledge and practice of the time.

While reviewing the studies on family types and fertility in Bangladesh, India and Taiwan, (Nag, 1975) observed lower fertility of women living in extended or joint families compare to that of women living in nuclear families. On the other hand living in joint family may cause higher level of sexual abstinence and consequently can influence the fertility and the likelihood of pregnancy (Upadhyay, 2005). Hence, in tribal context, family structure can be a strong economic factor of the maternal and child health, since size of the family actually determines the workload for a woman living in the family. Compared to the small or nuclear families, large families have more economic advantage of workforce leading to higher capability of the family to invest in health of its member including the women.

The cultural norm of marriage practice has robust direct and indirect effect on reproductive health of tribal women. For instance, in tribal marriage, spouse is selected according to traditional custom which may directly influence the reproductive practice by deciding the partners in a sexual union. On the other hand, marriage practice indirectly influences the reproductive health of women by determining several other factors such as, age at marriage, pattern of family organization, women's status in society, and, women's decision making ability (Kshatriya, 1992). Tribal marriage broadly can be categorized into (i) endogamy, (ii) exogamy, and (iii) consanguineous patterns (Basu, 1995). In addition, cross-cousin marriage is practised in many tribal societies (Basu, 1995). Each of this marriage practice may influence the reproductive health in distinct way; for instance, consanguineous marriage can lead to increased miscarriage, still births, neo-natal deaths, and physical and mental defects (Basu, 1993, 1995).

Marriage practice also indicates whether a woman is in a polygamous or monogamous relationship. Several Himalayan tribes such as, Naga and Lusia practice polygamy, mainly for economic reason of having enough helping hands for agricultural activities (Basu, 1995). By contrast, many tribes such as, Jausaris and Todas used to practice polyandry (Basu, 1995), and there are many tribes who strictly practice monogamous marriage such as, Lodhas of West Bengal (Chakravarty et al., 2005). Such marriage practice strongly shapes the family and social structure, division of labor within the group, women's status and decision making ability, and in turn influences the reproductive health of the women.

Social construction of tribal life to be explored in detail to understand the tribal life in details. So that, present study focus on the concept of social construction of maternal and child health among the tribal community in the Attappady tribal block of Kerala state, India

Materials and Methods

Attappady tribal block is consisting of 192 hamlets residing three major tribal communities, Irula, Muduga and Kurumba tribes. This study focused on Irular (largest tribal group in Attappady) and Kurumba (one among the five primitive tribes in Kerala). Sampling size is 180, accordingly

20 Kurumba and 160 Irula households. Descriptive research design has been adopted, unstructured interview schedule was used to obtain the answers of research questions.

Discussion

Social structure of the tribal community synthesized with their religion, cultural, family, marriage and social interactions etc. or achieved power managed the hierarchical organizations of the community. Spiritual leader has played a significant duties like, Performing Spiritual/ Religious, administrative functions and to Maintain Social Solidarity. Universalized laws and changing governance nature also made change in tribal social structure. At present power based structural hierarchy is more achieved than ascribed. Family system is based on patriarchal and patrilineal arrangement. And there is less evident for change in the pattern of lineage.

Marriage is based on traditional clan exogamy. Clan endogamous marriage is strictly prohibited. If at all any marriage happen, community and tribal leaders never give the validity or approval as official couple. Each tribal community bounded with solidarity and group feeling. Traditional festivals played an important role to unite individuals from all tribal communities. Nature of relationship between and within the tribal community is different. Members of each tribal community are more affiliate than members from different community. The major ways to express solidarity with own tribes man were; invite for family functions , gift exchange, participate in their family functions, marital relations, celebrate festivals together and social drinking etc. Typical ways to express solidarity with other tribes man was commonly by celebrating festivals together.

Marriage Trend

Type of Marriage	Frequency	Percentage
Tribal clan exogamy	154	85.6
Love Marriage	21	11.7
Unwed mother	2	1.1
Living relation	3	1.7
Total	**180**	**100**

For legal and social viability every society preferred the commencement of marital relation always in the presence of support group. Tribal community in the study area traditionally followed clan exogamy. Each tribal group have further divided into several sub sects; clan. Intra clan marriage won't be allowed, since they considered as a brothers and sisters. Even though if any marriage occurs based on individual interest community never accept them as legal couple. Within the respondents 86% followed traditionally prescribed marriage. And 11.7% (21) of them preferred love marriage. There are two unwed mothers and 3 are in living relation.

One Kurumba respondent said that, marriage other than traditional mode is very rare in their community, if at all a marriage is committed between same clan people, some type of stigmatization started and wife cannot wear mangalsuthra (a symbolic pendant of marriage) and formal traditional ritual and practices could not permissible to perform in their life including ceremonies related with child bearing, rearing etc.

Miscarriage Rate

S. No	Number of Miscarriage	Frequency	Percentage
1	1	27 1 (5%) Kurumba and 26 (16%) Irula	15.0
2	2	10 10 (6%) Irula and 0 Kurumba	5.6
3	3	1 1(0.5%) Irula	.6
4	4	2 2 (1%) Irula	1.1
5	nil	140 19 (95%) Kurumba and 121 (76%) Irula	77.8

15% of the respondents had at least one miscarriage in their life, it consists one Kurumba and 26 Irula. 6% of the total respondents have at least 2 abortion and all of them are belongs to Irula community. And 1 respondent had three (0.5%) and another 2 had four(1%) abortions and all of them are from Irula community. 76% of the total respondents never had a history of abortion. On summing up; around 1/4th of the total respondents have miscarriage history. Irula women had high number of miscarriage compared to Kurumba.

A Kurumba respondent, who had the history of still birth shared her painful experience, it was her second delivery and 1st child birth was home based, she was healthy and seems comfortable during the whole three trimesters of pregnancy. But her womb became too large after 2nd trimester. Since she is staying in one of the most remote settlement of the study area, more than 2 hours distance is there to reach nearby hospital and there is no proper road for first 8 kms also, she didn't prefer to go to hospital. One day she felt severe stomach pain and it was hard to manage and they tried for one truck to reach hospital, it was a heavy rainy season too. Somehow her family members managed to get one truck and journey through the mud road was accelerated her pain and discomfort and she delivered in the truck itself, it was twin boys and one of them shown some signs of breathing trouble and other one didn't cry after birth, she continued her journey to hospital but she recognized the fact that she lost her two kids even before reaching hospital.

Infertility Treatment Undertaking Status

Sl. No	Infertility Treatment Status	Frequency	Percent
1	Yes	15 1, 5% of total Kurumba and 14, 8.7% of total Irula	8.3
2	No	152 17, 85% of total Kurumba and 135, 84.3% of total Irula	84.4
3	Infertile but no treatment	13 2, 10% of total Kurumba and 11,6.8% of total Irula	7.2
4	Total	180	100

Present infertility status among tribal women is notable and actual infertility rate can analyze through infertility treatment undertaking status of the respondents. 8.3% of the total population undergoing treatment for infertility among them 8.7% of total Irula and 5% of total Kurumba included and other 7.2% of the respondents are infertile but not undergoing any treatment, it consists

10% of total Kurumba and 6.8% of total Irula respondents. In total 16% of the total respondents are infertile. Remaining 84.4% of the majority never faced infertility issues it includes 85% of total Kurumba and 84.3% of total Irula.

Conclusion

In socio-cultural life,more modernized tribal community and less modernized Kurumba community exhibits different trends, Kurumba community followed monogamous pattern of marriage but Irula experiencing different. Social structure of the community with its implication on MCH has been evaluated. Worship pattern at Kurumba family expressed continuity but worships in the Irula family reflects belief system also undergone gradual changes. Prevalence of child marriage is declining still comparatively high in the study area. Situational compulsions made the tribal to change their life style that caused to the imbalance in tribal life. The concept of MCH practices and problems understood in all facets. It is identified emerging socio-cultural-health practices show destructive as well as constructive nature in connection with tribal women in particular tribal community in general. Modernized Irula tribe has more impact of emerging socio-cultural-health practices when compared to less modernized Kurumba Tribe.

Traditionally, the tribal women in general and in comparison with castes, enjoy more freedom in various walks of life. Traditional and customary tribal norms are comparatively more liberal to women. Tribal life was always allies with nature and tribal culture, rituals, beliefs are unintentionally/ intentionally stands for the perseverance of nature. At present ailing modernity and its problems are also influenced tribal life style and health habits.

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