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Reproductive Health of Aboriginal Women in India: A Study on Life Cycle Approach

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ABSTRACT: Right to health is considered as the important element in the life of human beings, irrespective of the socio-economic and cultural conditions of the people. But many a times the notion of right to health is questioned or denied for the most disadvantaged sections in the society, especially the people belonged to the tribal or aboriginal communities. The women group in the aboriginal communities is considered as the 'disadvantaged among the disadvantaged'. A desired reproductive health status of the women determines the better health status of the upcoming generation, and that contributes to the well being of the communities and the nation. The present paper is an attempt to describe the reproductive health disadvantages of the women belongs to the aboriginal communities in India. The paper also explains how 'Life Cycle Approach' can be used for studying the same for improving the reproductive health conditions of aboriginal women.

Keywords: Aboriginal Communities, Reproductive Health, Life Cycle Approach, Right to Health

1. INTRODUCTION

Tribal or aboriginal people play a key part in constructing the cultural heritage and its uniqueness of 'unity in diversity' in India. They occupy a major part in the history as they are considered as the true habitants of India. The closeness to environment, adherence to own culture, customs and traditional beliefs make the life of aboriginal people a distinguished one, as miserable and pathetic one. However there are several programs and policies initiated by the Government of India and non-government sectors, there is not much improvement in the adversities faced by aboriginal people.

Aboriginal communities are considered to be the most vulnerable and marginalized groups in India. The 'aboriginal' or 'indigenous people' constitute around 8.24% of the total Indian population (Census, 2011). Around 636 aboriginal categories live in geographically scattered areas and in areas, which are not easily accessible (Basu, 2000).

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Table 1: Demographic Status of Aboriginal People (in millions)

Census Year	Population		
	Total	**Aboriginal**	**Proportion of Aboriginal**
1961	439.2	30.1	6.9
1971	547.9	38.0	6.9
1981	665.3	51.6	7.8
1991	838.6	67.8	8.1
2001	1028.6	84.3	8.2
2011	1210.1	104.2	8.6

Source*:* Consolidated from Census reports (1961-2011)

2. HEALTH INDICATORS OF ABORIGINAL COMMUNITIES

World Health Organization (2001) has emphasized that indigenous people or aboriginal people have higher rates of infant mortality, lower life expectancy and more case of chronic illness than the non- indigenous population in their home countries. It is argued that the indigenous people are among the poorest of the poor. They suffered from extreme discrimination and lead a life of misery.

The Indigenous World International Working Group on Indigenous Affairs report (2006), said that, "Indigenous peoples remain on the margins of society: they are poorer, less educated, die at a younger age, are much more likely to commit suicide, and are generally in worse health than the rest of the population"(The Indigenous World, 2006). This showed that there is a number of health related issues are found among the indigenous people all over the world. The major health problems of the aboriginal communities were the high incidence of maternal mortality and morbidity. Because of the poor health condition of the women, it adversely affect the health of the children and thereby the upcoming generation.

According to the National Policy on Aboriginals (2006), the aboriginal communities in India need health care on account of malnutrition, lack of safe drinking water, poor hygiene, environmental sanitation and above all poverty. Lack of awareness and apathy to utilize the available health services also affected their health status. Endemics like malaria, deficiency diseases, and venereal diseases including AIDS were not uncommon among aboriginal populations. However, lack of safe drinking water and malnutrition are well-recognized major health hazards. Aboriginal people suffered from a deficiency of calcium, vitamin A, vitamin C, riboflavin and animal protein in their diets. Malnutrition and under nutrition are common among primitive aboriginal groups who largely depended upon food they either gather or raise by using simple methods. The poor nutritional status of aboriginal women directly influenced their reproductive performance and their infants' survival, growth and development.

In spite of the efforts of the government, there are poor maternal and child health services and ineffective coverage of national health programmes. National Family Health Survey (NFHS) I, II and III data showed trends of deteriorating health indicators and socio-economic status of the aboriginal population in comparison to national statistics. Research surveys have found that infrastructure like Sub-Centres, Community Health Centres (CHCs) and Public Health Centres (PHCs) are less than required in the aboriginal areas.

Table 2: Key Maternal and Child Health Indicators

Population	Particulars on Child Health (Figures per 1000 live births)					
	Neonatal Mortality	Infant Mortality	Child Mortality	U_5MR	Childhood vaccination	Prevalence of anemia (<11.0 g/dl)
Aboriginals	39.9	62.1	35.8	95.7	31.3	76.8
General	34.5	48.9	10.8	59.2	43.5	69.5
Particulars of Maternal Health						
Population	Received ANC Checkup	% of institutional deliveries	Maternal Mortality Rate	Prevalence of anemia (<12.0 g/ dl)	%of women age 15-49 who drink alcohol	Households covered with health insurance (in %)
Aboriginals	70.5	17.7	212*	68.5	14.1	2.6
General	84.8	38.7	178*	55.3	2.2	5

Source*:* NFHS 2006, M/o H&FW, GOI ***Per100000 Live Birth***

According to NFHS-3 (2005-2006) report, maternal and child health was an integral part of the family welfare programme in India since the time of the first and second five year plans (1951-56 and 1956-61). Several programmes and policies were initiated by the central and state governments to improve the maternal and child health indicators. The above table 2 showed a comparison of child and maternal health with regard to the people belonged to general and aboriginal communities in India. In quoting the major findings of the National Family Health Survey (NFHS) report-3, "the infant mortality rate in India is declining. Compared with the NFHS-2 estimates of 68 deaths per 1000 live birth, still more than one in 18 children die within the first year of life, and more than one in13 die before reaching the age of five. Infant and child mortality rates are higher in rural areas. The report said that "the children whose mothers have poor education are more than twice as likely to die before their first birthday as children whose mothers have completed at least 10 years of school". The report further stated that children from aboriginal communities are at great risks of dying than other children and which showed the vulnerability of the marginalized groups like aboriginals in India.

The poor health conditions of the people belonged to the aboriginal community is clearly mentioned in table 2; and it can be inferred that there is clear difference on the maternal and child health indicators of the people belonged to the aboriginal communities and other general communities. As a developing nation, India is also lacking behind the better health delivery to the aboriginal people. The women, children, elder population and the other groups of aboriginal population are equally vulnerable to the communicable as well as non-communicable diseases (Babu, 2013).

3. REPRODUCTIVE HEALTH STATUS OF ABORIGINAL WOMEN

The reproductive health status of women, especially in the developing countries including India, requires urgent attention. Over one-third of all healthy lives lost among adult women are due to reproductive health problems (WHO, 1995). Research in India showed that poor women carry a

heavy burden of reproductive morbidity as a significant component of pregnancy and reproductive tract infections. Many of these sexually transmitted and reproductive illnesses are invisible because of their 'culture of silence'. Moreover, they did not have access to health care for these illnesses (Pachuri, 1995).

United Nations Population Fund (UNPF) – India report of 2011 said that, "access to reproductive health services saves women's lives, which in turn makes children, families and whole societies more secure". Reproductive health in India is largely influenced by poverty related socio-cultural factors and programme interventions. The research studies proved that the reproductive health knowledge is very poor among the aboriginal communities in India. Absence of knowledge means that women cannot make or are not in a position to make informed and correct choices, with the consequence that they are likely to suffer from sexually transmitted infections and unwanted pregnancies (DeJong J et al, 2007).

Lack of awareness, permissiveness of aboriginal societies for premarital or extra-marital sexual relationships, and sexual mixing patterns predispose these communities to HIV/AIDS and STD infections (Ekanath Naik et al, 2005). There is a dire need for targeted interventions in order to curtail the increasing threat of HIV and other STDs among these vulnerable populations. Knowledge on reproductive tract infections (RTIs) is essential for the reproductive health of both women and men and is also critical for their ability to meet their reproductive goals (Population Council, 1999). According to Basu (2000), sexually transmitted diseases (STDs) are most prevalent disease in the aboriginal areas of India. In a nation-wide community-based study(UNPF India, 2011), prevalence of reproductive tract infections (RTI) was nearly 6% in the 15-50 years age group. It is prevalent in 44% of low socio-economic status compared to 27% in high socio-economic status (Bappukunju Ekbal et al, 2012).

Due to religious belief Gond tribe of the state of Maharashtra in India do not have any desire to avoid conception and reproduction because it is considered as sin and against God (Sharma and Sharma, 1999). High mortality rate among the tribes is also considered as an important factor which influenced them to avoid family planning devices. However, over the years the adoption of family planning programme has experienced significant growth and expansion over the past half century, pregnancies continue to be unplanned and the unmet need for contraception remains substantially high (Sapna Patel et al, 2010). The lack of understanding and lack of interest in the adoption of family planning methods are major problems among aboriginal communities in India.
There is not much age gap between the children belonged to the aboriginal communities in India. The lack of age gap will adversely affect the health condition of the children and these children are not aided with adequate nutritional foods, nor are they provided with necessary vaccination required to protect their health from severe diseases. The National Rural Health Mission report (2012) underlined the lack of knowledge on menopause among the aboriginal communities. The report further stated that the lack of information on menopause as an important element of reproductive health of women adversely affect their reproductive health status.

The theoretical paper extracted from the original research (Babu, 2015) carried out by the researcher to study the "Social Determinants and Interventions on the Reproductive Health of Tribal Women in Wayanad District, Kerala, India". Wayanad District in Kerala State of India occupies the distribution of majority of aboriginal population (18%). According to the health department of Wayanad District of Kerala (2013), from 2010 to 2012, 324 under five mortality occurred in the district and out of that, 264 are from the aboriginal communities, it is 81.5%. From 2006-2013, 67 maternal mortalities were taken place in the district and 46 were the mothers belonged to the aboriginal communities (68.0%). During 2013, 142 children died and 74 were from the tribal communities died due to malnutrition. The data obtained by the researcher showed that, starvation, malnutrition during adulthood, practice of early marriage and pregnancy, low interval in pregnancy and alcohol consumption were the main factors responsible for the high deaths of mothers and children in Wayanad.

Social determinants of health including the range of personal, social, economic, cultural and environmental factors which determine the reproductive health status of the aboriginal women which includes nutrition, health behavior, income and education. The culture of the community which are related with the reproductive health of aboriginal women like, the taboos during menarche, performance of religious activities or any rituals during menstrual cycle, taboos during pregnancy, delivery, pre and post natal care, which are more adhere to the practice of the aboriginal communities in Wayanad district. The life cycle approach was applied to improve the reproductive health problems of aboriginal women.

4. NEED FOR LIFE CYCLE APPROACH ON REPRODUCTIVE HEALTH

It is clear that the reproductive health needs of the women spreads from menarche to menopause. It influences not only the women but also on their children, family, community and nation's health progress. So it is very important to give due attention to the reproductive health of women and to be addressed from a life cycle point of view. This life cycle approach investigates the long-term effects of biological, behavioral and social exposures during gestation, childhood, adolescence and young adulthood on reproductive health. It also has intuitive relevance to women's health needs (Rich-Edwards J, 2002). Unlike sporadic disease episodes, reproductive and sexual health is relevant to almost all women and unfolds across the life course, triggering healthcare needs in a more predictable fashion. If any of the vital health care service is missed out or not received, it can adversely affect the reproductive health of women.

As mentioned earlier, the life course approach on reproductive health of women starts from the early childhood periods onwards and it continues in the adolescence period (especially during the period of menarche), young adulthood (before marriage), adulthood (during the period of child bearing) and middle age (especially during the period of menopause) too. A paradigm shift from reproductive health needs to reproductive health right is very essential to address the reproductive health needs and problems of women.

Reproductive health is not only the outcome of the biological or genetic factors alone; there are

different other factors, such as social and demographic factors, economic factors, cultural factors, health care service factors, knowledge factors, etc has an important role in influencing the reproductive health status of the women. It is very crucial to focus the social determinants of health. This framework give due importance to the government policies and programmes on health. There are direct policies and programmes such as the National Rural Health Mission programme as well as the indirect programmes and policies that deals with the social determinants of health. A joint effort of these direct and indirect health programmes and policies can contribute much to the better reproductive health state of the women. The reproductive health education along with the active participation of the stakeholders (women) in the reproductive health programmes can further strengthen the programmes and policies of the government.

The poor socio-economic health condition of the aboriginal communities in Wayanad was a significant factors that contributing to the poor reproductive health status of women. The problems like early or child marriages, deep routed poverty, gender inequality, high number of child birth, malnutrition, prevalence of anemia (especially sickle cell anemia), lack of or unacceptability of skilled attendants at birth, complications during child birth, lack of knowledge in contraception, reproductive health problems like STI, RTI, HIV/AIDS, more adherence to the cultural practices or beliefs on health in general and reproductive health in particular, lack of accessibility, availability, affordability and acceptability of the health care services, poor quality of social determinants such as living environment, work condition, education, were further adverse the reproductive health status of the women belong to the aboriginal communities in India.

The framework highlighted the importance of social determinants and community based intervention in addressing the reproductive health needs and problems of the women belong to the aboriginal communities. As a major indicator of development, we need to focus more on the health conditions of the people; especially the marginalized sections in our society, like tribes. Health care system and health care delivery should be free from all types of injustice and inequalities.

It was found that the theoretical framework is more relevant in studying the reproductive health of aboriginal women. The social determinants have a significant role in influencing the reproductive health of aboriginal women. The life cycle approach helps us to go deeper into study the importance of social determinants on the reproductive health of aboriginal women. The reproductive health of aboriginal women depends on the better functioning of the health care service factors namely, accessibility, availability, affordability and acceptability. The life cycle view of reproductive health must focus on these elements too. The culture has a significant role in determining the reproductive health of aboriginal community members, especially women, so while using life cycle approach due attention need to be given to the cultural beliefs, values associated with the reproductive health. Accepting the aboriginal communities and its members are mandate in the case of using life cycle approach of reproductive health. Thus it can be underlined that the perspective has an important role in explaining the reproductive health of aboriginal women.

5. CONCLUSION

Women's health has an important role in determining the health of the family members, especially the health of the children. But due to the inequality, the women are also facing several health problems. Largely they are the victims of the poverty and malnutrition. The Life Cycle Approach to study the reproductive health status of the women belong to the aboriginal communities will help to underline the significance of strengthening the social determinants of health and that will contribute to the better reproductive health status of the women belong to the aboriginal communities.

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