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Negligence of Emminities-Women off from Development

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Abstract

The development of the society certainly depends on the advancement of the education, health, and nutritious food to all the people of the society. It could not confine to any one section of the society or one community people in the society. There should not be any disparities in supplying it including women in the tribal areas of the state too. Unfortunately, from it education and health are the neglected areas to the tribal women including Telangana State. So, we need to concentrate on these elements from the tribal areas of the state for the overall development of the state. The tribals are different from the other sections of the people in society.

Keywords: Development, society, tribal, education, health, women, elements.

Introduction

There are several things which play key role in the advancement of the societies, but primarily we can consider Health, Education, Food, besides some of the basic amenities like drinking water, electricity, roads, telecommunications, clothing, and shelter play a key role in the advancement of the society.

In this modern era still there are several villages off to these facilities because of several reasons. The major reasons add to this are forest, desert, hills. There will turn as causes for the underdevelopment of the societies. Poverty is not with one reason. There are several elements, varied reasons for poverty. Since the time of Independence various Governments are seriously trying to eliminate poverty through various programs, and reformations in laws.

Objectives

The main objective these are as following. They are

- To understand the key elements which play a vital role in change of women status in the society
- To study the role of education in women of Telangana
- To observe the health conditions of the women
- To understand the role of women empowerment schemes in uplifting the women

Research Methodology

The data has collected based on the primary and as well as the secondary sources. Most of the data has collected from the primary sources by visiting the tribal areas of the state in Warangal, Khammam, and Adilabad, besides the data has collected by a set of informal questionnaires, and interviewing the tribal women. A few data have collected from the secondary sources like magazines, books, Newspapers, and reputed journals.

Discussion

The Telangana State constitutes highest tribal population in Southern India alone from the district Bhadradi Kothagudem. It has a tribal belt with maximum number of tribal populations in the State. [1] Influx of migrants, Left Wing Extremism, poor economic status, illegal liquor production, lack of access to amenities and education contributes to the increasing triple burden of diseases among tribal communities. [2] Highest burden on

women's health is faced by rural India particularly tribal population due to gaps in access to health care facilities and services, low quality infrastructure, lack of trained health workers. [3]

Health and well-being of women requires special attention as their health status is dependent majorly on socio-demographic issues like low-income, no proper education, early marriages, improper diet and lack in decision making. [4] Women particularly of reproductive age groups 15- 49 are more prone to health challenges like high-risk pregnancies, anemia, malnutrition, sexually transmitted diseases and other chronic illnesses. Women health status has direct impact on the child development and family health due to their traditional roles. [5]

As per District Fact Sheet of National Family Health Survey-4, majority of women in rural areas found anemic and obese; early pregnancies found below age of 18 years. [6] The district has 29 primary health centers with area hospitals and big hospitals, yet more than 70% use private facilities. [7] Rural Health Statistics report, 2017 finds huge gap in health infrastructure and resources in tribal areas. [8] Sample Registration System survey finds drop in Maternal Mortality Rate to 81 from 92 in Telangana from 2011-2013. [9] But, there is near complete absence of data on disease conditions among tribal women of different communities.

Tribal women are at risk of early child births due to early marriages. [10] Nutritional intake and dietary practices among tribal pregnant women are comparatively very low to the national recommended standards. [11] Tribal population in the district rely on traditional practices of healing not just for general health issues but also for chronic illness. [12] Changing lifestyle patterns among tribal people is contributing to triple burden of diseases. Therefore, identifying current health status of tribal women and understanding their health seeking behaviour is significant in providing insights to policy makers, health officials for improving condition of tribal women in availing access to quality health care services.

Conclusions

The findings suggest, though low prevalence of chronic illness yet majority of disorders from hypertension, diabetes, arthritis to psychiatric disorders persists among tribal women. Majority of tribal women belonging to different age groups have in common - body pains, knee pain, dizziness and weakness as general health issues. A major observation on drop in tribal women seeking traditional methods of healing and rise in seeking services through government health facilities. ASHAs role of dissemination of health information at grassroots level has a significant effect on tribal women health condition and knowledge of vector borne diseases like Dengue, Malaria and Chikungunya and decision making in family planning.

Recommendations

1. Screening of major non-communicable diseases could prevent tribal women from chronic illness like diabetes, hypertension, arthritis and kidney diseases.
2. Intake of proper nutritious diet could decrease general health issues among tribal women.
3. ANMs could be skilled as they are familiar with the tribal people and contribute in providing better health care and access.

4. ASHAs could be trained from time to time to enhance their knowledge on disease condition, prevalence and prevention methods to promote health information and educate tribal women.

References

1. Report of the expert committee on tribal health. Tribal Health in India- Bridging the gap and a roadmap for the future. Ministry of Health and Family Welfare, Government of India. 2013
2. District profile –Bhadradi Kothagudem District Telangana State Portal, Planning Department, Government of Telangana. 2016; 3.
3. National Rural Health Mission Report Meeting people's health needs in rural areas: Framework for Implementation, Ministry of Health and Family Welfare, Government of India. 2005-2012.
4. United Nations. Fourth World Conference on Women: Action for Equality, Development and Peace.1995
5. World Health Organization. Women and health: today's evidence tomorrow's agenda. 2009
6. National Family Health Survey- 4. District fact sheet Khammam, Telangana. Ministry of Health and Family Welfare, Government of India. 2015-16.
7. Household Healthcare Utilization & Expenditure in India: State Fact Sheet – Telangana. National Health Resource Centre, Healthcare Financing Division, Ministry of Health and Family Welfare, Government of India, 2014; 53.
8. Rural Health Statistics Rural Health Infrastructure in Tribal Areas, StatisticsDivision, Ministry of Health and Family Welfare, Government of India. 2016-17.
9. Special bulletin on Maternal Mortality in India. Sample Registration System, Officer of registrar general, India.2014-16;3.
10. Lodh, Sridhar Kumar. Health condition of tribal women: A study. National Journal of Multi-disciplinary Research and Development. 2018; 3(1).
11. Tejaswini.E., Suchiritha Devi.S., Vijaya Lakshmi V, Sirisha J. Nutritional status of rural and tribal pregnant woman of Karimnagar district, Telangana. The Pharma Innovation journal. 2017; 6(9): 479-481.
12. Burgula K, Mamidala E. Study on some medicinal plants used by the tribals of Khammam district, Telangana state, India.