



Situation analysis of tribal women's health in Tripura with focus on adolescent girls: A homeopathic perspective

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ABSTRACT

Tripura is one of the states in India that has a good network of state run healthcare system. Yet, there is scope for improving the tribal women's health services. The paper reviews public health concerns of tribal adolescent girls in Tripura, suggests the efficient use of homeopathic services for different health conditions, and gives an insight on the life-course approach.

As per NFHS 4 around 55 per cent of the women in the state are anaemic. Over 19 per cent of the young women age 15-19 years in Tripura are childbearing and the average age of marriage is 19.6 years. The paper will discuss the concerns of adolescent girls in the state such as early marriage, pregnancy, lack of awareness about contraception, anaemia, menstrual and hormonal problems, habit of chewing smokeless tobacco and consumption of red meat. There is a need for public health awareness campaign among the tribal youth through multi-sectoral collaborations of medical and educational institutes of the state and centre.

Keywords: Women's Health, Adolescent Girls, Homeopathy, Public Health, Tribal Health

INTRODUCTION

Tripura's health care infrastructure, like most states of India, is divided into three tiers – the primary health care network, a secondary care system comprising district and sub-divisional hospitals and tertiary hospitals providing specialty and super specialty care. As on 2013–14, there are 84 Primary Health Centers, 18 Community Health Centers, 13 Sub Divisional Hospitals, 3 District Hospitals, 6 State Hospitals.¹ The situation in Tripura is better than the Indian average with respect to achievements in health and education, and in respect of the implementation of an effective system of democratic decentralization. However the population below poverty line is 34.4% as compared to the national average of 27.5% and with a high percentage of rural poverty (43.8%). This is most discerning since the tribal in Tripura are largely rural.

Women and children constitute about 67% of India's population and their health is one of the most important public health issues confronting the country today. Although there are public health efforts being taken there is scope for improving health indices. Of particular concern is the morbidity and mortality associated with childbirth in women and with infants and young children.² In tribal adolescent girls in Tripura the concerns are mainly around early marriage, early pregnancy and anaemia. Despite the fact that the tribal women's economic roles and decision making in their household has improved, yet the prevalence of malnutrition is high.³ Keeping such concerns in view there is a need for a holistic healthcare approach and not merely symptomatic treatment.

Homoeopathy is practiced in about 80 countries either as an independent or as

GJMEDPH 2018; Vol. 7, issue 6

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Conflict of Interest—none

Funding—none

complementary/integrated to Modern system.⁴ It is one of the fastest growing complementary /alternative medical systems (CAM) in the world. It was first introduced in Germany and came to India in the early 19th century and has gained mass acceptance as well as official recognition. Homoeopathy is a system of medicine based on the principle of 'Similia Similibus Curentur' i.e, 'Let likes be treated by likes'. Homoeopaths treat the patient who suffers from a particular disease but not the disease per se and takes into account a range of physical, mental and lifestyle factors in patients for the selection of the medicines, besides the presenting complaints. Hence Homoeopathy is tailor made for individualised treatment.⁵ The strength of Homoeopathy lies in its evident effectiveness as it takes a holistic approach towards the sick individual through promotion of inner balance at mental, emotional, spiritual and physical levels.⁶

The Regional Research Institute under the Central Council for Research in Homeopathy in Khumulwng has been inaugurated recently to strengthen health services and propagate alternative systems of medicine in Tripura. As of now the primary catchment area of the Institute is over 39 per cent the tribal population of the State, living in West Tripura district.

MATERIAL AND METHODS

The paper aims to carry out a review of the tribal women's health in Tripura. There is a paucity of peer reviewed published research studies and literature of the tribal women's health. The discussion carried out in the paper draws commentaries from varied credible global, national, and state literature available online to form a case that the health of Tripura's adolescent tribal girls needs improvement for overall societal development.

DISCUSSION

The focus on the health of adolescent tribal girls in Tripura is foremost for the future development of the State. The health problems and health-related behaviours that arise during adolescence shape adult health, with important implications for public health. For example, many of the non-communicable diseases of the adult years arise from behaviours that

start, or are reinforced in adolescence, including tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity.

According to NFHS-4, the average age of marriage among rural women in Tripura is high in adolescent age group compared to other age groups and above 54% women in rural Tripura are anaemic. According to DLHS-4, average education of rural married women is primary level. Malnourished and unaware young mothers will not only lead to poorly nourished babies, but also future adults that will be at a higher risk of certain non-communicable diseases. Anaemia among pregnant women may be an underlying cause of maternal mortality, spontaneous abortion, premature births, and low birth weight. As per the Barker's hypothesis the intrauterine growth retardation, low birth weight, and premature birth have a causal relationship to the origins of hypertension, coronary heart disease, and non-insulin-dependent diabetes, in middle age.⁷

According to DLHS 4 Tripura, oral form (smokeless variety) of tobacco is more prevalent (66%) as compared to the smoking of tobacco (18%) among young adults. In general, it is observed that in Tripura use of tobacco among adults increases with age, but in contrast, declines with increase in educational status. Among the women tobacco users, while only about 4.3 % smoke, a very substantial proportion of them (65.8%) use the oral form or chew tobacco. According to NFHS - 4, Women aged 15-49 years who use any kind of tobacco is 44% and the latest survey says that 40% of Tripura's cancer patients are women owing to tobacco use.

The challenges of obtaining ideal health for tribal adolescent girls in Tripura need to be studied from a life course approach. The life course approach studies the physical and social hazards during gestation, childhood, adolescence, young adulthood and midlife that affects chronic disease risk and health outcomes in later life. Global research suggests that there are critical periods of growth and development, not just in utero and early infancy but also during childhood and adolescence, when environmental exposures do more damage to health and long-term health potential than they would at other times. The

approach also points at developmental stages in childhood and adolescence when social and cognitive skills, habits, coping strategies, attitudes and values are more easily acquired than at later ages. These abilities and skills strongly influence the life course trajectories with implications for health in later life.⁸

The problem of adolescent women's health is adolescent mothers often lack knowledge, education, and experience. Keeping this in view, the programs should emphasize on approaches to overcome these relative disadvantages. Adolescent girls should be provided with vocational training and sex education to increase their autonomy, self-esteem, and decision-making abilities. Another set of challenge exists in bringing the pregnant women and the health system closer to each other.⁹

According to the UNICEF, adolescents need challenging experiences that are appropriate, diverse and sufficiently intense. All young people, in or out of school, whether low-income or affluent, need a mix of services, support and opportunities to stay engaged. They need relevant and reliable information to make informed decisions and to understand how the choices they make will affect their lives. They need opportunities for real participation and involvement in a range of community life. The greater attention given to the care, empowerment and protection of adolescents, girls in particular is the soundest way to break the intergenerational transmission of poverty and risk.¹⁰

To obtain holistic health for adolescent tribal girls, the State could consider the homeopathic healthcare system which is inclusive of the physical and social wellbeing, combined. The strategies to integrate Homoeopathy in the public health system have been elaborately reiterated- educating the knowledge base of practitioners, improving research to build an evidence base, regulating State health policies to incorporate Homoeopathy in delivery of national health programs, regularizing medical camps that also double up to provide behavioural change communication, and improving coordination with other health and allied departments.¹¹

Homoeopathy has lot to offer to the different health conditions both acute and chronic. Various public health initiatives have been taken by CCRHlike National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDS) for promotion of healthy life styles, early diagnosis and management of diabetes, hypertension, cardiovascular diseases & common cancers e.g. cervix cancer, breast cancer & oral cancer Swasthya-Rakshan Programme for health promotion through health education to local population, for screening, identification of risk factors and early diagnosis of diseases. ,and providing homoeopathic treatment; Homoeopathy for Healthy Child to sensitize target audiences including health workers, patients, and care givers about benefits of homoeopathy for common diseases and thereby promoting health through Homoeopathy for identified conditions like diarrhoea, respiratory illnesses, dental conditions, skin conditions, developmental delays, in children and behavioural problems, acute infections, substance abuse in adolescent children. National Campaign on Homoeopathy for Mother & Child Care for spreading awareness of the potential role of Homoeopathy in the management of Mother & Child Health among target group.

Strengths of Homoeopathy in Maternal and Child care¹²

- 1) Highly beneficial for many diseases related to women and children
- 2) Medicines can be safely administered for various ailments throughout pregnancy without any adverse reaction/side effects
- 3) Can be used during childbirth to contain problems associated with labor and is effective for post-delivery and lactation complaints
- 4) Effective for various diseases of children
- 5) Compliance is good especially in children as the medicines are sweet and palatable
- 6) Simple method of administration
- 7) No drug resistance, no drug dependency and no known side effects
- 8) Treatment is cost effective

To strengthen tribal adolescent girls nutrition in a holistic way it is important that the rural livelihood women self-help groups (SHGs) in programs like National Rural Livelihood Missions be sensitized and roped in planning and monitoring systems, as they themselves are in most case are clientele of maternal programmes.

The State may also consider the promotion of essential nutrition specific and sensitive interventions for young mothers – before and during pregnancy should be promoted-

- 1) Improving food and its nutrient quality,
- 2) Prevent and manage micronutrient deficiencies and anaemia,
- 3) Increase women's access to health services and special care for 'most at-nutritional risk women',
- 4) Increase women's access to water and sanitation education and commodities, and
- 5) Prevent too early, too many and too close pregnancies.

The Centre programmes delivers iron and folic acid and de-worming tablets, weight gain monitoring, bed nets (malaria-prone areas) and counselling to pregnant women as part of antenatal care services on monthly outreach and facility-based antenatal contact points. However, uptake of these services has remained traditionally low. The role of the State needs to be more involved considering the multidimensional nature of nutrition requires convergence to

- 1) enhance uptake of health services
- 2) ensure adoption of WASH(water, sanitation and hygiene) practices
- 3) empowerment of women through livelihood and education
- 4) making it a people's movement.

A convergence mechanism needs to be developed with departments of Health, Women and Child, Water and Sanitation and Youth Affairs so that there is coordination in providing services to adolescent tribal girls.

CONCLUSION

It is a fact that no single medical system can manage all the health care needs of society and every system of medicine has its own areas of strength and weakness. Tripura may recognise the need for a maternal homeopathy campaign. The initiative should aim at sensitizing policy makers, medical professionals of other systems and the common man about potential role of Homoeopathy in treating mother and child health problems. The campaign should also sensitize all stake holders, i.e. policy makers, program evaluators, opinion makers, homoeopathic, allopathic and other physicians and NGO's regarding the strengths of Homoeopathy in maternal and child care. A platform may also be created for exchange and orientation of knowledge among Homoeopathic, Allopathic and other Physicians concerning the scope of Homoeopathy in Mother and Child Care

Special focus may be laid on the districts where the burden of malnourishment is high. The State may integrate adolescent nutrition activities with the Department of Health's Village Health and Sanitation Days by Inclusion of nutrition counselling sessions to adolescent girls.

There is need for Inter-departmental convergence by Government of Tripura for strengthening community efforts group counselling and management of maternal malnutrition at the field level. Young mothers and their families, and the community need to be made aware of the knowledge about pregnancy-related complications and their associated signs/symptoms through, intensive information, education and communication (IEC) activities.

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