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## Social intervention for women in ST settlements of Vithura Panchayat

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### Abstract

Tribal communities and tribal studies are acquiring great significance in the present scenario. India is having second largest tribal population in the world. Larger number of tribal population in South India is found in Tamil Nadu, Kerala and Karnataka. The tribal communities in Kerala have been historically marginalized and oppressed by various developmental factors and forces. They are facing severe problems in areas of health, social and economic fields. Thus, "Social Intervention for Women in ST Settlements of Vithura Panchayath" was designed to study the socio-economic status there by the constraints faced by the tribal women, create awareness on areas related to health, immunization, nutrition, savings and personal hygiene and evaluate the effectiveness of the intervention programme. Hundred women belonging to Kanikkar clan of ST Settlements of age group 20-50 years were selected as the samples. The data obtained in the beginning was utilized to prepare lesson plans and teaching aids applicable to tribal society. After the intervention programme, a checklist was used to assess the impact before and after the programme. The study revealed a positive impact on the level of knowledge of the samples. In addition, many shocking as well as interesting information regarding the tribal communities were also found out. Thus, the intervention was effective and successful.

**Keywords:** Tribals, social intervention, settlements

### 1. Introduction

Tribes are the oldest inhabitants of land living in hilly areas far away from the civilized society. They are deep rooted to their own customs and traditions. Their social organization, lifestyle and culture are different from the non-tribes in different ways (Indra, 2013) <sup>[1]</sup>.

Tribal communities constitute an important segment of Indian society. India have second largest tribal population in the world. According to 2011 census, they constitute 8.2% of the total population of the country ([www.censusindia.gov.in](http://www.censusindia.gov.in)).

Compared to the non-tribal communities, tribal population are the most vulnerable and oppressed. Among them, women are the most affected. Issues related to women directly and indirectly affects the well-being of the society, thereby the nation as a whole. Therefore, the major problems and issues faced by the tribes are to be found out, discussed and solved out by the policy makers.

The socio-economic indicators that determine the development of a country are literacy, health, infrastructure, economy and so on. These factors are beyond the reach of tribal settlements and they are least benefitted from the welfare schemes of the government.

### 2. Objectives

- a. To elucidate the major constraints faced by the tribal women in the ST settlements of Vithura Panchayath.
- b. To impart awareness programme in the form of an intervention programme on areas related to health, immunization, low cost nutrition, savings and personal hygiene.

### 3. Methodology

Scheduled tribe settlements of Vithura Panchayath in Kerala was selected as the locale of the study. Hundred women from the settlements, belonging to the age group of 20-50 were purposively selected as the samples. The study aimed at elucidating the major constraints of the tribal women and imparting awareness programme on areas of health, immunization, low

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cost nutrition, savings and personal hygiene as an intervention programme. It was a one month programme after which the effectiveness of the implemented programme was evaluated using a checklist. Visual aids apt for the tribal conditions were used to impart knowledge. These include flash card, leaflet, poster, pamphlet, etc. The intervention strategy adopted for the execution of the programme consisted of three stages like pre-intervention phase, implementation phase and post-intervention phase.

#### a) Pre-intervention phase

After the collection of baseline information, the constraints faced by the samples were identified. A check list was prepared, consisting of twenty statements from areas of health, immunization, nutrition, savings and personal hygiene. The checklist was used to assess the knowledge level of the samples before imparting awareness classes. The scores of each individual participant was calculated out of 40 and recorded.

#### b) Intervention implementing phase

An awareness programme on areas of health, immunization, nutrition, savings and personal hygiene were imparted using visual aids to reinforce specific knowledge. Separate lesson plans were used for each topic having 30 minutes duration.

#### c) Post-intervention phase

The check list was again given to the samples to find out the effectiveness of the intervention programme and the new scores of each individual out of 40 were recorded.



Fig 1: Educational qualification of the samples

#### b) Alcoholism

Alcoholism is a social evil that curbs the very existence of a peaceful family. It directly and indirectly affect the well-being of an individual. Generally, in tribal areas, men consume alcohol while women chew betel leaves. Both these practices are harmful to health. Addiction to alcohol was found to be 92 percent. The higher percentage of alcoholics in the tribal population should be treated as a serious issue, since it have many associated complications individually at the micro level and society at macro level. So, it is needed to implement deaddiction methods and awareness programmers against this in the tribal settlements.

#### c) Poor housing facilities

Better housing facilities reflect better living condition. In case of the tribes, they have a very unique and environment friendly method of building houses. They are nature friendly and thus make use of naturally available raw materials for the construction of houses. Tribals, even now, follow the traditional methods of house construction. They make use of bamboo leaves for thatching, bamboo poles, reeds, mud and sticks for making walla. The floors of these houses are

## 4. Result and Discussion

The investigator implemented a one month intervention programme. Along with that, from the study, many major constraints faced by the tribal women were also identified that are discussed below;

#### a) Illiteracy

one who has the ability to read, write and understand a language and having numerical ability can be regarded as a literate. Education is an essential element for the development and empowerment of an individual. Tribals lag behind in all spheres of life compared to non-tribes. They give little consideration for education and thus, a major portion of them remain as illiterate even today. About 12 percent of the tribal women are illiterate and 32 percent have an education upto primary school level only. The low level of literacy among them is the resultant of superstitions, myths and lack of educational facilities which in turn results in isolation from the social mainstream, exploitation, improper health care practices, low economic status and marginalization (Kumar, 2013). Majority of the tribal settlements have least educational facilities within their reach. Hundred percent of the samples have no access to schools and colleges within their settlements. Even, primary schools are also far away. So, they are reluctant to go to schools. The government have been implementing many policies and welfare schemes with regard to education. But the beneficiaries are far away from these benefits provided to them.

plastered with mud and cow dung. The electrification had not reached all areas of the settlement. Only a very few houses are well constructed made with the assistance from government. Fifty two percent of the samples live in huts made of bamboo and reeds. 23 percent have concrete houses. Among these, 33 percent of the houses are not electrified.

#### d) Transportation

Tribal settlements are far away from cities and towns. Transportation facilities are limited in the tribal settlements. Jeeps and trucks are the only mode of transportation available for them. Bus services are rare. Well-constructed roads are also absent in these places. Whenever the river overflows, flood occurs and they couldn't even move out from their settlements. These all had further worsened the usage of hospitals at the time of emergencies. Incidences of child birth on the way to hospital had also been reported by ASHA worker of the settlement. It takes a lot of time to reach hospitals situated in the town due to insufficient transportation facilities. 62 percent of the tribes reside 30 km away from the town and 97 percent have poor access to well-constructed roads.

**e) Indebtedness**

Indebtedness remain as a burden for the peaceful existence of tribal communities. The study revealed that 94 percent of the tribal women are victims of indebtedness. They depend on banks, money lenders, neighbours and traders for lending money. Even though they have no access to banks, they make use of the services provided by the banks in the town. Self-help groups located in these areas had made this possible.

**f) Lack of proper sanitation.**

Proper sanitation is important and essential to stay away from diseases both personally and at community levels. The accessibility to improved water and sanitation is a crucial mechanism to save women and children from the adverse health outcomes associated with diarrheal diseases. The factors responsible for poor sanitation are lack of awareness, social and occupational aspects of sanitation, lack of integrated approach and so on. Twenty nine percent of the samples do not have access to safe drinking water, 42 percent owns a well, 29 percent had incidence of water borne diseases within a year in the family. Lack of availability of hygienic sanitary latrines at the settlements is a major issue. It was shocking to found that 69 percent of the samples had no latrines in their houses which itself is a serious issue to be addressed.

**g) Lack of health care facilities**

Health is considered as one of the key indicators of national development. So is the case with the tribal population as well. Children and women remain under privileged with regard to health. They have poor access to healthcare centres or facilities. But they make use of medical camps set up in the settlements. About 92 percent of the samples make use of these camps and 85 percent make use of the services provided by the ASHA worker. Thus, it is evident that, in spite of poor access to health care centres, majority of the tribal women tries to make better use of the health care facilities available for them. Forty four percent of the tribal women had incidence of home deliveries in their family and 11 percent reported the incidence of infant mortality in their family. These are evident in the table given below.

**Table 1:** Health indicators

Category	Percentage (%) (n=100)
Incidence of home deliveries	
Reported	44
Not reported	56
Incidence of infant mortality	
Reported	11
Not reported	89

**Knowledge level of the samples**

It was found that 72 percent of the samples had high level of knowledge, 24 percent had medium level of knowledge and 4 percent of the samples had low level of knowledge in the pre-intervention phase.

There occurred a considerable increase in the level of knowledge of the participants. It is evident from the table given below.

**Table 2:** Knowledge level of the samples

Knowledge level	Range of scores(out of 40)	Pre-intervention (%)	Post-intervention (%)
Low level knowledge	< 25	4	0
Medium level	26- 30	24	12
High level	31- 40	72	88

Eighty eight percent of the samples gained high level of knowledge, 12 percent of the samples have medium and zero percent of the samples have low level of knowledge after the intervention programme. Thus, it can be concluded that the intervention programme had a positive impact on the level of knowledge of the samples.

**5. Conclusion**

The tribal women residing in tribal settlements of Vithura Panchayath had severe problems like illiteracy, poor housing and health care facilities, lack of transportation facilities, alcoholism, indebtedness and improper sanitation. They had poor knowledge in health, low cost nutrition, immunization, personal hygiene and savings. The level of knowledge regarding these areas had increased after the intervention programme, which shows that the intervention had a positive impact on the samples and was a great success.

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