

# Health status of Mishing women of Biswanath District of Assam

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Running title: health status of tribal women

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**Abstract:** Health is one of the most important indicators of human development index. The health care facilities of tribal may also occupied with traditional social beliefs. Tribal people are lagging behind the national average health status, their morality rate; infant mortality rate is much higher than national average. Tribal women and children are more vulnerable than men, because women have faced many related issues like early marriage, malnutrition, lack of education etc. Women especially in reproduction age more vulnerable in terms of health they face challenges like anaemia, hypertension, malnutrition, high pregnancy risk etc. The prime objective of the paper is health status of Mishing women is the major concern of the study. The major findings of the paper are Mishing dominated village highest number of respondents was married at the age 15-20 years. Here majority of respondent access traditional medicine, for child birth majority of respondent went to government hospital.

## Introduction:

Health is the universal concept and concern. It is one of the most important indicator of human development index (Gogoi; 2021, pp-181). According to WHO "health is a state of complete physical, social and mental being and not merely the absence of diseases and infirmity". Basu (1933, pp- 19, 33) states that health is a function, it is only medical concept but also it is a concept of overall integrated development of society-cultural, economic, education, social and political. This is possible when every people of the society get proper nutrition, proper health care service and education. Good health and good society go together (Basu, 1992). Sometime health and illness are used in same connotation but both concepts are two polar words. Health status can be study through life expectancy rate, birth rate, death rate, infant mortality rate etc.

Tribal people have low literacy and economic attainment rate hence, there are not integrated with average national socio-economic activities. The health care facilities of tribal may also occupied with traditional social beliefs. Tribal people are lagging behind the national average health status, their morality rate; infant mortality rate is much higher than national average. On the other hand tribal people suffer triple burden of disease, which is communicable disease, non-communicable disease, addiction, malnutrition. Tribal women and children are more vulnerable than men, because women have faced many related issues like early marriage, malnutrition, lack of education etc. Women especially in reproduction age more vulnerable in terms of health they face challenges like anaemia, hypertension, malnutrition, high pregnancy risk etc. Reason behind, those kind situation in tribal areas are difficulty to access health care facilities, communication problem, low quality infrastructure in health care system, lack of trained health care worker etc (Chandana, 2020, pp-53). Mishing tribes of Assam are also located in located area, they also suffers triple burden of disease. Hence, health status of Mishing women is the major concern of the study.

Objective:

1. To find out health status of Mishing women
2. To examine accessibility of health care system in Mishing dominated area

Field and research methodology:

Biswanath has large number of tribal population. But most of the tribal population are illiterate, embraces traditional belief and practise and changes are rarely take in place in both areas so keeping in view that this areas are selected for the conducting this study. For sample selection, simple Radom sampling was applied. Both primary and secondary data was used for this study. For primary data 100 married women were interviewed. For secondary data, different book, journal, newspaper, research article were consulted.

Discussion:

In the Mishing society 'health' means absence of disease of physical, mental, spiritual and social nature. In Mishing society if person is free from disease and if he or she is carries out his normal functions without any difficulty is called healthy. There are many health care

Practices used by Mishing people in their day to day life such as taking food in time, observe religious practices, eat healthy food etc. They believe that if they perform of religious activities or if they can satisfy the gods and goddesses, those god and goddess can safe their life from disease. Thus, the Mishing people believe in supernatural power to determinant health.

**Age of marriage:**

Age is not only determinant physical or mental maturity. It is important for marriage also, it is a social indicator to know status of women in society. Keep this point in mind; Indian constitution has prescribed age of marriage i.e 18 for girls and 21 for boys. This table has shown that relationship between age of marriage and age composition.

From the table 1, it has been shows that 61(20%), respondents were getting married in between age group 15-20 in Mishing dominated, .From 21-25 age 24(8%), respondents were married each respective categories. In 26-30 age categories 09(3%), respondent were getting married from Mishing dominated villages. 04(1%) respondents were from age group 31-35 years who had married in Mishing dominated. At the age 36-40 02(1%) respondents were married in Mishing dominated.

**Health facilities access by respondents during illness**

Every society whether simple or complex, they has own health practices and belief regarding health. Every society has own way to treating diseases. Tribal people are very close to nature their medicine are influence by natural things. Tribal health care facilities are based on traditional or herbal medicine, ayurvedic medicine or herbal medicine, allopathic or modern medicine and other related things like yoga and religious practices.

Table 2, shows that In Mishing dominated village, 39(39%) respondent access traditional health care facilities. 18(18%) respondent access homeopathic medicine. 29(29%) respondents were went for modern medicine, 14(14%) respondents told that they went to ayurvedic medicine first.

Table-3 shows that, In Mishing dominated area, 30 (30%) respondents preferred allopathic medicine because 19(19%) respondents said that they choose this for quick recovery, 10(10%) respondents said that they went for allopathic medicine for easy accessibility, 19(19%) respondents preferred homeopathic medicine, for 11(11%) respondents said that they choose this for no side effects, 08(08%) respondents said that they went for homeopathic medicine for low cost. 41(41%) respondents preferred traditional medicine because 07(07%) respondents said that they choose this for quick recovery, 9(9%) respondents said that they went for traditional medicine for easy accessibility, 11(11%) respondents said that they choose this for no side effects, 14(14%) respondents said that they went for traditional medicine for low cost. 14(14%) respondents preferred ayurvedic medicine because 04(04%) respondents said that they choose this for quick recovery. 08(08%) respondents said that they choose this for no side effects, 02(02%) respondents said that they went for ayurvedic medicine for low cost

Though government of programme aimed to deducting maternal morbidity rate and infant mortality rate, every minute woman dies as a result of child birth. But government programme is not get as much succeed. All government programme are failed due to some reason like early marriage, illiteracy, malnutrition, ignorance, lack of health care facilities in isolated area, unavailability of transportation etc. Sometime non-utilisation of maternal health care practice is also major contribution for this situation, especially in tribal area. The following table reveals, place of birth among mishing women

Table 4 shows that, In Mishing dominated village, 59(59%) respondents were went to government health care facilities like PHC (public health centre), CHC(community health centre, civil hospital, 04(04%) respondents went for private hospitals, rest of the respondents 37(37%) gave their child delivery at home.

In table 5, There were 56(19%) delivery conducted at home gave their child birth at home. In mishing dominated village gave child birth at home because of low financial status, 08(03%) respondent from mishing dominated village and gave their child birth at home because of they did not know government facilities that available at hospital, 07(02%) from mishing dominated village, village gave child birth at home because of lack of proper transportation facilities to arrive hospital. 06(02%) respondents from Mishing dominated village, gave child birth at home because traditionally their female member of the family gave birth their child at home. In Mishing dominated village, 02(01%) respondents household did not accepted hospital facilities service, 03(1%) respondents from mishing dominated village, did not went to hospital for child birth because of factors like absence of proper advice by health worker and other senior member of the family or society.

**Major findings:**

1. The age at marriage this is also major determinant which can indicate women status in society. With regards to age at the time of marriage, in Mishing dominated village highest number of respondents was married at the age 15-20, which was 61(61%). From the above data, it has been reveals that in Mishing dominated areas, girls are getting married earlier, even before constitution provided age of marriage. Hence they have high risk of pregnancy, weakness, malnutrition etc.

1. In Mishing dominated village 39(39%) respondents had accessed traditional medicine for any diseases. They accessed traditional medicine because it is available at low cost.

2. In Mishing dominated village 59(59%) respondents gave their children birth at government hospital.

3. Among Mishing dominated village 37(37%) respondents gave birth at home, 11(30%) respondent said that because of financial condition they gave birth their child at home.

Health is another important element which helps to determined status of women. During illness respondents from Mishing dominated went for traditional medicine. In case of child delivery, respondents of Mishing dominated village went for government hospitals. Among them one tenth respondents, gave their child birth at home, because of their financial instabilities and they believed that their traditional value and norms did not allow them to gave their child birth at outside the home. These data indicated that in Mishing area, health related taboo is still prevalent. But Now-a-days Mishing women went to government hospital for child delivery, which reduced morality rate, infant mortality rate, hence which also indicated women status has been upgraded day -by-day. But proper health care advice by health worker, lack of proper infrastructure facilities, Short fall of doctors and health worker (Gogoi,2021) unaware of government provided facilities are the major reason for low health status of the Mishing women.

Health status of tribal women has low in terms of national average. In Mishing dominated area, people suffer for proper health care facilities. Even today they are mostly dependent on traditional healing practices and ethno medicine, which leads slow recovery rate and high mortality rate among them. Women are more vulnerable because throughout the life women face different disease, malnutrition etc. For upgrade health status of tribal women government and health worker should take initiative to create awareness toward health as well as modern health care practices among tribal.

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**Table-1 : Age at marriage**

Sl.no	Age group	Mishing dominated village	
		No	%
1	15-20	61	20
2	21- 25	24	8
3	26-30	09	3
4	31-35	04	1
5	36-40	02	1
	<b>Total</b>	100	

Source- Primary data

**Table-2: Access health facilities during illness**

Category	Mishing dominated village	
Traditional medicine	12	4%
Homeopathic	48	16%
Allopathic	36	12%
Ayurvedic	4	1%

**Table-3: Reason of preference of particular types of medicine**

<b>Mishing dominated village</b>					
<b>Reason</b>	<b>Ayurvedic</b>	<b>Traditional</b>	<b>Homeopathic</b>	<b>Allopathic</b>	<b>Total</b>
<b>Low cost</b>	<b>02</b>	<b>14</b>	<b>08</b>	<b>00</b>	<b>24</b>
<b>No side effects</b>	<b>08</b>	<b>11</b>	<b>11</b>	<b>00</b>	<b>28</b>
<b>Quick reason</b>	<b>04</b>	<b>07</b>	<b>00</b>	<b>19</b>	<b>30</b>
<b>Easy availability</b>	<b>00</b>	<b>09</b>	<b>00</b>	<b>10</b>	<b>19</b>
<b>Total</b>	<b>14</b>	<b>41</b>	<b>19</b>	<b>29</b>	

**Table-4: Place of child delivery**

<b>Place of child delivery</b>	<b>Mishing dominated village</b>	
	<b>No</b>	<b>%</b>
<b>Govt. Hospital</b>	<b>59</b>	<b>59</b>
<b>Private hospital</b>	<b>24</b>	<b>24</b>
<b>Home</b>	<b>37</b>	<b>37</b>

**Table-5: Reason to give child birth at home**

<b>Reason</b>	<b>Mishing dominated village</b>	
	<b>No</b>	<b>%</b>
<b>Financial</b>	<b>11</b>	<b>4</b>
<b>Unaware of govt. Facilities</b>	<b>08</b>	<b>3</b>
<b>Lack of transportation facilities</b>	<b>07</b>	<b>02</b>
<b>Tradition</b>	<b>06</b>	<b>02</b>
<b>Hospital service not acceptable by household member</b>	<b>02</b>	<b>1</b>
<b>Other</b>	<b>03</b>	<b>01</b>