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Health status of Halakki Vokkaliga and Kunbi tribal women in Uttara Kannada district of Karnataka

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Abstract

India is the home to large number of tribal people, who are rich in heritage have their own culture, language and lifestyle. Among them, Halakki Vokkaliga and Kunbi are unique communities in Uttara Kannada district of Karnataka state, having distinctive socio-cultural practices hence a study on Halakki Vokkaliga and Kunbi women was conducted under the aegis of University of Agricultural Sciences Dharwad during the year 2019-22 to assess their health status. The study comprised of 230 women from each community in their reproductive years, who were married, non-pregnant and non-lactating in the age range of 21-50 years from Uttara Kannada district. An exploratory and differential design was used. Self-structured general questionnaire, general health status, reproductive health assessment questionnaires and nutritional assessment were used. The results revealed that more than fifty per cent of the women from both the communities having mildly affected health status, good reproductive health and ideal body weight. Significant ($p < 0.05$) difference was observed between two communities with regard to reproductive health and nutritional status, where Halakki Vokkaliga women were better compared to Kunbi women.

Keywords: Halakki Vokkaliga, Kunbi, general health, reproductive health, nutritional status

Introduction

The tribal population is an important element of India's social fabric, and it is the continent's second largest after Africa. Around 67.7 million people lived in India in 1991 and 104 million in 2011 (Census survey report of India - 2011), divided into 227 ethnic groupings and 573 tribal communities. There are also a considerable number of communities that have been denotified. These people are geographically isolated, socially underdeveloped, and are identified by people who have a separate culture, language, and religion, as well as having only sporadic interaction with outside people and cultures.

Halakki Vokkaligas are one of the most populous tribal communities in Uttara Kannada's coastal taluks.. They speak Kannada language. In Kannada, the term 'Halakki' denotes milk and rice (Halu = Milk and Akki = Rice). Halakki Vokkalu is white rice growers (Gazetteer of the Bombay Presidency 1883). Halakki Vokkaliga community spreads in Karwar, Ankola, Kumta and Honnavar taluks. Kunbi is a small community that lives primarily along Karnataka's coastal area. They are thought to have moved from Gujarat to Goa and then into Karnataka via the coastal region, settling in the taluks of Joida, Yellapur, Karwar, Ankola, and Haliyal in the Uttara Kannada district but majority of Kunbi people reside in Joida taluk.

Half of the world's population constitutes of women, and they have been crucial to civilization's advancement. Women are regarded as the foundation of every culture since they are adept at performing multiple duties with ease throughout the day. Women play a variety of functions in male-dominated society, and the best part is that they are ideal candidates for every one of those roles. The majority of the world's women, however, are less affluent and have an uneven standing compared to men (Rahman and Naoroze, 2007) [7]. In turn, it has led to women enduring the worst effects of inequality, financial dependency, oppression, and certain societal ills. When it comes to their health and wellbeing, safety and security, nutrition, employment, income, etc., women are frequently in unfavourable situations. Women have been living in the chains of captivity for ages, which prevents them from reaching both personal and professional peaks.

Women in a tribal society play a vital role in their social, cultural, economic and religious ways of life and are considered as an economic asset in their society. They are still lagging far behind in the different walks of life like education, employment, good health etc.

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Women often face the problems of loss of control over natural resources, lack of education, displacement and rehabilitation, problems of health and nutrition, gender issues, erosion of identity, lack of access to health care services and education and the victim of domestic violence and rape etc. (Heggade and Heggade, 2017)^[5].

The concept of human health is as old as human's social history. Health is a natural state of human's and it is the result of living in accordance with the natural law pertaining to the body, mind and environment. Health is a function which is responsible for overall integrated development of society, cultural, economic, educational, social and political domains. Reproductive health of women consists of health of the women after puberty and before pregnancy, and health care, utilization of health services during pregnancy, delivery care and postnatal care. Balanced nutrition is required throughout life and is vital to women in terms of health and work. Nutritional anaemia and maternal malnutrition quite common among the rural and tribal women which is also a serious issue. Mother and children constitute a priority group of community and maternal health influences the foetus and neonatal health in a number of ways.

Women particularly of reproductive age groups 15-49 are more prone to health challenges like high-risk pregnancies, anaemia, 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 [WHO-Women and Health Report, 2009].

In this regard, a study had been conducted on health status of Halakki Vokkaliga and Kunbi community; with the following objectives.

1. To assess the health status (general health, reproductive health and nutritional status) of Halakki Vokkaliga and Kunbi women.
2. To know the difference between health status (general health, reproductive health and nutritional status) of Halakki Vokkaliga and Kunbi women.

Materials and Methods

The present study was conducted on a sample of 230 each Halakki Vokkaliga and Kunbi women in their reproductive years during 2019-22 in University of Agricultural Sciences, Dharwad. Women in the age group between 20-50 years, who

were married, non-pregnant and non-lactating were selected. The respondents were drawn randomly (in four different directions so as to represent entire district) from the villages were Halakki Vokkaliga and Kunbi communities resided in Uttara Kannada district. About 3-4 per cent of the population from Kunbi community and 2-3 per cent from Halakki Vokkaliga community formed the sample of the study. The Halakki Vokkaliga sample comprised of 230 women from fourteen villages. The Kunbi sample comprised of 230 women from twenty two villages. The total sample included 460 women from both the communities. Oral consent was taken from the respondents and each respondent was interviewed using questionnaires for about 25-30 minutes. Differential research design was used for the study.

Self-structured questionnaire was used to collect general information of the respondents. To know the general health status of the respondents PGI-2 health questionnaire by Wig *et al.* (1978)^[10] was used. It assessed the general health in five areas namely, eye related problems, abdominal related problems, physical problems, and head related problems and psychological problems. Reproductive health practice scale by P.G. Department of Psychology Ranchi Hassan MK (2002)^[4] covered the questions related to conception and child birth, safe motherhood, fertility regulation method and sexually transmitted diseases (STD) / acquired immune deficiency syndrome (AIDS). Nutritional status was assessed by noting anthropometric measurement *viz.*, height, weight later Body Mass Index (BMI) was calculated.

Results and Discussion

Percentage distribution of general health status of Halakki Vokkaliga and Kunbi women is depicted in Fig 1. Among Halakki Vokkaliga women, majority (75.22 %) were mildly affected followed by moderately affected (16.09 %) and only 8.69 per cent were severely affected. Similar trend was observed in Kunbi women where, 73.40 per cent were mildly affected followed by moderately affected (17.39 %) and severely affected (9.13 %). The results were in line with the findings of Chandana and Kumar (2020)^[2] who reported, majority (75.80 %) of tribal women were not diagnosed of any chronic illness, 35.00 per cent women in the above age 40 had general health issues.

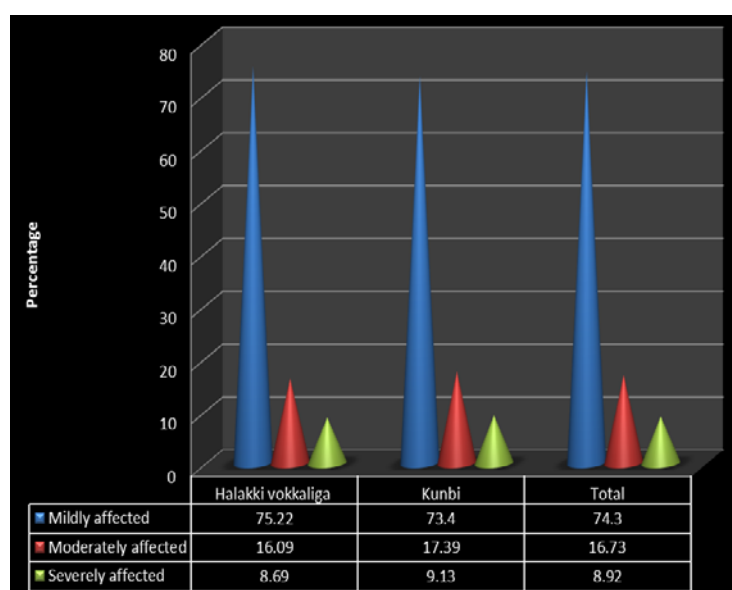


Fig 1: Percentage distribution of health status of Halakki Vokkaliga and Kunbi women in Uttara Kannada district

Fig 2 illustrates percentage distribution of reproductive health status among Halakki Vokkaliga and Kunbi women. In Halakki Vokkaliga women, nearly sixty per cent (58.69 %) were having good reproductive health status followed by average level (25.66 %) and poor level (15.65 %). Similar result trend was observed among Kunbi women where 52.61 per cent were having good reproductive health status followed by average level (28.70 %) and poor level (18.69 %). This result matched with the study by Maiti *et al.*, (2005) [6] found that, tribal women had better reproductive health compared to non-tribal counterparts.

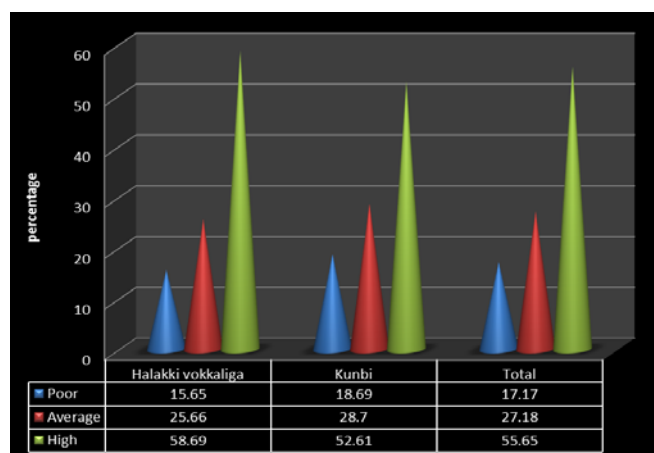


Fig 2: Percentage distribution of reproductive health status of Halakki Vokkaliga and Kunbi women in Uttara Kannada district

Percentage distribution of nutritional status of Halakki Vokkaliga and Kunbi women is represented in Table 1. Similar kind of results was observed with respect to body mass index (BMI) of Halakki Vokkaliga and Kunbi women. In Halakki Vokkaliga women, more than sixty per cent (63.05 %) were having ideal weight followed by underweight (22.60 %) and 14.35 per cent were found to be overweight. Among Kunbi women, 59.14 per cent were having ideal weight, 29.13 per cent were under weight and only 11.73 per cent were overweight. However, none of them were obese in both the communities. Result was on par with finding of Rokade *et al.* (2020) [8] who stated that the BMI of tribal women in Maharashtra showed that 11.7 per cent of women were found obese and 37.40 per cent were found underweight. Sartaz *et al.* (2017) [9] found that majority of the ethnic women of Chittagong Hill Tracts were in better nutritional status with normal BMI and daily calorie intake was according to Recommended Dietary Allowance (RDA).

Table 1: Percentage distribution of nutritional status of Halakki Vokkaliga and Kunbi women in Uttara Kannada district

N=460

Nutritional status	Halakki Vokkaliga women (n=230)	Kunbi women (n=230)	Total (n=460)
Body Mass Index (BMI)			
Under weight (<18.5)	52 (22.60)	67 (29.13)	119 (25.87)
Ideal weight (18.5 -24.9)	145 (63.05)	136 (59.14)	281 (61.08)
Over weight (25-29.9)	33 (14.35)	27 (11.73)	60 (13.05)
Obese (>30)	-	-	-

The findings from table 2 highlighted the results of comparison of mean scores of health status of Halakki Vokkaliga and Kunbi women. There was no significant difference (t value= 0.67) observed between mean scores of

general health status however, mean scores of Halakki Vokkaliga (84.15) women was slightly high compared to Kunbi women (82.08) indicating slightly better health status among Halakki Vokkaliga women. Both the communities have healthy life style practice which keep them away from severe and more health complications. Significant difference (t- value, $p < 0.05$, 2.48) was observed between mean scores of reproductive health status of Halakki Vokkaliga and Kunbi women where reproductive health of Halakki Vokkaliga women (55.01) was better compared to Kunbi women (52.32). Due to the accessibility of transportation and the absence of any communication barriers, Halakki Vokkaliga can easily approach medical professionals for any concerns regarding their reproductive health. A significant difference (t-value =2.21) was observed between Halakki Vokkaliga and Kunbi women with regard to body mass index where mean value of Halakki Vokkaliga women (23.55) was high in comparison with Kunbi women (22.01). The reason may be due to, poverty to meet expenditure on food lead to inadequate nutrition and poor transportation facilities. The Kunbi community's diet is primarily high in carbohydrates, and there may be certain nutrient deficiencies among them.

Table 2: Comparison of mean scores of health status of Halakki Vokkaliga and Kunbi women in Uttara Kannada district

N=460

	Halakki Vokkaliga women (n=230)		Kunbi women (n=230)		t-value
	Mean	SD	Mean	SD	
General health status	84.15	33.01	82.08	33.01	0.67 ^{NS}
Reproductive health status	55.01	10.99	52.32	12.38	2.48*
Nutritional status	23.55	2.94	22.01	2.76	2.12*

*Significance at 0.01 level NS-Non Significant

Conclusion

Health status of Halakki Vokkaliga and Kunbi women was better. Most of them (more than 50%) were in mildly affected level of general health status, good reproductive health and normal nutritional status. Halakki Vokkaliga women have better health status compared to Kunbi women.

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