

A Socio – Legal Study on Reproductive & Child Health among Santhal Tribal Community: With Special Reference to West Burdwan in West Bengal

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Abstract

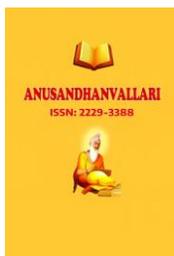
The Santhal people are one of the homogenous and dominant tribes in comparison to the Munda, Bhumiji, Kora, Lodha, Mahali, Bhutia, Bedia and Savar in West Bengal. The present study aims to investigate the issues pertaining to infants and children, marriages, pregnancy, family planning practices etc., The Santhal's society is patrilineal and patriarchal in nature. Problems of health and nutrition among the tribals are common due to poverty and lack of sanitary and proper medical facilities. Child marriage has been a pervasive factor in the society and the position of women has been subordinate to that of men. The ideas that are prevalent in the Western World on the concept of reproductive and child health have influenced India and the issue related to the health of the mother and child has changed. For this research the researcher has used an Interview Schedule for the collection of primary data to secure the responses of the subject belonging to socio economic strata of the various denominations.

Key words: Reproductive health, child, women, and child marriage

Introduction

The character of Schedule Tribes in West Bengal is represented by the Santhals who are mainly inhabitants of Nepal, Bangladesh and India. They are regionally known as Santhal, Santora and Sotar but are mostly called Santal or Santhal. The Santhal call themselves as Horhopon which means child or children of a human being. Reproduction is not only a biological process but also it is another aspect of life. Similarly, reproductive health does not entirely deal with the health needs of women regarding reproduction. The 1994 Programme of Action of the International Conference on Population Development (ICPD) defines reproductive health as a state of full physical, mental and social well-being and not just the absence of disease or infirmity in all matters involving the reproductive system and its functions and processes.¹The target 3.7 of the 2030 Agenda for Sustainable Development talks about the universal accession of sexual and reproductive health – care services, including family planning, information and education, and these objectives will be integrated into national strategies and programs for ensuring better reproductive health. Health workgroup, First Things First, a public policy initiative in 2007 used the definition of child health taken from the World Health Organization: Child health is the physical, physiological, intellectual, social and emotional state and not just the absence of disease or infirmity. Healthy children live in families, environments, and communities that provide

¹United Nations, Population Department of Economic and Social Affairs, Population Division (2017). Reproductive Health Policies 2017: Data Booklet (ST/ESA/SER.A/396).



them with opportunities to reach their fullest developmental potential. In 2016, “the global neonatal mortality rate was 19 deaths per 1,000 live births. Neonatal mortality rate (NMR) was highest in Central and Southern Asia.”² Several states of India like Kerala, Tamil Nadu, Maharashtra and Punjab are progressing towards the target. Kerala and Tamil Nadu have achieved the 2030 SDG target for NMR which is 12 neonatal deaths per 1,000 live births. While Kerala, Tamil Nadu, Maharashtra and Punjab had already attained the SDG objective on Under - five Mortality Rate which is 25 deaths per 1,000 live births. The Healthy States , Progressive India West Bengal – Factsheet 2018 reveals the data from Sample Registration System on NMR(17 \neq)³ , under five Mortality Rate (27 \neq)⁴ , total fertility rate (1.6 \neq)⁵ , from Health Management Information System on proportion low birth weight among new born (16.45 \neq)⁶ , sex ratio at birth(937)⁷ , full Immunization coverage(95.85 \neq)⁸ , Proportion of institutional deliveries (81.28 \neq)⁹ and Proportion of People living with HIV on antiretroviral therapy(35.92 \neq)¹⁰ data from Central Ministry of Health and Family welfare data that are calculated on overall Indicator Performance \neq 2017 – 18.¹¹

Significance of the Study

The tribal group is 8.6 percent of the country’s population according to the 2011 Indian Census. West Bengal has 5,296,953 Scheduled Tribes, 6 percent of the total population in the State.

²Ibid 1

³ NMR is the number of infant deaths less than 29 days per thousand live births during a specific year. NMR 17 indicates out of 1000 newborn children 17 children died before completing their age 29 days.

⁴ U5MR is a number of child deaths of less than 5 years per thousand live births during a specific year. U5MR 27 indicates that among 1000 live births 27 have died before completion of their 5 years.

⁵ TFR is the average number of children that would be born to a woman if she experiences the current fertility pattern throughout her productive span (15 -49 years) during a specific year (2017- 18) . TFR 1.6 implies on average a woman would give birth to 1.6 children during her productive span or 10 woman would produce 16 children in total.

⁶ The proportion of LBW among newborns is the proportion of low weight (<2.5 kg) newborns weighed during a specific year born in a healthy facility . The proportion of LBW among newborns 16.45 indicates that 16.45% of the total estimated newborns are below the weight of 2.5 kg.

⁷ SRB calculated the number of girls born for every 1,000 boys born.

⁸ Full Immunization Coverage is the proportion of infants 9 – 11 months old who have received BCG , 3 doses of DPT , 3 doses of OPV and measles against the estimated number of infants during a specific year . 95.85 FIC implies 95.85 percent of the total estimated 9 – 11 months infants received BCG , DPT , OPV and measles.

⁹ Proportion of Institutional Deliveries is the proportion of deliveries conducted in public and private health facilities against the number of estimated deliveries . PID 81.28 says that 81.28 % of total deliveries were conducted in private and public health institutions.

¹⁰ Proportion of PLHIV on ART is the proportion of PLHIVs receiving ART treatment against the number of estimated PLHIVs who needed ART treatment for the specific year. When it is 35.92 then it can be said that out of the total estimated PLHIVs who need ART treatment only 35.92% of them have received it.

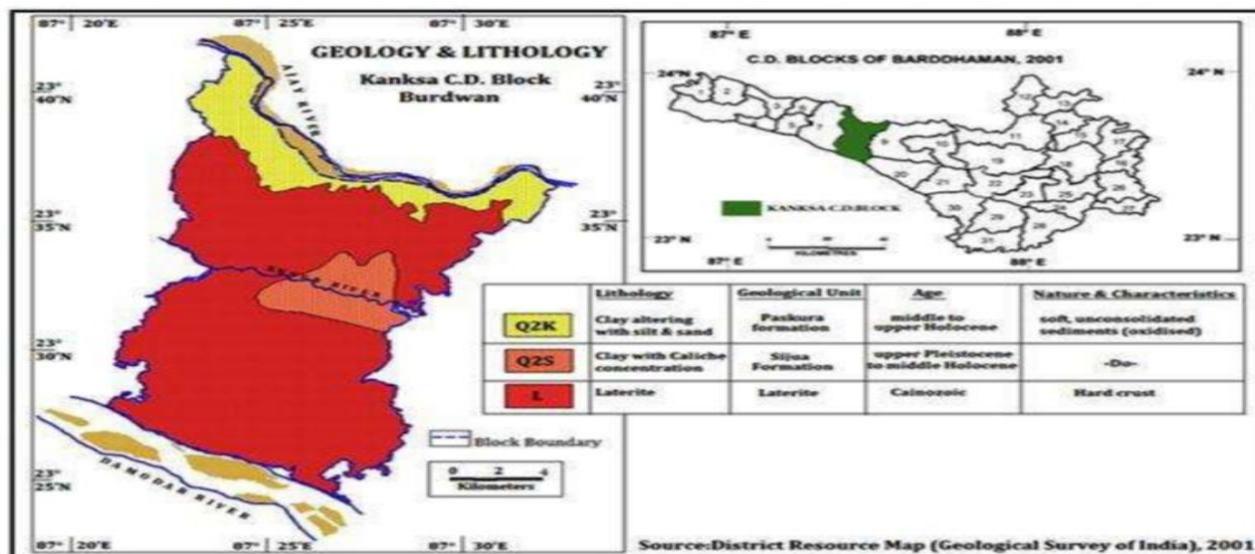
¹¹ NITI Aayog , The World Bank, Ministry of Health & Family Welfare, Healthy States Progressive India Report on the Ranks of States and Union Territories, Health Index 2019 (Feb.20,2020,11:05 PM) , <http://social.niti.gov.in/download> this report

Schedule Tribe popularly called Adivasis paying farm labour, which in terms of literacy rate and health status are well behind the average population. The Reports of Asiatic Society and the Pratichi Institute discuss weakness in the delivery of immunization, poorly performing health facilities , regional variation of health facilities, wrath of food security, perennial hunger and sub- standard quality of nutrition among tribal communities.¹² This study attempts to find out real scenario of reproductive and child health issues in the district of West Burdwan namely Paschim Bardhaman. In the common parlance it is very necessary to understand the issues of infant and children, marriages and family planning practices etc.

The Present Study

Burdwan or Bardhaman now divided into Purba Bardhaman and Paschim Bardhaman , is a District capital of British India. Geographically, its district locates at 23°24'N latitude, 87°86'E longitude and 40 m Altitude. In Burdwan Major Tribal Population are Santhal (76.67%), Kora (7.62 %) , Bhumiji (2.56 %) , Oraon (1.71 %), and Munda (1.4 %).¹³Burdwan was divided in two parts in 2017. In Paschim Bardhaman 8CD block is sub divided in two subdivisions: Asansol Sadar and Durgapur Sub division. My study area is Kanksa block under Durgapur subdivision. In this study area Scheduled Tribes are numbered at 18,239(10.24%) as per 2011 census of India. Kanksa Block consists of seven panchayet, 103 villages, a total population of 23,789, Shishu Shiksha Kendra (SSK)71, Primary School 106, Secondary School 16 and Higher Secondary School 18 Four Primary Health Centre and 26 Suswathya Kendra.

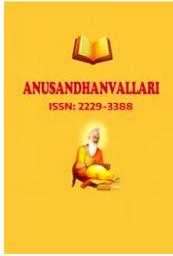
Geology and Lithology of Kanksa Block, Bardhaman¹⁴



¹²An Empirical Study Carried out by the Pratichi Institute and the Asiatic Society , “Preliminary Findings of Inquiry into the Living World of the Adivasis in West Bengal” Dec.2018< <https://www.asiaticticsocietykolkata.org>>

¹³Dr. R.K Thukral & Dr. ShafeeqRahman,WEST BENGAL DISTRICT FACTBOOK BARDDHAMAN DISTRICT (KEY SOCIO-ECONOMIC DATA OF BARDDHAMAN DISTRICT , WEST BENGAL) JAN.2019 <[www. Datanetindia-ebooks.com](http://www.Datanetindia-ebooks.com)>

¹⁴ <<https://images.app.goo.gl/RCHFTWLW4SP8Q57>>



Hypothesis

1. **Access** to Health-care and Pregnancy Outcomes in Tribal Women
2. Impact of Cultural Beliefs on Reproductive Health of Tribal Woman

Scope and Limitation:

This research would help in:

1. Further research
2. Reproductive health' Policy framework
3. Implementation of various scheme reproductive health like Janani Surakshya Yojana, Universal immunization Programme & janani shishu Suraksha Karakram

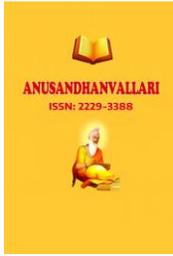
There are few limitations which the researcher faced while doing the research, which are as follows:

1. Samples that have been taken felt intimidated and were reluctant to give a data to the researcher
2. Sometimes samples are prohibited from providing information by their male members of the family.
3. Language barrier is also another issue to collect a real data.

Materials and Method of Study

Number of Sample: One hundred Twenty tribal married women of reproductive age have been interviewed with a structured interview schedule between June 2018 to February 2024 February in four villages namely GosaiDanga , ChathalDanga , Monerkonda and Domra in which Santhal tribal population are concentrated holding title as Soren, Mandi, kisku, Hembram, Tudu, Hasda Murmu and baske. Some data was collected for analysis on the basis of the following questionnaires;

1. Age of marriage whether it is 12 to 15 or above
2. Forms of Marriage of Husband – monogamy or polygamy or bigamy
3. Number of Children – please specify
4. Infant mortality – yes or no
5. Miscarriage – yes or no
6. Abortion – yes or no
7. Length of Pregnancy regarding abortion- days
8. Place of abortion – private clinic or Government Hospital or other
9. Professional of Abortion – Quack doctor or registered medical practitioner or other
10. Reason of Abortion – Poverty or health issues
11. Child Birth During Menstrual Period – yes or no
12. Access of Bathroom – yes or no
13. Undergoing ligation procedure – yes or no
14. Adoption of contraceptive method – loop or coil or pill or hormonal injection or nothing



15. Adoption of Vasectomy of Husband – yes or no
16. Access to Health Care

Analysis and Discussion:

The Researcher after intensive research has formulated certain analysis namely:

Response collected from Question 1: Age of marriage whether it is 12 to 15 or above

The sample stated about the present health situation of Santhal tribal reproductive women, wherein 99.9% of women out of one hundred twenty are married between the ages of 12 to 15. They followed the Raja Raji form of marriage in which the boy and girl eloped from the house and living together as man and wife. The guardian traced and brings them to home.

Response collected from Question 2: Forms of Marriage of Husband – monogamy or polygamy or bigamy

The sample stated that one hundred twenty women are married and their respective husband living with them. This followed monogamous marriage. Only two women mentioned that husband has two wives but they are staying with them. Out of one hundred twenty samples of Santhal tribal women, many are illiterate and are agricultural workers, factory worker or are working at rice mill etc. but only get seasonal work.

Response collected from Question 3: Number of children –please specify

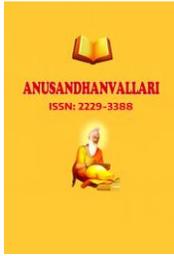
They have maximum three children. One hundred twenty women have Mother Child Protection Card and receiving Iron and Folic Acid Supplements. One hundred twenty women are protected against neonatal tetanus and provided advice such as breast feeding, institutional delivery, keeping the baby warm, cord care and family planning from health professionals. One hundred eighteen women reported that they did not feel any untouchable from health professionals and only two women reported this matter. Forty women stated that they took an ultra sound test and while rest eighty women during their pregnancy period did not underwent for ultrasound for once.

Response collected from Question 4: Infant mortality

Ten women out of one hundred twenty, birth alive children, but later the children had died. One hundred ten women took a child one year gap and ten women are conceiving a child after 2 years gap. Children of all one hundred twenty women are getting a vaccination against childhood illnesses. Thirty women are not getting Integrated Development Services in Chathal Danga in which 135 houses are there. One hundred ten women's children have anemia between the ages 6 and 59 months

Response collected from Question 5: Miscarriage – yes or no

Twenty women out of one hundred twenty, have faced miscarriage and they believed that an evil spirit was the reason of the mishap. They are superstitious and strongly believe on paranormal elements.



Response collected from Question 6: Abortion – yes or no

Forty women aborted their child through medicine.

Response collected from Question 7: Length of Pregnancy regarding abortion – Days

The Sample stated that their tenure pregnancy was not crossing three months.

Response collected from Questions 8: Place of abortion – private clinic or Government or other

Ten women used surgical operation by private clinic. One hundred ten women took institutional delivery and ten women gave the birth to a child under supervision of daiburi who used a clean blade to cut the cord. One hundred eighteen women got immediate treatment in the hospital and 2 women reported they are waiting for treatment in the hospital.

Response collected from Question 9: Professional of abortion – Quack doctor or registered medical practitioner or other

Quack doctor had done abortion in their private chamber.

Response collected from Question 10: Reason of abortion – poverty or health issues

The woman stated that due to financial reasons or cause of there being fewer gaps between previous and current pregnancy.

Response collected from Question 11: Child birth during Menstrual period – yes or no

Only two women said that in affirmation.

Response collected from Question 12: Access of Bathroom – yes or no

They all took bath during pregnancy but they did not apply water to their head. One hundred twenty tribal women are not using the bathroom because they do not have a bathroom and available water facility.

Response collected from Question 13: Undergoing ligation procedure – yes or no

Out of One hundred twenty, ten women underwent ligation. One hundred twenty women have no reproductive tract issues and sexually transmitted diseases and also, they have no knowledge HIV/ AIDS. One hundred twenty women have the right to take decision to conceive their child. One hundred twenty women are getting antenatal care from health professional from ANM and lady health visitors

Response collected from Question 14: Adoption of contraceptive method – loop or coil or pill or hormonal injection or nothing

All the women were using pregnancy control methods. Seventy women used a loop which is put in vagina by doctor in a government hospital without their consent after putting they give the information to the mother. While Twenty women were using pill. Ten women had hormonal injections injected for not carrying a child. This injection will be



effective only for three months. They also reported menstrual problems due to the use of this injection given by an Auxiliary Nurse Midwife with their consent.

Response collected from Question 15: Adoption of Vasectomy of Husband – yes or no

None had done hysterectomy which is prohibited by their custom. Only ten women got financial benefit and one hundred ten are not getting financial help from Janani Suraksha Yojana (JSY), Pradhan Mantri Surakshit Matruva Abhiyan (PMSMA), Pradhan Mantri Matru Vandana Yojana (PMMVY) because they do not have a bank account and also Aadhar card.

Health Laws: Health is an important phenomenon in most cultures. Bronislaw Malinowski (1884 – 1942, an Anthropologist correlated the basic needs with the cultural responses

Basic Needs	Cultural Responses
Metabolism	Commissariat
Reproduction	Kinship
Bodily Comfort	Shelter
Safety	Protection
Movements	Activities
Growth	Training
Health	Hygiene ¹⁵

The above relations are presented in every culture. These basic needs enabled human beings to maintain their biopsychic survival.¹⁶ According to Duguit, Law denotes an obligatory code of human conduct designed to satisfy the social needs of the community including tribal community. Ihering described the law as ‘the nature of the guarantee of living conditions in society, guaranteed by the power of constraint of the State.’¹⁷

Provisions under The Indian Constitution relating to Reproductive Health -

The Constitution of India, 1950 provides the health care laws of the people including tribal people and also commands the state to take measures to ameliorate the health condition of the people including tribal people.

Preamble: It seeks to secure for all its citizens Justice – social, political and economic.¹⁸

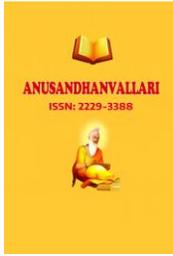
Fundamental Rights – Following are fundamental rights bearing on health care:

¹⁵ INDRANI Basu Roy , Anthropology the Study of Man 669(3 ed.S. Chand & Company PVT.LTD.2016)

¹⁶Id

¹⁷NK Jayakumar,LECTURES IN JURISPRUDENCE 6 (2 ed.LlexisNexisButterworthsWadhwa,2010)

¹⁸ INDIAN CONST.pmbI



Article 14: No person shall be denied equality before the law and equal protection of the laws within the territory of India.”

Article 21: Each person will be entitled for special liberty except in few cases which would be laid down by the law of the land.

Article 15(4): Special provisions for the advancement of other backward classes (including STs).”

Article 23: Prohibition of traffic in human beings and beggar and other forms of forced labour.

Article 29: Protection of Scheduled tribes.

Article 46 : Promotion of educational interests and financial interests of STs .

Article 350: Languages to be used for grievance redress and also mother tongue direction.

Directive Principles of State Policy

It is basic for the administration of the country and the State has the ability to formulate new principles for empowerment of tribal women.

Article 39 - The health and strength of workers, men and women including tribal are not forced by economic necessity to enter avocations unsuited to their age or strength.

Article 41: The State shall make adequate provision, within the limits of its economic potential growth, for the safeguarding of the right to work, education and public assistance in cases of unemployment, old age, disease and disability and in other cases of undeserved need.”

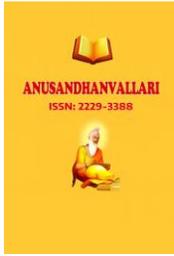
Article 42: The State shall provide for the safeguarding of a fair and humane work environment and for maternity assistance.

Article 43: The State shall ensure that all the workers, agricultural, industrial or otherwise have a reasonable standard of living which can be secured by helping them to get an employment for their living wage and ensuring a peaceful, a social & cultural life by means of implementing effective legislation, economic organization or other means by any other means which the state thinks appropriate to implement.

Article 47: The State shall consider raising the quality of nutrition and living standards of its citizens and improving public health as one of its primary obligations and, in particular, the State shall seek to enforce a prohibition on consumption except for the medical purposes of intoxicating beverages and drugs that are harmful to health.”

Fundamental Duties shall be every citizen of India including tribal people -

Article 51 A (g): It is a duty of every citizen to protect and preserve the flora and fauna of the nation which includes nature, forest, lakes and animals.



Article 51A (h): Every citizen has the duty to expand the scientific temper, humanism and the spirit of inquiry and reforms;”

Article 51A (j) Individual shall collectively operate to excel in all spheres show that the nation can raise to new horizon with the help of the efforts and achievement of the individual.

Constitutional remedies: Articles 32, 136, 226 and 227 provide that the right to move the Supreme Court and High court to enforce the rights conferred and guaranteed under the Constitution by appropriate proceeding.

Protection laws for Tribal people:

These laws provide to achieve equality, removing impairment, imposition punitive action against the offender, abolition customary transcription which is deeply hurt their dignity and person. These laws are summed as below:

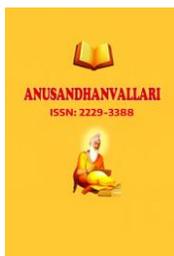
- (a) The Untouchability Offences Act 1955 states that the State has the duty to prohibit the practices of untouchability against the tribal people in admission to any hospital and dispensaries etc., which is made or kept out for the welfare of general public or any section thereof.
- (b) Section 5 of The Protection of Civil Rights Act 1955 states that punishment of imprisonment for a term not less one month and not more than six month and fine not less than one hundred rupees and not more than five hundred rupees for any person who preach and practice of untouchability for ensuring of any social impairment arising there from and refusing to allow any hospital”
- (c) The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act 1989 states that the tribal people have the right to occupy and cultivate land owned by him, to get the land from any competent authority, to enjoy their right over any land, premises or water without any interference from others and don't dispossess their land wrongfully.
- (d) Section 3 (1) of The Aadhar (Targeted Delivery of Financial and Other Subsidies Benefits and Service) Act 2016 provides that every resident including tribal people shall be entitled to get an Aadhaar number by submitting his demographic information by undergoing the process of enrollment.”

(g) The Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act 2016 states that the tribal people have the right on Forest land with relation to shelter / livelihood and also on NTFP from the Forest land.

(h)The West Bengal Land Reforms Act 1955 restricts on the alienation of land by Scheduled tribes under section 14C, 14D, 14E, 14F and 14FF.

Matrimonial Laws:

Santhal people claim that their religion is not Hindu, Christian, Bhudhist , Jain and Muslim . Present laws especially matrimonial laws are not applied on them. But existing laws are –



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- (a) The Protection of Child Marriage Act 2006 states that the prohibition of the solemnization of child marriages and not to gratify promoting, helping or allowing child marriages to apply all citizens of India without and beyond India.”
- (b) The Protection of women from Domestic Violence Act 2005 states the protection of the women, victims of violence in a four wall of a house.
- (c) The Medical Termination of Pregnancy Act 1971 states that for the termination of certain pregnancies like which have not crossed first trimester and heartbeat of a foetus is stopped and similar situations can be done by a registered medical practitioner in a government hospital or a place for the time being approved under this Act by Government.
- (d) The Pre – natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 states the prohibition of the sex selection before and after conception to any person including a specialist or a team of specialist in the field of fertility and imposes regulation to Genetic Counseling Centers, Genetic Laboratories and Genetic Clinic.¹⁹

International Instruments:

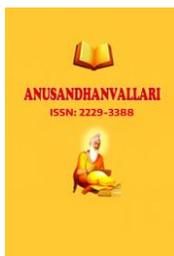
Human rights of Adivasis people are-

- (a) Universal Declaration of Human Rights, 1948²⁰ :
Article 25 says “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including ...”
- (b) International Covenant on Economic, social and Cultural Rights, 1966²¹:
Article 12 states “the States parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” The states have to take steps to attain the full realization of this right, which include:
“(i) the provision for the reduction of the still birth – rate and of infant mortality and for the healthy development of the child;
(ii) the improvement of all both environmental and industrial hygienic aspects;
(iii) the prevention, outbreak prevention and control, infectious occupational diseases and other diseases;

¹⁹ The Pre – natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 (No. 57 of 1994 dated 20th September 1994)

²⁰ G. A res .217 A (III) , U.N.DOCA / 810 at 71(1948)

²¹ United Nations , Treaty Series , Vol. 993,p.3, <https://www.refworld.org/docid/36c0.html>[accessed 20 May 2020]

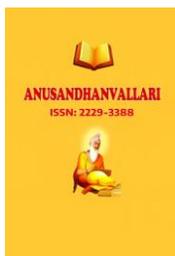


- (iv) the creation of condition that would guarantee medical attention and treatment in the event of a disease.”²²
- (c) Convention on Elimination of All Forms of Discrimination Against Women ,1979 ²³ : Article 12 provides that appropriate measures should be taken by the State Parties to help mother including tribal mother and tribal families to access maternal health care.
- (d) Indigenous and Tribal Peoples Convention ,1989:²⁴
- (i) Article 24 provides that social security schemes shall be extended progressively to cover the people concerned and applied without discrimination against them.
- (ii) Article 25 provides:
- (1) Government shall ensure that health services are made available to the peoples concerned, or shall provide them with resources to allow to design and deliver such services under their own duty and control to allow them to achieve the highest physical and mental health.
 - (2) Health services shall, to the extent possible, be community – based. These services shall be planned and administered in co – operation with the peoples concerned and takes into account their economic, geographic, social and cultural conditions as well as their healing practices and medications including their conventional preventive treatment.
 - (3) The health care system shall give performance to the training and employment of local community health workers, and focus on primary health care while maintaining strong with other levels of health care services.
 - (4) The provision of such health services shall be co-ordinate with other social, economic and cultural measures in the country.

²²JUSTICE HOSBET SURESH , ALL HUMAN RIGHTS ARE FUNDAMENTAL RIGHTS,73 (2 ed.Universal Law Publishing Co. 2010)

²³ United Nations , Treaty Series , Vol. 1249 , p.13 , <https://www.refworld.org/docid/3aeb3970.html>[accessed 20 May 2020]

²⁴ International Labour Organisation (ILO) ,Indigenous and Tribal People Convention , c169 ,27 June 1989 , c 169. www.refworld.org/docid/3ddb6d541.html[accessed 20 May 2020]



- (e) Declaration on the Rights of Indigenous Peoples, 2007²⁵: Article 11 says “Indigenous peoples have the right to practice and revitalize their culture traditions and customs.”
- (f) International Convention on the Elimination of All Forms of Racial Discrimination, 1965: According to Article 5(e) (iv) Santhal people have the right to health, medical care, social security and social service.

Role of Judiciary:

In *West Bengal Farm Labourer’s Association v The Government of West Bengal*²⁶ the Supreme Court has upheld that patients have the right to get emergency Medicare as stated in Article 21 of the Constitution of India. Right to health includes right to treatment, all aspects of health and hygiene. A Public Interest Litigation was filed against malnutrition in the first two weeks of October in 2018 in Melghata area. 72 deaths were there till September and submitted to the High Court. The State claimed that we were providing assistance, basic food and health care facilities to Melaghta tribal people. In *Kishen Pattnayak v State of Orissa*²⁷ the inhabitants of kalhandi and Koraput district were facing death due to starvation. At that time Court did not give appropriate remedy. Right to food is an enforceable right or not which is not understood by the court. Now right to food is an enforceable right and human rights. Without food no life can be sustained. So the right to food is health right also. After PUCV Union of India, Petition No. 196 of 2001, the Central Government and State Government were directed by Supreme Court to introduce various schemes for distribution of food grains for the person below the poverty line. Some of the schemes are (i) Targeted Public Distribution Schemes, (ii) AntyodayannaYojana, (iii) Midday Meal Schemes, (iv) Annapurna Schemes, (v) Integrated Child Development Schemes, (vi) National Family Benefit Schemes.

All tribal are not receiving these benefits in West Bengal. Plight condition at Lalgah block in West Midnapur is that Savar and Lodha Families are vanishing from our society due to hunger and malnutrition.

Conclusion and Findings

Schedule Tribe are always deprived their rights. Aboriginal people are original in this land but they are land less people. West Bengal Land Reforms Act, 1955 ensures the provision for determination of ceiling surplus land to the marginalized landless rural peasantry. But this provision is not effective for tribal people which have been pointed in my research.

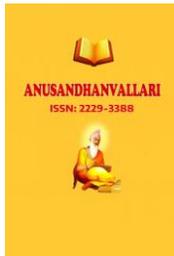
Under Estate Acquisition Act, 1953	Under Land Reforms Act, 1955	Total (Both under EA and LR Act)
26,44,434	3,15,857	29,60,291

Source: Directorate of Land Records and Survey, Government of West Bengal 2002

²⁵ UN General Assembly, United Nations Declaration on the Rights of Indigenous Peoples :resolution /adopted by the General Assembly, 2 October 2007, /RES/61/29<<<https://www.refworld.org/docid/471355a82.html>>>accessed 20 May 2020]

²⁶ (1966) 4SCC 37

²⁷ (1989) sup (1)



They are living in jungles and isolated place from mainstream people. They are losing their culture due to pressure of modernization. Industrial Development Projects are placed in tribal region. Wastage materials are placed in these areas and these things are very harmful of their health. We concentrated on organizing a lot of tribal fairs instead of fulfilling their basic amenities. The Right to water is a fundamental right of human beings including tribal people. Swajaldhara launched in 2002 but it is a process project in Kanksa tribal area. The Government of West Bengal celebrated the World Toilet Day on 19th November. The West Bengal launched “Mission Nirmal Bangla “under the aegis of the Panchayat and Rural Department is also a process project in tribal areas.

The Baseline Conducted in 2012 – 13 had indicated out of 51 lakhs rural households above 7 lakhs as not having toilets.²⁸Main stream people are busy converting their religion in a technical way which is through mass marriage programmes . The Organizer stated that target mainly tribal people who live together. They claimed that it is an effort to recognize their marital status. .²⁹

Scheduled tribe women aged 15 to 19 years have a higher rate of teen age child bearing (11%) than women from other caste and tribes. Women between the ages of 20 and 49 marry at a rate of 40% before reaching the legal minimum age of 18. In West Bengal, about two –fifths of women marry before they meet the legal marriage (44 %). In India, the median age of first sexual intercourse for women aged 25 to 49 is 19.0 years. 11 percent of women aged 25 to 49 had sex before the age of 15 and 39% before the age of 18. Fifty nine percent of women aged 25 to 49 have had sexual intercourse by the age of 20. Women are exposed to the risk associated with the sexual activity at the first age of marriage. Miscarriages are especially common among women between the ages of 15 and 19 accounting for 10% of all pregnancies. ³⁰

Findings:

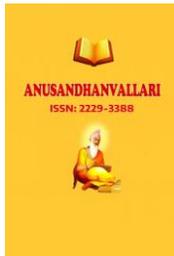
Hypothesis 1: Access to Healthcare and Pregnancy outcomes in Tribal Women

The sample stated about the present health situation of Santhal tribal reproductive women, wherein 99.9% of women out of one hundred twenty are married between the ages of 12 to 15. They have a maximum of three children. Ten women out of One hundred twenty gave birth alive children but later the children had died. One hundred ten women took a child in a one year gap and ten women are conceiving a child after a 2 years gap. One hundred twenty women have a Mother Child Protection Card and receive Iron and Folic Acid Supplements. One hundred twenty women are protected against neonatal tetanus and provided advice such as breast feeding, institutional delivery, keeping the baby warm, cord care and family planning from health professionals. One hundred eighteen women reported that they did not feel any untouchable from health professionals and only two women reported this matter. Forty women stated that they took an ultra sound test and while rest eighty women during their pregnancy period did not underwent for

²⁸GOVERNMENT OF WEST BENGAL PANCHAYATS & RURAL DEVELOPMENT DEPARTMENT , report from Mission NirmalBangla , Available at missionnirmalbangla.in/about/(Feb 2020 ,11:45 pm)

²⁹SubrataMaitra , Tribals Target VHP mass Marriage Event in Malda, TOI, Feb.3,2020,

³⁰International Institute for Population Sciences (IIPS) and ICF,2017.National Family Health Survey (NFHS -4),2015-16: India, Mumbai:IIPS

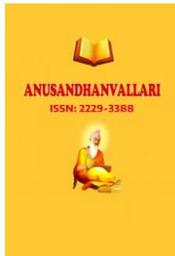


ultrasound for once. Children of all one hundred twenty women are getting a vaccination against childhood illnesses. Thirty women are not getting Integrated Development Services in Chathal Danga in which one hundred thirty-five houses are there. One hundred ten women's children have anemia between the ages 6 and 59 months. Ten women used surgical operation by private clinic. One hundred ten women took institutional delivery and Ten women gave the birth to a child under supervision of daiburi who used a clean blade to cut the cord. One hundred eighteen women got immediate treatment in the hospital and two women reported they are waiting for treatment in the hospital. Quack doctor had done abortion. Only two women said that in affirmation. The woman stated that due to financial reasons or cause of there being fewer gaps between previous and current pregnancy. They all took bath during pregnancy but they did not apply water to their head. One hundred twenty tribal women are not using the bathroom because they do not have a bathroom and available water facility. All the women were using pregnancy control methods. Seventy women used a loop which is put in vagina by doctor in a government hospital without their consent after putting they give the information to the mother. While twenty women were using pill, ten women had hormonal injections injected for not carrying a child. This injection will be effective only for three months. They also reported menstrual problems due to the use of this injection given by an Auxiliary Nurse Midwife with their consent. Out of One hundred twenty, ten women underwent ligation. One hundred twenty women have no reproductive tract issues and sexually transmitted diseases and also, they have no knowledge HIV/ AIDS. One hundred twenty women have the right to take decision to conceive their child. One hundred twenty women are getting antenatal care from health professional from ANM and lady health visitors. None had done hysterectomy which is prohibited by their custom. Only ten women got financial benefit and one hundred ten women are not getting financial help from Janani Suraksha Yojana (JSY), Pradhan Mantri Surakshit Matriva Abhiyan (PMSMA), Pradhan Mantri Matru Vandana Yojana (PMMVY) because they do not have a bank account and also Aadhar card.

Thus The Tribal Women have access and utilize the health care efficiently.

Hypothesis 2: Impact of cultural Beliefs on Reproductive Health of tribal women

Twenty women out of one hundred twenty have faced miscarriage and they believed that an evil spirit was the reason of the mishap. They are superstitious and strongly believe on paranormal elements They have faith in Sing bonga, Marangburu and Jaherabonga the widely celebrated Goddess for protection from diseases. In both the villages where research was conducted, the villagers had strong faith in traditional healers called ojha whom they concerned at times of illness including maternity problems, infertility problems as well as for induced abortion of unwanted pregnancy. Change Sabha are in practice where they have belief of attaining divine power for begetting a baby and knowing desirable sex of baby. This sabha is addressed by the priest and fathers of local. They perform this ritual by offering blood of chicken to jahar than (a sacred place, under a sacred tree) for sake of pregnancy or successful delivery and healthy baby. These types of traditional health culture and beliefs restricted them to take medical care during the period of maternity. Maternity is a matter of private domain to these groups, they do not disclose in community among themselves. They relate it with evil spirit or bad omen and have belief that disclosing may have an outcome of mishap in their life. Women have many misconceptions regarding birth and any interruption of modern medicine is not considered good. Hence, childbirth is also an attitude of community to hold in a cultural way. On the fifth day post-delivery they have to perform a ritual called nim-dah – mandi. The sample stated that 120 women are married and their respective husband living with them. Thus, it shows that they follow monogamous marriage. Only two women mentioned that husband has two wives but they are staying with them. Out of one hundred twenty sample of Santhal



tribal women, many are illiterate and are agricultural workers, factory worker or are working at rice mill etc. but only get seasonal work.

Thus, by above findings the researcher affirms the hypothesis and the tribal have strong attachment with their beliefs and customs which influence their daily chores.

Suggestion: For the protection of Santhal Tribal Population, there must be one Act i.e., Reproductive and Child Health Act (for Tribal People). If we do not do that our traditional Restorer will vanish from our society. This will great effect on our sustainability. Tribal people want to have ICDS in their area and this hope is my research work suggestion. The government should also assign the agricultural land to this community as they believe they can conquer their misery and addiction to alcohol. Poverty among tribal communities is the key factor in child marriage.



Field Work