

**HEALTH PROBLEMS FACED BY WOMEN FROM VAVURLA
VILLAGE.**

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Dissertation submitted in partial fulfilment of the requirements for the
Degree of Master of Arts in Women's Studies

Department of Women's Studies

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DECLARATION

1.Sailee Fal Desai, hereby declare that the dissertation titled ‘Health Problems Faced by Women from Vavurla Village’ the outcome of my own study undertaken under the guidance of Dr. Sulochana Pednekar, Assistant Professor, Department of Women Studies, Goa University. This work has not previously formed the basis for the award of any degree, diploma or certificate of this institute or of any other Institute or University; I have duly acknowledged all the sources used by me in the preparation of this dissertation.

Sailee Fal Desai

27th July 2020

Goa University

CERTIFICATE

This to certify that the dissertation titled 'Health Problems Faced by Women from Vavurla Village' is the record of the original work done by Ms Sailee Fal Desai under my guidance. The results of the research presented in this dissertation have not previously formed the basis for the award of any degree, diploma or certificate of this Institute or any other Institute or University.

Research Guide

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Place: Goa University

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Sailee Fal Desai.

EPIGRAPH

I dedicated this research study filed 'health problems faced by women from vavurla village' to all those women who are being struggling in their day to day life. The journey unmet hopes and expectation of women during pregnancy, birth and after. As a women right from the birth she listen of his father, family members restriction, society taunt, discrimination in family she faces, if she talk much towards her point of view , than people think that she is characterless girl don't had manners of talking . Till nine month women carry her child in her womb and later name had given to that child of her father. They are of painful thoughts and memories. Everyone they wake up with a little hope in their mind. Day night they struggled and God you are playing with their kindness.

This vavurla women they believe in this superstition things and except their life as it ,so I hope that things be change in their life .one day or other they had to come out and mix with other background peoples, instead o staying in their village and house itself. They should get to know and aware of modern technologies. Than only they will make their children future bright, otherwise same routine will go on, right from generation to generation it has been going. And I hope that government solve their problems of transfort facility soon, they need it the most , so that they can leave their life happily without any struggle and health pain.

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CHAPTER I

Introduction

Background:

Women health is an example of population health, where health is defined by the world health organization as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”(WHO 1994).

In many areas of health women experience earlier and more severe disease with poorer outcomes. Gender remains an important social determinant of health, since women health is influenced not just by their biology but also by conditions such as poverty, employment, and family responsibilities. Women have long been disadvantaged in many respects such as social and economic power which restricts their access to the necessities of life including health care.

Women's reproductive and sexual health has a distinct difference compared to Men's health. Even in developed countries pregnancy and child birth are associated with substantial risks to women with maternal mortality accounting for more than a quarter of a million deaths per year, with large gaps between the developing and developed countries. While the rates of the leading causes of death, cancer and lung disease, are similar in women and men, women have different experiences. Lung cancer has overtaken all other types of cancer as the leading cause of cancer death in women, followed by breast cancer, ovarian, uterine and cervical cancers.

While cervical cancer remains one of the commonest cancer in women in developed countries, associated with human papilloma virus {HPV}, an important sexually transmitted disease. HPV vaccine together with screening offers the promise of controlling these diseases. Other important health issues for women include cardiovascular disease, depression, dementia, osteoporosis and anemia. Women life expectancy is greater than that of men, and have lower death rates throughout life, regardless of race and geographic region. Changing lifestyles, including diet, physical activity and cultural factors that favor larger body size in women, are contributing to an increasing problem with obesity and diabetes.

Women who are socially marginalized are more likely to die at younger ages than women who are not. Women who have substance abuse disorders, who are homeless, who are sex workers, and /or who are imprisoned have significantly shorter lives than other women. At any given age, women in these overlapping, stigmatized groups are approximately 10 to 13 times more likely to die than typical women of the same age.

Being a man or woman has a significant impact on health, as a result of biological and general - related differences. The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in socio cultural factors. For example, women and girls face increased vulnerability to HIV/AIDS.

Some of the socio cultural factors that prevent women and girls to benefit from quality health services and attaining the best possible level of health include:

- ✧ Unequal power relationships between men and women
- ✧ Social norms that decrease education and paid employment opportunities;

- ✧ An exclusive focus on women's reproductive roles; and
- ✧ Potential or actual experience of physical, sexual and emotional violence.

While poverty is an important barrier to positive health outcomes for both men and women, poverty tends to yield a higher burden on women and girls' health due to, for example, feeding practices {malnutrition} and use of unsafe cooking fuels {COPD}.

Food is the major source of serving the nutritional need, but with growing modernization some traditional ways are being given up. Affluence of working population with changing lifestyles and reducing affordability of sick care, in terms of time and money involved, are of the forces that are presently driving people towards thinking about their wellness.

The literal meaning of ayurveda is “science of life,” because ancient Indian system of health care focused on views of man and his illness. Ayurveda is also called the “science of longevity” because it offers a complete system to live a long healthy life. Alternative medicines are being used by about 60 percent of the world's population. Ayurveda, the traditional Indian medicine, remains the most ancient yet living traditions.

Although India has been successful in promoting its therapies with more research and science-based approach, it still needs more extensive research and evidence base. India is known for its traditional medicinal systems, medical systems are found mentioned even in the ancient vedas and other scriptures. The ayurvedic concept appeared and developed between 2500 and 500 BC in India. These medicines are not only used by the rural masses for their primary health care in developing countries but are also used in developed countries where modern medicines dominate. The alternative medicines in the traditional systems are derived from herbs, minerals, and organic matter, while for the preparation of herbal drugs only medicinal plants are used.

In India, about 70 percent of rural population depends on the traditional Ayurvedic system of medicine. In the western countries, approximately 40 percent of people are using the herbal medicine for the treatment of various diseases. The interest in traditional medicines is growing rapidly due to the attention being given to it by the governmental agencies and different NGO's comprising of general public and researchers as well as the increased side effects, adverse drug reactions, and cost factor of the modern medicines.

More than 80 percent of people in developing countries cannot afford the most basic medical procedures, drugs, and vaccines. Traditional medicine has been prevalent in every country since the beginning of the civilization. Traditional medical systems vary from one culture to another, there are common elements connoting specific implications in them. The elements are sorcery and witchcraft, divination and herbal medicine {Joshi, 1990}. According to Dubos {1969}, "ancient medicine was the mother of sciences and played a large role in the integration of early cultures."

The term "traditional medicine" refers to ways of protecting and restoring health that existed before the arrival of modern medicine. As the term implies, these approaches to health belong to the traditions of each country, and have been handed down from generation to generation. Since antiquity, the most primitive man had some rudimentary system of medicine to ameliorate pain and disease in order to lead a productive socio-economic life in the society. Over the ages his experiences led to empirical techniques and methods of healing, which in due course of time crystallized into distinct systems of medicinal practices.

27% tribal women deliver at home, the highest among all population groups. This could in part be attributed to the unfriendly attitude to health workers, language and understanding gap and lack of trust in an alien system. Maternal health services provided by government are often not in tune with the health beliefs and practices of the tribal people.

Why I chose this topic

I choose this topic because last year we had a paper of gender and Marginality and we went for a field visit in vavurla village. First we went to Barcem stop and there we had nice traditional Goan food after that we went to Gokuldem village by local bus.

After reaching to gokuldem village we kept on walking from the hilly slop mountain area, it was really difficult to walk around 2,3 hours for us at that point of time, since we had not walked this much in our life so it become so much difficult for us, specially those who got their periods, or someone for elderly person or if someone is suffering from pain or ill. Really I feel so sympathized towards those people from vavurla and also for those students who walk in the heat weather after the school is over and also for the elderly people to those who are suffering from kidney, thies and other health related problems.

The forest is dense. The children have to leave early in morning from their house, if they are to reach in time for their classes. By the time they return home after school, it will past 3pm. And if there are any special classes after school, they reached home by dusk which is very risky proposition as it gets dark in the dense woods by sunset. It gets riskier during the monsoons as the pathways invariably get flooded and the rocks slippery.

Also it would be easier to walk for the students but during afternoon time in the heat weather specially when they are in hungry stomach or thirsty it would be so difficult for those student to walk this 2,3 hours a day and than they reached late for lunch and after that they get tired and take some rest and don't feel like to do study instead they play or chit chat with friends and start their next day. In this their time consumption decreased and that's why some children are

avoided, going to school. Also for us it become difficult during at the time of rainy season because of the slippery area while walking and also the litchis they bites us. Our energy level was gone and shouting, crying finally we reached at our destination. After that we introduced ourselves to those people that we are Goa university students from department of women studies. We try to interact with them, get to know about their problems which they are facing in their village like road problems, water scarcity, health problems, their tradition, culture etc. They were treating us so nicely, telling us about their traditional practices and other necessary information which has been asked to them,

Since from many years people are being visiting in their village like researcher because to know about their problems of road, electricity, to know their lifestyle of living was totally different from the urban people. Their nutritious healthy food, their culture as well as their hard work and sacrifices, which they lose and gain from last many years, from generation to generation because of no proper access to medical services, no access to transport facilities in their village, no access to proper drainage system.

I specified to their health issues because this health issues relate to their overall lifestyle, road problem affect to their health because of long hour walking and also to bring water from the spring and wash the clothes, also the time has been wasted.. And mostly they use medicinal plant for home remedy, it's useful for small thing like when they are sick or stomach pain, but it's not worth when the patient is too critical or in serious condition. Because of no access transport

facility in their village they face lot many problems when somebody is in critical condition, or there is a pregnant women in the village or if there may be any festival in the village than they have to bring lot many things and it becomes so difficult to carry heavy bags while walking specially during rainy seasons.

But now slowly things are being changing very few they have bikes they carry their things on bike but if there is slippery road than there is also risk while caring heavy bags they may sleep and fall down, because their road is not yet done in a proper way. I observed that they don't have toilet facilities in their villages, women use to go in the open air at sharp early in the morning. Water facility, pipeline drainage problems also they are facing with. They use spring water, or neither government provides them any water supply.

They also conduct their community meeting in which the head of each family goes to those meeting, and the head of the community budwant takes the community decision, in which they discuss about the problems and try to find the solution. And also the women's take their decision with women sarpanch and this how they take up their village issue with the help of government their problems are being clearing slowly and soon they will get their road.

They do festivals like Ganesh chaturthi, Diwali, parab, dhalo, gathering they do in which their children participate and also outsider comes to visit the gathering, they prepare lot many food if there is any festival all women gather at budhwant house there they make nice food in a huge quantity for whole village peoples and for the relatives who visit in their village and they enjoyed their festivals while making nice traditional dishes, their culture and customs happily they make it.

Road also which they used to walk and come they only made it and it took many years to complete. And also the village whether, atmosphere, surrounding were so cool which I like it .because of this all issues of no access to transport facility, no proper access to water, its relates to those people's life and it also affects so badly specially at women's health that's why I specified on this topic and thought of doing this project in vavurla village.

Objectives of the study

- To study the socio –demographic profile of the tribals of Vavurla village
- To study the health status of tribal women in Vavurla village
- To study the problems and challenges of tribal women
- To study their medicinal home remedies which they used instead of not going to the doctor when they are sick.

Chapter II

Literature Review

S.k.Basu {2011} in his study he mentioned about the health status of tribal women is found to be lower than that of the Indian women in general on most of these aspects. Gaps in knowledge regarding the health of tribal women have been identified and a plan of action has been suggested for improving their health. He also talks about the status of tribal women in matrilineal societies has been observed to be somewhat better than that of women in a partilineal society.

Lal B. Suresh & k priyamvada his study is about tribal women's health condition, the world health organization {WHO} has defined health as not merely the absence of disease of infirmity but a state of complete physical, mental and social well being. Many tribal groups use different parts of a medical plant not only for the treatment of diseases, but for population control as well. There exists a definite nexus between forest and nutrition.

It has been noted by many that tribal living in remote areas have a better over all status and eat more balanced diet than tribal living in less remote forest free areas. The mode of utilization of available natural resources often determines the long term impact on health. This article focus about the health impact on economic of tribal women, it studies the literacy levels and economic conditions of the tribal women in present day scenario. Most of the tribal's live in forest and their economy is totally agriculture based economy. the tribal women possess unique skills in agricultural operations.

Equal opportunity must be given to women to participate in training and they should be encouraged to make use of wide range of agriculture implementation in tilling, planting, inter-cultivation, harvesting, threshing, cleaning, drying etc.

Also modern medicine has not been accepted in most tribal areas, generally tribal people are living in remote and ecologically diverse climates areas.

According to Mr. Manoj jhalani he talks about the constitution of India recognizes the special status of tribal people- the scheduled tribes and provides safeguards to protect their rights and culture. However, despite the large number,(104 million according the census 2011), tribal people have remained marginal- geographically, socio- economically, politically. Tribes are those people who live somewhere in the forest and mountains areas, the different culture and environment they lived and their health care needs were not addressed.

In this article govind maad talks about the problems of vavurla village have been treading this path that takes them over 60 minutes to get down and 90 minutes to return their homes. They traverse this path everyday just to connect to the nearest road and the outside world. He talks about the close near to is barshem panchayat which has a population of a little over 200 with 30 houses. Vavurla is 100% inhabited by tribes. While only 12 persons from this village have passed matriculation, barely three have managed to get through the HSSC exams. There is not a single graduate in this village and only one government primary school in village that functions from single room of a house. Once the students complete their primary education, they have to walk km down the hill to get the nearest school. So here he overall talk about the problems of the villages of road, education & their tribal lifestyle.

In this article saurabh R. Shrivastava talks about the implementation of public health practices in tribal populations of India, their challenges and remedies . In this he has been identified as less acculturated ethnic groups among the tribal population groups and are in need of special programs for their sustainable development and they do not required access to basic health facilities. They are most exploited, neglected, and highly vulnerable to diseases with high degree

of malnutrition, morbidity and mortality. Their misery is compounded by poverty, illiteracy, ignorance of causes of diseases, hostile environment, poor sanitation, lack of safe drinking water, and blind beliefs etc. He also find out that as per the estimates of NFHS- 3, the likelihood of having received care from a doctor is lowest for ST mothers {only 32.8% compared to India of 50.2% }. The percentage of ST women consuming iron folic acid for at least 90 days and who took a drug for intestinal parasites during their pregnancy was only 17.6 and 3.7, respectively. In this he try to help tribal people at medical facilities, the obligation is to change their insensitive and discriminatory behavior towards poor and disadvantaged groups. And also he thought of organizing campaign to instill patient friendly behavior among health care providers.

In this article Asha B. Study about tribal medicine will be incomplete without the background of traditional medicine. So she studied about the brief description about medicine and tribal medicines are given. The term traditional medicine refers to ways of protecting and restoring health that existed before the arrival of modern medicine. Traditional medicine plays an important role in health care in both developed and developing countries. The world health organization estimated that 80 percent of the populations in developing countries rely on traditional medicine, mostly plant drugs for the primary health care needs.

The use of medicinal plants for the treatment of disease was known to the tribal many centuries ago from the immemorial the people especially tribal people realized the curing and healing properties of the herbs and roots. There are estimated to be around 25,000 effective plant based formulation used in folk medicine and known to rural communities all over india.

Soudarssanane M Bala talks about the tribal health problems, the tribal of India, constituting 82% of the total population {84 million} malnutrition as expected is the most common health problems among tribal. In addition, communicable diseases such as tuberculosis, malaria, and STDs are major public health problems. He finds that some tribal groups are also at high risk for sickle cell anemia. Generally tribal diets are seen to be deficient in protein, iron, iodine and vitamins. A comparative analysis of the nutritional status of tribal and non-tribal is given in according to the NFHS-3 survey {5} 47% of tribal women are having chronic energy deficiency {CFD} compared to 35% among the general population.

This article talks about the hygiene and sanitation, of the tribal they are not getting proper medical facilities, that most tribal live in remote rural hamlets in hilly, forested or desert areas where illiteracy, trying physical environment , malnutrition, inadequate access to potable water, and lack of personal hygiene and sanitation make them more vulnerable to disease. This is all happening because by the lack of awareness among these populations about the measures needed to protect their health, their distance from medical facilities, the lack of all weather roads and affordable transportation, insensitive and discrimination behavior by staff facilities. Financial constraints and so on. This project starts the government programs to raise their health care have not had the desire impact and not surprisingly, tribal people suffer illness of greater severity and duration with women and children being the most vulnerable.

In this article get to identify that no infrastructure, medical facilities and a lack of proper commuting facilities such as motorable road in the state of Goa leads to losing the life of a common man at times. But the government seems not doing much except giving the false promises to the voters and keeping them hopeful. According to the reports, the place is situated in the remote mountain which does not even have the basic facilities of a motorable road making it extremely difficult to villagers in case of an emergency.

Vavurla is a fully tribal inhabited village which comes under the barcem panchayat and has a population of a little over 300, with 35 houses. The village falls under forest area, restrictions on development activities particularly on road construction, have led to the village remaining virtually cut off from rest of the state.

Chapter III

Research Methodology

The chapter explains the research methods used to conduct the study.

Study Area

Goa has two district, north Goa and south Goa. This study will be located in south Goa. Study will be in Quepem taluka from vavurla village. This is a remote village and in this village there are only Scheduled Tribe (ST) community people, in majority are velips houses and only two houses are of goankars community. Vavurla is a village located in quepem and bordering the canacona taluka. The village is situated on the hilly mountain at around 1600 feet from ground and the total area of this village is 165 hectares. This village is at distance of around 5km from Goandongri village panchayat.

Villagers from vavurla have to walk for an hour & a half to reach the bus stop which is in Gaandongri village. This village comes under canacona taluka. All the villagers in this area belong to ST community. For years, residents of the village have been treading this path that takes them over 60 minutes to get down and 90 minutes to return to their homes. Padi village, through which the NH 17 passes, is some 17 km away from vavurla, and it is from here that they board a bus to travel to quepem or canacona for their regular purchases and other requirements.

Vavurla is 100% inhabited by tribes. While only 12 persons from this village have passed, hardly three have managed to get through the HSSC exams. There is not a single graduate in this village. There is a government primary school in the village that to have a single room of a

house. Once the students complete their primary education, they have to walk km down the hill to get to the nearest school in Gokuldem- if they want to continue with their formal education.

The forest is dense. The children have to leave from here well before 7am if they are to reach in time for their classes. By the time they return home after school, it is well past 3pm. And if there are any special classes after school, they reach home by dusk which is very risky proposition as it gets dark in the dense woods by sunset. It gets riskier during the monsoons as the pathways invariably get flooded and the rocks slippery.

There are also no toilet facilities in their household, no proper access to water. Its also risky in the rainy season for a pregnant women to go by walking for a long period of time. And also during the rainy time there are as wild animals and snakes are plenty and also the liches bites and get hurt. Throughout the day and in case of pressing need, only after dusk, the young woman who along with her mother and young sisters walk through the forest in search of bushes to answer nature's call's state of Goa holds the lowest position in terms of the scheduled tribes {ST} population among all the thirty states and UTs where tribes have been scheduled. The scheduled tribe {ST} population of Goa as per 2001 census is only 566, constituting a negligible 0.04 percent of the total population of the state. The decennial growth of ST population has been 50.5 percent with an increase of 190 persons. The scheduled tribes are mainly concentrated in urban areas {66.4 percent} unlike in majority of the states. Both the districts of Goa have almost equal population of STs, i.e. 281 in North Goa, and 285 in South Goa.

POPULATION- SIZE & DISTRIBUTION

Out of live {5} tribes scheduled for the state, Dubai is numerically the largest tribe having a population of 188 followed by Siddi {155} , Naikda{143}. These three STs together constitute

85.9 percent of the total tribal population. Varli and dhodia are very small tribal groups having a number of 31 & 16 respectively and along with the generic tribes, from the residual 14.1 percent of the total ST population.

The overall sex ratio of the ST population in Goa is 893 females per 1000 males which is considerably lower than the national average of 978 for the total tribal population. Among the individual tribes, Dubla have equal number of both male and female in their total population. Naikda preceded by siddi have registered in the lowest overall sex ration. Females outnumber males among varli and dhodia in their total population. The sex ratio among the STs in the age group 0-6 years {915} is lower than that of the STs at the national level {973}. Being small in numbers, at the level of individual tribe, the sex ratios tend to be erratic among the STs.

Compared to national averages, STs have higher mortality rates, and experience a greater prevalence of tuberculosis, under-nutrition, visual impairment from avoidable causes of blindness including the outcome of surgeries, and high anemia levels. These groups are also exposed to higher risks of inadequate food intake, poor hygiene, and tobacco and alcohol consumption, as well as lower access to health care. Although in tribal areas the population norms for establishment of primary health centers and sub-centers is for every 20,000 and 3000 population respectively, health care is not available to the majority of the tribal.

This is due to multiple factors, name by lack of accessibility to health facilities; non-availability of health staff in the health centers; poor quality of services offered {non-availability of essential drugs and equipments, lack of transport and communication facilities; traditional practices and superstitions {local beliefs, customs, and practices}; poverty and financial constraints {the

majority of health care services is theoretically free of cost, but indirect and informal payments, such as travel cost to and from the government facility, leaving work to seek care, and paying for prescribed medicines, exist}; logistics barriers from the healthcare providers side; waiting time at the health center and timings of the facilities. All these factors in multiple ways have obstructed accessibility of healthcare services

Limitation of the study

This study was done during the winter season {November to December} When i visit to the village not with every people i got to interact because many had gone out for their work for ex some had gone for field work, jobs or in market. Frequently i was facing lot many difficulties while travelling to the village. Because to reach in vavurla village its not an easy task for me. While reaching to that goandongri stop {Nanem} from there 2, 3 hours i had to walk in the hilly mountain area. It's not an easy task for me. Those people use to go daily up and down that's why they reach very fast, but for me maximum 2 & half hour it takes to reach over there.

Buses are also not proper and to reach that goandongri stop buses are also few during weekend days. So that's why I decided to stay there for 3 days during diwali break and that time some were busy in their festivals didn't get much women to interact with that's why I took one more visit in December month and conducted my focus group discussion. Usually during afternoon time i conduct my session because morning those women would be busy in doing household wok. 0During holidays only it would be possible for me to conduct all the interviews. Otherwise my lactures would be missed that's why I conducted all my session during holidays.

My experience

Carrying out this research was a great experience for me. Research work were good because last year we went to vavurla for field trip that's why with some people i had already interacted last year. They give me lot of information relates to their health and which also affects to their life. Women were so much active and friendly to us

I was interested to know the challenges faced by women from vavurla village, their traditional cultural practices ,spiritual thing relates that affect to those women life and also road problems, scarcity of water ,how this all affect to their life. And also get to know about their home medicinal remedies, in which medicinal plant they used to make. And most things is get to know about the tribal women specially from vavurla village. They faced lot many problems but still they keep smiling and happily overcome and go through this bad phase of last many years.

They don't go out mostly their man do their market outside work. Their relatives rarely come to their village because of no access of road facility and most People don't want visit to their village that's why medical facility is lacking behind in the village. Best thing i notice of this village is their togetherness{ EKVAT }in every festivals or in taking any decision of this village, and everyone are actives in performing fugdi, dhalo, their traditional folk song, making traditional food their rituals they make so happily and enjoying it. But i also noticed that men most participate in the ritual thing and the women are use to it, they except their life as it is in kitchen and family and in 4 doors inside the house and outside village area that's it. But in that village all people's lives like a family and that's why they treat us so nicely. Those village people their soul is so pure with peaceful mind. While observing i don't think that they have any hatred

towards others in their mind, they never complaint their problems with us. Instead we ask them their problems and i think this is the best thing about those peoples. They treat me so nicely like last year we went for field visit. I met those some women first time but it doesn't feel uncomfortable. I was so friendly with them and them as well. These women are totally different from urban educated women. Their lifestyles, language, occupation, were totally different. In the village itself some women were young some were literate few were graduate, one girl was there she was a dropout because of financial problem she didn't afford going to school.

Most of the time we say that Goa is a very developed state in India but this is wrong. In rural areas, women are facing a lot of problems such as water scarcity, transport facilities, health problems this all affect women life. Upper caste people always dominate the lower caste people. This scenario has not changed even today. The scheduled caste women are suffering the same health problem which they suffered in ancient times. From this research i get to know about the medicinal plants which I did not know earlier before.

Vavurla village nature, greenery is very nice, its nature beauty, peace and cool whether i liked the most. People thing that having money than they are powerful, they will get all respect ,but as per my opinion character should be good than automatically you will get respect, by looking through vavurla peoples being in their simplicity they welcomed us so nicely. Their heart is rich so no money can buy this and there were cool climate in the village with greeneries and mountain hills area while walking i can observe it and get nice experience also.

Chapter IV

Case Narratives

Case study I {Indept interview with budhwant}

My name is shanu velip, I am 103 years old. I have 5 sons and one daughter. I reside in vavurla village quepem taluka. I belong to the schedule tribe community. I never had been gone to school, Most of the work i do of fields and cashew plantation. Since now he had been so old he dont do much hard work, earlier he use to be a budhwant in taking village decisions. He told me that last 15 years ago they had done the road and it become so much difficult them to make it and bring the things like rocks, sand by taking in their shoulders. Its being generation to generation passed till now road facility issue has not being getting solved. Only two houses are of velip communities majority are gaonkars.

At a very young age, i got married till than i am taking my family responsibilities. My wife passed away last 10 years ago, she was facing with Asatama problem. Proper treatment of not getting that's why she died. He told me that they use home remedies plant instead of taking doctors precaution, they make use of medicinal plant when there someone is sick, vomiting, stomach pain, but not when the patient is too serious that time this medicine doesn't work to human body. Because medical centre is far that's why they most prefer home remedies medicine if there is not a serious matter otherwise looking through the situation of that person than they admit the patient in the hospital.

Earlier they use to bring the household things while walking, if there is any festival or gathering in the village so it would become so much difficult to carry them heavy loads in their shoulders. He told me about their customs, traditions, rituals which are being practicing in the village. And mostly they prepare nutritional food like vegetables fruits which they cultivate in kumeri cultivation. There is also one temple in which they make festival over there meaning parab in which women are not allowed to enter in the temple only men do the ritual and cooking also .

They took the meeting at his house which is called budhwant house in which all the men joined and discuss about their village problems, if there may be any problems than they try to figure out the solution by taking everyone opinion and by looking through majority opinion later budhwant make the final decision. He told me that there are two budhwant in the community.

From Ancient time there was only one balwadi in their village which they learnt something. He told me that earlier and now also they faced problems of going to the doctor or at health care centre which is in goandongri or in balli village., He don't have any problem, the only thing is they have to do lot of walking, right from he was born and still now and has to do hardwork in the fields that's why they have joint leg pain problem. They use cashew drink as a medicine, and also they use boil rice, onion, chilies, lemon grass, aloevera and many home remedy plants which they used as a medicine instead of going to the doctor.

He also told me that there was one girl in the family who died very long years back, he told me that she was having some leg problem issue, she got infection to her leg and later on it spreads and affect to her health very badly and because of ambulance can't reach in time she dies and later those people take her by sitting in the wheel chair and by holding to their shoulder till goandongri village and then in ambulance she had been taken for postmortem to the hospital.

He also told me that road problem is the major problem in their family because of that no people wants to come in their village for ex doctor doesn't visit ,teacher to teach those children or any medicinal team member neither visits their village. During festival times they get a problem while bringing any useful things which they needed in festivals. Also relatives fed up to come if there are any festivals in the village, just because of transport problem

He told me they didn't get any scheme. During the marriage time groom get a problem to go early in the morning at the marriage destination or else they have to stay at relative place one day before the marriage. He also told me that within their community they married their daughter or bring daughter in law of their community. These are their ancient customs which no one breaks till now. He is so strickt in their norms they believe in spiritual things.

Case II

{One old widow women} key informant In-depth interview

My name is vasanti goanar .i am 98 years old having 5 children. I live in vavurla village in quepem taluka. I belong to ST community. Being an old women i faced lot many problems after my husband death, alone i have to look after my 5 children, that time they were small, i have to look after their basic needs. I couldn't educate them because of financial problem and also school facility was not there at that time. I use to go to fieldwork that time my children take care of their siblings, go to do household work in the same community, jus because to get the meal of a day.

She told me that she has cough problem and thies, while walking so much and doing hardwork she got these problems. When she was working in cashew plantation, once she fall down from the tree then her backbone operation she had done that time its become more difficult to her and take care of their children. And that time she was not having money for the medicines and operation also, her relatives help her financially and emotionally.

From here going to the hospital its not easy during that time and now also. After operation it becomes so difficult for her to carry heavy things or to do house work. Her son has one health issue of which they call VARE in which they thing the spiritual thing of the people who die their soul be in their body and they trouble them while suffering this disease. She also told me the medicinal ingredients which they used if someone is sick, vomiting stomach pain etc. For ex curry leaves, turmeric, ginger, honey, elaichi,lemon grass etc

She told me that most in these village women face goiter problem, joint pain, kidney stone, appendix, cancer problems etc. Earlier they delivered at home only; no medical facilities and care were given to the delivered mother. Water scarcity problem they face, drainage and hygiene problems. She also told me that in their village no man dominates the women meaning domestic violence etc.

When her husband was in critical condition medical facility were not so active thatsy she can't survive her husband. Because of their irresponsibility. Once her daughter in law was pregnant, because they have to go through the river side to wash clothes during her starting 3 months that time during rainy season rocks were slippery, she fell down and missed her child. The maramkar which roam every house with goddess lord idol that man comes to visit their village during festival time. Once in a year & this village each person takes blessing.

Case III

Focus group discussion {with 15-20 women's}

I conducted focus group discussion with 15 women, they were of different age group from 35-75 years old. Mostly they do housework and outside work like of kumeri cultivation, cashew plantation, agriculture work etc.

Most of the women's they were not educated only one she was the panch of the village she completed her graduation, and two had done her primary & secondary level, rest all were uneducated. Because there were less school earlier, long hour they use to walk because of no proper access to transport facility and financially also they were not too strong that's why they were lagging behind from education. Also their family need their support in cooking food, bringing fire woods from the forest and their parents use to go for agriculture work that time no one was there to look after home and their younger sibling so they use to avoid to go school, or else they told me that because of financial problem they use to go for some other people house within their community to do their house related outside work like gardening, looking after their buffaloes, bringing water from the spring etc.

Just because they need money to get their two times meals that's why they sacrifice their childhood life. But they told me that now their children are going to school, colleges, actively participating in sports, staying to some relative place or in hostel and being completing their further education. In their village of one house of one room primary school is being started, very few students goes there & only one teacher comes to teach twice in a week or thrice.

Also there is anganwadi in their village since many years and otherwise schools are in gokuldem and gaondongri which has been to far, children use to walk 2,3 hours a day & their whole time has been wasted and because of that some of them don't feel like to go to school and later they drop out. Because there were less school earlier, long hour they use to walk because of no proper access to transport facility and financially also they were not too strong.

In this focused group discussion earlier women were not opening up so much about their health, later i stress to those women who are comfortable in giving much information, i started asking them questions and later they respond. Most they prefer home medicinal plants instead of going to doctor and earlier they delivered at home during the time of pregnancy.

Most of the women's they were not educated only one was the panch of the village she completed her graduation, and two had done her primary & secondary level, rest all were uneducated. Because there were less school earlier, long hour they use to walk because of no proper access to transport facility and financially also they were not too strong. There are also no toilet facilities in their household, no proper access to water. It's also risky in the rainy season for pregnant women to go by walking for a long period of time. And also during the rainy time there are as wild animals and snakes are plenty and also the liches bites and get hurt.

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In focused group discussion earlier women were not opening up so much about their health, later when I took individual interview that time they give lot many information .most they prefer home medicinal plants instead of going to doctor and earlier they delivered at home during the time of pregnancy. There are also no toilet facilities in their household, no proper access to water. It's also risky in the rainy season for pregnant women to go by walking for a long period of time. And also during the rainy time there are animals like snakes are plenty and also the litches bites and get hurt.

Proper hygiene facilities are not there in village. They told me that they used cotton cloth instead of sanitary pad, and because of everyone will stare if they wash their cloth and dry it in open heat air. That's why they dry in inside the house and this how they get infection in vagina. One pregnant woman was there she get pressure problem if she has to walk to bring waters or to wash clothes. Home medicinal remedies they used onion, coconut oil, honey, lemon, curry pata leaves they used and most they used in food which they cultivate because they thing homemade is more healthy and nutritious. Market thing they don't use much oil and fast-food things. Which they don't use to it also.

Those women's told me that their roads are not constructed properly, their village people made the road. Earlier when there is festivals they faced problems, but now they bring their things by bikes or by riksha. But earlier it's become so much difficult to them. one women were there she was facing goiter problem so earlier she was not knowing it only home remedies she use to make just because of financial problem, later she faced problems now she is going for a treatment to doctor. And she was telling me that she feel bad instead of doing work she use to sleep and can't do any housework. She feels hopeless. Women faced lot many problems during pregnancy and period times. They have to go to balli or gaondongri for primary health center and the nearest

hospital in the primary health center at balli or canacona, over 15km away. Its more difficult and worrisome when there are children or pregnant women. And also once the primary education is completed, they have to walk km down the hill to get the nearest school, because of no access to transport facility.

And also they do patravali of leaves and mostly in the rainy season as due to rain she finds difficulty in drying the leaves and also they collecting very few leaves, because during rainy seasons at that time plants are getting new small leaves which are not suitable for making patravali. It is very difficult for them to sit for 4 hours continuously which usually gives them strong back pain. Like this things of making patravali, broom, coconut leaf mat in this doing they faced problems of back pain, neck pain etc.

They also told me that their tenders has been passed of road order has to come from the government to construct the road. Mostly in their community arrange marriage takes place, while those girls' visits their village for any gathering that time their marriage is being fixed. They don't go out usually those women's are happy in their village in doing house work, field work, looking after family and their children's. During rainy season they catch crabs and make sanna bakri and also during ganesh festival they make nevryos in all houses, they also take orders of nevryos and later their husband delivered it to their destination. Health scheme also they didn't get. Now only the health care people and doctor visit to the village once in a month. Health insurance scheme they had done and pregnant women and child are getting nutritious ingredients from anganwadi. Now all schemes they aware of. They told me that now vehicles can come to villages if they need to bring things for constructing house, but not everyone can afford rented taxi financially. So these are the things which the women told me about.

Research design

The study interviews were conducted from 16th, 27th, 28th, 29th November 2019. Three days i stay over there, most evening time when the womens are free that time i conduct the interviews. So my present study titled women who are facing health challenges in quepem taluka, I had used both qualitative and quantitative methods.

first i visit to vavurla on december 16th to conduct Survey, collect data of 10 houses to know about their Name, Age, occupation, what kind of work they do any health problems in their family members are facing.

Based on that i look through their health issue and conduct Focus group discussion with those 15 women's , Key informant interview of 98 years old widow women ,one indept interview of 103 year old man { which earlier used to be the budhwant {head of the village}.

And I conduct this session at budhwant house (head of the vavurla village)in which I ask them about their problems, customs , traditions, their health issue and challenges which they face in their day to day life since many years ago. try to get to know about their own selves, their surrounding which relates to their life . In focused group discussion stressed on some women who give more information about their health.

Questionnaire

- Name
- Age
- Educational qualification
- Occupation of the respondent
- Marital status
- What work your husband/father does
- Where are you from
- When did you get your 1st menstruation cycle? can you share your experience
- Where did you study/ or why did not study or go to school
- How was your marriage fixed
- Do you have children
- If yes? How many children do you have
- During pregnancy how you used to go for checkup
- Where did your delivery took place
- How you manage in your village when somebody is sick
- Do you use any home remedies? Yes what are they and for what problems
- If there is emergency what happens
- What kind of health issues do you face
- Do you have all the facilities in this village- health centre, school, water, electricity
- How far are these facilities from the village
- Any health problems in your family

- Does any medical services do you get
- Any health insurance scheme?

Chapter V

Findings

The interviews of women are conducted from two different ST communities, Velips and the Goankars. Their life experiences are different from each other. Everyone life journey has been in a different way.

SOCIO- DEMOGRAPHIC PROFILE OF THE RESPONDENT

In focused group discussion some women were literate most were illiterate. Age group were also different. From each house each women is facing different challenges in their day to day life, different health issues, financial & economic problems. Some sacrifice their childhood because of poverty, in taking care of family siblings and also financially weak that's why can't afford going to school so ignore their education level. Otherwise their future would be much better.

Most their occupations are housewife, doing field work, kumeri cultivation, cashew plantation etc. They are not aware of their basic right as a citizens, health schemes and also lacking behind of general knowledge. Lacking behind from modern technology, equipments, gadgets etc. Only few were widow most were married, only one woman was 7 month pregnant and two drop out girls were there, because of financial problem in between she drop out. Alone she leaves with her father, so father do fieldwork and she prepares food and do other household work. One woman sarpanch was there, who is graduated.

Things which they used as home made medicine- salt, turmeric, ginger, cinnamon, honey, elaichi, tulsi plant, papaya leaves, jeera, lemon grass, neem, mint, aloe vera, curry leaves, sugar, cocum, garlic, coconut oil, curry pata leaves, beat, jaggery, neem leaves etc.

Definitions of traditional medicine

Tribal medicine is a part of traditional medicine and is mainly practiced by the tribals in the forest. It is still in the primitive form. A study about tribal medicine will be incomplete without the background of traditional medicine. So in this chapter a brief description about traditional medicine and tribal medicine are given. Traditional medical system vary from one culture to another. The term traditional medicine refers to ways of protecting and restoring health that existed before the arrival of modern medicine. These approaches to health belong to the tradition of each country, and have been handed down from generation to generation.

Pictures of medicinal plants and their uses

1. Kamni vakat - useful for joint leg, hand pain.
2. Daye pitkul {bela fal}- useful for migraine problem
3. Vaye koddu- useful for vomiting.
4. Daatu vakat- useful for vaginal infection.
5. Manpatri- used for pregnant women during vomiting time
6. Patupana- used for tulsi vivah and used for cough home made syrup.

7. Nala medicine- useful for when the baby cries a lot & if his stomach badly pains because of germs thing its used for diestion and hygiene.

8. Piyaav {pevu}- useful for neck & ear pain

9. Kirayte- for hygiene & digestion



1. Kamni vakat



2. Daye pitkul

3.Vaye kaddu



4.Datu vakat



5. Manpatri



6. Patupana



7. Nala vakat



8. Piyaav {pevu}



9. kirate



Challenges faced by women

Health problems

In this study, women said that they are facing lot many problems doing the household work, field work, while going to health centre if they are sick. During delivery time also they faced problems specially in rainy season. While going with vehicles also its risky because of slippery roads.

Most women said that they get problem to go near the river to wash clothes during rainy time, and if the child is small than they take them with her because they cried at home, carrying a baby and doing housework is difficult specially during their periods time or during pregnancy time. They also make coconut leaves mat and many handicrafts things like broom, supp.patte etc. In which they have to cut the bamboo tree that time they get injured, and while making this things the small particles from the bamboo which pricks her hand and finger. There are chances for them to get infected through this. Then they face health problems like pain in the back, legs, hands and shoulders just because of sitting for a long time at one place and continuously doing their work till day night until they finished it, they get satisfied with their work.

They sell it or otherwise they make use of that in cooking storing things and the coconut leaves mat they used while sleeping or put on the top of their house if they don't have roof then. So this women additionally have to carry heavy loads and also burden of taking all family responsibilities. They told me that they get schemes of griha aadhar and kisan yojana scheme. Also they told that the time of the election the concerned representatives visit their home and make fake promises of road that it will be constructed soon, water facilities and reduce their poverty he confess. But once the election is over no one looks after them, and forget all the promises. They said that they need support from the government, so that all their issues may be solved. For natural calamities they have

to go early in the morning before the sun rise, and its get more difficult to pregnant women to go by walking specially during end of the months, close to delivery times. Suddenly during pregnancy natures call comes than it would be much difficult to them to do during day time they told. Toilets they get but some of them don't know to use it& also the drainage system is not proper, thatsy few are using and those who are not using they put firewood sticks in that and store it. Also in the primary school toilets are given, but they are locked,no access to water system had given so no students uses that nor teacher.

DISCUSSION

From the findings, i would like to say that in research many women said that they did not get any support from the government. Their village is lacking behind from no access to transport facilities, no proper drainage system, scarcity of water problem and also they did not get any financial health support from the government through schemes, like they don't have health care center near to their village its far near balli village they have to come or in gaondogri.

The tribal people are totally depend on the forests, from there they search for medicinal plants remedies and make the Ayurveda traditional medicine.

Some pictures of vavurla of last year fieldtrip and the village greenary





Vavurla and village roads in forest areas to be tarred



Chapter VI

Conclusion

Today most of the women in vavurla village are facing health problems. from ancient time they are suffering through generation to generation. Health care issue is one of the major issues among tribals. Among several health problems faced by the tribal groups, the problem of malnutrition and under nutrition is seen as the direct consequence of socio-economic disorganization of tribal societies. The best way to maintain health is to preserve it through a healthful lifestyle rather than waiting until sickness infirmity to address health problems.

Tribal development strategies need to be more human-centred with health at its centre.while many strategies have attempted to address some of the economic, social, physical factors and barriers contributing to poor maternal health outcomes.large inequalities in health exist between indigenous and non-indigenous populations worldwide. India has one of the largest tribal populations in the world. Tribal communities in general and primitive tribal groups in particular are highly disease prone and their misery is compounded by poverty, illiteracy ,ignorance of causes of diseases, hostile environment, poor sanitation, lack of safe drinking water, blind beliefs etc.

Those women face problems of Goiter, cancer, joint pain, thairad, kidney stone problem etc. 27% tribal women still delivered at home, the highest among all population groups. For years, residents of the village have been treading this path that takes them over 60 minutes to get down and 90 minutes to return their house, this affect women health the most.

Food is the major source for serving the nutritional needs, but with growing modernization some traditional methods are being using. Hence the modern food affecting the balanced nutrition. That's why they don't eat outside fast food because its affect their health badly, because they don't use to it, right from they born till now.

REFERENCE

1. <https://www.medicalnewstoday.com/articles/150999#preserving-health>
2. <https://www.tandfonline.com/doi/abs/10.1080/09735070.2010.11886359>
3. <https://www.ijph.in/article.asp?issn=0019-557x;year=2017;volume=61;issue=4;spage=233.epage=238;aulast=deva-ra>
4. <https://www.tandfonline.com/doi/abs/10.1080/09735070.2010.11886359>
5. <http://www.aimsgoa.org/discover-go-a-vavurla.html>
6. <https://m.timesofindia.com/city/goa/location-and-lockdown-keep-help-out-of-vavurlas-reach/amp-articleshow/75417390>
7. <https://www.pagepressjournals.org/index.php/hls/article/view/hls.2013.e/5469>
7. <http://shodhganga.inflibnet.ac.in/bitstream/10603/44585/10/10-chapter%202.pdf>
8. <http://www.daijiworldcom/news/newsdisplay.aspx?newsID=89173>
9. <https://www.heraldgoa.in/goa/vavurla-and-village-roads-in-forest-areas-to-be-tarred-/150619>
10. <https://aif.org/tribal-concerns-in-south-go-a/>
11. <https://www.who.int/life-course/news/commentaries/2015-intl-womens-day/en/>

12. <http://www.tribal> women health summary.
13. <https://uc.xyz/2cp9hl?pub=link>
14. <http://www.tribals> population in goa
15. [https://times of india.indiatimes.com/city/go/team-to-visit-vavurla-today-submit-report-to-tribal-department/articleshow/62442433.cms](https://timesofindia.indiatimes.com/city/go/team-to-visit-vavurla-today-submit-report-to-tribal-department/articleshow/62442433.cms)
16. <https://timesofindia.onelinkme/efRt/ASmwebshare>

