

## Health Problems and the Tribals: A Study on the Lodha Women in Jhargram, West Bengal, India.

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### ABSTRACT

The tribal groups inhabit widely varying ecological and geo-climatic conditions in different concentration throughout the country with different cultural and socio-economic backgrounds. They are highly marginalised and discriminated, and they faced different socio-economic problems such as illiteracy, widespread poverty, malnutrition, poor maternal and child health services, absence of safe drinking water and sanitary living conditions, and so on. The health problems of tribals are profoundly influenced by the interplay of prevailing socio-cultural and economic factors, which are quite distressing. It is necessary to understand the health problems of the tribals because of their subsistence economy, social isolation and food insecurity. The present study has attempted to analyse various health problems and related factors which have been responsible for their health problems. The study was conducted on the adults (18 years and above) Lodha women of Jhargram district, West Bengal, India. Two hundred Lodha women (age 18 years and above) were selected from four villages under Jhargram and Nayagram block of Jhargram District for this. The data were collected through an interview schedule. It is observed that most of the Lodha respondents suffer from various health problems such as malnutrition, chronic fever and pain, chickenpox and smallpox, etc. Their living condition is quite unhygienic and unhealthy, and they drink unsafe drinking water from the well, as well as their sanitary living condition is also poor.

**Key words:** Health, hygiene, illness, Lodha, poverty.

### 1. INTRODUCTION

In India, 705 ethnic groups have been notified as scheduled tribes. They form 8.6 per cent of the total population according to 2011 census. These tribal groups inhabit extensively varying ecological and geo-climatic conditions in different concentration throughout the country with different cultural and socio-economic backgrounds. The scheduled tribes differ notably from one another in terms of race, language, culture and beliefs. Despite such diversity, there are certain broad similarities between the divergent tribal groups. Similarities in their modes of living, each tribe, lives in a particular area, has a common dialect, cultural homogeneity and unifying social disorganisation.

But the tribal people are face to different problems such as illiteracy, the widespread of poverty, malnutrition, absence of safe drinking water and lack of proper sanitary living conditions, underprivileged maternal and child health services, and ineffective coverage of national health have been traced out in several studies as possible contributing factors to dismal health condition prevailing among the tribal population in India (Basu 2000)<sup>1</sup>.

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<sup>1</sup> Basu, S., (2000). Dimension of Tribal Health in India. *Health and population-perspective and issues*. 23(2). pp. 61-70. Available form: <http://medind.nic.in/hab/t00/i2/habt00i2p61>.

### 1.1.The Lodhas: A Particularly Vulnerable Tribal Group

“The term Lodha is possibly derived from the Sanskrit word ‘Lubdhaka’, meaning a trapper or fowler” (Bhowmick, 1979a)<sup>2</sup>. The Lodhas prefer to call themselves as ‘Savaras’ or ‘Lodha-Savaras’ which has a reference in the *Ramayana* and the *Mahabharata*.

They live scattered in the jungle-covered tracts of Paschim Medinipur of West Bengal, Singbhum of Jharkhand and Mayurbhanj of Odisha. Some of them found in the district Hoogly of West Bengal. Other tribal communities like the Santals, Koras, etc. live along with them. The Lodhas have no language of their own. They speak in rural Bengali dialect. According to P. K. Bhowmick,

The Lodhas differ physically and culturally from these groups of people; added to this is the stigma of criminality imputed to them by the local people, as well as by the government. Even now, they are deemed as such, and in the event of any theft or dacoity in this area, they are instantly suspected and harassed, both by the people of the locality and by the administrative authorities (Bhowmick 1979b, p. 37)<sup>3</sup>.

The Lodhas is one of the most Primitive Tribal Groups (PTGs) of India. They were designated as one of the 'criminal tribes' according to the Criminal Tribes Act, 1871. In 1952 of Government of India revocation of the criminal tribes' act and the Lodhas are now treated as the 'de-notified' tribal community. Now they are called 'Particularly Vulnerable Tribal Group' (PVTG) earlier terms as Primitive Tribal Group. The Lodhas have an existence of a pre-agricultural level of technology, stagnant or declining population growth, extremely low level of literacy, a subsistence level of economy and having low health indices<sup>4</sup>.

According to the census of 2011, the number of the Lodhas in West Bengal was 1,08,707, including the Kharias and Kherias – among them males were 54,692 and females were 54,015. The census department of the Govt. of India bracketed the Lodhas with the Kharias and Kherias without any justification. In the Paschim Medinipur, according to 2011 census, the Lodha population was 51,772 with males 26,267 and females 25,505 (Census 2011)<sup>5</sup>.

Lodha women are different from other people in their food habits. They collect various forest products such as roots and tubers. They also employed in manual labour and sometimes agricultural labour. They sometimes hunt fowls, birds, tortoise, *gosap*, (Bengal monitor lizard, Binomial name – *Varanus bengalensis*) catch fishes and rats to eat. They live in starving, half-fed and unhygienic situation.

## 2. OBJECTIVES

Therefore, this study was undertaken

- I. To know the socio-economic background of the Lodha women.
- II. To find out the health problems of the Lodha women.
- III. To understand the related factors of health problems found among the respondents.

## 3. MATERIALS AND METHODS

### 3.1. Research design

For this study, the descriptive research design has been adopted. The main purpose of this research design is to describe the socio-economic background and other parts like the health problems, factors of health problems of

<sup>2</sup> Bhowmick, P. K., (1979a). *Some Aspects of Indian Anthropology*. Calcutta: Subarnarekha.

<sup>3</sup> Bhowmick, P. K., (1979b). *Some Aspects of Indian Anthropology*. Calcutta: Subarnarekha.

<sup>4</sup> F. No. 11011/01/2019-EMRS/PVTG, Government of India, Ministry of Tribal Affairs. Dated: 17.09.2019

<sup>5</sup> Registrar General, I., (2011). Census of India 2011: Provisional population totals-India data sheet. *Office of the Registrar General Census Commissioner, India*. Indian Census Bureau.

the respondents. And, reveal new information about the adult Lodha women in the study area through the objectives as mentioned above.

### 3.2. Area of the study

This study was conducted in four villages named Kalajharia and Rajabasa under Jhargram block; Shital Pura and Kalma Pukhuria under Nayagram block in the district of Jhargram are located in forest fringe area. The unit of the study has been the individual. Fifty adults (18 years & above) Lodha women were purposively selected from each of these villages. Thus, the study has been conducted on 200 adults Lodha women.

### 3.3. Research tools

The present study mainly relies on direct intensive observation and interviews with the villagers. The questionnaire included information on their socio-economic background, various health problems and related factors of health problems. The qualitative information on the feeling and attitude of the affected persons were collected through repeated conversations over one month during June-November 2019. The qualitative data were presented with the help of some representative of them. The respondents were selected for this study by purposive sampling.

## 4. MAJOR FINDINGS OF THE STUDY AND DISCUSSIONS

### 4.1. Socio-economic background of the respondents

The data were collected from 200 adults Lodha women from Kalajharia, Rajabasa, Shital Pura and Kalma Pukhuria of Jhargram district, West Bengal, India. The role of age is a significant factor for an individual in the performance of socio-economic status. Regarding age-wise classification of the respondents, the respondents are categorised into three age groups – '18-45 years', '45-60 years' and '60 years and above'. A good number (62.5%) of them belong to the age group between 18-45 years. 31% of them belong to 45-60 years. And 6.5% respondents are 60 years and above. The maximum number of respondents (80%) are married. They live with their husbands and sons. Only 2% Lodha women are unmarried. Some of the unmarried women are studying in school. On the other hand, 17% of Lodha women are widowed. Some of them live with their children, and others are separated from their children. In the studied areas after the son is married, they begin to live separately without the mother due to their economic crisis. In this situation, older Lodha women become very helpless. Widow remarriages are socially approved in the Lodha community. But such marriages are not common. Only 1% of Lodha women are divorced or separated from their husbands. They lived alone and did not think of remarriage. They know that the status of a remarried woman is much lower in their society than the married women.

One of the basic objectives of the present study is to understand the economic condition of the respondents. Traditionally, some of the Lodhas of Kalajharia village collect edible roots and tubers for sale in the local market and as well as for personal consumption. They also catch *gosap* (*Varanus bengalensis*), rats, birds and tortoises from the paddy field. The Lodha women are hardworking. Before they go out to work together with their husbands, they complete their morning chores, such as cleaning the surroundings of the house, cleaning the cooking utensils, etc. Most of the wages, they earn at the end of the day are given to their husbands, which, in many cases, does not benefit the family. Because their husbands often drink alcohol with that money. With the rest of the wages, the Lodha women returned home after purchasing essential goods for the family. After returning home, they get involved in household chores, such as taking care of domestic animals, cooking, taking care of their husbands and other family members. They take their food. After that, she was going to rest.

Kalajharia, Rajabasa, Shital Pura and Kalma Pukhuria villages are surrounded by jungle where agricultural lands are not sufficient. Collection of firewood from the jungle is an important pursuit of the Lodhas of Kalajharia and Rajabasa. Both men and women go to the forest at about 8 a.m. to 9 a.m. with a *tangi* or other tools for cutting the dried tree branches. They collect the branches of the tree and prepare bundles of faggots. Then, carry them to nearby villages and Manikpara market for sale. Each bundle of dried branches costs about Rs. 30-40/-. However, at present, they are not solely dependent on the collection of fuelwoods. Restrictions are also being imposed on using the forest produces.

The Lodhas of Shital Pura village collect *kurkuri chhatu* (*Astraeus hygrometricus*) from the nearest jungle and sell them in the Kharikamathani market at Rs.120-140 per kg. They are also engaged as daily labourers, or herdsman who takes domestic animals for grazing etc. Economically they are marginal, as they do not get work

throughout the year. At certain times of the year like the month of June, they have jobs. June is a summer month when they collect different jungle products. Fuel woods are also available in this time, and sometimes like October, they have no work.

In the jungle areas of Kalma Pukhuria, fuelwood and *sal* leaves are available. A few women are engaged in the collection of *sal* leaves. These *sal* leaves are dried up in the sunshine. Then the dried *sal* leaves are stitched by a thread, and a bundle is made with a thousand pieces of leaves. Each bundle is sold at the Kalma pukhuria market at a price of Rs.40/-. The Lodhas of Kalma Pukhuria is not skilled in agriculture. They cultivate lands as a sharecropper. The owner of the land gets Rs. 4000-4500/- per year for one *bigha* of cultivable land. Paddy is the main crop in those lands.

Few Lodha families of Kalma Pukhuria village, collect *tussar* cocoon (*Antheraea mylitta*) and sell the cocoons to the outside traders. It was cultivated in the month of September-October. One-gram cocoons egg has to be bought from the traders for Rs. 200-250/-. Then the green arjuna leaves are collected from the tree and brought home, and the eggs are placed in it. Within a couple of days, the larvae hatch. After that 15-20 larvae are released on the leaves of per arjuna tree with the help of a ladder. To protect these larvae from the birds, one has to take turns all day guarding them sometimes by heating tin, sometimes by slingshot. After 45 days these cocoons are collected and sold it to the outside traders at Rs. 2200/- per *kahan* (one *ganda* in four *gutis* (cocoon), one *pan* in 20 *ganda*, one *kahan* in 20 *pan*). By cultivating this *tussar* cocoons, they earn almost Rs. 5,000 in forty-five days. It is interesting to note that a Lodha woman never goes to catch *gosap*, plough or collect *tussar* cocoons.

#### 4.2. Health problems and related factors

The Lodha women in Jhargram district are suffering from various kind of diseases, and they are suffering from non-communicable diseases like skin disease, arthritis, chronic pain; and communicable diseases like smallpox, typhoid fever, etc.

The main factors responsible for the health problems of the Lodha women are lack of personal hygiene, ignorance of illness, unsanitary conditions, lack of health education etc. Sakhi Kotal (Name changed), a Lodha woman in Kalma Pukhuria village, Jhargram district, said that she does not clean her cloths regularly and does not use soap or shampoo during bath. She also says that sometimes she forgets to brush her teeth. She is not aware of the side effects of poor personal hygiene.

**Table-1: Diseases of the respondents in the last five years**

Tribes	Types of diseases		
	Non-communicable diseases	Communicable diseases	Total
Lodha	117 (58.5)	83 (41.5)	200 (100.00)

N.B. Figures in the parentheses indicate percentages.

Table-1 shows all the respondents suffered from various kind of illness in the last five years, like fever, stomach ache, headache, cold cough, etc. In the present study, it has been observed that most of the respondents (58.5%) suffers from non-communicable diseases. WHO (2018) says that vulnerable and socially disadvantaged people get sick and die sooner than people of higher positions, mainly because they are at greater risk of being exposed to harmful products, such as tobacco, or unhealthy dietary practices, and have limited access to health services (WHO, 2018)<sup>6</sup>. Among the respondents, 41.5% Lodha women suffer from communicable diseases. In these studied areas, the common communicable diseases are smallpox and typhoid fever (*Salmonella enterica enterica*).

<sup>6</sup> <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases> Viewed on 29/09/2019.

Lodha women have been suffering from skin diseases because their living atmosphere is not pleasant. They live in unhygienic and poor environmental condition. Sometimes they live with poultry birds, goats and pigs, there is no separate place for livestock; so various type of germs like *Staphylococcus aureus* come from the body of pigs and poultry birds, which lead to skin diseases such as ringworm and eczema. In the village of Kalajharia, 26 years old Lodha woman named Rukmani Bhakta (Name changed) said that she had been suffering from skin diseases for over a month. When her skin becomes inflamed, itchy, red and rough, she went to the nearest hospital (Manikpara Primary Health Centre) for treatment. After she examined her body, the doctor said that she had eczema. The doctor told her to keep a safe distance from the pets and all-time use clean clothes. But she did not follow the doctor's advice. As a result, she has been suffering from eczema for one month. After fifteen days of taking allopathic medicines, she was cured of eczema. Her two children are also involved in these nurturing activities, so there is a possibility of skin disease among them.

In this study, it has been observed that there are close relationships between health problems and hygiene level in tribals, although health problems and hygiene are closely linked with their geographical set-up and socio-economic factors. Poor personal hygiene is directly related to illness. For example, if a person does not wash her hands frequently, she can quickly transfer germs and bacteria to her mouth or eyes. Parent's unhygienic practices, in turn, affect their children. Children learn hygienic practices like bathing regularly with soap or shampoo, washing hands regularly, especially before and after eating food, brushing their teeth at least once a day, wearing clean clothes from their parents.

### 4.3. Domestic hygiene

#### 4.3.1. Cleaning of the house

The habit of cleaning of house premises is good for family members because it keeps diseases away. It is found that 24% Lodha women clean their house almost regularly (Table-2). In the early morning, they clean the house premises with cow dung. Firstly, they take a small amount of water in a bucket. Then the water is mixed with the mud and the cow dung. After that, the mixture is pasted on a small cloth around the house. 14% Lodha respondents are not regular in the cleaning of their houses. Only during festivals or family ceremonies, they do clean up their house premises.

**Table-2: Cleaning of house**

Tribes	Cleaning of the house per week			
	1-3 days	4-7 days	Occasionally	Total
Lodha	124 (62.00)	48 (24.00)	28 (14.00)	200 (100.00)

N. B. Figures in the parentheses indicate percentages.

In Kalma Pukhuria, Akashi Nayek, 43 years old Lodha woman says that when *Bandna parab* is held in their village during the month of *Kartik* (October–November), she cleans the house premises. Firstly, she cleaned all the dust inside and outside of her house with a broom. Then she drabbles the floor and the wall by cow dung. She believes that during this time the Goddess Laxmi (goddess of prosperity), will not come in the house if the house is not kept clean. So, she thinks that cleaning the house premises during any religious ceremony is a part of their worshipping. This habit also transmitted to their children as well.

In Shital Pura and Kalma Pukhuria, the Lodhas do not clean their courtyard regularly. The bushes surround most of the Lodha houses. During the rainy season, insects came out from the bushes and entered the house, that is sometimes causing dangerous. The Lodha houses roof is made of straw, and at the time of rain, the water fell inside the house. Besides, sometimes small insects such as Millipedes (Scientific name: Diplopoda) are found in the house roof where the straw was rotten.

During fieldwork it has been observed that the Lodha families have domestic animals like cow, goat, hen, pig, etc. and sometimes accrue economic returns. In most of the cases, they do not make any arrangements for keeping domestic animals separately. In some extreme cases, domestic animals and family members live in the same room in Kalajharia village. Very few houses have separate sheds for the domestic animals.

### 4.3.2. Cleaning of kitchen

The practice of cleaning the kitchen is necessary for maintaining the overall hygienic conditions. It is the most sensitive part of the house because a clean kitchen provides safe and healthy foods. A few families under study have a small kitchen room attached to the house. 24.04% Lodha women have cleaned their kitchen every time after cooking. For cleaning of the kitchen, they use cow dung, soil and water. 18.27% Lodha respondents stated that they do not clean their kitchen regularly (Table-3). A few families have no specific kitchen. They cook in the open courtyard in front of the house. A hearth is present there; some of them have a canopy made by the palm leaf or straw.

**Table-3: Cleaning of kitchen**

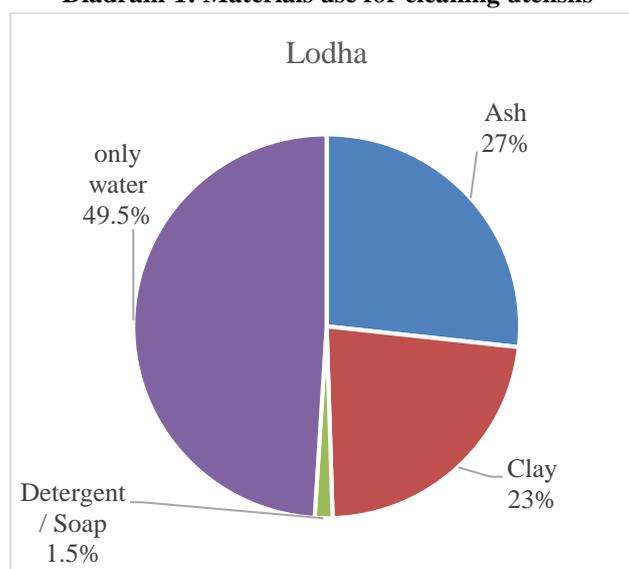
Cleaning kitchen	Lodha
Every time after cooking	25 (24.04)
1-3 days/week	23 (22.12)
4-7 days/week	37 (35.58)
Not once a week	19 (18.27)
Total	104 (100.00)

N.B. Figures in the parentheses indicate percentages.

### 4.3.3. Cleaning of utensils

For maintaining good health of the family members, it is necessary to clean utensils regularly. The study shows that most of the respondents (49.5%) regularly clean their utensils with water. However, they do not use any detergent or soap. Only 1.5% of Lodha respondents use detergent or soap (Diagram-1). They are, to some extent, affluent. Some women clean or wash utensils with ash and clay. Some Lodha women in Kalajharia, for cleaning of utensils they use only water. They do not use any detergent or soap for it. Sometimes they clean the utensils with clay. They cleaned the utensils in front of the house.

**Diagram-1: Materials use for cleaning utensils**

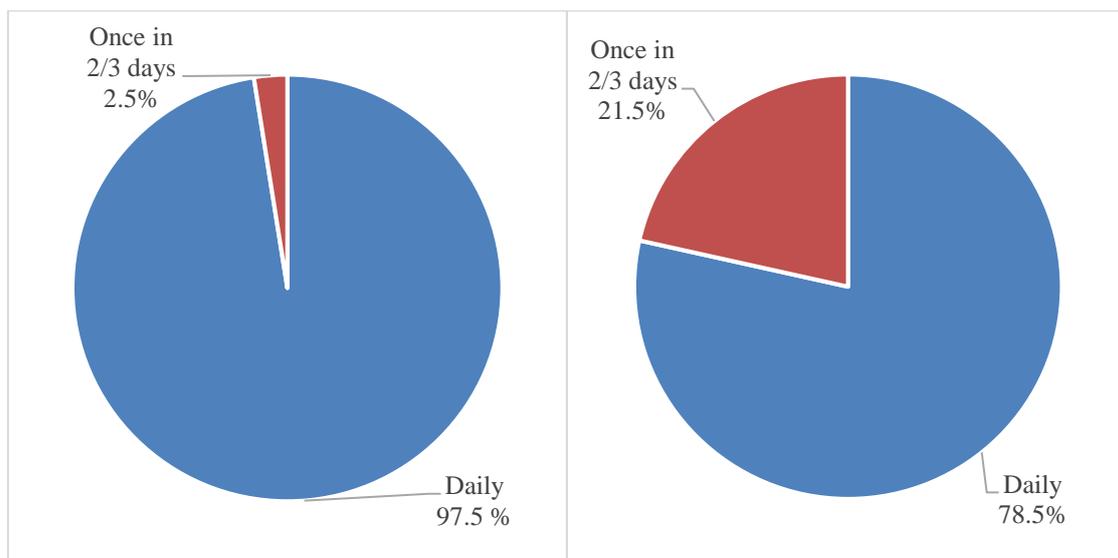


#### 4.4. Personal hygiene

Daily bathing is essential for everyone. It is essential to maintain a clean body and also mind. The skin of the human body contains many types of germs and bacteria such as *Staphylococcus aureus*, *Streptococcus pyogenes*. During the bath, scrubbing removes all these germs and bacteria of body and brings a feeling of freshness.

In this study, it has been observed that in the summer season, the majority of the respondents (97.5%) take a bath regularly. Others take a bath 2-3 days in a week. On the other hand, in the winter season, 21.5% Lodha respondents take a bath 2-3 days in a week, and most of the respondents take a bath regularly (Diagram-2).

**Diagram-2: The habit of taking a bath**



Regular bathing is a part of our every-day life for keeping the body free from various infections, particularly skin infection. Skin infection is to be a contagious disease which is caused by irregular bathing. The Lodha people usually take a bath once in a day, while they return from the field around 1 p.m. to 3 p.m. Some women take a bath after completing household work. In the summer some women prefer to take a bath twice a day. During menstruation, some women do not take a bath regularly. They do not think that bath as a regular health need for maintaining menstrual hygiene. It is also noticed that some women do not have separate *gamchha* to dry the body. All the household members use the same *gamchha* or cloth to dry the body. These practices are predisposing them to various skin diseases such as scabies, itching, and so on. In Kalajharia, the Lodha women suffer a lot during the summer because when the dug well dries out. They do not get sufficient water for bathing.

In Kalajharia and Rajabasa, G.P.- Manikpara, Dist.- Jhargram, Lodhas use dug wells for a bath. During the summer season, the water in the well becomes almost dry, which makes it very difficult to bath during this time. In the Shital Pura, G.P.- Malam, Dist.- Jhargarm, Lodhas take bath use of Tara pump or Tube well. And, Kalma Pukhuria, G.P.- Nayagram, Dist.- Jhargarm, they use bore water for a bath.

Regular use of soap and shampoo during the bath is essential hygienic care for prevention of many diseases. During the field study, it was found that a good number of respondents (34.5%) do not use soap or shampoo at least once a week while bathing. They just bath only in water. Those (60.5% Lodha women) who use soap or shampoo they only use 1-3 days a week. Very few respondents (5%) use soap or shampoo every day during the bath. Most of the people using the round shape soap (*Bati saban*) for bathing and also washing of clothes. Sometimes Lodha women can also use this soap to clean their hair (Table-4).

**Table-4: Use of soap and shampoo during bath**

Frequency per week	Lodha
Once in 1-3 days	121 (60.5)
Once in 4-7 days	10 (5.00)
Never/ Occasionally	69 (34.5)
<b>Total</b>	200 (100.00)

N. B. Figures in the parentheses indicate percentages.

Brushing teeth after every meal helps relieve from tooth problems. In this study, most of the respondents (86.5%) stated that they brush their teeth only within the morning after they wake up. Only one Lodha respondent stated that they brush their teeth both in the morning and night. It also found that some respondents (13%) do not brush their teeth regularly (Table-5).

**Table-5: Daily brushing of teeth**

Tribes	Brushing time				Total
	Morning	Night	Both	Sometimes missed	
Lodha	173 (86.5)	---	1 (0.5)	26 (13.00)	200 (100.00)

N. B. Figures in the parentheses indicate percentages.

The tribal people generally brush their teeth in the morning by locally known as *datun* such as *sal* chew sticks, *neem* chew sticks, salt, smokeless tobacco and chemical paste. The stem of a tree used to toothbrush is called a *datun*. They use *neem* chew sticks and *sal* chew sticks as *datun*. 86% Lodha women use *datun* (*sal* sticks, *neem* sticks) to clean their teeth. Some older women (9%) use *gudakhu* to brush their teeth. They use *gudakhu* for use as toothpaste, and it uses at least three times a day. As a result, they suffer from dental problems like tooth decay due to the habit of *gudakhu*. This is a paste-like substance, a mixture of tobacco, molasses, jaggery and red *kharia* (a form of soil), widely consumed in studied areas. It is affordable in the local market. Based on quality, three types of *gudakhu* are available in the market. The lowest quality of *gudakhu* is Rs.40/- per kg. and the medium quality is Rs.50/- per kg. There is also a good quality of *gudakhu* worth Rs.70/- per kg. This is what local people called '*bishpata*'. It also found that younger women (4%) were using toothpaste like Colgate, Babool, Pepsodent for brushing their teeth (Table-6).

**Table-6: Materials use for brushing by the respondents**

Materials	Lodha
<i>Datun</i> ( <i>sal</i> chew sticks and <i>neem</i> chew sticks)	172 (86.00)
Salt with Mustered oil	2 (1.00)
<i>Gudakhu</i> (Smokeless tobacco)	18 (9.00)
Toothpaste	8 (4.00)
Total	200 (100.00)

N.B. Figures in the parentheses indicate percentages.

Lakshmi Bhakta, 62 years old Lodha woman from Kalajharia village, using *gudakhu* (smokeless tobacco) for cleaning the teeth every morning and does it two or three times a day. The use of *gudakhu* for a long time has caused the periodontal problem on her teeth like tooth decay. As a result, sometimes, she suffers from tooth pain. She also had a wound on her mouth. In this situation, when she has to go to the local hospital (Manikpara Primary Health Centre) for treatment, the doctor forbids her to clean her teeth with *gudakhu*. But she disregards the doctor’s advice and cleans her teeth with *gudakhu*. She is still suffering from tooth pain and mouth wound. She says that cleaning her teeth with this has become a habit. As a result, she unable to leaves it. Her children also clean their teeth with this; she never forbids her children doing so. Her children have become habituated to the dreadful habit of *gudakhu* chewing.

**4.4.1. Cleaning of clothes**

A clean cloth is essential to determine the sense of hygiene. It is crucial for children because they are vulnerable to infection. The only way to prevent the spread of germs is to wash the clothes properly. At the same time bedsheets, pillow covers should be clean properly.

In this study, only 6.5% Lodha women stated that they clean clothes 4-7 days a week. Most of the respondents (77%) clean clothes 1-3 days a week. For this purpose, they use local detergent and *bati saban*. Furthermore, it is interesting to note that 16.5% Lodha respondents do not clean their kitchen regularly. They are not fully aware of the importance of wearing a clean dress (Table-7).

**Table-7: Cleaning clothes among the respondents**

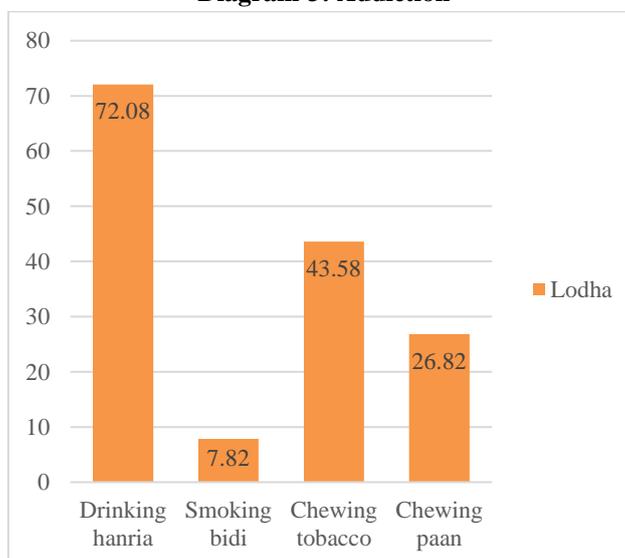
Tribes	Cleaning clothes per week			Total
	1-3 days	4-7 days	Not once a week	
Lodha	154 (77.00)	13 (6.5)	33 (16.5)	200 (100.00)

N.B. Figures in the parentheses indicate percentages.

**4.5. Addiction**

In Lodha community majority of the people are addicted to liquor (*hanria*), smoking (*bidi*), chewing tobacco and chewing betel leaf with betel nut, they called it *paan* (Piper betle). It observed that chewing tobacco and *paan* are most popular among females. According to them, these eradicate their annoyance during work in the field and give them a kind of refreshment. It is interesting to note that 72.07% Lodha women were drinking *hanria* almost regularly (Diagram-3). Nearly 26.82% Lodha women are chewing *paan* 2-3 piece in a day. Some older women smoked 3-5 pieces *bidi* in a day.

**Diagram-3: Addiction**



In this study, it has been shown that the Lodha women have been suffered from various communicable and non-communicable diseases in the last five years due to their lack of personal hygiene, ignorance of illness, unsanitary condition and lack of health education. Some women cannot cure the diseases for many reasons such as economic scarcity, long-distance to hospital, etc. Their dietary pattern often creates health problems among them. Sometimes they had to take lunch or dinner after eating by all members of the family, and in most cases, they could not eat sufficient food due to lack of food. They also have various types of unhygienic practices such as irregular cleaning of the house, unhygienic cooking condition, unsafe drinking water; these are directly or indirectly creating health problems. Some personal hygienic practices such as cleaning of mouth and teeth, taking a bath, hand washing before taking meals with soap/hand sanitiser, washing clothes and use of footwear maintaining good health. Another important factor why health problems are more prevalent among them is the consumption of various types of intoxications, such as smokeless tobacco, *bidi*, *paan* (piper betel), etc. All of this harms their health.

## 5. CONCLUSION

The conclusion of the study indicates health problems to be high among Lodha women. Lack of adequate awareness of domestic and personal hygiene are responsible for this. In addition, their socio-economic background was contributing significantly towards health problems, on the other hand, lack of health education, unhygienic practices in the personal level, taking intoxications, lack of transport and communication were found to be a highly risk factor for various diseases or illness. It is also noted that, among the Lodhas, it is not only necessary for improving awareness but more importantly, carefully bringing about attitudinal and behavioural changes for the promotion of good health awareness. Similarly, the promotion of female literacy is directly related to eradicating health problems. The most effective strategy for maintaining hygienic practices by the Lodha women is to promote a mental make up about the benefits of hygienic practices which leads to good health.

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