Reproductive Health of Tribes in Himachal Pradesh: Retrospect and Prospects

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Introduction

India is home to a tribal population of 104.3 million, which as per Census 2011 transaletes to a 8.6 percent of the total population in India. The population share of tribes in India has shown an upward trend over the decades. The north-eastern states bordering China and Burma, and the highlands and plains of its central and southern regions are two main regions of tribal settlement in India. The latter is home to more than 80 per cent of the tribes, which differ from the northeastern tribes in ethnicity and in having experienced greater "intrusion of the Indian mainstream and of the pan-Indian model of the state, society, economy and culture" (Chanana, 1993).

The tribal groups of India have often been found to be the most marginalised social groups. This could owe to their specific beliefs and practices or the ill-reach of various government benefits to ameliorate the living standards of these people. Various biological and social dimensions like persistent poverty, illiteracy, low level hygiene, etc makes the tribal communities one of the worst victims in the domain of healthcare.

As one of the Member States at the UN General Assembly Summit in September 2015, India committed to the the 17 SDGs which are part of the 2030 Agenda for Sustainable Development. The goals stand at the three pillars of overall development- economic, social and environment ensuring an all inclusive growth of the people of India. Of the targets laid down under SGD 3 "Ensure healthy lives and promote well-being for all at all ages", 4 out of 9 targets specifically concern maternal and reproductive health. Such emphasis on improving reproductive health-care services is indicative of its dominant role in ensuring an overall well being and development. In hindsight, the tribal groups have exhibited severe gaps in relation to the non-tribal population, particularly, in the health domain. For instance, recent estimates from NFHS-4 show that Institutional deliveries with respect to ST women were 68 percent in

2015-16. When compared to overall women where institutional deliveries stood at 79 percent, a relative gap of 10 percentage points can be seen.

Despite their growing numbers and rising urban presence, tribals in India are subject to inequality. The exercise of power over the tribals has led to their exploitation and categorical exclusion. (Mosse, 2010). Tribal populations, along with Scheduled Caste, have lower expenditure than their other counterparts (Deshpande, 2010). Tribals often live in areas that are resource-scarce, and have lower access to healthcare facilities, irrigation facilities, transport or education, predisposing them towards lower earning potential (Kijima, 2006).While there has been rapid progress in medical sciences, its reach to the tribal populations has been limited. Because of their rising numbers and their systemic historic exclusion from the development process, it is important to better understand the issues that plague this population.

It thus becomes essentially important to assess the reproductive health among tribes of hilly terrain to get key insights into the lives of those tribal groups whose social challenges are further broadened by the topographical difficulties of their residing area.

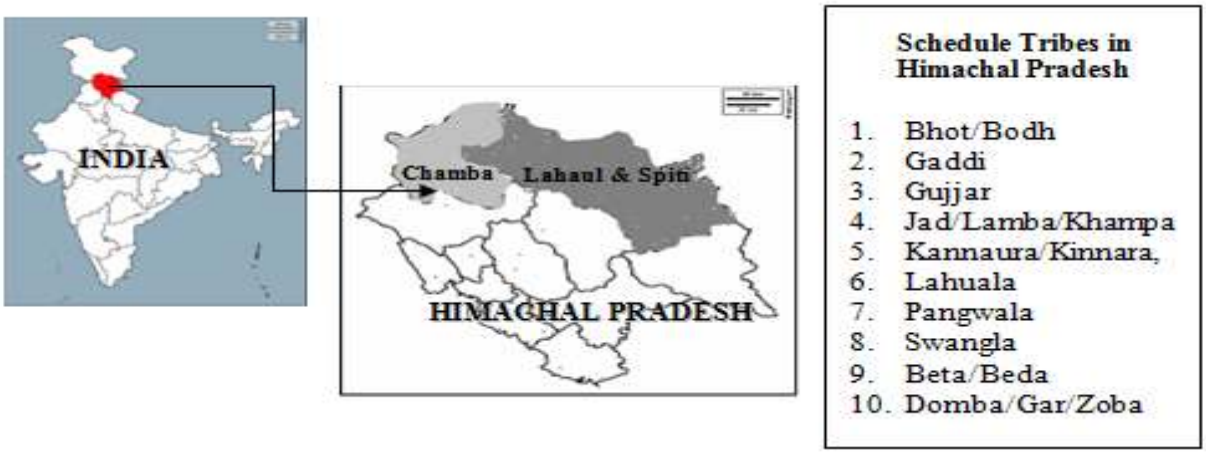
Methods

The present study is set in the districts of Lahaul & Spiti and Chamba located in the state of Himachal Pradesh. The prime objectives of this study is to appraise the broad social status of women, identifying their sexual behaviour and family planning practices while also studying their attitude toward their reproductive health and hygiene. The research design thus followed is exploratory study adpoting the “primary survey” method.

The sampling design adopted for the present study is purposive stratified random sample. Primary data has been collected from the 4 tribal blocks in the two districts via Focus Group Discussions and Personal Interviews using pre-prepared questionnaire and schedules administered to women aged 30 and above. Data was collected with respect to the women’s social and economical characteristics, their outset towards maternal health including ANC Services, and, reproductive health including family planning practices. The responsdents belonged to majorly two tribal groups, i.e., Gaddi and Lahauls. Oral consent was obtained from the participants of the study. The primary data has been analysed using detailed description and case studies, aided with personal observations.

In addition, to draw parallel analysis, data from rounds 1-3 of District Level Household Survey (DLHS) and Round 4 of National Family Health Survey (NFHS-4) have also been included in the study. The data was filtered for the currently married tribal women in the two districts (Chamba and Lahul & Spiti) of Himachal Pradesh and results were obtained with respect to maternal and reproductive health of women.

Figure 1: Area of Study



Results

1. Tribal Population in Himachal Pradesh: A retrospective Viewpoint

1.1. Demography

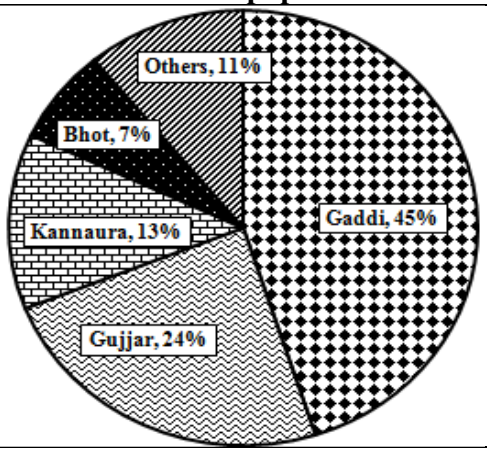
The word tribe first appeared in the English language in the 16th century and is derived from the Latin word “tribus” meaning a ‘divison of Roman people’. Indeed, the term had no such pejorative attributes then as came to be assigned to it later. The entire approach towards Tribal population in India underwent a radical change in terms of their traditions and cultures, land and forest rights, territorial administrations, etc, after India gained independence.

Of the total Population residing in the Indian Himalayan Range, a little more than 51 percent belongs to a tribal community, of which, a significant 20 percent belongs to the northern hill states of this range, i.e. Jammu and Kashmir, Himachal Pradesh and Uttarakhand.

Since its inception till March 1967, the tribal population of Himachal Pradesh was not identified as “Scheduled Tribe” in the scope of administration guidelines. In the year 1971, the total share of ST population in Himachal Pradesh was a little more than 4 percentage Today, there are 10 tribes notified by the state, namely, Bhot/bodh, Gaddi, Gujjar,

Jad/Lamba/Khampa, Kannaura/Kinnara, Lahaula, Pangwala, Swangla, Beta/Beda, Domba/Gar/Zoba. Their distribution pattern is decribed in Table 1. We can see that 4 ST communities; Gaddi, Gujjar, Kannaura/Kinnara, Bhot/Bodh, count each more than 5% of ST population in Himachal Pradesh as per Census 2011 figures of the state.

Table 1: Major Scheduled Tribe Communities in Himachal Pradesh, Census 2011

Himachal Pradesh	ST Population(in lacs)	Of State ST population
1. Gaddi	1.78	
2. Gujjar	0.93	
3. Kannaura, Kinnara	0.51	
4. Bhot	0.27	
5. Others (Jad/Lamba/Khampa, Lahaula, Pangwala, Swangla, Beta/Beda, Domba/Gar/Zoba)	0.44	
Total	**3.93**	**100%**

Source: Annual Report, Ministry of Tribal Affairs, 2017-2018

A closer look at the demographic trends of the ST population in the two districts reveals some interesting facts. As depicted in Table 2, the growth rate of ST population in the state has shown an upward acceleration since 1971. The growth rate of ST population in Himachal Pradesh for the last census decade was at 60.32 points. A district-wise analysis reveals that Chamba district of Himachal Pradesh relatively witnessed a higher growth rate in ST population in all the census decades since 1971-81. In 2001-11, Lahaul & Spiti recorded a growth rate of 6.06 while that for Chamba was 15.25 percentage points.

Percentage share of ST population in the total population of Himachal Pradesh has perpetually risen over the decades. The year 1971 recorded a share of 4 percentage points of the ST population in the state's total population. The upward trend can be seen throughout the decades and for the census year 2011, the share of ST population in the state's total population rose to a little less than 6 percentage points (Figure 3).

Percentage of ST population in Lahaul & Spiti district with respect to the total population of Himacahl Pradesh has shown a varied trend over the decades. In 1971, the the total share of ST population in the district was 78 percent. It fell down to 74 percent in 1981, rose by 3 percentage points in 1991 and finally with a marginal decline in 2001, the population share of

ST in Lahaul & Spiti district as per Census 2011 accounts for 81 percentage of the state's total population. With a significantly vast share of ST population residing in the district, it is a dominant habitat of tribal people in Himachal Pradesh.

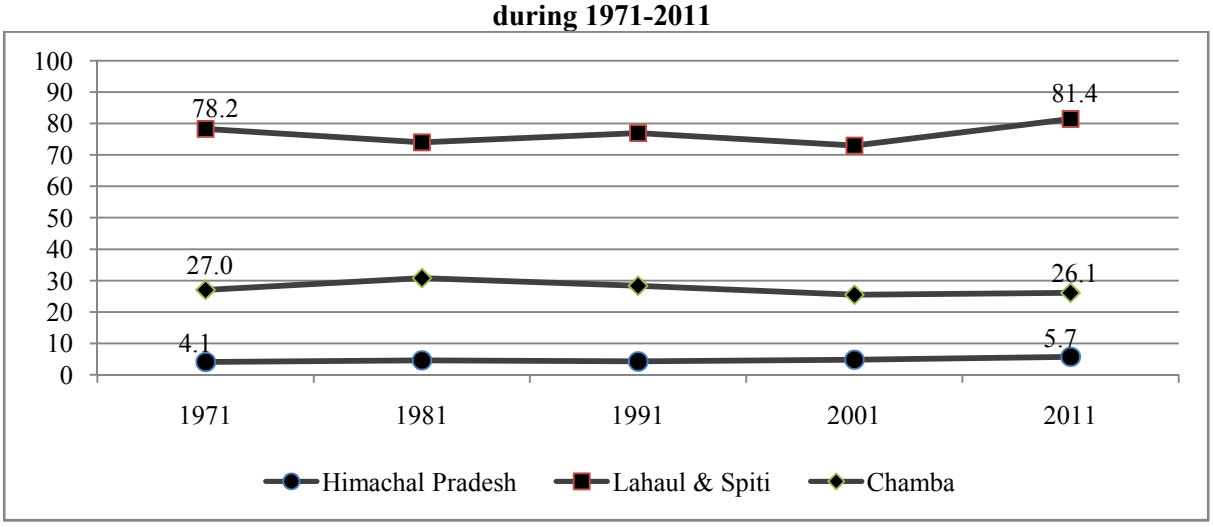
Table 2: Scheduled Tribe Population & its Growth in the State/District during 1971-2011

	Scheduled Tribe Population					Growth Rate			
	1971	**1981**	**1991**	**2001**	**2011**	**1971-81**	**1981-91**	**1991-2001**	**2001-11**
Himachal Pradesh	141610	197263	218349	244587	392126	+39.30	+10.68	+12.2	+60.32
Lahaul & Spiti	21563	23766	24088	24238	25707	+10.22	+1.35	+0.62	+6.06
Chamba	67852	197263	218349	117569	135500	+41.08	+16.48	+5.43	+15.25

Source: Census of India, 1971-2011

Although marginally, the tribal population share in Chamba district with respect to the state's total population, is declining over the decades. Census 2011 recorded 1.35 lack tribal population which is 26 percent of the state population.

Figure 2: Percentage of Scheduled Tribe Population to Total population of Himachal Pradesh during 1971-2011



Source: Census of India, 1971-2011

A trend analysis into the demographic pattern of the tribal population in the two districts reveals that significantly higher proportions of ST tribes with respect to the state's total population reside in Chamba and Lahul & Spiti. The growth in tribal population in the state is continuous and shows an upward trend. The region is home to rich cultural heritage owing to the pleasing mix of various tribal communities.

1.2. Health Systems

Traditional medicine is the only source of healthcare for 65% of the Indian population. (WHO, 2002). This results from several different factors such as affordability, access and familiarity. Among the tribal population, the system of health, disease and medicine is linked to the area of social relationships and magico-religious world. Tribal communities rely on traditional medicine to cure several ailments including kidney stones or jaundice (Uniyal, 2006).

For the tribal groups in our study area, early dependence for treatment seeking relied on black magic and suchlike. Although the reported prevalence for such treatment seeking behaviour is now a matter of past and was particularly prominent by the older women in the districts. Thus, major reliance on priests locally known as Bhats or Tibetan vaids (Lamas/lhass) was reported among the study tribal groups in the past. In the Lahaul & Spiti region, a form of the Tibetan School of Medicine is followed. Local practioners who provide medicine are called Amchis. (Kala, 2005). The Amchi system of medicine relies on metal, stone, plant and animal parts. Among the Gaddi tribe, orally transmitted knowledge of the use of several plant species for treating several ailments exist. A huge quantum of knowledge exists with the tribal communities with respect to the natural medicine systems. In the Lahauli dialect, the traditional medicine man is called the “Adi-Vaidya”.

1.3. Maternal and Reproductive Health Status

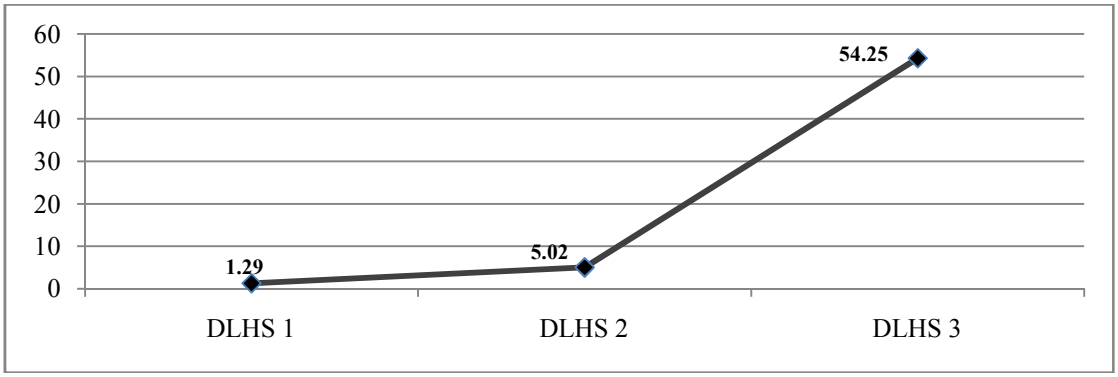
WHO estimates that 830 women die every day due to preventable causes in pregnancy and child birth. In recent years, there has been a reduction in maternal mortality rate owing to several government schemes in this regard- Janani Suraksha Yojana in particular.However, tribal populations owing to their geographic location in hilly and difficult terrain have a greater susceptibility to maternal mortality. Early marriage, low levels of literacy, lack of health infrastructureand use of traditional measures further exacerbate the problem.

The incidence of home deliveries among the tribal population is as high as 80%, often unaccompanied by skilled birth attendants. (as cited in Babu (2012)). Only 17.1% of births to ST women were provided obstetric care from a trained provider during delivery (Ministry of Tribal Affairs). This contributes both to high neonatal mortality and maternal mortality. (Babu, 2012 and Basu, 2000)

Among the tribal population of the districts Lahaul & Spiti and Chamba, home deliveries were prevelant until a decade and a half ago. The dais would assist in the home deliveries and these were usually a few older women who had assisted many deliveries in their lifetime.

Reproductive Health with regards to Contraception prevalence and RTI/STI awareness had been poor in the district. Although the situation has considerably improved in recent times but the older women residing in the region reported to been unaware of the symptoms of RTI/STI. Figure 3 depicts the awareness levels among the women of Lahaul & Spiti and Chamba regarding RTI/STI. We can see that the levels were disturbingly low during 1998-99 with only 1 percent of the women aware about a common and highly prevalent reproductive issue. The level of awareness has considerably gone up with more than 50 percent of women agreeing to know about the underlying signs of these infections.

Figure 3: Percentage of tribal women aware about RTI/STI in the districts



Source: Author's calculation from NFHS &DLHS Datasets

Unawareness and reliance on natural modes of treatment significantly eluded the tribes of the study region from availing the foraml health care services. There absentia from the health network is attributed mainly to lack of knowledge, difficulty in accessing health care services, beliefs in traditional medicine systems.

However, the health status for the people of this region has undergone serious development in the recent past. The tribal – non-tribal dichotomy is visibly when we compare their socio-economic status. Their integration in the education domain, health care, and in some cases, even work status is commendable. Fewer people from the younger generation make use of their traditional medicine methods since that knowledge was not passed down to them. All this has led a positive developmental shift of the tribe into what we conventionally address as "mainstream". Although, a great scope of improvement still remains but it'll be safe to say that this community has come a long way.

2. Tribal Women in Himachal Pradesh: A Contemporary Viewpoint

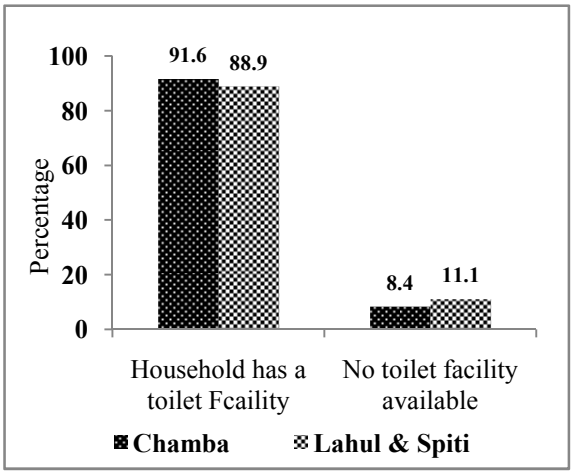
2.1. Socio-Economic Status of tribal women

Buddhism prevails in Lahaul and Spiti region of Himachal Pradesh. Buddhists have a liberal attitude amongst women, particularly in respect to the work done by them. The degree of freedom enjoyed by the women is much more than the tribes of other states.

The usual family pattern followed by the tribes of Bharmour and Lahaul & Spiti is joint family system generally having more than 6 members in one household on an average. Here, the he houses were found to be well built and properly maintained.In the Bharmour region, houses were found to be pukka with a three-story structure. The couples in the family are generally given a separate room. As far as sanitation is concerned they have access to clean toilets in their house.

For majority of tribal women in Chamba and Lahul & Spiti, the household size consisted of 1-5 family members. According to NFHS-4 data, in Lahul and Spiti, 36 percent of tribal women had a household size of 6-10 members when compared to 33 percent tribal women in Chamba reporting the said household size.

Figure 4: Percentage of women by sanitation conditions, Chamba and Lahul & Spiti



Source: Author's calculation from NFHS-4, 2015-16

In the Lakkadmandi area, there is a tendency towards nuclear families. A household, on average has 2 to 3 rooms. Separate room is not provided to the couples. Access to toilets was found to be lacking here in most houses. A community toilet serves the need of most people.

As for sanitation facilities, both the districts are performing well. Only 8 percent of tribal women reported non-availability of toilet facility in the household while the said figure for Lahul & Spiti is 11 percent, which is relatively higher (Figure 4).

The main occupation of the tribes Chamba and Lahaul & Spiti is agriculture. Women's wok profile is only limited to agriculture in both the regions and in spite of high literacy levels, the majority of tribal women are not in the work force in both the districts. The daily activities

include working in the field for whole day. They get paid by selling agriculture products. In some of the regions of Lahaul, the main source of income is Apple farming.

Table 3: Percentage of tribal women by occupation status, Chamba and Lahul & Spiti

Occupation Status	Chamba	Lahul & Spiti
Not in work force	89.4	71.4
Agricultural	2.1	28.6
Services/Household and domestic	4.3	0
Manual-Skilled and unskilled	2.1	0

Source: Author's calculation from NFHS-4

In Bharmour, corn and apples are the staple crops. Apples are the staple crop of the Lahaul region too.In the Lakkadmandi area, daily wage labour was the primary source of income. There is no such system of monthly income for the tribal families. Their income is seasonal when the goods are sold, and they save the money for rest of the year. In Sadhu Gaon, NREGA would provide employment from March to June. Though Gaddi tribal are conventionally seen as a nomadic, pastoral tribe, their reliance on cattle breeding as a source of income is reducing.

The monthly average income is quite less and lies between Rs. 5000-8000 in Lahaul and Spiti and was found to be much lower in Chamba (Rs. 1000). The monthly expenditure is spent on food, clothing and all other basic needs. The families usually have little to no savings. Hence, the main sources of financial contingencies are relatives and neighbours in all the three areas. The formal and informal money lending system is not much prevalent. The people usually pay back monetarily and rendering labour services and sexual favours are not in the custom of the tribes of Lahaul and Spiti or Chamba.

Tribal population in all the three regions earn very limited amount of money and the cash available with them is usually very less (in terms of thousands). After demonetization came into effect the tribal families did not face any serious issues regarding money. Initially some of them were also not aware about it but even when they came to know no such problems of loss were faced in general.

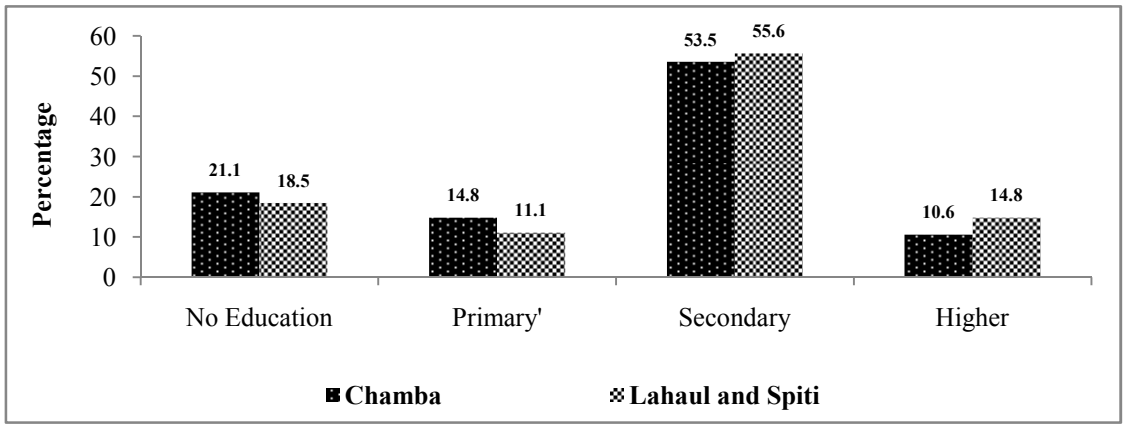
From the discussions and questionnaires, it was observed that women are given an elevated status in the society. The women do not observe the *Purdah*. There is less rigidity particularly in divorce and remarriage. Also, the number of cases of divorce is very less. Polyandry is not a practice carried out among the tribal of Lahaul and Spiti. It is a custom, wherein several

brothers share a single wife. In Lakkadmandi, monogamy is the prevalent practice. Older generations used to indulge in polygamy.

In Lahaul and Spiti, the literacy rate is quite satisfactory in the region and both men and women have at least attained secondary education. In Bharmour, while younger women were found to have completed higher secondary education, older women were illiterate. The levels of education were found to be the lowest in the Lakkadmandi region, where even boys are educated only till the 12th standard. Among the older generation, very few have gone to school.

Supporting the field results, we have data from NFHS-4 in figure 4 supporting the above mentioned facts. More than 50 percent of tribal women in Chamba have completed Secondary Education while 55 percent of tribal women in Lahul and Spiti literate upto Secondary levels. Percentage of tribal women with no education is relatively higher in Chamba district with 21 percent of illiterate tribal women while the said figure for Lahul & Spiti district stands at 18 percentage points. Tribal women who attained higher education is also higher in Lahul and Spiti district.

Figure 4: Percentage of tribal women by education levels, Chamba and Lahul & Spiti



Source: Author's calculation from NFHS-4

2.2. Modern Health Infrastructure in Tribal Areas

Poor access to and low utilisation of health services by tribals stems from several factors. The health facilities (sub centres, CHCs and PHCs) may be far from areas that the tribal communities reside in. Even in cases where these facilities are available, they are plagued by vacant posts. The mobilisation by NGOs in these cases may also be quite poor. Often the health programme is not integrated with other health programmes and other development

sectors. In the NHM framework, Subcentres were designed to be the first point of contact for health-related services. As of 31st March, 2015, there was a shortfall of 20 subcentres in the tribal areas of Himachal Pradesh. More than 50% of the required health workers posts at the Sub-Centres in these areas remin vacant. There is a shortfall of 28 posts compared to the requisite number of ANMs in tribalareas. In PHCs, no Health Assistant (Male or Female) is present in these areas.

As depicted in Table 4 below, the number of sub centres in Chamba has increased from 170 in 2011-2012 to 176 in 2013-14. The district did not have a Sub District Hospital or a district hospital until 2014. A similar scenario existed from the district Lahul & Spiti which got its first district hospital in 2015-16.

Table 4: Details of Health Infrastructure in Chamba and Lahul & Spiti, 2011-2016

Infrastructure Details	Chamba			Lahul & Spiti		
	2011-12	2013-14	2015-16	2011-12	2013-14	2015-16
Sub Centers	170	176	176	36	36	36
Primary Health Centers (PHS)	42	42	42	16	16	16
Community Health Centers (CHS)	7	7	8	3	3	3
Sub District Hospital	-	-	3	-	-	-
District Hospital	-	-	1	-	-	1

Source: RHS 2010-2016

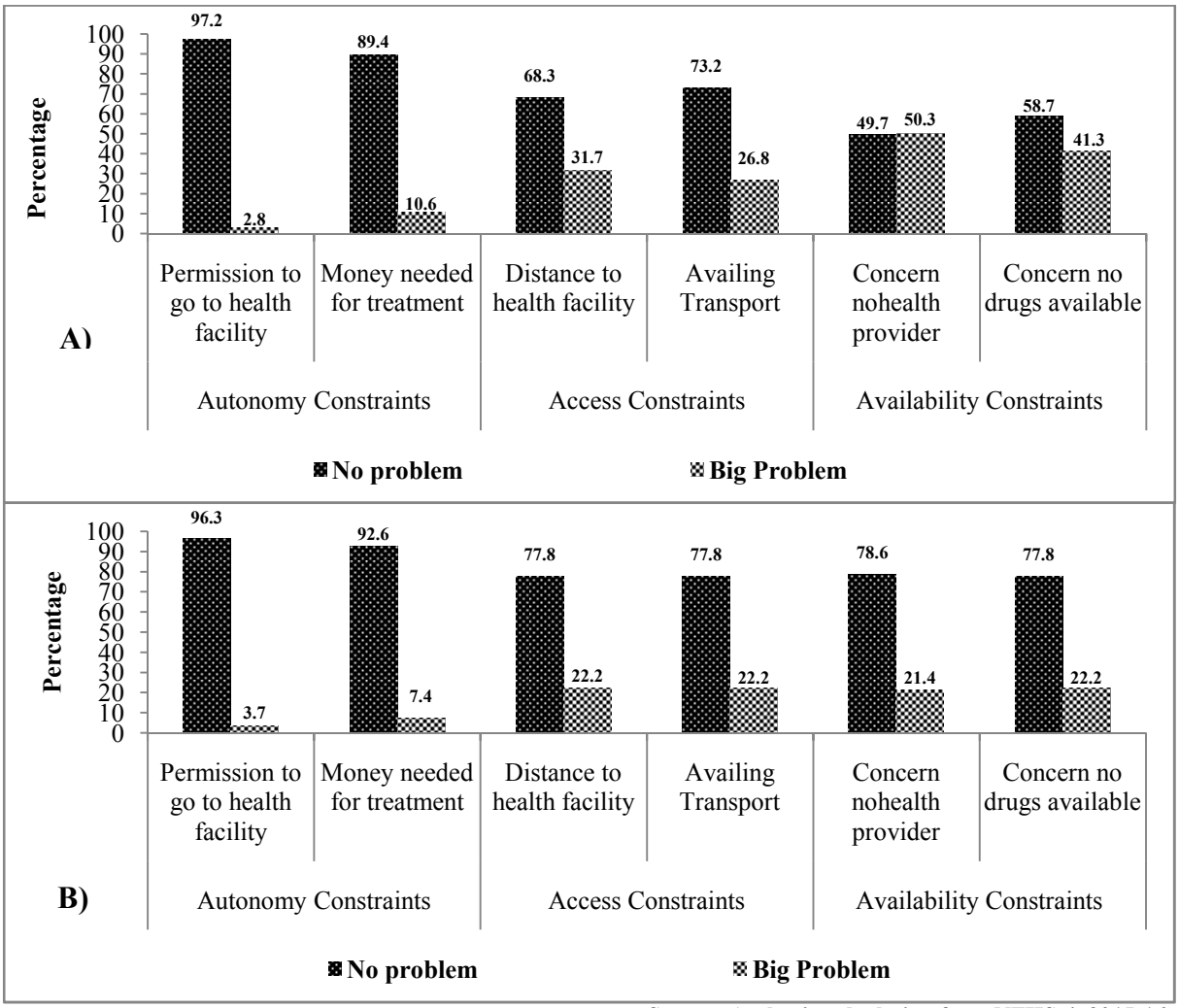
The hygiene and health is quite satisfactory in the region. The attitude towards healthcare is neutral. In some of the tribes of Lahaul & Spiti, the diseases such as TB and Hepatitis are quite common. The cases of HIV are negligible. In Bharmour, cough and cold and asthma were found to be the common ailments people suffered from.

Doctors are the preferred source of treatment for the two sets of tribal communities in Chamba district. There is little to no reliance on vaidyas or hakims. For certain illnesses, the families use home remedies. The home remedies used to cure minor illness include “ratanjot”, “beersgiti”, “Kala Zeera” and “Gucchi” in Lahaul, or “mulethi”, “adrak” or “ajwain” for cough in Bharmaur. In the Bharmaur region, home remedies were limited to curing minor diseases.

To illustrate a broader health status of women in the two districts, we have Figure 5 to illustrate the health constraints observed by women in terms of autonomy, access and availability. Part (a) and part (b) of figure 5 corresponds to Chamba and Lahul & Spiti district, respectively.

While the percentage of women who reported seeking permission to be a problem is quite less in both the districts, it is getting money to seek health services which was reported as an issue by 10 and 7 percent of the women in Chamba and Lahul & Spiti, respectively. Owing to the hilly terrain in both the districts, access constraints and availability constraints were significant. Availing transport was reported to be the major availability constraint with more than 25 percent women in Chamba and 22 percent of women in Lahul and Spiti district claiming the same to be a rather difficult problem. Due to the topography of the district, distance to health facility is an obvious constraint faced by more than 30 and 20 percent of tribal women in Chamba and Lahul & Spiti district, respectively.

Figure 5: Percentage of tribal women by health constraints, Chamba (A) and Lahul & Spiti (B)



Source: Author's calculation from NFHS-4, 2015-16

The most important pre requisite towards improving the health status of the region is strengthening the health facilities by assuring availability and improving accessibility. It is thus required that an effective monitoring and redressal system be put in place to ease accessibility for the tribal communities in the region.

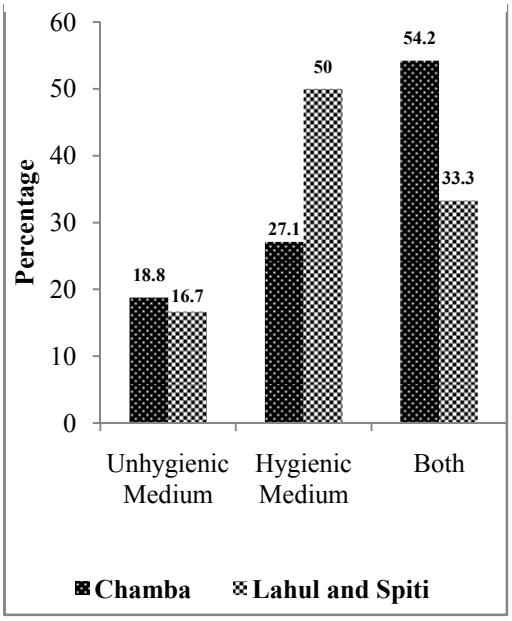
2.3. Maternal and Reproductive Health in the Tribal Population

2.3.1.Menstrual Hygiene and Practices

The usual age of onset of menstruation is 10-12 years and the information are given by mothers regarding it. The cleanliness during menstruation is ensured by using sanitary pads. The use of clothes and cotton is very less. The most common problems faced during menstruation are stomach ache, weakness and back aches. While pain killers are one of the measures to ease the pain, the reliance on it is reserved for extreme cases.

In Lahaul & Lakkadmandi, no other traditional measure to cure menstruation problems is followed or practiced. In Bharmour, "kadha adrak", "elaichi" and "laung" were some of the local measures being used.

Figure 6: Percentage of tribal women by Menstrual Hygiene Practices, Chamba and Lahul & Spiti



While no diet changes were reported in these days, certain other restrictions are put in place during this time. In some of the tribes there are religious restrictions like not entering the temple or participating in religious ceremonies during menstruation. Sometimes even cooking the food is not allowed by the women. In Lakkadmandi area, even bathing is not permitted in this time of the month for the ladies.

When we look at the menstrual hygiene status in the two districts from NFHS-4 data, we find that in Chamba district only 27 percent of Tribal women use hygienic medium during menstruation while the corresponding figure is 50 for the tribal women of Lahul and Spiti district(Figure 6). During menstruation, majority of tribal women in Chamba district, use both, hygienic (sanitary napkins) as well as unhygienic mediums (cloth, nothing, etc).

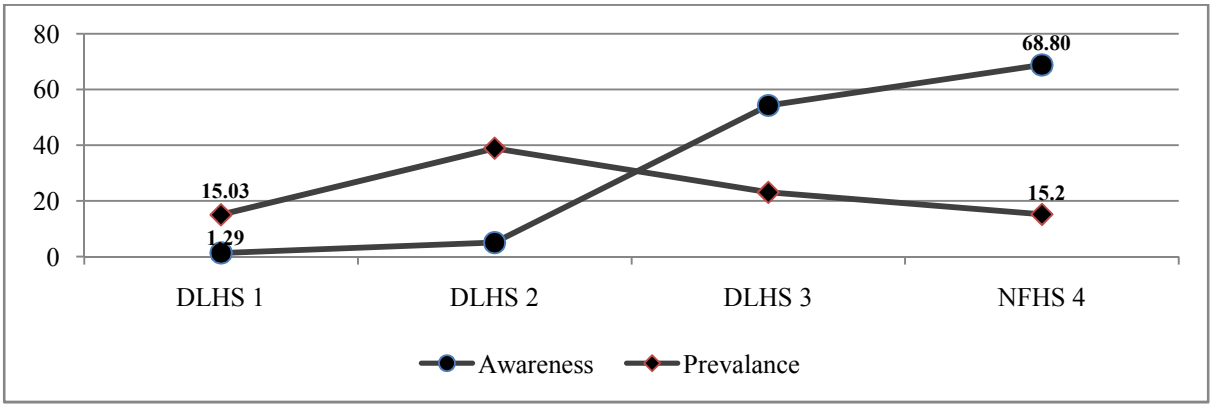
2.3.2.RTI/STI

Reproductive Tract Infections (RTI) and Sexually Tract Infections (STI) are one of the significant challenges that concern the reproductive health of the tribal women. They are often underreported due to the stigma attached to it or simply because women do not treat it as a "problem" per se. The study region has had a history of high RTI/STI infections.

Our field findings reveal that younger women are relatively more aware about these infections and understand the symptoms however they are rather uncomfortable to talk about it and some hesitation still prevails with respect to treatment seeking for the same. The adolescent girls revealed that they received counseling in schools about the underlying issue and knew what corrective measures must be taken. With the high prevalence of unhygienic medium use during menstruation in the district, the chances of RTI are amplified. It is thus important that timely counseling be given and women be made comfortable to address the issue with a medical representative in the proximity.

A look at figure 6 reveals an interesting trend in the levels of RTI/STI in relation to the awareness component. Prevalence of these infections has considerably gone down with the simultaneous increase in the levels of awareness. This is indicative of the fact that more women are opting for corrective measure to prevent as well as treat these infections. DLHS-1 figures state that a mere 1 percent of tribal women were aware about the rti/sti while the prevalence of such infections among these women was as high as 15 percent. Over the years the prevalence increased to higher levels and recent estimates from NFHS-4 show that it has declined to a 15 percent with a corresponding figure 69 percent women reporting awareness.

Figure 7: Percentage of tribal women by RTI/STI Prevalence and Awareness in the districts



Source: Author's calculation from NFHS &DLHS Datasets

2.3.3. Family Planning

The normal age of marriage is 18-21 years in both Lahaul & Lakkadmandi, while it was found to be 22 years in Bharmour. The tribal population in Lahaul is more liberal and allows for both love marriages and arranged marriages. For the tribes in Chamba district,the act of choosing a partner rests with the parents.

The women are not forced to marry someone if they are not willing. Dowry system is also followed by some of the tribes in Lahaul. In Lakkadmandi area, the girl's family takes dowry. Marriages are not treated like a deal for the exchange of benefits in the Bharmour region.

Premarital sex is not considered good in these societies and not practiced by the people in the region. The counseling regarding sex and family planning measures before marriage is not done in many areas of Lahaul but sometimes ASHAs try to create awareness regarding it. In Bharmour, the responsibility of the counselling rests on peers, while in Lakkadmandi, this role is fulfilled by the mother.

After marriage, the initiatives for family planning are taken collectively by the husband and the wife. The most common family planning methods followed are Condoms and IUCD. In Lakkadmandi, there is greater reliance on sterilisation as a form of birth control. Any of the tribes do not use any herbs or natural methods to prevent pregnancy. Also, no other specific cultural practices related to sexual activities are carried out.

According to table 5, the decision maker for contraception use is both the partners. It is true for Chamba as well as Lahul and Spiti district with 85 and 92 percent of tribal women reporting the involvement of both, husband and wife, in the decision making process for contraception-use. In Lahul and Spiti district, 8 percent of tribal women had no say in the decision making for contraception use while the said figure for Chamba district was relatively low at 4 percent. It thus suggests a higher autonomy status enjoyed by tribal women in Chamba district related to matters of reproductive health.

Table 5: Percentage of women by contraception-use decision making autonomy

Decision maker for using contraception	Chamba	Lahul & Spiti
Self	11.5	0
Husband	3.8	8.3
Both	84.6	91.7

Source: Author's calculation from NFHS-4

Common people in the regions are aware about the modern methods of contraception like Condoms, I-Pills, etc. The main source of such information is the health facilities, doctors and ASHAs. However, there is little acceptance for the use of condoms in Chamba district. Abortion is not done in case of unwanted pregnancy.

The spouse's attitude towards the sexual desires is positive and acceptable by the husbands. The concept of marital rape is not acceptable in Lahaul or Lakkadmandi, and no such cases of rape are found or reported. In Bharmour, marital rape is an occasional occurrence, but no help is sought in this case. Domestic violence in form of forced sex by relatives is not faced by the women of either tribe.

The attitude towards multiple partners is negative and considered bad in the society. Women can talk and be friends with a person of opposite sex in Lahaul, but the attitude is more stringent in Chamba district. Even in Lahaul, greater level of closeness is sometimes not acceptable by the husbands. The women do not have sex other than their husbands.

Table 6 highlights the contraception use behaviour of tribal women in both the districts. During DLHS-1, 57 percent of the women in the region were using any method of contraception. Majority were the users of permanent methods and that too female sterilisation. As we progress to DLHS-3, it can be seen the percentage of users rose to 76 with a parallel increase in the percentage of women using modern methods of contraception. In 2007-08, of the total contraceptive users in the region, 27 percent adopted any modern method of family planning.

Recent statistics from NHFS-4, however, reveal that that percentage of tribal women using contraceptive methods stands at 61. Female Sterilisation continues to be the most commonly adopted method.

Table 6: Status of Family Planning among Tribal women of teh Districts

S.No.	Family Planning Indicators	DLHS-1 (1998-1999)	DLHS-2 (2002-04)	DLHS-3 (2007-08)		NFHS-4 (2015-16)
1	Current use of any family planning method	56.9	68.3	75.9		61.2
2	Type of Family Planning Method used					
2.1	Female Sterilisation	44.3	33	45.1		49.8
2.2	Male Sterilisation	30.8	26.8	26.6		25.2
2.3	Modern Methods	23.6	32.8	27.3		22

Source: Author's calculation from NFHS &DLHS Datasets

The decision regarding number of children is taken by both husband and wife. The minimum average age of a woman at her first pregnancy is 22-23 in Lahaul, while the age is 20-21 in Lakkadmandi. On average 2 to 4 children are born to one woman in her reproductive span in Lahaul and Bharmour, while in Lakkadmandi 5-6 children are birthed by a woman.

2.3.4. ANC Services

The women are aware about ANC, PNC and entire schedule of maternal care. They are also aware about the Janani Suraksha Yojana (JSY). Infant Mortality Rate is low in the region. Such cases are observed only during winters when the transport facilities are not available due to extreme weather conditions and more measures for the convenience of the patients are required by the government.

Percentage of tribal women who availed ANC Services has considerably gone up. As per DLHS-1 estimates, 68 percent women registered for ANC while the most current statistics from NFHS-4 reveal that 91 percent of tribal women. The progress is indeed commendable. Timing of ANC check up is yet another important indicator in assessing the ANC component. The said indicator has also seen a considerable improvement with 76.5 percent tribal women in the region availing 1st ANC check-up in the first trimester (NFHS-4). DLHS -3 (2007-08) estimates show the said percentage to be 68. The rise is significant.

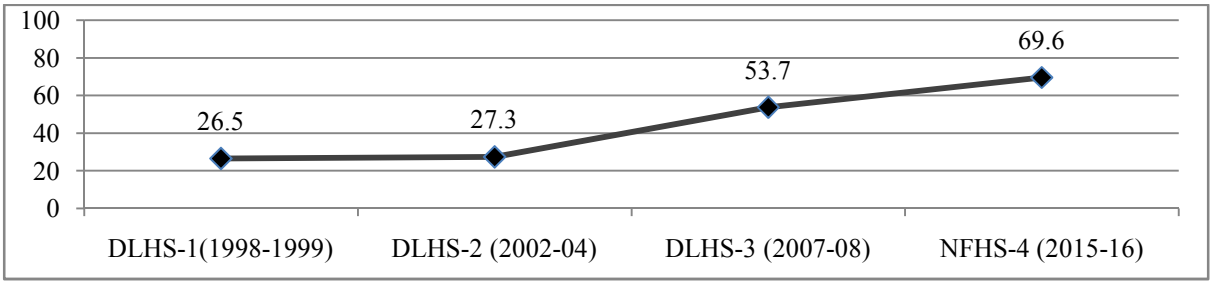
Table 7: ANC Seeking Behavior among Tribal women of the Districts

S.No.	ANC Indicators	DLHS-1 (1998-1999)	DLHS-2 (2002-04)	DLHS-3 (2007-08)		NFHS-4 (2015-16)
1	Availed any ANC checkup for last birth	68.5	87.1	91.4		91
2	ANC Chekup in the 1st trimester of Pregnancy	43.9	55.5	68.2		76.5
3	Three or more ANC checkups	58.7	64.4	67.6		81.8

Source: Author's calculation from NFHS &DLHS Datasets

The region has also witnesses a rise in institutional deliveries. In 1998=99, the percentage of institutional deliveries for tribal women in the region was only 27 percent. With the improvement in service availability and a narrowed down demand-supply gap, the, NFHS-4 data reveals that almost 67 percent of the the tyribal women in oiur study districts opted for institutional delivery.

Figure 8: Percentage of tribal women by Institutional Delivery in the study Districts



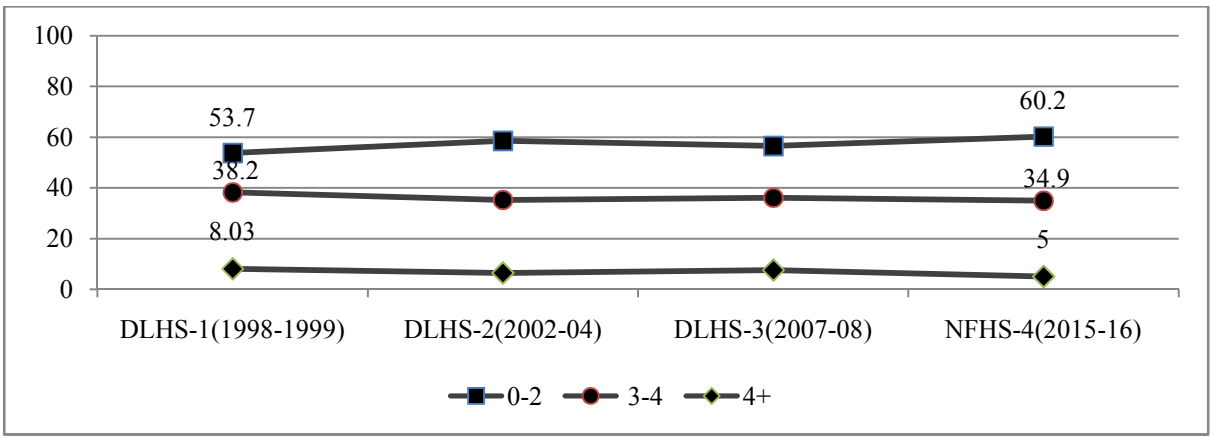
Source: Author's calculation from NFHS &DLHS Datasets

3. Tribal Women in Himachal Pradesh: A prospective Viewpoint

The basis to develop a prospective perspective lies in the essential understanding of the present situation. Having thrown some light on region's current conditions, let us see what can be established about the coming years. The social status of the tribal women in the study region is rather exemplary. The discussions revealed very low incidence of domestic violence of any nature, participation of women in decision making was also unanimously reported. With regards to health, considerable improvement has been made with some obvious success in the maternal and reproductive health domain. With a boost in health service delivery and elimination of accessibility constraints, the remaining gaps can be filled in due course of time. .

With increase in literacy, acceptability of family planning methods, elevation in gender roles, tribal women are opting for a smaller family size. This is not only fuelled by economic constraints that they are faced with, but is rather a holistic informed choice. Figure 8 illustrates that that the percentage of women birth only 2 children in lifetime has increased to 60 while the percentage of women with more than four children has dropped to 5 from as per NFHS-4 Statistics.

Figure 9: Percentage of tribal women by total number of children in the study districts



Source: Author's calculation from NFHS &DLHS Datasets

Conclusion

In this study, we sought to assess the social standing of these tribal women, identifying their sexual behaviour, family planning practices and attitude towards reproductive health and hygiene. Focussed group discussions and personal interviews were done with tribal women aged 30 and above in Chamba and Lahaul and Spiti districts of Himachal. The districts were identified using purposive stratified random sampling.

From the discussions it was observed that the tribes of Lahaul and Spiti & Chamba have accepted the modernization methods in the health markets. The traditional practices are no longer known to people and are fading away gradually. No traditional methods and herbs are used to cure problems relating to menstruation and unwanted pregnancy. People have adopted all the modern methods of the society and are aware about the policies and programs carried out by government. Also, no such stringent beliefs of tribes were found in the tribes of Lahaul and Spiti. Market inclination and development activities have reducedreliance on traditional knowledge for healthcare. Shifting socio-economic patterns and unwillingness of the younger generation to adopt these professions compound the problem.

The information regarding menstruation is passed on by mothers. Problems associated with menstruation are stomach ache, weakness and back ache. In Lahaul & Lakkadmandi no traditional measures to deal with this problem are used.

The culture of marriage is indicative of the broad social status of women. Among the districts, some distinctions are found. The age at marriage for women was found to be 18-21 in Lahaul and Lakkadmandi and 22 years in Bharmour. There is greater acceptance of love marriages in Lahaul district. Premarital sex or multiple partners is not an acceptable practice people in either region. Counselling regarding sex, family planning measures and STDs needs to be improved. Decisions regarding family planning are collectively taken by the husband and wife. Modern methods of contraception are resorted to for this process, though slight differences exist between the regions. No traditional methods to prevent pregnancy are used. In all the three districts, spouse's attitude towards sexual desires is positive. While marital rape occurs in some households of Bharmour, domestic violence in the form of forced rape by relatives is not faced by the women of either tribe. The women are aware about ANC, PNC and entire schedule of maternal care. They are also aware about the Janani Suraksha Yojana (JSY).

The findings of this study show that modern methods of healthcare have beenaccepted by the tribes in this region. However, some issues pertaining to their reproductive health continue. These women are in want of information regarding sex, family planning measures and STDs. To tackle these, adequate counselling needs to be undertaken through ASHA workers or doctors.

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