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Patterns of Sexual Vulnerability among Male Tribal Youth in Odisha

Purujit Praharaj

Abstract

The present study elucidates faith on traditional and modern health care system and treatment seeking behaviour for symptoms of sexually transmitted diseases and other non-STD symptoms among 'Particularly vulnerable Tribal Groups' (PTGs) of India i.e. Juang (with youth dormitory system) and Lodha (without youth dormitory system).Total of 414 male tribal youths aged 15-24 years were surveyed. Though noticeable percentages of youth from both the PTGs have faith on modern health care systems, non-accessibility is a barrier in building faith along with financial constraints and cultural barriers. In practice, youth go to traditional healers in case of STDs as they consider traditional medicines effective for sex related illness.

Introduction

Many researchers had done work on human sexuality in the present day context. Sexuality is simply defined and understood as the mode of expression of sexual desire (Verma and Lhungdim, 2004; Sprecher and McKinney, 1993; Hawkes G, 1996), which is reflected through sexual behaviour of the individual. Certain indications towards polygynous and polyandrous relationships from the famous Indian mythological scriptures indicate a state of extraordinary openness in the sexual matters in certain period of Indian history, contrary to the period of Muslim and British reigns and contemporary India (Tripathi et al, 2003; Nag 1995).

By and large, Indian society is still rooted in traditions and people's attitude towards sex is influenced by values, which are peculiar to the traditional belief systems. Marriage is a norm in India. Since the last few decades, the age at marriage for both sexes has been rising by about a year per decade. As a result, a substantial proportion of boys and girls in contemporary India have to pass through a long period of heightened sexual desire (Nag, 1996).

Although unmarried men have more opportunity for sexual adventures (often with married women/female sex workers) than unmarried women, there is no mainstream society in India that actually encourages men to have pre-marital sex (Chandiramani et al, 2001). As in case of pre-marital sex, sanctions against extra-marital affairs and sex are severer against women. The Hindu concept of '*pativrata*'- the ideal for a woman to remain loyal to her husband under all circumstances, has no counterpart for men (Nag, 1996). Thus unmarried women for the fear of being called promiscuous find themselves unable to seek reproductive health services. However, women are now getting greater attention towards the emancipation of their sexuality. Sexual activity among unmarried adolescent women has been steadily increasing and so is the vulnerability towards STD including HIV (Tripathi et al, 2003).

Gender relations in marriage are dynamic and continually negotiated. Women tend to use access to sex as a resource, a bargaining chip to reward/punish their husbands (George, 1998). Sexual coercion occurs frequently in marriage (Khanna et al, 2000; Martin et al, 1999). However, women and men tend to differ in their perception of the nature of sexual coercion. The women consider sex to be coerced if the sexual relations with their husbands are against their wish. The men in contrast feel that they have a right to demand sex in marriage and have right to access to their wives' body (George, 1998).

Social and attitudinal changes and socio-economic developments during the post-independence period have lead to emergence of industrialist society and development of western oriented life styles. Western influence is evident in daily living, particularly in the urban areas amongst youth. Pubs, late night parties and discotheques are often frequented by young in metropolitan cities, exposing this vulnerable population to risky behaviours. Recent years have seen developments in electronic media and sex entertainment is available through video, X-rated films and internet.

Indian society presents a contrasting picture of notions about sexuality, attitudes and sexual behaviour. The society can neither be regarded as rigid, nor permissive with regard to the area of

sexuality, making generalisation difficult. The behaviour pattern varies across regions and states, gender, sub-population, tribal and religious groups (Tripathi et al, 2003).

Tribes are relatively isolated and autonomous groups and have its own beliefs and practices concerning diseases and evolve its own system of medicine in order to treat diseases in its own way. The tribal social structure has its own structural and ethnic specificity and the disease among the tribes are likewise specific to the attribute of their social phenomena. Health, disease and medicine are directly thought to be associated with the area of social relationships and the magico-religious world in tribal societies.

The available literatures also suggests that concept of health, disease, treatment, life and death among the tribes is as varied as their cultures. Tribal society is guided by traditionally laid down customs to which every member is expected to conform (Kumar K.A. 2007; Basu, 1994). One of the recent articles on health status of tribes reveals that the common beliefs, customs, practices and taboos of the tribal communities are connected with their health and disease and also related to the treatment of diseases that affect the morbidity and mortality (Rath, 2004). Further tribals consider themselves healthy, so long as they have not lost appetite and are able to work. Minor ailments are ignored and are considered as normal (Raina, 1991). Tribal world of belief and practices has been constructed and surrounded by their parochial perception and action of natural and supernatural entity. They find themselves closely knit with the web of these two entities in every sphere of life (Sonowal and Praharaj, 2007).

The tribal systems of medicines connote diversity of cultural practices, traditional knowledge and social organisations. Further, in tribal societies, the system of cure is also based on treatment with different herbs and plants. Both these techniques i.e. magico-religious and herbal medicine are used to cure the sick either together or separately. Literature reviewed suggest that the tribal areas are marked by poor coverage in health care, specific patterning of bio-genetic diseases, high concentration of infectious diseases, lack of health education and existence of traditional cultural practices, which adversely affect the health condition of the inhabitants. Specific provisions in the health care programmes have made some impact but in many remote areas, which do not have proper road connectivity and transportation facility, the impact of new knowledge and technology is still a distant dream.

In India there are certain tribal communities who are having low level of literacy, declining or stagnant population, and pre-agricultural level of technology and economically backward. Their problems and needs are quite different from other Scheduled Tribes. Seventy five such tribal communities have been identified in 15 States / UTs of India and are categorised as "Particularly Vulnerable Tribal Groups (PTGs)" earlier known as Primitive Tribal Groups. Studies on health issues of PTGs of India are scanty concerning the ever increasing threat to health status in rapidly changing social and geo-physical situations. The present study explains faith on traditional and modern health care system and treatment seeking behaviour for symptoms of sexually transmitted diseases and other non-STD symptoms among 'Particularly vulnerable Tribal Groups' (PTGs) of India i.e. Juang (with youth dormitory system) and Lodha (without youth dormitory system).

Methodology

A multi-layered data collection approach which included focus group discussions, in-depth interviews, key informant interviews, observations and structured interview by using a pre-tested and culturally approved questionnaire was adopted as the overall methodology of the present study on Sexual and Reproductive Health of Tribal Male Youth in Odisha, India. Among the major states of India, Odisha stands in the first position to have the largest number of scheduled tribe population within the state (Census, 2011). About 23 percent of the total state population is scheduled tribe. It also houses several PTGs. The sampling for the study has been done in three different systematic steps. These are selection of districts, selection of PTG and selection of village and respondents. For the sampling purpose, Census of India 2001 (Primary Census Abstract & Census Map) & Census of India 1991 (District Census Hand Book) were taken into account.

Two different PTGs from two different districts were selected. These are, '*Juang*' from Kendujhar district, which is having youth dormitory system in their culture and '*Lodha*' from Mayurbhanj district, which is without youth dormitory system. In total, nine villages were surveyed in

Kendujhar district and five in Mayurbhanj district of Odisha, India in order to obtain the desired sample size amongJuang and Lodha respectively. Juang lives in very small groups as compared to the Lodha. This was the reason for which almost double numbers of Juang villages were surveyed to get the desired sample size. The study gathered information from 414 eligible male respondents, including 205 youth from Juang tribe and 209 youth from Lodha tribe.A number of ethical factors considered when the questionnaires of this research work were developed and administered with the tribal youth.

Before spelling out the findings from the study, it is essential to throw some light on the Youth Dormitory System among tribes. The youth dormitory generally houses in a specially built building. It is constructed often outside the village, in the heart of the jungle. However, it may also be near the cornfields as among the Naga, or right inside the village as is the case with many Oraon villages. It serves as council-chamber, as a guesthouse for strangers and as sleeping resorts for the young boys and girls. The boys and girls spend night in these dormitories and enjoy liberty to know each other more and more intimately. In some instances these institutions seem to have lost their original purpose, which was to provide security to unmarried girls as well as to the other villagers, group work including hunting, teaching of art and craft and traditional norms and values to the young members.

Results

Characteristics of Male Tribal Youth

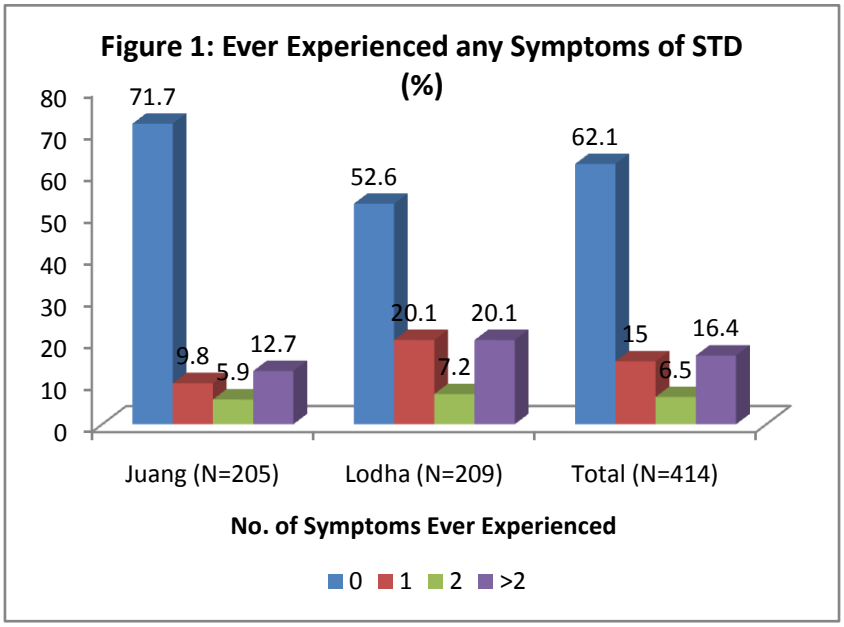
Male tribal youth of both the PTGs were patriarchal and patrilineal and lived in nuclear families. The educational status of male tribal youth of both the PTGs was very poor, though relatively better among Lodha youth. Recently released Census 2011 data also indicates that percent scheduled tribe population in Odisha who never attended school out of those who reported not attending any educational institution at the time of Census in the age group 5-19 years is 62 percent whereas the state average is only47 percent.Percentage of such children is relatively higher in Mayurbhanj district (the district from where Lodha tribe was selected) as compared to Kendujhar district.

Table 1:Persons not attending any educational institution in the age group 5-19 years among Scheduled Tribes

	Not attending any educational institution		% Never attended school out of those who reported not attending any educational institution at the time of Census
	Number	% to total population in 5-19 Yrs	
Odisha	13,83,843	42.8%	62%
Kendujhar	1,27,237	45.8%	63%
Mayurbhanj	2,12,667	42.0%	67%

The distribution of households by standard of living index (SLI) reveals that Juang are economically in a better position relatively as compared to their Lodha counterparts. Age pattern among these tribal youth showed that the mean age of the youth covered under survey is 19.5 years and 19.4 years for Juang and Lodha youth respectively. The main occupational distributions of Juang youth include ‘cultivation’, followed by ‘daily labourer’ and ‘food gathering’. In contrast the main occupational distributions among Lodha youth are, ‘daily labourer’, followed by ‘collection of Sal leaf’ and ‘food gathering’. The finding indicates the backwardness of the youth of selected particularly vulnerable tribal groups in terms of mass media exposure. As far as exposure to urban life is concerned, situation is relatively better among the youth. Male Female Interaction Index (MFII) shows that one fourth of the youth are ‘highly interactive’ irrespective of the tribal groups. Similarly, another one-third youth are ‘interactive’ and about two fifth are ‘less interactive’ in nature.

Prevalence of Sexually Transmitted Diseases among PTGs

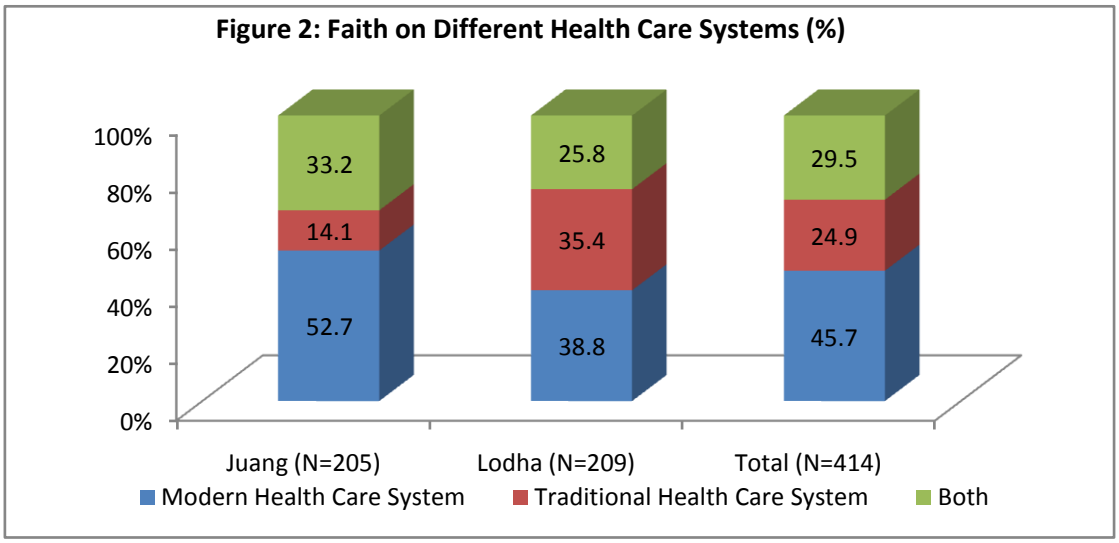


Analysis of data revealed that symptoms of STD are present among the youth of both the PTGs under the study. Numbers of youth who ever experience STD symptoms are more among the Lodha, as nearly half of them infected contrary to one fourth of Juang youth in this category. Majority of youth who have STD symptoms do not have knowledge about it. Detailed information on prevalence of STDs among male tribal youth is as follows:

Table 2:Trend in Prevalence of Sexually Transmitted Diseases Abstracted From the Study

Broad Categories of investigation	Sub-categories of investigation	Tribal groups		Dominant trends
		Juang	Lodha	
Ever experience of STD	Any type of STD symptoms	Less	More	Prevalent
	Marital status	Equal among both groups	Equal among both groups	Both groups have STD symptoms
	Literacy and urban exposure	Attracts more girls	Attracts more girls	Leads to having multiple sexual partners
Knowledge on STD	Correct knowledge on STD among sufferers	Very few have knowledge	Very few have knowledge	Mostly ignorant about STD.
	Condom as preventive device	Less youth know	More youth know	Knowledge does not reflected in practice
	Multiple sexual partner (MSP) and STD	STD is more among those having MSP	STD is more among those having MSP	MSP increases the incidence of STD both among married and unmarried
Youth dormitory	As knowledge provider and its impact	knowledge imparted about sexual activities along with other socio-cultural	No youth dormitory and no formal sex education, No village exogamy, free to mix with	A difference in sexual activities are seen between these two groups as an impact of

Broad Categories of investigation	Sub-categories of investigation		Tribal groups		Dominant trends
			Juang	Lodha	
			aspects	girls of same village	having/not having youth dormitory
Concept on sexual disorder (SD)	Number of youth considering Masturbation as SD		Less in number	More in number	Masturbation prevails as SD predominantly
	Number of youth considering Wet dream/*SwapnaDosh* as SD		Exist but less in number	More in number	Wet dream (*swapnadosh*) prevails as SD
	Number of youth considering Sexual weakness as SD		A few experienced it	A few experienced it	Sexual weakness prevails among some youth in lesser number
	Number of youth considering Loss of semen in urine (*Dhat*) as SD		Less	More	Partially common among youth
Existence of STD	Number of youth who had STD during reference period		Less in number	More in number	Comparatively high from the main stream population
	Number of youth continuing with STD at the time of survey	Majority continuing	Majority continuing	Majority continuing the problem	
Experience of non-STD symptoms	Number youth of affected	More than half	More than half	Very common	



Faith on Health Care Systems

The findings indicate that a considerable percentage of male tribal youth of both the PTGs have faith on both modern as well as traditional health care systems, as one third of Juang and one

fourth of Lodha youth have reported so. The major reasons specified by the youth irrespective of the tribal group affiliation to have faith on modern health care system are, its effectiveness, past experience and easy availability of the medicines. Besides these, the other reasons specified by the youth are, 'medical doctors are qualified and trained' and 'medicines are available free of cost at government hospitals'. The finding also clearly reveals that non-accessibility to modern health care system is a barrier in building faith on modern health care system.

Table 3: Reasons for having faith on modern health care system by PTG

Reasons*	Name of the PTG		Combined
	Juang	Lodha	
Easy to access	23.9	17.8	21.2
Provider's behaviour is good	21.6	35.6	27.7
Modern Medicines are more effective	64.8	54.1	60.1
Past experiences (specify if any)	38.6	40.7	39.5
Doctors are qualified and trained	35.2	48.9	41.2
Medicines are easily available	36.4	44.4	39.9
Medicines are free at Govt. hospitals	35.8	23	30.2
No alternative is available	17	10.4	14.1
Others	1.1	2.2	1.6
Can't say	4.5	4.4	4.5
Total (N)	**176**	**135**	**311**

** Total percent exceeds 100 due to multiple-choice answers*

Accessibility to modern health care system is a matter of concern and acts as a barrier in building faith on modern health care system. The review of literatures also reveal that tribes often lack adequate access to basic modern health care system (Simmons and Voyle, 2003; Pal et al., 2002). Again access is also constrained by financial, geographic and cultural barriers. The study conducted by Guite and Acharya (2006) have also shown that the acceptance of a particular health care system among the tribal people mostly depends on its availability and accessibility.

Similarly, the major reasons specified by the youth to have faith on traditional health care system are, easy accessibility, supernatural power of the traditional healer, effectiveness of traditional medicines and free medicine or cheap medicines. About half of the Lodha youth and two fifth of the Juang youth also reported that they are just following their culture, which supports traditional health care system. Similarly, more than one fourth of the Juang and about one third of the Lodha youth have faith on traditional health care system because of the caring nature of the traditional healer.

It is quite interesting to note that though a major proportion of the Juang and a good number of Lodha perceived modern health care system as a better and sought after way, in practice both the tribal groups are seen inclined towards their traditional healers, especially for common ailments and STD related problems. While physical accessibility to modern health care system is a factor among the Juangs for not utilising it, it is the financial factor that keeps the Lodhas away from modern health care system largely.

Faith on a Traditional Healer

Among all the youth about one fourth of Juang and more than two fifth of the Lodha have faith on traditional healer from other community. The finding clearly indicates that the youth of particularly vulnerable tribal groups are ready to accept the culture of other communities with regard to the health and treatment. Unlike the traditional days, now the youth do not want to confine themselves to the health care practices prevailing in their own society/culture. They are consulting the traditional healers not only from the scheduled tribe community but also from the scheduled caste, depending on their level of faith and belief.

One 24 year old illiterate Juang youth described the treatment seeking pattern for symptom of pain during sexual intercourse (a symptom of sexually transmitted disease) that he experienced during last four months prior to the qualitative survey, and narrated about relief from the pain by taking herbal medicines prescribed by a traditional healer who was from *'Gauda'* (Milkman) community. In his words,

> *"I went to the traditional healer of 'Gauda' (Milkman) community. He stayed in a village that was 6-7 kms away from my village. He gave me some medicines and a paste to apply on my private organ. He also asked me to offer a puja (ritual) to our village deity. I did it. Now I am alright and feeling better."*

One of the 23 year old married and literate Lodha youth described the symptoms of 'pain during urination' and 'yellowish discharge from genital' (symptoms of sexually transmitted disease), which he had experienced and the type of treatments he has undergone. Realizing the severity of the illness and discomfort, he went to a person of his neighbouring village, who was from Santhal community. The person gave him herbal medicines and he had cured from the illness.

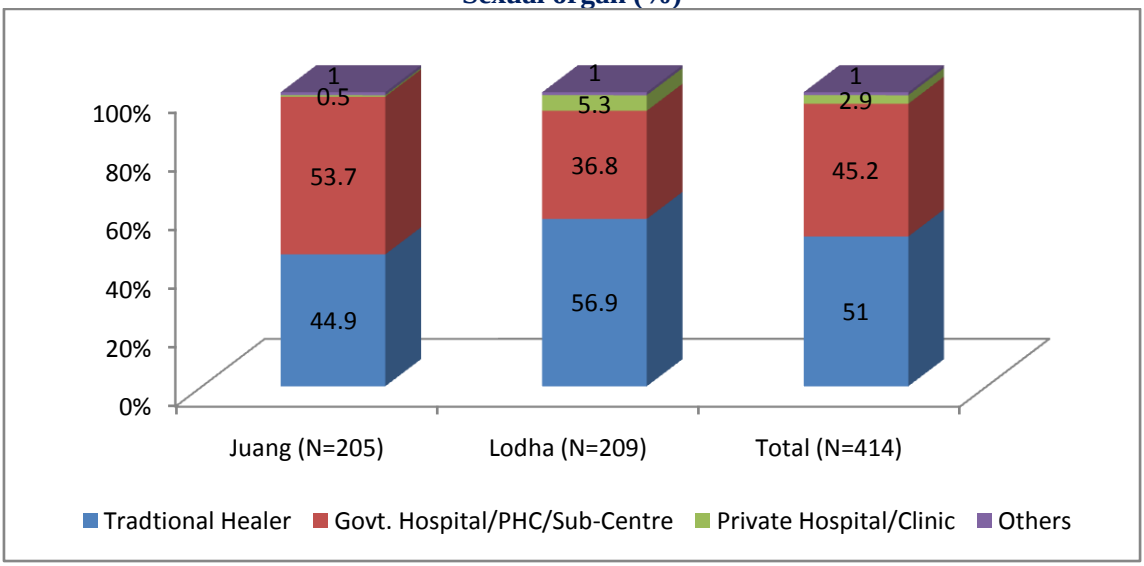
Treatment Seeking Behaviour for Common Ailments

The preference of the youth for different health care facilities is led by their faith on different health care systems. About four fifth of the Juang youth and three fifth of Lodhayouth reported that they would prefer to go to government hospital/PHC/sub centre for treatment of common ailments. Among Lodha little less than one fifth of the youth also reported to prefer private health care facilities for the treatment of common ailments. Besides, about one fourth of the Lodha and little less than one fifth of Juang youth also reported that they would prefer traditional healer for the treatment of common ailments.

Treatment Seeking Behaviour for the problems related to Sex and Sexual Organ

The pattern of treatment seeking behaviour for the problems related to sex and sexual organ is totally different from the treatment seeking behaviour for common ailments. The youth of particularly vulnerable tribal groups have great faith on traditional health care system and herbal medicines as far as problems related to sex and sexual organ is concerned. The percent youth preferring traditional healer for the treatment of such problems is higher than the modern health care system because, of the reasons such as effective medicines, privacy, easy accessibility, and cheaper medicines. Even the traditional healers themselves also claim that they have very effective cure with them for the treatment of sexually transmitted diseases.

Figure 3: Preference of Health Care Facility for Treatment of Problems Related to Sex and Sexual organ (%)



Treatment Seeking Behaviour for Sexually Transmitted Disease

The findings on treatment seeking behaviour of the youth for the treatment of sexually transmitted disease indicate that almost all the tribal youth have taken treatment for the symptom which they have had experienced during the reference period of six months prior to the survey.

Table 4: Youth who had experienced any of the symptoms of sexually transmitted disease and taken treatment

Symptoms	Total	
	N	%
Burning sensation /Pain during urination	**54**	92.6
White/Yellowish discharge	**35**	94.3
Sores on the penis	**33**	97
Pimples on the genital organ	**28**	96.4
Ulcer in genital	**22**	100
Swelling of genital	**26**	100
Pus discharge	**16**	100
Blood discharge from penis	**7**	100
Pain during intercourse	**29**	96.6

For treatment of few symptoms the Lodha youth indicates a slightly deviant trend. For the treatment of symptoms such as 'pus discharge from genital' and 'bleeding from genital' Government hospital/PHC/Sub centre is found to be the most preferred service provider among Lodha youth. Moreover, the symptoms of sexually transmitted diseases for the treatment of which Lodha youth have sought treatment from private hospitals/clinics, as the second most important category are sores on genital, nodules (pimples) on genital organ, ulcer in genital organ, and swelling of genital organ. Besides, home remedy is also tried by some youth.

The treatment seeking behaviour among youth varies across the tribal groups and type of symptoms. For the treatment of symptoms such as burning sensation/pain during urination, white/yellowish discharge from genital, sores on genital, ulcer in genital organ, and pain during sexual intercourse, majority of the Juang youth have sought treatment only from traditional healer. On the other hand for the treatment of nodules (pimples) on genital organ, swelling of genital organ, pus discharge from genital, and bleeding from genital majority of the Juang youth have sought treatment from both traditional as well as modern health care system. Majority of the Lodha youth have sought treatment only from modern health care system for the symptoms of sores on genital, ulcer in genital organ, pus discharge from genital organ, and blood discharge from genital organ. On the other hand for the treatment of symptoms such as, burning sensation/pain during urination, white/yellowish discharge from genital, nodules (pimples) on genital organ, swelling of genital organ, and pain during sexual intercourse majority of the Lodha youth have sought treatment from both traditional as well as modern health care system.

The analysis of qualitative data reveals that when traditional medicines fail to cure the symptom, youth opts for modern health care system. This may be one of the reasons for utilisation of both the health care systems by the tribal youth.

One of the Lodha youths who had the symptom of swelling of genital was first treated by the traditional healer, but the medicines prescribed by the healer did not work and thus he went to a private clinic to consult a doctor. There he spent money and got cured. In his words, *"……After not recovering from traditional healer's treatment I went to a private doctor at the block headquarter. He prescribed me medicines, which cost me around Rs. 600. After completion of the course of the medicines I got completely cured."*

The above paragraphs revealed that a substantial number of youth of particularly vulnerable tribal groups are taking treatment from both traditional as well as modern health care system. It may not be wrong to mention here that the youth taking treatment from both the health care systems are in a transitional phase. They have neither left their own traditional health care system nor have they adopted the modern health care system fully. But at least they are ready to adopt the modern health care system in case they feel the symptom to be serious. The health belief model of PTGs under this study is summarised in Figure 4.

Treatment Seeking Behaviour for Other Non-STD symptoms

As far as pattern of taking treatment for different non-STD symptoms is concerned not much difference is found between both the particularly vulnerable tribal groups, except 'sexual weakness', 'itching on genital organ'. Majority of the youth had taken treatment from the traditional healer for all the non-STD symptoms that they had experienced during the reference period, except 'itching on the genital organ'.

Table 5:Youth who experienced any of the non-STD symptoms and taken treatment

Symptoms	Total	
	N	%
Masturbation	175	38.9
Wet dreams/Swapna dosh	129	24.8
Early ejaculation of semen	35	85.7
Sexual weakness	79	83.5
Itching on the genital organ	70	81.4
Loss of sexual desire	2	100
Bent penis	1	0
Dhat	64	84.4

More than four fifth of Juang youth had taken treatment from traditional healer for the Non-STD symptoms like 'wet dreams /swapna dosh' (92 percent), 'dhat' (83 percent), and 'early ejaculation of semen' (81 percent). Similarly, about three fourth of the Juangyouth who had experienced the symptom of 'masturbation' and 'sexual weaknesses' during the reference periodi.e six prior to the survey had taken treatment from the traditional healer.Like the Juang youth, among Lodha also most of the youth had taken treatment from the traditional healer for all the non-STD symptoms which they had experienced during the reference period. More than four fifth had taken treatment from traditional healer for the symptoms of 'masturbation', 'wet dreams /swapna dosh', 'early ejaculation of semen', 'sexual weakness' and 'dhat'. About three fourth of the youth had taken treatment from traditional healer for 'itching on genital organ'.

Views of traditional healer

The reasons specified by the traditional healers for the shifting happening in the treatment seeking behaviour of the youth from traditional health care system to modern health care system includes the frequent interaction with the out side culture which changes the entire life style of young people and loosing faith and belief on god, in absence of which the traditional medicine may not work. Besides this, non availability of essential roots and herbs is also one of the main reasons of shifting of young people from traditional to modern health care system. The traditional healers find it difficult to prepare medicine without essential herbs. With limited medicines sometime they also find it difficult to treat the disease properly. Similarly, the Lodha traditional healers feels that due to the changing climatic conditions, excessive heat and lack of confidence and faith of the people in god and goddesses, 'Basu Mata' (mother earth) stopped producing the essential herbs for treatment.

Conclusion

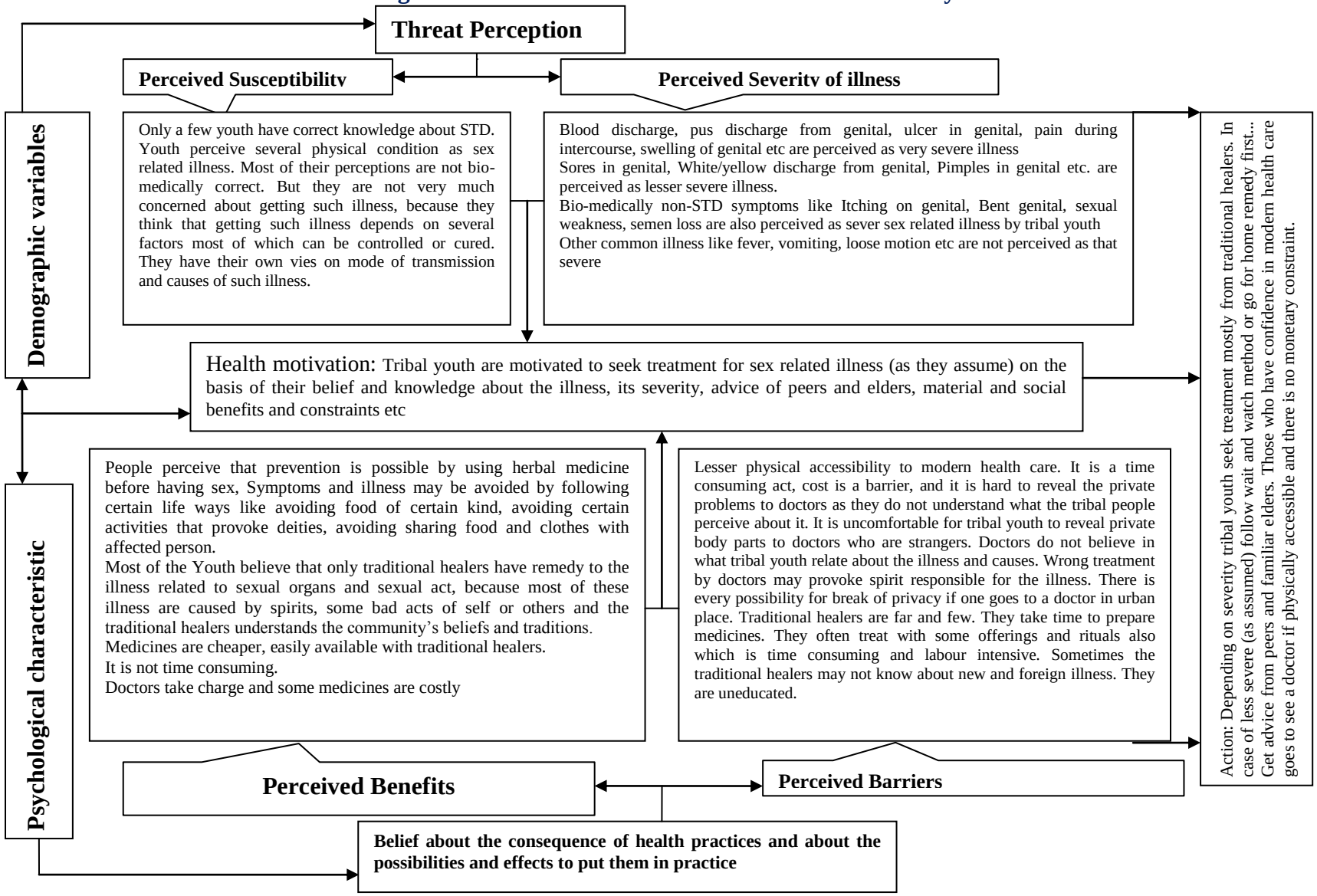
From the delineation made in the foregoing paragraphs it becomes evident that sexually transmitted diseases are very much prevalent among the selected particularly vulnerable tribal groups. Changing social and geo-physical condition have observable impact on the traditional health care practices among the tribes under study. In changing social situation, the traditional healers have been loosing their importance. Due to deforestation, the traditional healers are finding it difficult to get their required herbs and roots for medicines. Lack of demand or related misconception with traditional healing system etc the traditional healers are unable to maintain their practice and status. Moreover, as history reveals, physical contact with non-tribal domain also bring new strain of diseases, which are very much foreign to the traditional people and they have hardly immunity to such diseases. In such a situation, the traditional health care system may not work to win the people's confidence to some extent. Contrary to such situation, the tribal people are still inclined towards traditional health care system. Besides traditional perceptions attached to this, some other very real situation like lack of physical accessibility to the modern health care providers, distance and related consumption of time, cost factors etc play important role in determining the treatment seeking behaviour of the tribal people. Literacy rate is very low and the level of education among the literate is so low that such literacy can hardly make any difference among the tribal people under study. Along with education, the economic condition of the people is also very poor for which they are reluctant to approach modern healthcare providers. Finally, the very concept of health and illness, especially problems related to sexually related aspects, have some direct bearing on the health seeking behaviour of the people.

The trends examined in the study also clearly show that the younger generation is more inclined towards modern health care system in practice. Though they are not totally bias towards traditional system of health care, they are open for both kind of treatment system, showing a change in the health seeking behaviour or the tribal groups under study. From this study, the following line of suggestions could be emphasised to improve the health status of tribal people in general and sexual health in particular:

- The level of knowledge on sexually transmitted diseases needs to be improved among youth of particularly vulnerable tribal groups through effective informal education campaigns and counselling.
- Improve the knowledge and promoting safe sex in an effective way acceptable to traditional tribal people.
- Reduce the incidence of early age marriage, early sexual debut among youth of particularly vulnerable tribal groups by promoting awareness and diversion of recreation and interaction among the youth away from sexual intentions.
- Strengthening the rural infrastructure, especially the health care facilities with a plan to improve the interaction between modern health care providers and tribal people. Cost factor must be taken into consideration in view to the tribal people's due importance towards health seeking behaviour.
- Efforts should be made to logical induction of traditional aspects in modern system or vice versa to attract and persuade tribal people to take health care facilities without hampering their traditional beliefs.
- Collection of statistics on incidence of sexually transmitted diseases among particularly vulnerable tribal groups should be done in regular interval followed by necessary treatment, support and personal counselling.
- Promoting the research activities among primitive tribes, the findings of which may be included in framing plans and its implementation in prevention of sexually transmitted diseases.

The above suggested policies can only be implemented by taking the tribal traditional dignitaries in confidence keeping in view of their age-old beliefs and practices as some sort of meaningful entity in their health and wellbeing. In the implementation of these policies the 'Lodha Development Agency' and 'Juang Development Agency', which are the agencies formulated by the government of India for the development of the Lodha and Juang under tribal sub plans could take the lead with the help of local voluntary organisations. Besides them, the anthropologists and demographers may get involved in understanding and resolving the problems of particularly vulnerable tribal groups in a scientific manner and to provide technical guidance.

Figure 4: Health Belief Model of PTGs under the Study



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Purujit Praharaj
Senior Research Fellow,
Kailash Satyarthi Children's Foundation
Email: purujit.praharaj@gmail.com