

Family Health Awareness of Educated Tribal Women Towards Sustainable Development in Boipariguda Block of Koraput District

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Abstract

Present study explores family health awareness of Educated Tribal Women indicating a positive correlation between family health awareness and sustainable development. It is a study of Boipariguda block of Koraput district in Odisha. The block is having highest concentration of ST population among all blocks in the district. **Objectives** of the study are - (i) To identify and find out the family health awareness of educated tribal women in Boipariguda Block of Koraput district and (ii) To suggest measures for better health awareness and well-being of tribal women for the achievement of Sustainable Development Goal no. 3. Descriptive survey method is employed for the purpose of the study. The investigator purposively selected a sample of 50 educated married tribal women having matric pass and above qualification in the reproductive age group of 20 to 45 years from the universe of the study. An Interview Schedule is used for data collection. Percentage analysis of data is followed for finding out result of the Family Health Awareness of the sample under study. **Major findings** - (i) most of the Educated Tribal Women respondents are having awareness on seven (7) dimensions of Family Health Awareness except one dimension which is very poor (5.5%) that is Health Insurance Awareness. **Social implications**-Findings of this study will be an input for the Government machinery to formulate new health related programme policies based on tribal socio-cultural values, local needs and geographical nature so that access of tribes to health literacy and health facility could be maximized. Findings of this study explores so many concerns on the health status and health issues of these tribal women which will instigate the researchers to conduct further research works on these health issues of tribes.

Key words: Family Health Awareness, Educated Tribal Women, Sustainable Development.

Endeavours are on from grass root levels to international level in order to achieve Sustainable Development Goals (SDGs) for Agenda - 2030. Attempts are being made in order to localize approaches for achieving Sustainable Development Goals (SDGs) so that every individual would involve himself/herself in this process for a better earth where life can be safe and secured. There are five (5) key pillars upon which Sustainable Development Goals are based which are people, planet, prosperity, peace and partnership (Transforming Our World: the 2030 Agenda for Sustainable Development, UNO, 2015). The first pillar focuses on the well-being of all people including 'leaving no one behind' in the process of development. All will get benefits of it in addition to other focusing areas like human rights-based approach, gender equality, women empowerment and social equity.

"Good Health and Well-Being" Goal No.-3 of the Sustainable Development Goals (SDGs) is one of the key Sustainable Development Goals, achievement of which would be instrumental towards achieving sustainable development (Sustainable Development Goals, UNDESA, UNO).

Demographic, Health and Literacy Status of Scheduled Tribes in Boipariguda Block:

Boipariguda is one of 14 blocks of Koraput district is having high ST population concentration. The percentage of ST population of the block is 59.43 % which is more than other categories of population residing in this block. The block is at 3rd position in its population share to the all population of the district (1,10,746). The all ST population of the Block is 65,847 including male population (31,836) and female population (33,006). The ST female population of the block has excelled all categories of population as per 2011 census report (Basic population figure of India, states and Districts 2011, Census of India-2011, Govt. of India).

There are different common diseases seen in the block as per the report of the state Govt. SC & ST Department, Health Department and the Department of Women and Child Welfare. The common diseases are water borne diseases like Diarrhea, respiratory disorders, fever and malaria, skin disorders such as scabies, fungal infection, chicken pox, worm infections, anemia, goiter, dysentery, jaundice, malnutrition, menstrual disorders, cerebral malaria, filarial, tuberculosis, sickle cell anemia, vitamin deficiency among the tribals in the block (data based on field study) The institutional birth rate in 01 CHC and 02 PHC in average 130 in number. No AIDS cases are identified since last 2 years. Total number of literates in the block are 32,608 (total population of the block is 1,10,746) out of which the number of male literates are 20,341 and the female literates are 12,267 which shows a poor condition in the literacy rates of the block. The ST literacy rate of the block is (50.56%) which is more than the ST literacy rate of the district (49.21). The ST female literacy rate of the block is (51.4%) more than the ST male literacy rate of the block (49.7%) and the ST female literacy rate of the district (25.37%). (District wise census Report of Odisha-2011, Census of India - 2011, Govt. of India).

Health Infrastructure in Boipariguda Block:

There is one 30 bedded Community Health Centre (CHC) having 6 doctors including one in Gynecology. All doctors are having MBBS qualification. No specific departments are there. There are 2 ANMs and 6 numbers of trained nurses working in the CHC. There are Public Health Centres (PHS) located in different places under one CHC. The block is having 01 number of ANM, Pharmacist and Doctor each. There are 27 sub-centres with 01 ANM in each. The institutional birth rate in 01 CHC and 02 PHC in average is 130 in number per month. For identification of anemia, HB test is done which comes under PMSMSA yojana. Cases with high risk are referred to CHC and blood is also given to severe anemic patients. Body Mass Index value (BMI) of mothers and child are checked-up in CHC, PHC and different Anganwadi centres in order to identify the cases of mal-nutrition, under nutrition of mothers and babies up to 5 years. Different common diseases of the block like malaria, diarrhoea, missles are season based, are seen in June, July, September and October month in every year and Malaria cases reach in its pick point in these months also. In last year, the number of ANC registration had reached at 2700. High risk cases are referred to first District Headquarter Hospital (DHH) located at Jeypore sub-division under the district. No AIDS cases are identified since last 2 years. Geographical high risk delivery cases are provided home stay 15 days before the delivery date of the women. 407 Ambulances are provided always to the delivery cases without charging any cost. 40 to 50 malaria cases are seen in throughout the year. 2/3 STD cases come in every month. Dengu cases are seen in March and April months. State level health programmes like AMLAN programme is launched for the eradication of anemia. The on-line platform 'You Win' App is active on to send message for different time bound vaccines for mothers and babies before delivery and after birth. Another App which is named as 'KILKARI' is launched by the Health Department to send messages on nutrition and vaccine for both mothers and children up to 6 months of the baby. This process is started for a mother when she registers her name for ANC at PHC. Through NIRAMAYA scheme free medicines are given to patients those who attend the doctor for different disease. RBSK team including one doctor, one pharmacist and ANM visit to schools for students' health check-up. Health awareness programmes are also organized including Information, Education and Communication (IEC) on different occasions like 'Malaria Day' etc. Another health awareness programme is also organized by the PHC that is 'Behaviour Change

Communication' (BCC) in different occasions and different activities are performed for developing different health related awareness among the people of the block (Block data Manager, Boipariguda Block, Govt. of Odisha, 2025).

Role of ICDS and Anganwadi Centres:

One ICDS is working under the Baipariguda block with 328 Anganwadi Centres having one Anganwadi worker and one helper each. There are 237 ASHA workers working at present in order to meet health related issues of the people of the block. Health awareness programmes, education of pre-school children, immunization of pregnant mothers and babies up to 6 years of age, distribution of food supplements to mothers, babies and adolescent girls under 16 years, distributions of vitamins and minerals to them, awareness on eradication of anemia, mal-nutrition among women and girls, awareness about harms of underweight of pregnant mothers and new born babies, eradication of child marriage etc. different programmes are undertaken by the ICDS of the block for good health and well-being of women and babies.

Roles of Anganwadi Centres in the Block:

ICDS implements different programmes through Anganwadi Centres under the block. The Anganwadi centres provide health care system to children age ranging from 0 to 6 years. Early education is given to children for their holistic development. Centres provide accessible and affordable health care services, organizes community programmes relating to community health issues, efforts are made to combat against mal-nutrition of mothers of 15 to 45 years age, children up to the age of 6 years and adolescent girls under 19 years age, addresses infant mortality concerns, maternal mortality concerns, communicable and preventable diseases and ensure equitable access to government's health, nutrition services and programmes. Referral services are also provided for specialized care of mal-nourished, ill or disabled children. So, Anganwadi centres are performing important assignments aligned with govt. programmes throughout India. (ICDS, Women and Child Development Dept., Boipariguda Block, Govt. of Odisha, 2025).

Prevalence of Health Schemes in the Block:

State sponsored different Health Schemes are prevalent in the Block. Some of them are Biju Swasthya Kalyan Yojana (BSKY), Gopabandhu Jana Arogya Yojana (GBJAY), Janani Surakshya Yojan (JSY) etc. In addition to these, some important central govt. sponsored Health Schemes are on run like National Health Mission (NHM), Pradhan Mantri Jan Arogya Yojana (PMJAY) or Ayushnman Bharat, Sakshyam Anganwadi and Poshan Aviyan 2.0, Pradhan Mantri Surakshit Matrutya Aviyan (PMSMA), Pradhan Mantri Matrutya Vandana Yojana (PMMVY), National Ayush Mission (NAM), Anemia Mukta Bharat (AMB) etc.

Statement of the Problem:

The present problem has been stated as "Family Health Awareness of Educated Tribal Women Towards Sustainable Development in Boipariguda Block of Koraput District".

Conceptual Framework of the Terms:

Educated Tribal Women (ETW):

Minimum Matric pass and above married tribal women in the reproductive age group between 20 and 45 years staying in Boipariguda block of Koraput district in Odisha.

Family Health Awareness (FHA):

It includes different indicators like Pre and Neo-natal Awareness, Food and Nutrition Awareness, Health Care Awareness, Family Planning Awareness, Health Insurance Awareness, Health Scheme Awareness, Immunization Awareness, Maternity and Child Care Awareness.

Sustainable Development (SD):

It is a broader concept having four dimensions like Social, Economic, Environmental and Institutional dimensions under which key themes are included by the Department of Economics and Social Affairs, under the Commission of Sustainable Development (CSD) of UNO. According to Brundtland Commission, in its report “Our Common Future”, “Sustainable Development as “Development that meets the needs of the present without compromising the ability of future generations to meet their own needs” (World Commission Report on Environment and Development, UNO,1987). It is a model of an ideal development which is supposed to be permitted by the nature without hampering the health of nature and the life present in the earth with ensuring the fulfillment of the needs of the future generations to come. It is a development process of maintaining a balance in between economic development and environmental degradation for the welfare of not only human being but also all living being in this planet. There are 17 Sustainable Development Goals under which 169 targets are fixed under Sustainable Development Agenda - 2030 which are estimated to be achieved by 2030 by 193 member countries of the UNO. In this study, the health awareness of tribal women is influenced by their education, has direct linkage with their good health and well-being which is also instrumental to achieve sustainable development, is the subject matter of sustainable development.

Review of Related Literature:

Biyyala, B. R., Mola, R.S.M. & Arepally, S. (2018) conducted a study on “Awareness about Mother and Child Health Services Among Tribal Women of Reproductive Age Group in Kurnool Division of Kurnool District, Andhra Pradesh”. Objective of the study was to assess the knowledge of married tribal women of reproductive age group about Mother Care Health (MCH) services. Findings of the study were - (i) awareness about Vitamin A supplementation, Family Planning temporary methods, birth waiting homes, Janani Surakshya Yojana (JSY), 108 services were observed to be poor among participants; (ii) awareness about post- natal services, delivery, family planning permanent methods was found to be inadequate; (iii) more than 50% of the study subjects had knowledge regarding antenatal services, home delivery by trained person, complete immunization and feeding practices; (iv) health workers and family members were the major source of information and (v) literacy status had significant roles for having knowledge about Mother and Child Health (MCH) services.

Jungari, S. & Paswan, B. (2019) conducted a study on “Does the National Rural Health Mission Improve the Health of Tribal Women? Perspective of Husbands in Maharashtra, India”. Objectives of the study were - (i) to examine the health status of tribal women particularly their maternal health; (ii) to explore the utilization of the Janani Suraksha Yojana (JSY) Scheme, Tribal Motherhood Scheme (TMS) and the Human Development Scheme (HDS) among pregnant women; (iii) to investigate the performance of Accredited Social Health Activist (ASHA) workers. Findings of the study were - (i) less than half of the women delivered in health facilities but nearly 60% of births were attended by skilled medical personnel; (ii) the utilization rate of full Ante-Natal care (ANC) and Post Natal Care (PNC) were 70% and 50% respectively; (iii) nearly 60% of men had heard about the JSY scheme ;(iv) 75% reported that their wives had benefitted from the JSY scheme; (v) majority of husbands (75%) reported that they were not aware of the JSY scheme.

Rokade, S., Mog, M. & Ahamed M. N. (2020) Conducted a study on “Nutritional Status Among Tribal Women in Maharashtra, India: Spatial Variations and Determinants”. Objective of the study was to know prevalence and determinants of nutritional status among tribal women in Maharashtra. Findings of the study were - (i) the prevalence of underweight is lower among tribal women but more than half of the total women were anemic, less than 6% of obesity among the sample units of Maharashtra; (ii) the highest (2.5% - 6.6 %) and the moderate percentage (1.5%-2.5 %) of severe anemia and obesity were found in almost all the districts located in western Maharashtra, whereas the prevalence of high (48%-62%) and moderate (35%-48 %) underweight was found dispersedly throughout the Maharashtra.

Raju, S. T., & Asha, A. (2022) conducted a study on “A Study on Health Awareness Among Tribal Women in North Coastal District of Andhra Pradesh “. Objective of the study was to find out the health awareness of the tribal women with respect to the following variables:

- a. 16 years to 20 years/ 21 to 25 years/ 26 to 30 years,
- b. Birth order: First/Middle/Last

Findings of the study were - (i) age of tribal women does not make a significant difference in their health awareness, (ii) birth order of tribal women does not make a significant difference in their health awareness.

Madankar, M. , Kakade, N., Basa, L., & Sabri, B.(2024) conducted a study on “ Exploring Maternal and Child Health Among Tribal Communities in India: A Life Course Perspective “.Objective of the study was (1) to understand poor maternal and child health (MCH) among tribal women and children in Bhamaragadh, one of the most socio-economic under developed areas of Maharashtra, home to Madia-Gond tribes. Findings of the study were - (i) Madia-Gond women experienced risk with preterm birth and low birth weight babies during delivery; (ii) Neo-natal mortality is high accounting for 12.4% of Maharashtra’s total neonatal deaths; (iii) traditional cultural practices negatively impact the health outcome of infants; (iv) delayed breast feeding, instead of breast feeding honey, sugar, water mixed with traditional herbs, animal milk etc. are given to the new born babies. Just after birth no breast feeding is given to the baby; (v) anemia rate is high in mothers. 65% of all tribal women aged 15-49 having anemia, resulting in insufficient breast milk production; (vi) limited access to nutritional diet and health care services due to poverty and resource scarcity; (vii) limited access to education; (viii) puberty to late adolescence is a vulnerable time for Madia-Gond girls, physical and reproductive health; (ix) restricted cultural practices during menstruation increase the risk for infection; (x) teen age pregnancy and early marriage, multiple pregnancy before the age 20, cultural barriers related to family planning, abortions restrictions and unhealthy care during pregnancy, outdated practices of birthing by Dais, less awareness on govt. schemes and programmes for safe birth and family planning, limited access to health care facilities and poor transportation facility, inadequate nutrition during pregnancy and post-partum period, double burden of household and labour work during pregnancy .

Conclusion:

Most of the studies from India and abroad focused on health awareness of tribal women, reproductive health awareness of tribal women, nutritional awareness of tribal women, child care awareness of tribal women, awareness on immunization, gender roles in access of health services, family planning awareness, utilization and barriers among tribal women, importance of women education for achieving Sustainable Development Goals (SDGs), nutritional status of women etc. meant for having an over view on the level of women’s awareness towards their development which will lead towards achieving Sustainable Development, as Goal No.3 is vital one for achieving sustainable development. Most of the respondents are not having awareness on importance of breast feeding to child, physical and reproductive health, harms of pregnancy in pre-matured age, cultural practices are barriers for their family planning etc. (Madankar & others, 2024). Women and girls in reproductive age are not having health and nutrition awareness adequately (Biyalla, 2018; Jungary & Paswan, 2019). As a whole, all aspects of health awareness coming under family health awareness of tribal women is not studied yet. So, the investigator found it from above review of literature as knowledge gap and selected it as his subject of study. It is also found that socio-economic status, illiteracy of tribal women, their cultural values, prevailed gender roles, gender norms has vital roles for not having good health and well-being of their own. So, all these barriers of the health awareness of tribal women, all over the world, are subject matter of deep concern.

Rationale of the Study:

It is universally acknowledged that education has crucial roles for attaining sustainable development. The education of women specifically tribal women who are at the top rung of the disadvantageous section of the society, has unique roles in sustainable development as the women population is half of the total population of the world including a sizeable ST women population. From local to national, international level, the education of these women, development of these women has been an important issue. The State Govt., Central Govt. and international organizations like UNESCO, UNICEF, World Bank, NGOs etc continuously trying to develop the overall status of these women through different policy programmes formulations and implementation. Koraput district is having 50.56% ST population concentration of the total population and the ST women population is 51.40% in comparison to ST male population (49.70%) (District wise scheduled tribe population (Appendix), Odisha-2011, Census of India-2011, Govt. of India). At the same time the ST population of Baipariguda block is more than half (59.43%) of the total population of the block. The ST female population of the block is also more than the ST male population of the block. So, the investigator wanted to know whether these pro women development programmes launched by the world organizations etc. for their education, health literacy, nutritional literacy etc. have any impact on maintaining good health and well-being of their own and of their family members for the sustainable development of the block.

After reviewing the related literatures, the investigator came to know that the literacy rate of women and specifically the ST women is very low of those studied areas. Because of socio-economic-cultural-political reasons they are having poor socio-economic-health - psychological- educational status which is negatively contributing to maintain good health status. So, the investigator selected educated tribal women as subjects of study to know the role of education on maintaining good health and well-being. It is found from above literature that no study conducted yet on educated tribal women to assess their overall family health awareness. Considering above gaps of literature, the investigator had chosen the area of interest for study.

Objectives of the Study:

- 1.To identify and find out the family health awareness of educated tribal women in Boipariguda Block of Koraput district.
- 2.To suggest measures for better health awareness and well-being of tribal women for the achievement of Sustainable Development Goal no. 3.

Research Design

The present study followed descriptive survey method. The design of the study was confined to find out the percentage (%) of score of Educated Tribal Women (ETW) having minimum Matric pass and above qualification in respect of 8 dimensions of Family Health Awareness (FHA). The investigator used percentage analysis technique for analysis and interpretation of data on 8 dimensions of Family Health Awareness (FHA).

Universe of the Study:

Universe of the present study is all married educated tribal women having Matric pass and above qualification in the reproductive age between 20 to 45 years of Boipariguda Block in Koraput District of Odisha.

Sample of the Study:

A sample of 50 tribal women was purposively drawn from the universe as representative sample for the study following purposive sampling method.

Tools and Techniques:

An Interview Schedule of Family Health Awareness (FHW) comprising of eight dimensions was prepared by the investigator in consultation with experts in the field of medicine like - doctors, Nurses, CDPO (ICDS) and PHC Programme Co-ordinator. Documents of WHO, UNICEF and latest NFHS report was analysed for said the purpose. An all-out effort was made by the investigator to ensure content validity of the tool in line with the guidelines, recommendations made by above mentioned experts, authorities and agency’s documents. A pilot study was also done by the investigator for checking whether the interview Schedule was workable or not. Accordingly, certain modifications were brought in the tool. Dimensions of Family Health Awareness Interview Schedule are (i) Pre- and Neo-natal Awareness (PNA), (ii) Food and Nutrition Awareness (FNA), (iii) Health Care Awareness (HCA), (iv) Family Health Awareness (FHA), (v) Health Insurance Awareness (HIA), (vi) Health Scheme Awareness (HSA), (vii) Immunization Awareness (IA) and (viii) Maternity and Child Care Awareness (MCCA).

Delimitation of the study:

The study was conducted on only one aspect of sustainable development that is family health awareness for a specific purpose without the inclusion of other areas of sustainable development. It was confined to 50 samples of educated married tribal women in the reproductive age range between 20 to 45 years and having educational qualification of Matric and above in Boipariguda block of Koraput district, Odisha.

Data Analysis

Table-1 presents average total percentage scores of 8 dimensions of Family Health Awareness (FHA) of Educated Tribal Women (ETW) under study which indicates their Family Health Awareness towards good health and well-being of their family members including themselves for achieving Sustainable Development Goal No-3.

Table-1-Dimension wise Average Total Percentage Analysis of Family Health Awareness (FHA) Score.

Sl.No.	Dimensions	Average Total percentage (Yes Response)	Average Total Percentage (No Response)
1.	Pre & Neo-natal Awareness (PNA)	72.2 %	27.8 %
2.	Food and Nutrition Awareness (FNA)	65.6 %	34.4 %
3.	Health Care Awareness (HCA)	76.8 %	23.2 %
4.	Family Health Awareness (FHA)	64.4 %	35.6 %
5.	Health Insurance Awareness (HIA)	5.5 %	94.5 %
6.	Health Scheme Awareness (HAS)	61.6 %	38.4 %
7.	Immunization Awareness (IA)	56.75 %	43.25 %
8.	Maternity and Child Care Awareness (MCCA)	76.85 %	23.15 %

(Source - Data based on field study and investigator’s calculation)

Table no-1 indicates different 8 dimensions of Family Health Awareness of Educated Tribal Women under study with respective average total percentage scores (Yes/No) which are analyzed as following- 1. Most of the respondents (72.2%) have Pre & Neo-natal Awareness whereas 27.8% of respondents denied it. The result is satisfying. This finding supports for achieving Sustainable Development Goal no-3. It may be due to their education, health literacy and impactful role of health workers in the block. Government should take target-based steps toward good health and well-being of tribal women.

2. Most of the respondents (65.6%) have Food and Nutrition Awareness whereas 34.4% of respondents denied it. It indicates that the ANM/ Anangwadi workers, ICDS are working whole heartedly for diffusing food and nutrition awareness among mothers, adolescent girls and pregnant ladies. He results is satisfactory.
3. Most of the respondents (76.8%) are having Health Care Awareness whereas 23.2% of respondents denied it. It indicates that different health programmes launched by both central and state Governments in this block are effective. More initiatives should be taken by different stake holders of Health Department, NGOs in grass root level for their Health Care Awareness and help them to access health facilities available in their locality.
4. Most of the respondents are having Family Health Awareness (64.4 %) whereas 35.6% of respondents denied it. It indicates that though the result is satisfactory but more to do in this regard. Comparatively, the situation is little bit changed than earlier due to health infrastructural development in this district. CHCs, PHCs and Medical College in Koraput, referral medical in Jeypore is opened up for the health services of this tribal belt.
5. Most of the respondents (94.5%) are not having Health Insurance Awareness whereas only 5.5% of respondents responded positively. This finding is not satisfying one. It is due to lack of health insurance literacy of respondents. This finding does not support to achieve Sustainable Development Goal no-3. Rural banks, Mass Media, Post Offices should take initiatives towards diffusing health insurance literacy among them so that they may be insured in order to tackle health issues financially.
6. Most of the respondents (61.6%) are having Health Scheme Awareness whereas 38.4% denied it. The result is satisfying. They know about different central and state sponsored health schemes like National Health Mission (NHM), Pradhan Mantry Jan Arogya Yojana (PMJAY), Sakshyam Anganwadi and POSHAN Aviyan 2.0 (PMSMA), Biju Swasthya Kalyana Yojana BSKY), National Ayush Mission (NAM), Janani Surakshya Yojana (JSY) etc. It means they are enrolled in these schemes and taking advantages of these.
7. Most of the respondents (56.75%) responded positively with regard to different indicators of Immunization Awareness. Only 43.25 % of respondents denied it. It means they know immunization schedules for pregnant women and children like TT, BCG, Hepatitis B, DTP boster, OPV boster and Vitamin A for children which will save both mothers and babies life at pre-natal and in post-natal-period of new born baby. The result is satisfying and supports for achieving SDG no-3.
8. Most of the respondents (76.85%) are having Maternity and Child Care Awareness. They know the duration of first breast feeding just after the birth of a child, clinical examination of sense organs of new born baby, duration and frequency of post-partum check-up of both mother and child etc. The result is satisfying. It is a positive support towards achieving Sustainable Development Goal No-3. Only 23.15% of respondents are unknown about indicators of Maternity and Child care Awareness. It may be due to lack of awareness. They should be educated at the earliest for good health and well-being.

Dimension wise Average Total Percentage of Family Health Awareness (FHA) Score of Educated Tribal Women

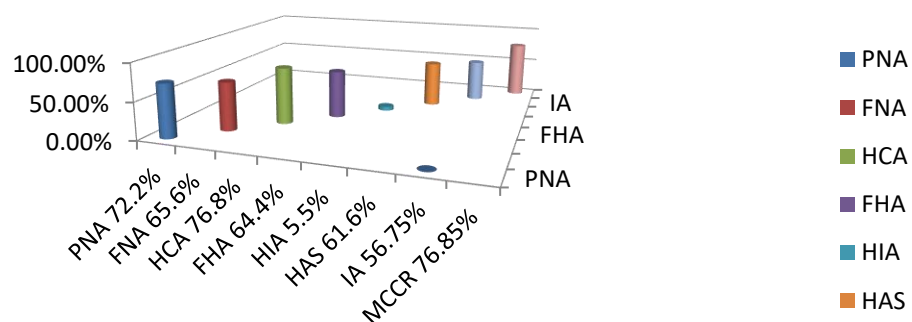


Figure-1

(Source- Data based on field study and investigator's calculation)

Figure- 1 represents dimension wise average total percentage score of Family Health Awareness of Educated Tribal Women under study.

Major Findings and Suggestions

The following are the major findings of the study with appropriate suggestions -

1. It is observed that most of the educated tribal women respondents (75.2%) are having Pre & Neo-Natal Awareness which is very satisfactory. This finding supports for achieving Sustainable Development Goal No-3. 27.8% of the respondents are unknown about different indicators of Pre & Neo-natal Awareness. So, the investigator suggests that proper monitoring mechanism should be developed by the Government machinery for having feedback of the working culture of health workers engaged in this block in order to aware mothers, provide health services to them for complete health awareness of them.
2. It is observed that most of the educated tribal women respondents (65.6%) are having Food and Nutrition Awareness (FNA) which is satisfactory. This finding supports for achieving Sustainable Development Goal No-3. 34.4% of respondents denied it. So, it is suggested that the ANM/ASHA workers should reach at them on priority basis. ICDS should mobilize awareness programme in every fortnight basically in rural remote areas.
3. It is observed that most of the educated tribal women respondents (76.8%) are having Health Care Awareness (HCA) which is satisfactory. This finding supports for achieving Sustainable Development Goal No-3. They are having awareness on importance of family planning, knowledge of common diseases seen in the family and their treatments, health and safe sexual life etc. Only 23.2% of the respondents denied it. So, it is suggested that women should be aware on small family norms, healthy sexual life, use of contraception, harms of early marriage. Social media should play important roles in this regard. Health camps should be organized routine wise in remote areas for awareness purpose.
4. It is observed that most of the educated tribal women respondents (64.4%) are having Family Health Awareness (FHA) which is satisfactory. This finding supports for achieving Sustainable Development Goal No-3. 35.6% of respondents denied it. So, Government should take initiatives on priority basis for disseminating Family Health Awareness among those women through organizing health camps, nukkad programmes, puppet dances. ANM/ASHA workers in remote tribal areas.
5. It is observed that most of the educated tribal women respondents (94.5%) having no Health Insurance Awareness (HIS) which is matter of concern. Only 5.5% of the respondents are known about the meaning and importance of health insurance, name of health insurance providers, natures of health insurance coverage etc. The result is not satisfactory. This finding does not support for achieving Sustainable Development Goal No-3. So, both Government and private Banks, LIC/GIC agents, Postal department should come forward to educate tribal people all about the health insurance so that they can get benefit out of it.
6. It is observed that most of the educated tribal women respondents (61%) have Health Scheme Awareness (HSA) which is satisfactory. This finding supports for achieving Sustainable Development Goal No-3. All tribal families are coming under different health schemes provided by both Central Government and State Government. It helps for free medication of economically poor tribal without paying a single penny. 38.4% of respondents are not known about the schemes. So, it is suggested that special drive should be undertaken by health department authorities of hospitals, ICDS workers, Anganwadi workers, ANM/ASHA workers to aware, educate them on different health schemes provided by Governments.
7. It is also observed that most of the educated tribal women respondents (56.75%) have Immunization Awareness (IA) which is satisfactory but not up to the mark. This finding also supports for achieving Sustainable Development Goal No-3. Respondents know immunization schedule during pregnancy

which is must and good for both mother and child, immunization to new born baby after birth up to six months, other vaccines like TT, BCG, DTP booster, Hepatitis B, OPV booster and Vitamin A.

8. It is observed that most of the educated tribal women respondents (76.85%) have Maternity and Child care Awareness (MCCA) which is very satisfactory. This finding supports for achieving Sustainable Development Goal No-3. Only 23.15% of respondents have no awareness on this dimension of Family Health Awareness. It is suggested that the ASHA/ANM and Anganwadi workers should educate properly to the tribal women with regard to healthy diets, medical check-up (Ante-natal and postpartum), Immunization schedules, TTs for mothers, vaccines for new born babies, breast feeding, importance of institutional delivery etc.

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