



A COMPREHENSIVE ANALYSIS OF SOCIOLOGICAL AND PUBLIC HEALTH DETERMINANTS OF MATERNAL HEALTH AMONG TRIBAL WOMEN IN JUNGLEMAHAL

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Abstract

Within West Bengal, the Junglemahal region is a completely distinct area from other regions of the state in terms of geographical, social, and cultural aspects, and is one of the most backward areas of the state. The Junglemahal region is mainly composed of Bankura, Purulia, Jhargram, and West Midnapore districts, and has a large tribal community population. This research paper will thoroughly analyze the current state of maternal health among tribal women (especially Santhal, Munda, Sabar, and Lodha communities) in Junglemahal, maternal mortality statistics, and the influence of certain social norms, beliefs, economic context, and government health services behind this maternal health. Based on data from National Family Health Survey (NFHS-5), Census 2011, and various research studies, it will be shown here that although the institutional delivery rate has increased due to various types of central and state government projects, anemia, malnutrition, and childbirth complications are prevalent among tribal women. Research has shown that almost all tribal women suffer from anemia, which is gradually increasing the tendency towards maternal mortality. Additionally, traditional dietary restrictions, dependence on indigenous medicine (Gunini Bidya), and inaccessible roads act as major obstacles in accessing modern medical services.

Keywords: Junglemahal, Tribal Women, Maternal Health, Social Determinants of Health, Maternal Mortality.

Introduction

Although the word Junglemahal generally means forestland, it was one of the most marginalized regions of West Bengal's western plateau and forest-covered area. Mainly, the East India Company formed the Junglemahal area in 1805 through Regulation XVIII to establish colonial governance in India, suppress the rebellion of local indigenous people, and fulfill their commercial interests. This region is mainly surrounded by laterite soil, sal, mahua, kendu forests, and rugged terrain. And this geographical adversity made the daily life of the people living here unbearable.¹

The maternal health of any population is one of the primary reflections of that population's socio-economic condition. Because maternal health is a reflection of a woman's entire life cycle. Similarly, for tribal women of various ethnic groups residing in Junglemahal - Santhal, Munda, Bhumij, Ho, Oraon, Kurmis, Kerias, Lodha, Sabar, Bauri, and Mahali - maternal health is not just about pregnancy or childbirth; it is intricately connected with their nutrition, working life, social status, and cultural beliefs.² However, even after independence, these sensitive issues have not been given much attention, with deep social and economic reasons behind this. Such as child marriage, poverty, illiteracy, malnutrition, patriarchal social system, ethnic marginalization, and above all, distrust of modern medical systems. Due to the combined effect of all these, compared to other areas of the state, the condition of maternal health, maternal mortality, and infant mortality rates here are quite alarming. This research paper will attempt to uncover these complex interrelationships.³

The social and economic conditions of the people of Jangalmahal

The districts of Jangalmahal have the highest proportion of tribal or Scheduled Tribe communities among the total population of West Bengal. The table below shows the tribal population and their literacy rates in the Jangalmahal area according to the 2011 census.



District	Tribal Population	Tribal Population rate (%)	Literacy rate (%)			Tribal Literacy rate (%)		
			Total	Male	Female	Total	Male	Female
Purulia	540652	(19.37%)	64.48	77	49.50	53.68	67.42	48.9
Bankura	368690	(10.25%)	70.95	80.05	60.05	59.18	72.69	45.69
Jhargram	333848	(29.37%)	70.92	72.23	56.11	50.50	61.50	40.40
Paschim Medinipur	546167	(11.43%)	79.04	85.26	70.50	55.50	67.25	46.60
Jangalmahal	1789357	(18.50%)	71.50	78.75	59.05	54.72	67.20	45.40

Because one of the limitations behind the maternal health of indigenous women is their lack of appropriate education.⁴

The main economic foundation for tribal communities in Jangalmahal was agriculture along with forest resource extraction. But due to rugged land and lack of irrigation, crops are not produced more than once a year here. As a result, conducting daily life based only on forest resources becomes difficult for them. For a large part of the year, especially in winter and summer, both men and women go to neighbouring districts as migrant workers in search of alternative income.⁵ Pregnant tribal women face the greatest loss due to this migratory lifestyle. During pregnancy, they do not receive the nutritious food available from Anganwadi centers. They have to work hard until the final stages of pregnancy, as a result of which they often give birth to low-weight babies. Additionally, where they go for work, they often have to stay in unhealthy environments, which leads to various disease infections.⁶

Current Picture of Maternal Health: A Statistical Analysis

Among various types of problems in maternal health of tribal women in Jangalmahal, the biggest problem is anemia. Research has shown that about 89% of tribal women here suffer from anemia. Of these, about 62% have moderate anemia and 11% suffer from severe anemia. The matter is presented below in table form:⁷

Type of Anemia	Percentage	Probable Cause
Mild	16%	Lack of iron in diet
Moderate	62%	Malaria and worm infections
Severe	11%	Chronic malnutrition
No anemia	11%	

The main reason behind this problem is lack of nutrition. They depend excessively on rice and barely get vegetables, pulses, or animal protein. Due to financial constraints, they also work shoulder to shoulder with men to earn money throughout the day, and as a result cannot take care of themselves. Since the Jangalmahal area is a malaria-prone area, mothers get malaria more during pregnancy. As a result, the mother's red blood cells are destroyed and anemia occurs.⁸

According to World Health Organization guidelines, a mother needs to have at least four checkups or Antenatal Care (ANC) visits during pregnancy. In the case of Jangalmahal, it is seen that the Pregnancy Registration rate is quite good, more than



90%, because it is linked with government financial benefits (Janani Suraksha Yojna). But the rate of completing four checkups is below 50%.⁹ The main reasons for this problem are that there are many villages in Junglemahal that are far from sub-health centers, and due to this distance, they cannot get checkups properly. And if they miss a day's work for this checkup, the day's wages are lost, which is very difficult for these poverty-stricken families to bear. Due to lack of awareness among most tribal women in Junglemahal, they think that there is no need to go to the doctor if there is no physical problem.¹⁰

In the last decade, the institutional delivery rate in the Junglemahal area has increased substantially, the main reason behind this being government projects. This institutional delivery rate is approximately between 70%-95%. Below, with the help of a table, the change in institutional delivery rate is shown:¹¹

District	NFHS-4 (%)	NFHS-5 (%)	Result
Bankura	82.3	96.2	Near complete coverage
Paschim Medinipur	86.4	98.6	Positive
Purulia	70.1	89.4	Progress underway
West Bengal (Average)	75.2	91.7	State-level improvement also

Source: NFHS-5 and Health Department reports

Still, in remote tribal villages, especially among Sabar and Lodha communities, the practice of home delivery still remains.¹² According to National Family Health Survey (NFHS-5) data, the home delivery rate among Scheduled Tribe women is much higher compared to other women, the reasons being fear, distrust of hospitals, and greater faith and attraction to traditional practices. Many of them also do not want to go to hospitals because they do not have the opportunity for traditional method (Squatting) delivery there, which they find more comfortable.¹³

Cultural and Traditional Barriers

Although consumption of nutritious food during pregnancy is extremely important, certain dietary restrictions prevalent in the tribal society of Junglemahal become the main cause of nutritional deficiency among mothers here. Again, being influenced by superstitions, they do not eat hot food because it supposedly harms the baby. Jackfruit is a good source of vitamins and minerals. But they do not eat it because they believe that eating jackfruit during pregnancy will make the baby's skin rough.¹⁴

In many cases, they also think that eating too much during pregnancy will make the baby grow very large in the womb, making delivery difficult. Therefore, pregnant mothers there eat less food during the last three months of pregnancy, which is the main cause of their malnutrition. Even after delivery, the mother is kept in an unclean environment or birthing room, as a result of which various disease infections appear in their body as well as their baby's body. Besides, in case of illness, they believe in the witch doctor's incantations instead of modern treatment, which delays treatment considerably.¹⁵

Government Projects and Policies: Success and Limitations

Janani Suraksha Yojna (JSY): Under this project, pregnant mothers receive 1400 rupees if they give birth in government hospitals. As a result, the rate of hospital deliveries has increased considerably in poor families of Junglemahal. But in most cases, this small amount of money is spent on hospital expenses and buying medicines, leaving nothing to buy nutritious food.¹⁶



Cover Page



Pradhan Mantri Matru Vandana Yojna (PMMVY): According to this project, mothers are given 5000 rupees in three installments for giving birth to their first child. Women of Junglemahal face many obstacles in getting the benefits of this project. For example, many tribal women do not receive this money due to spelling mistakes in the Aadhaar card name, problems with the husband's Aadhaar card, or lack of linkage with the bank account. Even for illiterate women, filling out long forms becomes another major problem.¹⁷

The West Bengal government has launched two projects: Matri Ma and Matri Canteen. Through the Matri Ma project, high-risk pregnant women are identified and their problems are solved. But in many places of Junglemahal, this work is hampered due to slow internet speed. And through the Matri Canteen project, egg rice is provided to pregnant mothers for 5 rupees. But although the success of this project is considerable in urban areas, it can be said that it hardly exists in remote villages like Junglemahal. There, the Anganwadi center is the only hope for nutrition. But in many cases, even Anganwadis do not have regular supply of rice and pulses.¹⁸

The main backbone of the health system in Junglemahal is the ASHA workers of that area. They go door to door to check on every pregnant mother, give medicines, and take them to hospitals. But walking mile after mile on the hilly roads of this area, wild elephant menace, and low remuneration not only make their work difficult but also exhaust their mental strength. Despite so many obstacles, due to their tireless efforts, vaccination and institutional delivery rates have increased considerably in this area.¹⁹

Some Case Studies from Junglemahal Area

To increase the depth of research and to bring this touching subject to the government and its employees, two are mentioned:

- A survey conducted on the Sabar tribe in the Manbazar area of Purulia has shown that they have chronic nutritional deficiency. The BMI of women of this Sabar tribe is between 35-40, and when she becomes pregnant in this condition, her child is also born with severe malnutrition. Their daily food list includes boiled rice with a little salt and boiled wild potatoes.
- A woman from Bankura mentioned in an interview that women's decision-making power within the family is very limited. Even if she feels unwell during pregnancy, the power to make decisions lies with her husband or mother-in-law.¹⁰

Conclusion

To achieve overall improvement in maternal health of tribal women in Junglemahal, along with increasing opportunities for modern medical methods and increasing the number of hospitals, there is a need for a comprehensive and sensitive perspective. Even the superstitions need to be removed from every woman to men living there and bring them to the doorstep of modernity. The maternal health problem of Junglemahal has become much more a subject of sociology than belonging to medical science. Until structural causes like poverty, illiteracy, and ethnic discrimination are removed from among them, it is not possible to build a healthy and strong future generation or reduce maternal mortality rates merely by medicines and hospital deliveries.

Reference:

1. Mahadani, S, 2021, Joint Forest Management and Tribal Society of Junglemahal (1865-2006): A Historical Study, Seacom Skills University, Birbhum, pp:24-27.
2. Yasmin, M, 2025, Maternal Health of Tribal Women in West Bengal, India: A Sociological Case Study, IOSR, pp:56-57.



3. Kosariya, Singh, S, Chakraborty, A, Nagwanshi, B, 2024, Maternal Health and Nutritional Challenges Among Tribal Women in India : A Review of Socio Economic and Healthcare Factors, Indian Journal of Medical & Health Sciences, pp:70.
4. Guin,Kumar, R, Status and Challenges of Tribal Education in Junglemahal: A Statistical Analysis, Library Philosophy and Practice, The University Libraries of The University of Nebraska-Lincoln, USA.
5. Yasmin, M, 2025, Maternal Health of Tribal Women in West Bengal, India: A Sociological Case Study, IOSR, pp:57-58.
6. Madankar, M, Kakade, N, Basa, Lohita, & Sabri Bushra, 2024, Exploring Maternal and Child Health Among Tribal Communities in India: A Life Course Perspective, Global Journal of Health Science, Vol-16(2), pp:36-38.
7. Rohisha, I, K, Jose, T, T, & Chakrabarty, J, 2019, Prevalence of Anemia Among Tribal Women, Journal of Family Medicine and Primary Care, pp:145-147.
8. Madankar, M, Kakade,N, Basa, L, & Sabri, B, 2024, Exploring Maternal and Child Health Among Tribal Communities in India: A Life Course Perspective, Global Journal of Health Science, pp:31-37.
9. Ministry of Health and Family Welfare, Government of India. West Bengal State Wise Information Report (National Health Mission).
10. Kumr, N, Sah, R,K, Panda, P, Mohanty, J, R, Tripathy, S, Negi, S, Haritha, & Mehta, 2025, Utilization Rate and Associated Factors of Anc Care Service Among Santhal Tribe Women of Jharkhand, India: A Cross-Sectional Study. Journal of Family Medicine and Primary Care.
11. Health dossier 2021, Reflections on Key Health Indicators, West Bengal, pp:8.
12. Ministry of Health and Family Welfare, Government of India. West Bengal State Wise Information Report (National Health Mission).
13. Bango, M & Ghosh, S, 2022, Social and Regional Disparities in Utilization of Maternal and Child Healthcare Services in India: A Study of The Post-National Health Mission Period.
14. Damu, A, Pratheeka, Jyothi, K,V, Guthi, Rao, V, 2023, Food Taboos during pregnancy and lactation among tribal population of South India, IJCMPPH, pp:1496-1497.
15. Paul, T, Basu, A, 2025, Tribal Women and the reproductive health culture in India: The Case of Santhal Tribe in West Bengal, Journal of Social Work and Social Development, Visva-Bharti University, Vol-16, pp:92-93.
16. Dolma, Y, Evaluation of Janani Suraksha Yojna Under National Rural Health Mission in Kashmir Valley, University of Kashmir, pp:11-13.
17. Dr, Kumar, J, S, D, Shobana, 2023, Awareness and Utilization of the Pradhan Mantra Matru Vandana Yojna Scheme of Lactating Mothers and Pregnant Women in Nagaland, International Journal of Social Science & Management Studies, M.P, India, pp: 81-87.
18. Gender & Child Budget 2024-2025, Government of West Bengal, February, 2024, pp:9-11.
19. Deshpande, S, Gadapani, P,B & Manapurath, R.M, 2020, Analyzing the Challenges and Demotivating Factors Faced by Accredited Social Health Activist Workers in Tribal India in Implementing Their Roles, International Journal of Medical Science and Public Health, pp:117-120.
20. Bandyopadhyay, S, 2023, Nutritional Status and Feeding Practices of Sabar Tribal Children in Bankura District, West Bengal, India, pp:30-31.