Sexual and Reproductive Health Rights of Sabar Tribal Women in Khordha District of Odisha

A Study Report
July 2021

Sahayog
for equity and
sustainable development

CommonHealth

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ACKNOWLEDGEMENTS

We wish to acknowledge the women who shared their life stories with us so willingly, the field workers who conducted the interviews, the members of CommonHealth who read the drafts and gave us valuable feedback and acted as our guides, as well as those who patiently transcribed and translated the interviews.

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ABBREVIATIONS AND ACRONYMNS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BMI	Body Mass Index
BPL	Below Poverty Line
CCM	Concurrent Monitoring
CHC	Community Health Centre
GDI	Gender Development Index
GP	Gram Panchayat
HCR	Head Count Ratio
HDI	Human Development Index
IAY	Indira Awas Yojana
IDI	In-Depth Interview
IMR	Infant Mortality Rate
LVPEI	L V Prasad Eye Institute
NCRB	National Crime Records Bureau
NFHS-4	Fourth National Family Health Survey
NGO	Non-Governmental Organization
NREGS	National Rural Employment Guarantee Scheme
NRHM	National Rural Health Mission
OPELIP	Odisha PVTG Empowerment and Livelihood Improvement Programme
PHC	Primary Health Centre
PHED	Public Health and Engineering Department
PVTG	Particularly Vulnerable Tribal Groups
SC	Scheduled caste
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health Rights
ST	Scheduled tribe
TFR	Total Fertility Rate
USG	Ultrasonography
VHND	Village Health and Nutrition Day

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EXECUTIVE SUMMARY

This study focuses on the sexual and reproductive life histories of Sabar tribal women living in Khordha district of Odisha. The Sabars are one of the Particularly Vulnerable Tribal Groups in India, and are scattered across many states. In Odisha only a few groups in interior hill areas retain their tribal customs and habits, while the rest are Sanskritized to varying extents. The Sabars in Khordha district migrated here many generations ago and do not retain any tribal identity: their language and customs, as well as their religious practices are identical to those of the Oriyas.

Across the country, tribals have the worst development indicators among all communities, and it is the same in Odisha. Each state has a Tribal Welfare department with separate funding for the development of indigenous people, and Odisha has had a special focus on development among its tribal communities. The health department has incentives for health staff to live and work in tribal areas. Staff nurses and ANMs are now recruited for training from their home district and posted there, thus making it easier for them to be present at their place of posting. Tribal women in Odisha face the additional disadvantage of their gender, with the Gender Development Index being low in several tribal districts.

The proportion of tribals in Khordha district is relatively low, and therefore Khordha is not designated as a tribal district, nor does it have any tribal blocks. The Sabars in Khordha, therefore, do not benefit from the special programmes meant for tribal areas. Additionally, many of them are not recognized as tribals and denied a tribal “caste” certificate. This means they cannot access free Government schemes for tribals like the Ashram Schools for education; or reservation in jobs. Those who do have the certificate are better off economically. Sabar women in Khordha also bear the consequences of Sanskritization with increased patriarchy and gender inequality compared to other, less Sanskritized tribal groups. Thus there are restrictions on their movement and clothing after menarche; they have no say in who they marry or when; and son preference is common.

The study details the lives of five tribal women who are illiterate and live lives of extreme poverty. They work as daily wage labourers, earning less than the men do, for the same amount of work. All of them want their children to be well educated and to get a job: one of the women obtained a caste certificate by bribing an official in the Panchayat, so that her children could access proper educational facilities and a job.

With little or no knowledge of their own bodies and body processes, they have learnt of menstruation, intercourse and pregnancy with experience alone. They find no joy in sex, but endure it as a duty in order to produce children. Once their family is complete or their attain menopause, they see no further need for physical intimacy. Two of the women face domestic abuse. They have access to Government schemes meant for BPL families, but are unable to utilize them fully. For example, latrines under the Government scheme are incompletely built; or they are unable to afford a gas cylinder refill even though the connection was given to them free of cost. They do not face active discrimination by the health staff, but do not seem to have been given adequate information about issues like pregnancy and contraception.

The double disadvantage of Sanskritization and of being denied their tribal status has resulted in disempowered women whose poverty worsens their status. In their life stories we see a denial of social and economic rights; sexual and reproductive rights; and the right to health care.

INTRODUCTION AND BACKGROUND OF THE STUDY

Today, the adivasis (original settlers) or tribals, are perhaps the most deprived and exploited group in India today. Communities that lived in harmony with nature and in a sustainable manner with the environment in a forest economy, have been systematically deprived of their dwelling, their source of food and livelihood and displaced in large numbers in the name of development. Many have been forced into poverty. Any development indicator in our country – be it income, education, health parameters, mortality, literacy levels, nutrition – the tribal fares the worst in all of them. Since they traditionally live in hilly or mountainous forested areas, access to health and health care services, as well as access by health care providers, is difficult.

Though traditionally tribal women enjoy an equal status with men, with increasing Sanskritization, they have unfortunately adopted some of the practices in Hindu communities, including restricting the freedom of women outside the house. Today many tribal women face the same oppression as other women, including strict gender roles, domestic violence, etc.; but are worse off in terms of poverty.

In most non-tribal areas, tribals live in a separate part of the village, as do the Dalits. The Sabar in Khordha district, though originally one of the Particularly Vulnerable Tribal Groups (PVTGs), have for many generations lost their traditional language and culture, and have totally adopted the Oriya culture and language. In Khordha, therefore, they are not recognised as one of the PVTGs. As the particular tribe is spelt in many ways – Savar, Sabar, Saora, Shaura etc., the name has been distorted in some Government records as to spell something completely different – instead of Sabar, it was written as *Kabari*, or *Saara* which is not a tribal name. Hence many of them are denied the certificate as belonging to a Scheduled Tribe and are thus deprived of the benefits they are entitled to, most prominently in reservation for their children in higher education and in jobs.

Tribal women are a shade more deprived than tribal men, suffering all the deprivations that men do, and also being subject to the gender discrimination brought on by their adoption of the Hindu religion and customs. The Sabar women of Khordha live in a seemingly unending cycle of poverty, with limited interaction with women of other communities, apart from health care providers at the village level. Little is known of what their lives are like, what they go through from childhood to adulthood, and what they feel about their lives.

It is necessary, therefore, that their voices be heard. This document is an attempt to bring their voices and needs to the attention of the general public as well as to policy makers

About CommonHealth and Sahayog, Odisha.

CommonHealth - Coalition for Maternal-Neonatal Health and Safe Abortion, constituted in 2006, is a multi-state coalition of organisations and individuals working to advocate for better access to sexual and reproductive health and health care, with a specific focus on maternal health and safe abortion., CommonHealth has been actively engaged in evidence building for different Sexual and Reproductive Health (SRH) issues and used this to advocate for improved and rights based SRH services.

SAHAYOG, Odisha – is a non-Governmental organization working in Odisha since 2008. Its objective is to facilitate and promote the development process in vulnerable groups and communities, focusing on women, children and differently abled persons by addressing their basic needs and building on their potential. The organization focuses on maternal, child and adolescent health; and especially works on tuberculosis elimination through advocacy and local intervention for better access to patient centric health care and services. its mission is to facilitate health and education among marginalized and vulnerable groups in Odisha; to facilitate necessary changes in practices and policies; and to facilitate the growth of a culture of solidarity, co-operation, justice and peace. Sahayog partners with CommonHealth in its work related to Sexual and Reproductive Health Rights (SRHR).

OBJECTIVES RESEARCH AND QUESTIONS

The main aim of this research is to document the sexual and reproductive health rights issues of Sabar tribal women in Khordha district of Odisha as they have experienced during different stages of life and also to understand the gaps and barriers in access to and utilisation of the health care services. The evidence generated could be used to plan suitable advocacy strategies to work with various stakeholders especially for mobilising communities and work with policymakers to make appropriate and sustainable change at various levels.

The specific objectives of study are:

1) To document policy and programme context with regard to sexual and reproductive health and rights of Sabar tribal women in Khordha district of Odisha.

2) To document stories of married Sabar women between 25 and 45 years of age regarding their sexual and reproductive lives and health and the circumstances in which this has been experienced.

3) To document the enablers and barriers of Sabar women in access to sexual and reproductive health care services.

4) To understand the health providers' perspectives and challenges in provision of SRH services to them.

Research Questions :

a. What are the sexual and reproductive pathways of women? – what are the key events and have there been any violations of sexual and reproductive rights?

b. What are the interfaces with health care services from providers and users' perspectives?

c. What is the programme and policy context around SRHR in the study sites? – mapping the programmes and policies that affect SRH in the state.

d. Larger contextual factors affecting specific groups under study, including social, legal, historical issues; economic and political factors.

METHODOLOGY

The research involved both desk review and field study. The desk review was carried out to understand the health situation of women in Odisha in general and of tribal women in Khordha district, in particular, especially with regard to reproductive health and rights. This is so that the experiences of the women studied could be understood in the larger context of the health and rights situation in the district and the state. The desk review also looked at policies and programmes in the state for tribal groups, especially Particularly Vulnerable Tribal Groups (PVTGs) in which the Sabar tribals are included.

Desk review included official documents of the Government of India and Government of Odisha including national health surveys and policy documents related to Scheduled Tribes; documents from the Anthropology Department of Utkal University, Bhubaneswar; papers published regarding tribals in Odisha; Khordha district gazetteer; and others.

The field research team comprised of two researchers and the team leader. The study was carried out in collaboration with SAHAYOG (the local NGO and member of Common Health) in their programme area in Khordha district, as they have a good rapport with the community there. The study focused on married tribal women of the Sabar community. Community meetings were organized, and as the sample size was decided as 12 women, 15 women who were willing to give time and talk about themselves were selected from three villages in Tangiapada panchayat in Khordha Block and Angarpada panchayat in Jatani Block of Khordha District in Odisha. The ages of women varied from 25-45 years from women in child bearing age to women in menopause. Informal discussions with community members were also carried out to know about their history and customs because there is poor documentation available about the Sabar in coastal Odisha, especially in Khordha district.

Ethics Committee clearance was obtained for the study. The field study was carried out through in-depth interviews (IDI) to document the lives of Sabar women in Khordha district. A total of five interviews were conducted with the Sabar women, and two service provider interviews were conducted: one with an ANM, and one with an ASHA worker who is a Sabar and also is an ex-Sarpanch. A standard and comprehensive IDI guide both for women and providers were developed was and it was piloted and finalised. The research tools were translated into local language (Oriya) and used. (Copy of the IDI guidelines is attached in annexure 1).

Interviews were conducted after obtaining informed consent in writing. The consent form was explained to the women in Odia and they were assured that their name will be kept confidential, and that they can withdraw from the interview at any time. (Copy of consent form is attached in annexure 2). The reproductive history was explored, from menarche to the present time, and was recorded with consent. Some of the interviews were conducted over two sessions, when some gaps in information had to be filled in.

Interviews with the community women were exploratory, in-depth interviews, probing their childhood, education, menarche, sexual relationships, marriage, and childbearing. At each stage of their life, their health problems and health seeking behaviour was explored. The average length of the interviews was 90 minutes.

Interviews were transcribed in Oriya and coded. They were also translated into English and coded, and the translation and coding were checked by a third person.

Limitations

Two women who had earlier given consent for the interview could not give time, so had to be dropped. A third woman was in an advanced stage of pregnancy and had repeated emotional outbursts during the interview and thus the interview was not completed.

Time was a major constraint for women who had earlier agreed as women had to go for daily wages or for collecting firewood. Since it was not safe for the field workers to return from the villages after dark (since they had to pass through a forest, and in an area with elephants and with no phone connectivity), all interviews had to be conducted only during the daytime. Additionally, cyclone Fani disrupted the lives of people in the area during May 2019. The Covid19 pandemic and lockdown from late March 2020 has further hampered any field visits for follow up and to conduct more interviews.

Due to all these reasons, only five interviews could be conducted with the Sabar women. Two service provider interviews have been conducted as planned.

Situation analysis of tribal women in Odisha

Odisha, situated in the east of India, had a population of 41,974,218 as per Census 2011, with a Scheduled Tribe population of 9,590,756 (22.8%) (1). Odisha was known for many years for its poverty and its high infant mortality rate, but it has made significant strides in improving both over the years. According to the Planning Commission of India's report (2), rural Odisha's poverty Head Count Ratio (HCR) was 60.8% in 2004-2005 and reduced to 35.7% in 2011-12. Overall, Odisha's poverty HCR reduced from 57.2% to 32.6%. Earlier it was the poorest state in the country, but now it is not so.

Infant mortality rate (IMR), too, has shown significant improvement in Odisha. It has declined from 95 per 1000 live births in 2000 to 41/1000 live births in 2017. (3)

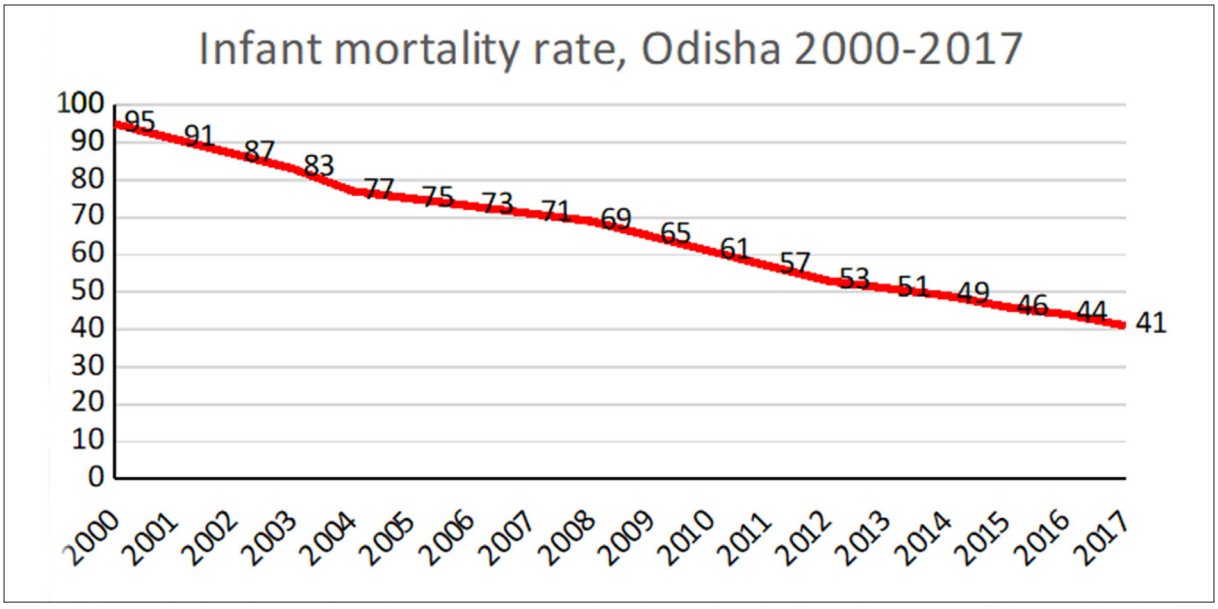

Figure 1 Infant mortality rate of Odisha from 2000 to 2017

More recent reports suggest, however, that some of the gains made over the years are being lost. Measurement of progress towards Sustainable Development Goals (SDGs) by the NITI Aayog in 2018 (baseline report) and in 2019 shows that Odisha fell back 12 points in SDG Goal 1 (No poverty). In achieving SDG Goal 2 (No hunger), Odisha fell 12 points again in 2019 compared to 2018. With regard to SDG Goal 10 (Reduced inequality), Odisha showed an increased income inequality in the same year, of 9 points (4).

Situation of women in Odisha.

The sex ratio in Orissa is better than the all-India average, reflecting perhaps a better status of women in its relatively large tribal population. Sex ratio increased from 972 in 2001 to 979 in 2011, but child sex ratio fell from 953 to 941 showing an increasing preference for the male child. Media reports suggest that the sex ratio has fallen further since the 2011 census. (5) (6).

The fourth National Family Health Survey (7) shows that while 67.4 % are literate, only 26.7% have had ten or more years of schooling. Nearly one in five women (21.3%) were married before the age of 18, and 7.6% of women in the age group 15-19 years were pregnant at the time of the survey. The state showed a replacement level of fertility at 2.1 children per woman.

Over half the women were using some form of contraception, with 28.3% of women having undergone sterilization. While nearly two in three pregnant women registered for antenatal care in the first trimester and almost all received tetanus toxoid injections, only 23.1% received full antenatal care. Nearly 80% of the 89.4% institutional births were in public facilities.

Over 25% (26.7%) of women surveyed were undernourished (Body Mass Index below 18.5), with a large difference between urban (15.8%) and rural (28.7%) women.

One in three women have experienced spousal violence (35.2%), with a higher proportion of rural women experiencing violence. A majority of women in both rural and urban Odisha participate in household decisions. A little less than a quarter of rural women have worked for cash payments in the 12 months prior to the survey.

The National Crime Records Bureau (NCRB) report of 2018 shows that Odisha recorded 10193 missing women during 2018, up from 4187 in 2017. Only 25% of missing women could be traced in 2018. Overall, Odisha recorded the second highest rate of crimes against women, at 91.3 per lakh population (8)

Tribal women in Odisha.

Tribals form 22.8% of the population of Odisha as per the 2011 Census. Sex-ratio among tribal communities (1029) in Odisha is better than among the general population (979) (1). Though it is assumed that tribal communities show less gender discrimination than others, the Economic Survey of India 2011-12 (10) showed that Gender Development Index (GDI) of most tribal districts in Odisha is rather poor. The Gender Development Index is the ratio of the Human Development Index (HDI) among women to the HDI among men. Among the 30 districts in Odisha, Sundergarh had the second highest GDI score of 0.659. Malkangiri fared the worst, with a GDI of 0.362.

Table1 gives the status of tribal women compared to other communities in Odisha with regard to selected indicators of reproductive health, nutritional status, decision making powers, and domestic violence. In most indicators of reproductive health, tribal women fare worse than those of other communities. Their children are also the most undernourished. Prevalence of

cancer among tribal women in Odisha is higher than that among other women. While more of them take their own or joint decisions regarding the household, and more of them own land, they also justify wife-beating under certain circumstances, more than other women do. (7)

Table 1 Status of tribal women in Odisha, NFHS-4, 2015-16

Sl No	Indicator	SC	ST	OBC	Other
1	% rural 6-17 years in school	82.2	73.1	82.3	87.1
2	TFR	2.13	2.46	1.87	1.81
3	% women 15-19 years begun childbearing	8.1	10	6.5	5.5
4	% with Birth order 4+	13.1	17.5	5.4	3.3
5	Median months since previous childbirth	38.7	37.9	44.6	45.6
6	% women wanting more sons than daughters	16.8	21.3	13.9	13.2
7	Currently not using contraception	40.9	47.4	40.1	43.3
8	% of women with unmet need for family planning	12.9	13.2	13.3	15.1
9	% pregnant women with induced abortion previous 5 years	5.7	2.8	5	5.7
10	% pregnant women with miscarriage	7	5.7	7.2	8.5
11	% received ANC from skilled provider	80.5	76.2	87.7	87.7
12	% had ANC in first trimester	63.5	59.9	67	66.5
13	% had full ANC	21.4	22.6	23.6	25.3
14	% pregnant women with USG done	56.7	45.9	65.8	73
15	% deliveries in a health facility	86.2	72.5	92.5	92.5
16	% postnatal women seen within 2 days of delivery	78.2	75.7	81.8	78.7
17	% under-5s severely underweight	8.7	15.8	7	4.7
18	% women with BMI <18.5	30.4	36.5	23.5	16.3
19	% women with any anaemia	55	63.3	46.7	40.7
20	Women / 100,000 having cancer	34	88	57	57
21	% women using cloth for menstrual protection	75.3	81.3	67.3	48.9
22	% women who jointly or alone decide own health care, visiting family and household purchases	60.6	63.3	59.1	58.5
23	% women who jointly or alone own land	44.6	50.6	45.1	46
24	% women who justify spousal violence under some conditions	60.7	61.3	58.8	56.3

Socio-economic status and livelihoods of tribals in Odisha.

Although tribals form 24% of the rural population in Odisha, 39% of the rural poor are tribals. An alarming 67% of tribals are poor. In the poorest quintile of population (as calculated by the monthly per capita expenditure), the share of tribals is 50%. The largest proportion of tribals are labourers (45%), while 38% are cultivators, the rest have other occupations. In the poorest quintile, the largest group of 54% are labourers, while in the richest quintile, the largest group (58%) are in other occupations including self-employed non-agricultural occupations, or regular wage salary earners. (11)

The economy of tribal communities has been largely forest-based. While some tribes like the Sabars still practice slash and burn cultivation, others are more settled cultivators. Collecting minor forest produce is another major source of livelihood. However, with shrinking forests, and with displacement, livelihoods of and land ownership by the tribals has been seriously undermined.

Displacement due to mining, dams and forest reserves have reduced many tribal communities to being labourers, suffering from poverty and food insecurity.

Particularly Vulnerable Tribal Groups in Odisha.

Odisha has 62 tribal groups, of whom 13 are recognized as Particularly Vulnerable Tribal Groups (PVTGs). Earlier these groups were referred to as primitive groups. PVTGs are those tribes who still do not practice settled cultivation, whose numbers are dwindling, have a distinctive culture, and have a subsistence level of economy.

PVTGs in Odisha include the Birhor, Bondo, Didayi, Dongria-Khond, Juangs, Kharias, Kutia Kondh, Lanjia Sauras, Lodhas, Mankidias, Paudi Bhuyans, Soura (Sabar, Savar), and Chuktia Bhunjia.

Government policies and programmes for tribal communities

Odisha has seven districts that are fully and six districts that are partially covered under the Scheduled Areas of the state. Scheduled Areas are declared under the Fifth Schedule of the Constitution of India, and are areas where there is predominantly tribal population. These have special provisions and laws regarding sale or transfer of land etc.

The Government of Odisha has several programmes for improving the socio-economic status of tribal communities, who have been shown to be the worst off economically. The Scheduled Castes and Scheduled Tribes, Minorities and Backward Classes Welfare Department (usually known as the Tribal Welfare Department) of the Government of Odisha is primarily responsible for planning and implementing measures for the welfare of all indigenous groups in the State. It includes initiatives like the Tribal Employment and Livelihoods Programme, and the Odisha PVTG (Particularly Vulnerable Tribal Groups) Empowerment and Livelihoods Improvement Programme (OPELIP).

The Odisha Tribal Development Society is an autonomous body set up in 2012 that is the nodal agency for technical assistance and support to the Tribal Welfare Department in its areas of work.

A significant focus of the Department is also to support education of tribal children, including building and running of hostels for boys and girls, scholarships, and establishing residential schools in tribal areas.

The Tribal Sub-Scheme Approach (earlier the Tribal Sub-Plan) envisages an integrated approach where all programmes irrespective of their source of funding work together to facilitate development of the tribal areas.

Health system context

The public health system in Odisha is under-funded and under-staffed. As per the 2017-18 Outcome Budget document of the health department, there was as 20% vacancy among doctors (only 2/3 of doctors are regular appointees, the others being ad-hoc or contractual, or on corpus fund). The vacancy among staff nurses is 67%; that among laboratory technicians is nearly 50% and radiographers is 53%. (13). Worse than the shortage is staff absenteeism, especially in tribal and remote rural areas (14).

The Government has tried various methods to retain doctors in tribal districts, including additional remuneration, additional credit in post-graduate studies selection, etc. and has met with limited success. Mobile medical units provide health care in many of the areas where access is an issue.

Like other departments in the Government of Odisha, the Department of Health and Family Welfare too, allocates budgets in proportion to the population of tribals in any district. These funds cannot be used or other purposes.

The department's Health Equity Strategy (2009-2012) aimed to improve the health of the most disadvantaged people in the state, and recognized the particularly poor health status of the Scheduled Tribes and Scheduled Castes and those living in predominantly tribal districts. The National Rural Health Mission (NRHM) investment in these districts went up by 45% between 2008-09 and 2012-13, compared to 28% in other districts. New initiatives were taken to strengthen public health through the state. There was a focus on tribal districts, with mobile medical units being supported to provide decentralized services. Facilities were sought to be made more women-friendly by construction of separate toilets for women, partitions between beds in labour rooms, separate waiting rooms for women, etc. (14)

Tribal women and access to health care.

By nature of their residence, access to health facilities is difficult: absence of roads, distance, absence of health personnel in remote tribal subcentres or health centres – all add to deny access. Language and cultural barriers, and the poor attitude of staff who often look down on tribals, further alienate the community from care. Financial barriers pose a huge challenge as well.

While in Odisha many tribal women do access antenatal care, and have institutional deliveries now, the rates of coverage are lower than those in other communities, as shown in Table 1 above. In the NRHM, data on the caste / tribal status of every admission in hospital was recorded to note who was and was not able to access health care. Later this was discontinued so that there would be no discrimination among patients. However, this has resulted in no routine data on the pattern of utilization of health services in the country.

After the Health Equity Strategy was put in place, state-wide concurrent monitoring (CCM) has shown that the gap between Scheduled Tribe women and children and all women and children in Odisha for utilization of marker maternal and child health services has reduced considerably.

Left wing extremism in Odisha

Left wing extremism affects 15 of Odisha's 30 districts, mostly the southern and western districts. These form part of the "Red Corridor" along the eastern, central and southern parts of the country where there is significant Maoist insurgency. These are also the districts which are most impoverished. The Communist Party of India (Maoist) believes it is the defender of the tribals by helping them to keep their forests and their land by resisting development that results in displacement of tribal communities. Several development activities like building of roads or railway networks are sabotaged by the Naxals and the Ministry of Home Affairs has a separate Left Wing Extremism Division to deal with this issue. (15). Since the Maoists are hostile to any form of Government activity, health care personnel, too, are hesitant to work in these areas. However there have been few instances of harassment of any health workers on the ground.

The Saora /Sabar tribals.

The non-Aryan tribes in India were of two main groups: the Kolarian (including Saoras or Sabars, Gonds, Bhils, Santhals etc) and the Dravidians (Oraons, Gonds, Kondhs etc). It is speculated that the term Saora / Sabar was the generic name given to all the Kolarian tribes (Austro-Asiatic race that came to India long before the Aryans). The name denoted the way of life more than an ethnic group, with anyone depending on hunting, food gathering and collection of forest produce for their survival (a forest economy, in short), being called a Saora or a Sabar.

According to Verrier Elwin, the Saoras or Sabars as a separate tribe were the dominant and largest Kolarian group in India between 800 BC and 1200 A.D, and were distributed across middle and eastern India (16).

At present they still remain a in a few hilly areas. There have been numerous divisions and sub-divisions of the Sabars, and while the ones in the mountainous regions of Gajapati and Koraput and some parts of western Odisha have retained their tribal language, beliefs and customs, the ones who were in the plains have been almost completely Sanskritised, follow Hindu customs and also speak only Oriya. There are many groups of Sabars like the Bhima Sabara, Lanjia Sabara, etc. Sabars claim descendancy from the Sabar king Vishwabasu, who was a worshipper of Nilamadhab (as Lord Jagannath was known in ancient times).

According to Elwin, except for the hill Sabars of Odisha and Andhra Pradesh, the Sabars of every other place have lost their language and have adopted the local language, manners, customs, and religious practices. Thus a large number of Sabars are now full-fledged castes. The Sabars of the coastal plains have adopted the life of agriculturists or agricultural labourers, though many lead a poor quality of life, depending on the vanishing forest economy, selling tooth-sticks, firewood, leaves and other minor forest produce. The acculturised Sabars do not pursue dryland farming or collect forest produce and are a full-fledged caste, completely assimilated with Oriya society (17).

Conclusion

Odisha has the third highest concentration of tribals in the country at 22.8%. While these communities have a higher sex-ratio than non-tribal communities, there is a significant difference between the genders as shown by the poor gender development index. Practically all reproductive health indices are poorer among tribal women compared to other groups in Odisha. Except for a few tribal communities in the interior hill areas, most tribal groups are Sanskritized to different extents, adopting Hindu festivals and customs. Traditionally depending on the forest for their food and livelihood, shrinking forest cover and displacement due to dams, development projects and mines has left them impoverished and forced them to shift to working as agricultural labour or to migrate to cities and towns as daily wage labourers. Health care access, already low due to poverty as well as physical and cultural distance, is further worsened by the presence of Naxal activit\y in the districts where most of the tribals live.

CASE STUDIES OF WOMEN INTERVIEWED

Brief background of the women

Five married women of the Sabar tribe in Khordha district were interviewed for this study. None of them are literate, though one studied till the third grade. Ages ranged from 32 to the late 40s. Two of them were married before they were 18 years old, two were older, and one did not remember her age at marriage. All of them belong to the Sabar tribe and work as agricultural or daily wage labourers and one as a construction labourer. All of them identified their religion as Hinduism. Husbands work as labourers (one being a migrant labourer), and one also works as a share-cropper. All live in nuclear families except one where the woman's father-in-law has moved in with them after he was widowed.

All the five women have a BPL and ration card, and Aadhar cards. None has a job card under NREGS. One has a toilet but it is unfinished. Everyone received cooking gas under the Ujwala Yojana but none of them could afford a refill. In two cases, the cylinder has been "sold' to someone else. None of them had a caste certificate though one woman got one through paying a bribe, so that her children could avail scholarships for Scheduled Tribe children. One woman had a health insurance card. All of them avail concessional electricity under the BPL list. Two had received a subsidy for a IAY house but in both instances, the house is in a dilapidated condition. A third had her house severely damaged in cyclone Fani in 2019 but received meagre compensation that was not enough to repair the house.

Case study 1 – OD/TW/04 – Meena Behera

Meena is a 32 year old Sabar tribal woman living in Aranga village of Tangiapada Gram Panchayat of Khordha block in Khordha district in Odisha. She is the youngest of four siblings (one brother who is the oldest, and two sisters) in her family. Her father shared cropped 5-6 mana of land (2.5 mana = 1 acre), while her mother collected firewood and also went for agricultural labour. She studied from the first to the third grade, though her brother studied upto the 5th standard, and got a job in a government department. She and her sisters did not have many friends as their brother would not allow them to go out of the house and play. Only when they started going out for collecting firewood or for agricultural labour did they have the opportunity to meet other girls and to form friendships. Even so, whenever their brother was at home, their movements and freedom were severely restricted by him. He, however, would go out with his friends and play card games and go to the movies.

When we had grown up, we would go to collect firewood and do agricultural work. We would not go to anyone's home, we would be at home only. Even if we go to the yard (referring to leaving the home premises), then we will be beaten.

No, he would say, 'Why are you playing with soil and dust? Why are you playing in other's premises? Why are you playing on the street? You stay at our home.'

(As I grew up) ....I started to fear my brother a little more.

She had no knowledge of menarche or puberty. When she had her first period at about 12 years of age, her grandmother took her to the house of a family friend and left her there, as was the custom. She was not supposed to see the face of anyone in her natal family for seven

days. Food would be brought from her home and left for her. It was her grandmother, too, who taught her how to tie the cloth to absorb the menstrual flow. She would wash and reuse the cloths. After menarche, she was urged to change from wearing 'pant-shirt' (frock or skirt and blouse – anything other than a saree), to wearing a saree. She felt also that girls who don't wear sarees are considered too young to work and may not be paid the same as others.

Her marriage was arranged through an intermediary, to a boy who used to come to her village to trade opium and had seen her there. She was married 8 years after puberty. She was not keen on marrying him as she had seen him staring at her often in the village, and would have preferred to marry an unknown person. Dowry was demanded and given by her parents during the marriage. A ring and a chain were given to the groom. She and her husband were not allowed to be with each other for seven days after marriage, as was the custom. When her husband first touched her, this is how she expressed herself –

I started crying. When he grabbed me, I remembered my paternal home. I thought, 'my brother will get angry if he gets to know about this. Why is he holding me?' I cried. He left me alone that day.

Her first sexual encounter was similarly driven by fear

I thought to myself that, 'Although I will be fine (without getting intimate), this guy may tell something to the outsiders.' I had little fear in me. I mean, I thought, 'If anyone gets to know about it, they might judge me.' They may say what kind of woman is this? I got intimate in the fear of 'what people will say'.

She has never enjoyed sexual intercourse and does not like it. After the first encounter she would get angry with her husband if he wanted sex and they did not have sex again for about four years. According to her, they slept together a few times, but "not properly". He never forced her. After four years, her husband left to work in a brick factory for two years, and she did not see him during this time. She says he used to work, drink alcohol and stay with his friends. By now (6 years after marriage), she started feeling that she, too, wanted a child like the other young women in the village had. After two years of his going away, she called him back, and they had sex properly after six years of marriage. Her daughter was born after 7 years of marriage, and is the only child so far. During this time, she has had to face taunts from her sister-in-law and others in the village for not having conceived for so many years after marriage. She used to work in the fields and do the household chores, eat and sleep. She felt that if her husband's family had supported her about not having a child – saying she will have one sooner or later, she would not mind outsiders commenting. However, when her own sister-in-law would call her barren, she felt sad. Only her husband and she knew the reason why. The daughter is now 5 years old.

When she conceived, she had no idea that her menses would stop, and had to ask her sister-in-law why she is not menstruating. She then went to a homeopathic practitioner in a nearby village the hospital where after some tests she was told she is pregnant. She did not do agricultural work during pregnancy but cooked at home. She had regular check-ups and ultrasound examinations, and delivered normally in the Khordha district hospital which was the closest to her house (closer than the PHC). Neither she nor her husband were bothered whether it would be a boy or a girl – any child was welcome. She was accompanied by the ASHA worker of her village, as well as her sister-in-law and her husband. Staff at the hospital treated her well, she says, but she was in pain and did not talk much to them. She returned home one hour after delivery. Some money was spent in the hospital, but she is not sure how much. The ASHA did not ask for any money, nor did she pay the ASHA anything.

Though the husband is keen on another child, hoping for a son, she is not - she feels that they are struggling already to bring up one child and will be unable to bring up another one as well. They have sex only very occasionally.

Her husband is a share-cropper. They own 2 manas (less than one acre) of barren land, which is entirely dependent on the monsoon to yield anything.

She is an asthmatic and once needed an injection to get better. She takes precautions not to catch a cold as that brings on the asthma attack. The asthma started only after her daughter was born. She was also admitted in hospital three years ago for severe anaemia and needed to be transfused with 4 units of blood. At that time, she says she no appetite and had large wounds on the body. Even now she feels hungry only on the days she goes to work.

She does not feel that she is discriminated against by any health personnel- at the village or in the hospital, because of her being a tribal. She goes to the Government hospital when she falls sick. The ASHA worker comes often to the house to enquire if anyone is unwell with fever, diarrhea, vomiting or other complaints. She also has medicines with her which the respondent keeps at home for emergency use. However, whenever she has fallen sick, she goes straight to the hospital and not to the ASHA worker. When she was discharged from the hospital after the blood transfusion, she was given iron tablets, but took only a few as she felt she is better and does not need them any more.

Though the ANM has not spoken to her about spacing, she has heard the ANM speak to other women in the village about not having children close together and to keep a gap of at least 2 years between children.

They have a ration card and Aadhar card, and received a house under the Indira Awas Yojana, but which has been destroyed in Cyclone Fani. No compensation has been received for it. They have a latrine but no water connection so it is not used. She received a gas cylinder under the Ujwala Yojana, but since they cannot afford the refills, it too is not used. According to her, neither she nor any other family in the village has a job card under NREGS.

She is always angry with her husband as he never stays at home, and does not do any of the errands, even things like fetching groceries. She says that she always feels sad, and that there is no happiness in her life. Her husband was a cannabis (ganja) trader but has stopped that at her urging, and works as an agricultural labourer, or goes wherever there is work. He does not get work everyday. She, too, works as an agricultural labourer. She worries about how she will bring up her daughter. Her husband is an alcoholic, and she wonders how she can get her daughter married as they don't have enough money.

Case study 2 – TW 03 – Jayanti Dehury (name changed)

Jayanti Dehury (OD-TW3) is a woman in her 40s (age not sure) living in Aranga village of Tangiapada Gram Panchayat in Khordha block of Khordha district in Odisha, and is an agricultural labourer. She also worked in the stone quarries for some years after the birth of her daughter and before her son was born. Her childhood home was in Khandagiri near Bhubaneswar and she is one of three siblings, all girls. Since their father used to be intoxicated all the time and not work much, she and her older sister worked on a farm 3 km from their house, earning Rs. 6 and Rs. 7.50 per day respectively. Though their friends all attended school, they could not afford to, and earning enabled them to eat as well as dress well. Their father owned nearly an acre of land jointly with his brothers, that they also farmed.

She attained menarche at 15 and learnt about what it means from her friends, after the event. As is the custom, she was kept for seven days in someone else's house and resented being told not to touch anything or anyone. At that time, the pandit (astrologer) had told her family that she will have to cross a hurdle at 16 years of age. At this age when she was working on a construction site, she slipped and fell off the roof, and was unconscious for five days. She was admitted in the City hospital in Bhubaneswar and her father had to conduct a special puja for her recovery.

Two years after menarche and fed up of the restrictions on her freedom, she rebelled:

When 1-2 years completed, then I did not listen to anyone. I said, "Everyone is having this, then why should I obey anyone? If it would not have been with everyone? Hey…mother you are having it too (menstrual cycle), but why you are restricting me? You are also cooking and giving it to us or not?" I did not obey the rules. Mother told me that "If you don't want to obey then don't, but you should not enter the household shrine". I said 'No, I will not touch the God. And I do everything (except entering the household shrine). And she would tell 'Don't touch the water which is being taken to the household shrine'. I would say 'No, I won't touch'. (Respondent's mother says) Where the God is being worshiped do not go there. I would say 'No, I won't go'. And I used to cook and serve. I did like this.

She was married at the age of 18 and neither she nor her husband had any idea of what a marriage implied. For a year they did not have intercourse – she would cook, clean, serve her in-laws and her husband, eat, and both would sleep next to each other in the same room. After this she went home for a year, and under questioning revealed that she had not had sex with her husband. Her grandmother then explained to her about it, and she did not like it.

I said, 'No no I cannot do like that'.

'If you are telling me to do this, I will not go to that home. You are asking me to sleep together (with husband), do this and do that, I will not go (to in-law's home).'

'We are telling for your good' - her grandmother said.

She disliked the first sexual encounter, lost her consciousness, and had severe stomach ache after that. She went to the Government hospital and was told it is due to "heat" (? Sexually transmitted infection) and was given medicines, and the pain subsided after some days. She also used to take medicines from the Anganwadi worker. Because of the pain and the stomach ache, she was afraid of intercourse and of her husband, whom she describes as a big, strong man. "Wouldn't someone be scared of seeing men? He is a strong man. If he puts one leg on you, you can't even move".

Her first child, a daughter was born after five years, and then a son eleven years after that. She delivered the girl at home in a squatting position and her mother-in-law assisted in the birth. (She wanted to go to hospital but there was no transport available at night when she had her labour pains). The baby was bathed immediately and she had a bath. For 12 days they were kept apart from other family members. During this time mother and baby got a hot massage using by burning strychnine tree wood (warm the hands over the burning wood and massage the baby). Rice was given to the mother after her bath, but first offered the Goddess by putting the rice on the burning wood. The mat, broom and wood that were used, were all thrown outside the village. The baby was breastfed after one and a half days, and in the meantime given boiled water and honey with a cloth wick every half-hour. After the birth of her daughter, her periods became irregular.

When she was pregnant with her son she went to the AWC each month for a check-up, where her weight was taken. She was also given tablets (iron) which she did not take. The ANM also used to advise her on her diet, and taking care of herself and the baby. She gained 1-2 kg each month and had swelling of her legs and hands from the 7th month onwards (? Severe anaemia, ? PIH), so went to the Khordha District Hospital for delivery. She was not told why her hands and legs have swollen, and according to her it happens in pregnancy and subsides after that. She delivered lying flat on her back and the nurse took the baby out as soon as the head emerged. She discharged herself against medical advice five hours after delivery and came home since her daughter was at home and there was no one to take care of her.

She reached the hospital by autorickshaw and the accompanying ASHA worker paid the fare of Rs. 200. Jayanti paid the return fare. During her son's delivery, the sweeper asked for Rs. 200 as it was a boy baby, and the nurse took Rs. 50 for sweets, which was happily given by her husband. She received Rs. 1400 for a hospital delivery.

For any other illness, they go to the Khordha hospital. Children do not usually fall ill, but if they do, their father gets some tablets from a medical shop. Her daughter has colour blindness and dropped out of school.

She has no idea of birth spacing methods. She has eosinophilia, according to her, and goes to a private Muslim doctor for treatment who gives her injections and tablets. For this problem, she says, the Government hospital is not good as she has not obtained relief after going there.

When she was in her late 30s or early 40s, (she is not sure) her periods stopped. She did not think it abnormal and never visited a doctor. Though some of her friends say that one gets joint pains and back pain after menopause, she has had no problems. Now that her family is complete and she also is menopausal, she sees no need for sex, and her husband also does not force her. She had always disliked the sexual act intensely, and now they have no intercourse, she is happy.

The father's share of the land was sold by her male cousins and each of the three sisters got Rs.30-40,000. There is a good relationship between all the cousins, so the women did not enquire how much the total land had sold for, or whether they were given their fair share.

Her family has a ration card, a health card, and has got a gas connection under the Ujala scheme. However, the cylinder has never been replaced once it ran out. They also have sufficient wood so do not feel the need for it. She also has an Indira Awas Yojana house in her name, for which she got Rs. 45000.

Babu's wage is 300 rupees. If we will go for harvesting and transplanting the paddy, the wage is 230 rupees.

Village wage is like that. Nowadays men can do all works, (such as) grinding rice, cutting the roots (of the paddy plants to make the land plain again), dig the soil, grind the rice (thresh the paddy?) and carry them near the vehicle and load in the vehicle. And what will women do? Women cannot do anything! Women would harvest and come. What else, can they tie up and carry the rice near to the vehicle? They would tie and carry the rice to the vehicle, and do every work. Women cannot carry.

Even if you go outside, the same difference (will be there).

When someone constructs a roof (suspended concrete slab), we go to do the mixing and pouring concrete work. If men do shovelling (to mix the concrete), they would bring 600

Rupees wage, women would carry those mixture to its destination, for that 350-370 Rupees, maximum 400 Rs.

.....Men should get more.....the work they will do, can women do that? And if they carry those 'sangi' on their back, they will lift and take (big) stone, can we lift that stone? Yes, labour is more (in their work), that's why a little more money.

In governmental works it is same (for both).

She has taken a loan of Rs. 55000 from a microfinance institution to build an extension to their house (of asbestos), and another loan of Rs. 22000 for her nephew's wedding. She has to repay Rs. 990 per week for two years (total repayment Rs. 1,02,960). At present she does not go out to work since her daughter has attained menarche and she and her husband are scared to leave her alone at home for fear of molestation by someone. There are no restrictions on the daughter's movements and freedom otherwise.

XWhen she worked, she earned less than her husband, and she is comfortable with that, and feels that men put in more work, so should earn more.

She has never faced any discrimination from the health staff or any other official due to being a tribal.

Case study 3 – TW 02 – Sukanti Behera (name changed)

Sukanti Behera is a 42 year old (probably older) Sabar woman living in Aranga village of Tangiapada GP of Khordha block in Khordha district. She is an agricultural labourer. Nobody in their village has a caste certificate, though they are Sabar.

She is the oldest of four siblings, all girls, and her mother used to go to the forest for collecting firewood, and her father grazed goats and cows for a living. Though they had some land, it was owned by the grandfather who farmed it. Meena and her sisters started helping to collect and sell firewood as soon as they were old enough to do so. Only the youngest sibling was sent to school with the older three earning to support the family, and it is a matter of sorrow for Meena that her youngest sister does not stay in touch with them. Their childhood was spent in great poverty.

Their house in the village had four rooms, and the house still stands, though the grandfather's land has been sold by her male cousins without giving them a share. However, the patta(ownership papers) of the house are with her.

No, what would we eat if we did not work? Only old parents were there. We were from very poor family. Getting two times food was very difficult for us. When we were little grown up, parents told, 'go and collect firewood'. I am telling, a small token money may be (10 anna) I was running to buy rice and salt. Otherwise we would have to remain starving.

She attained menarche in her early teens, but is not sure of her age at that time. Like in other households of her community, she too was kept in someone else's house for a week, after which the astrologer was consulted about when she can return home and what rituals need to be conducted. She did not know about menarche and she just seems to have picked up that this is how it is. She had to transition from wearing a shirt and trousers to wearing a saree, which she initially did not like but felt better afterwards as " completely covered myself and there was no fear of someone seeing me"

She disliked the restrictions imposed on her after attaining menarche:

Yes, they said not go this village or that village. If I asked to visit paternal aunts place then they refused no boys will be there. Then I responded what happened if boys will be there, I want to go. What will the boys tell? You are a male horse (local term for someone not feminine?)

Her was marriage was announced to a cousin-by-marriage, which she was unwilling for. She also did not like it that he lived in a broken down house but had no choice in the matter. A dowry of Rs. 5000 was demanded and given. Her father had kept the money she earned and gave him, for her dowry and the money was paid from this.

She knew nothing about intercourse, but when her husband bought her chocolates she let him lie with her. She felt she had no choice but to stay with this stranger. She thought of running away from her house a week after her wedding, but did not do so out of fear. Talking about a girl she knew she said -

She was from our village. After marriage leaving in laws house she reached own natal house. But there her brothers were furious and thought by doing this she damaged their reputation. They had her beaten and killed.

She was from our village. After marriage leaving in laws house she reached own natal house. But there her brothers were furious and thought by doing this she damaged their reputation. They had her beaten and killed.

Her first three deliveries were at her mother-in-law's house. All the babies were girls (one was a twin delivery where she does not know the sex of the children), all were born by breech and all died soon after birth, though the first baby lived for one month. In the mother-in-law's house she used to do all the household chores including going downhill to fetch water even into late pregnancy.

She conceived again four months after losing the first baby. During this time, on the advice of her mother-in-law's sister, she started taking neem extract everyday, as she believed the bitter things make you stronger. She was not given any contraceptive advice about spacing her pregnancy, and she resumed work immediately after losing the baby. She also felt that she is young and strong and must have one or two children as soon as she can. She never shared her thoughts and feelings about losing the babies, with her husband.

If I hadn't worked then they will tell, just because child died she will be sitting and we will work? Why?

After losing the four babies, she was told by a relative that if she changes the house, her babies will survive. So she went to her parent's home for the next three deliveries. She was hoping for son, but had three more daughters, all of whom survived. These deliveries, too, were at home, but she rested during pregnancy and did not do any heavy work. There she had three live births at home, delivered by a village dai (traditional birth attendant). For assisting in the delivery, the dai was given a saree, turmeric and oil.

She has a lot of sadness about the lost babies. She does not regret not having sons. But she has had to face comments by others –

Wish was four including son and daughter. I saw first a daughter. Then another daughter was born. Daughters were born. But nobody lived. People said - 'her face is inauspicious'. Sister in law was telling. She had no child, but they were speaking when I didn't have. Who will see her face? Still they are telling me " anthukudi" because I don't have a male child.

Her youngest child is now in Standard 7 (about 12 years old) and her periods stopped just after the delivery of the last child. She did not consult a doctor about why this had happened. She has never practised contraception. She has not spoken to her husband about it, and they have stopped having sex after she attained menopause. According to her, there is no use now as she cannot conceive anyway. She also feels she is old, her oldest daughter has attained menarche and will it will look strange for the parents to be still having sex.

Recently (2 months prior to interview) she has had a problem seeing at night, for which she has not seen a doctor but her husband has brought medicines from a shop, after which she feels better.

There is no NREGS work in her village, but she has an Aadhar card, a ration card and a voter ID. They do not have a health insurance card (state government issued). She has a bank account in her name which she opened for the Ujwala scheme. She has never refilled the cylinder, and even the first one she got, her husband has "sold" it to someone else to get money. The other family refills it periodically and the subsidy amount comes into her account. They cannot afford to pay for the refill themselves. Toilet pan was placed (under Swachh Bharat Mission), but no pipe or pit so they cannot use it.

She is an agricultural labourer, and earns Rs. 200 a day while her husband earns Rs. 300 a day as they do heavier work, according to her. The forest is diminishing every day and less firewood is available for collecting and selling.

Her main worry is about her financial status and the fact they have no home. The husband's house that she married into is totally broken now and they have no money to build it again. At present they are living in a relative's house.

There is no employment so we cannot do anything. This room has broken. This one is my sister in laws house. That is mine and broken (shows own house). We are unable to repair. Other income we don't have any other income.

This is my house now broken and we are living in my sister-in-law's house.

I have no problem in eating or clothing besides the housing problem. My daughter is now 18years old and sleeping inside. We are sleeping on cot outside the house.

Now everything is difficult. Like no proper house. Three children I have. They are facing problem to sleep. That's the issue. I have no problem for eating or drinking purpose (minimum necessity of life fulfilled). But we haven't owned any land. We just need a house.

Case study 4 – OD-TW 06 – Sasikala Behera

Sasikala Behera is a woman in the late 30s (? 40s) living in Angarpada GP of Jatani block in Khordha district. She works as a daily wage labourer in construction work.

She lived with her mother and siblings in her maternal uncle's house, where her father would visit often from his work in Paradip railways. Her mother died when she was young, with severe diarrhea during the rainy season when there was no transport available and she could not be taken to hospital. She has an older brother, and when her father married again (Sasikala's maternal aunt), a step-sister was born. She used to go to school but stopped when a doctor came to vaccinate them. She refused to take the injection and was beaten by the teacher for it, so she never went back. Her sister, too, did not study. Her brother studied till the 10th standard, and works in a bank. He had a love marriage. After her father left the

job in Paradip, he started working as a labourer. Now he lives separately in his own house with his family and some land belonging to his in-laws. The family is close-knit.

She was not aware of anything related to menarche or menstruation and her aunt told her every girl has it and when it starts she has to go and hide in someone else's house for as many days as the astrologer says. Otherwise it will bring bad luck to her brother and others in the family. She returned home after seven days. She says she was lonely living alone in a room in someone else's house. Her grandmother taught her how to wear the cloth to soak the blood, and she had some difficulty in learning to keeping it in place.

After menarche she was taught all the household chores including cooking and was also taken along to learn paddy transplanting, threshing and winnowing – all the get her ready for her in-laws' house.

She and her friends used to watch the boys in the colony and giggle and tease each other but she was never interested in anyone specifically. But once her aunt eloped, all her movements were curtailed and she was not allowed out of the house, and her marriage was fixed soon after that. This was 3-4 years after menarche.

The marriage proposal was brought by relatives, and her father and other elders saw the boy and agreed. She was not consulted. There was dowry neither demanded nor given. She was not yet 18 at that time.

They did not ask me. They said –'With whomsoever we decide to marry our daughter, she will marry him. She will not refuse'.....I did not want it.

Her grandmother had explained to her what to expect from a conjugal relationship. As is the custom, she and her husband met for the first time on the 7th day after marriage. He had taken cannabis, so as soon as he came into the room he slept. She vomited due to the foul smell and scolded him the next morning. He promised to reform but she realized he was also addicted to alcohol. Though she disliked the sexual act, she reconciled to it – "... anyway he is my husband. If I get disgusted with him, where will I stay?"

Her first child was born several years after marriage. Though she did not use contraception, the delay was due to two reasons: she would spend a couple of months with her husband and then go off to her natal home for 3-4 months due to his alcoholism. Also, her husband would not listen to her but have sex whenever he wanted. Only after her mother-in-law asked them to adopt a child if they could not have one of their own, did she insist on sex during her fertile period.

No, if we have had sex at the right time after the menstrual cycle then I could have conceived sooner. He would have sex with me before the menstrual cycle, so how would I have conceived?

She had four children; the last was a stillborn male baby, born prematurely at 7 months while she had been busy transplanting rice. All her children were born in her maternal home (no money to go to hospital) and delivered at home by herself. A female relative cut the cord. The relative checked whether it is time for delivery by pouring oil on the navel. (If it runs out, she is doing to deliver; if not, there is still time. The fourth, a son was stillborn).

During labour she walked around, and delivered in the squatting position. No one assisted her in childbirth, though after she delivered the baby, someone would cut the cord. The placenta was buried in the backyard of the house. She would be given a hot meal in the afternoon and chapatis and milk at night.

For all her pregnancies she went for regular visits to the ANM and had her TT injections and ate the tablets. During her pregnancies all the costs were borne by her natal family.

After the birth of the first daughter, she and her husband decided to have sex less often, and that too just before her menstrual cycle, so that she would not conceive soon. There is a gap of 3-4 years between her 3 children. She is aware of Mala-D and that the ANM distributes it, but she herself has not taken them.

Her two older daughters are married and have children, and the youngest is in primary school. She does not know the ages of her daughters, but thinks the oldest is around 19 and the middle one is three years younger. The youngest is around 10 years of age.

She feels she has had a miserable life with her husband, who not only was addicted to

alcohol but also beats her. Once he beat her when her father was visiting, and her father took her away to his house, where she stayed for a few months. Anytime he gets too abusive, she takes her children and goes to her natal home, but does not abuse him in return.

Even if I feel very bad, I have to live like that, what more can I do? Being respectful towards my duty I am living here. He has gone somewhere, that's why I am in little peace.

I went to my natal home and was very angry with the people over there. I said, 'You did a very great job by marrying me off with him.' There is neither peace nor happiness. He is always gets drunk and abusing me. Then the family member said, 'This is all your fate, whatever is written in your fate you will face that.' I said, 'Yes'. Like that we lived together.

She feels everything is her fate.

He says 'I will leave you, but I cannot quit alcohol'..... He would beat me using a pipe. When he drinks he would beat me and abuse for no reason.....He doubts me. He thinks if I sit next to someone I will make him my husband.....If my mother in law says something, he abuses her also.....

He does not let me go out.... He said to me, 'I was in love with someone else but my parents married me off with you in the midst of this conflict (so I will stop thinking of the other woman). That's why I do not love you'.

She is post-menopausal, but has no health issues related to this. They have sex less frequently now. The first time she visited a hospital was when her daughter had a Caesarean section (for eclampsia) in a Government hospital. When she developed a cataract in one eye, she had it operated in a private hospital that cost her Rs 10,000.00 which was arranged by her daughter who was working as a domestic servant. For the second eye, she heard of a free camp in Cuttack and had the surgery there.

I didn't go anywhere due to my eyesight problem. Then he started taunting me. He said, 'I married you, now you have become blind, you did this and that etc.' I said, 'it's in my fate, that's why I will suffer.'

He said, 'you are not going to do any work, who would feed a blind woman for free?.' I said, 'I was not blind when I married you. Now because of my bad fate, I lost my eyesight. And you are the one who refused me to go to work.'

How long will it go like this? It will continue until I die. What to do?

Each time she returned from her paternal home for 2-3 months, her father and brother would give her money to use at home. Her husband would demand some of it for alcohol. He goes to Chennai for a few months at a time to work, and sends home Rs. 1000 or Rs. 1200 per month, which is insufficient to live on. When he is away, she works on a construction site as a labourer.

Her husband has occasional swelling of the body and face (possible liver failure due to alcohol).

She has an Aadhar card and ration card, but no NREGS job card – they had tried twice and failed. The IAY house her in-laws got is broken (cyclone damage), and only one room remains. She had received the gas cylinder but her husband sold the cylinder and drank away the money. She has a bank account in her name.

Case study 5 – OD-TW 05 – Rupali Behera

Rupali Behera is a Sabar woman who does not know her age. She lives in Angarpada GP of Jatani Block of Khordha district. She lives with her five children and husband in a half-constructed hut, and works as a construction labourer. Her husband is a migrant labourer who works in Chennai and goes for three or four months at a time. He works at different jobs – road construction, in a factory, or wherever he gets a job.

She was the third of four siblings – two older brothers and a younger sister. Her father used to cut and sell firewood for a living. Her mother died soon after her 16th birthday (after she attained menarche), with some illness that had her paralysed and confined to bed and needing to be fed by a tube. They attribute it to the father hitting the mother across her back with a stick (because there was no dinner left for him) and causing her back pain. Her father took her to many places and sold half his land to pay for treatment. She died in hospital. The younger sister died around the same time when she was trampled on by a cow (sister was 5 years old at that time).

She started working early in life when she realized that only her father was earning and the brothers were not working. She did not attend school as she was unable to pronounce the words (? Dyslexia). She started going with her older cousin sisters to the construction site, carrying sand and cement mixture for construction, and later graduating to carrying bricks and full head-loads. She earned Rs. 60 per day.

The land owned by her father was inherited by her brothers who have sold it and constructed their own house as well as houses for rent, and live off the rent. According to Rupali, they are very generous and help her out in times of need.

She is not sure at what age she attained menarche, only that she thought she was wounded and bleeding till her cousin told her otherwise. She stayed in a friend's house in the village for seven days, and as per the astrologer's instructions, went to the temple after seven days, and came home. She did not have to donate anything to the temple. She says she did not like staying in someone else's house, and did not feel good during her menses. She was constantly worried about staining her clothes, and used a bit of old cloth as a sanitary pad which she used to wash and reuse.

When her breasts started enlarging, she was again worried and asked her aunt who refused to talk about it, only saying she should not touch them. She then asked her brother whether they would develop into wounds and her brother reassured her they would not. For this, she

was severely scolded by her aunt – that these things are not to be talked about, let alone to men.

Then my aunt said, 'I will beat you for asking this to your brother. These things shouldn't be asked to brothers.'

She then asked, 'Are you asking all these to you father?' I said, 'Yes I asked. You didn't tell me, that's why I asked my father.' She said, 'No, you should not ask like that. It's not right to ask anyone about it.'

After that I didn't ask anyone about it.

She was interested in a boy from the Khandayat community (non-tribal) whom she met when she went to work. He, too, liked her, and she was extremely happy. But when he asked her to elope with him, she refused as she did not have the courage to do so.

When the proposal for her marriage came, she was worried that there would be no one to help her father at home and to cook for him. After the proposal the boy's family made no further move for a year, when they decided to marry her into a family where the groom had a salaried job. But then the first family came and started arguing that the girl had been promised to them, so she was married to the first boy. She liked his looks as he reminded her of the boy she was in love with. No dowry was demanded, and after the marriage, her sister came with her to her in-laws' house and they drove through thick forest and dirt roads to her husband's village.

She was taught how to behave – how she must have a veil on her face at all times, especially when any older male of the family is present. But she resented the veil as she could not see anything and often stumbled into people and went into the presence of her older brother in law. Her mother-in-law also taught her to walk slowly.

She first stayed with her husband on the 7th day after marriage, and when he tried to touch her she scolded him about his being a lecher, and complained to her mother-in-law that her son was misbehaving. The brother-in-law and her father in law explained to the son to be gentle with her as she was totally unaware of what a conjugal relationship entailed and so was scared. After five days he told her that boys bring girls home only for sex and that if she refuses, it means she is interested in someone else. Finally he forced her into sex by tying her hands behind her with a towel. She was terrified and felt suffocated and shouted for her mother in law but no one came to help her. She had severe abdominal pain and scolded him again. But after a few times, she started liking it as well.

Of the five children she has, her first and last children were born at home when she delivered the baby by herself, and the dai would cut the cord. However, she had the antenatal check-ups, and TT, though she refused to take the iron tablets. Her feet used to be swollen so she would sit on a high perch (stones piled on other) with her legs stretched out in front of her and help in the kitchen. She delivered at home in the squatting position. For the first baby they did not have money to go to the hospital and her father-in-law was actually leaving their home to mortgage the house when the daughter was born. So the house was saved.

During labour she was not given any food for three days, and walked around till the baby was born. After that she was given one hot meal a day. The baby was breast-fed after 1.5 days and till then was fed goat's milk with a wick made of old cotton cloth. She believed that the thin, watery milk produced on the first day is not good for the baby. For the children delivered in hospital, she breast fed them within the first hour as the hospital staff instructed. Also, milk

production had started in late pregnancy, even before the delivery.

Her 2nd, 3rd and 4th children were delivered in the Jatani CHC. In hospital she delivered lying down and returned home soon after the delivery. She was not allowed to walk around freely but constantly told to lie down. She was accompanied by the ASHA each time and would not allow the labour room nurses near her. At hospital during labour she was given three injections and then four tablets after delivery. Each time she would stay at home for 21 days after childbirth and then resume work at home. After the child was one year old, she would go for her regular work.

Her first pregnancy was soon after the marriage and she had babies in quick succession – her first three children are now 15, 13 and 12 years old. After the ASHA explained to her about the rhythm method, she and her husband practice this, though he does it reluctantly. Her fourth and fifth children are now 6 and 3 years old. The ANM asked her to get a tubectomy done but she refused. She felt she will become weak after a tubectomy and her husband does not work enough so she has to take care of the family. She has her periods regularly.

Her feels unhappy and sad in her life, saying she had a difficult childhood and a difficult married life. Her husband beats her when he is drunk. She is the one who takes responsibility for borrowing money for essential things like house repair and she returns the money, but he beats her for not following what he says, like not going out or not lending money to others. She is generous and helps other women out with money that she can ill-spare, though often other women do not come to her help. This is another reason she gets beaten.

(When she had some money, she would lend it to other women who needed it)

Despite having money with me, if we don't give another woman in need, where will she roam around?' He would say, 'And what about you, as you are also roaming around to borrow money? Are you their servant?' Saying this, he would beat me.

When people asks about it, I would say 'We were having DubuluDubulu (her way of making light of the sound made when she is being beaten) fight. But I would hide these injuries and hurt with my smile.

People would tell 'She is a cow, she would get beaten and tell it in front of everyone too.' The shopkeeper uncle would ask, 'Rupali,, has Mohan beaten you with the stick today?' I would say, 'He thrashed me, we had DubuluDubulu fight.' Then he would tell everyone.

My husband would thrash me in a way that I would lose my consciousness. If he would beat me, he would cry later (as he felt sorry). He would go on beating me in the fit of anger. When I would neither return home nor would I prepare food, then he would cry and scream out loud and prepare food himself and call me to have food.

He is not beating me so much anymore after my oldest daughter attained menarche. He is not beating like earlier. Yes, it has reduced to some extent. I told my daughter about that DubuluDubulu fight. I said, 'Your father had beaten me like this'. She would say, 'Are you finding it funny, as you are telling everyone that you had a DubuluDubulu fight.'

Even after doing so much for the family, my husband does not understand.

She has taken a loan of Rs 42000 from a microfinance company and has to repay Rs. 48000 with interest. This is to repair their house which was damaged in cyclone Fani. Their in-laws had got an Indira Awas Yojana house so they are no longer eligible for one, even though it is broken. She has a voter ID card, a bank account, a ration card, an Aadhar card, and a state health insurance card. She also received a gas cylinder under the Ujwala scheme but has never refilled the cylinder after the first one got over, since it is too expensive for them to afford.

She wanted her children to study and so paid money to get a caste certificate (stating they are Sabar tribals), in order to avail the benefits of a free education. Her older daughter also got a stipend and a bicycle.

In my life I have faced difficulties in my paternal home as well as in my in-laws' home. I didn't get happiness anywhere.

From my childhood I had started working and had purchased many things for the house. I got married and came her but could not buy anything here. Here also the same sadness. As long as my parents-in-law were alive, I enjoyed my life and there was happiness. After they died, the sadness was again there in my life.

FINDINGS

Tribals in Khordha district.

Khordha district was carved out of the earlier Puri district which was trifurcated in 1993 into Puri, Nayagarh and Khordha districts. The district had a population of 2.25 million in the 2011 Census.

The history of Khordha shows that earlier the area was predominantly occupied by Sabars (Saoras), who are one of the oldest tribes in India. Currently, tribals form 5.1% of the district population. Khordha is not classified as one of the tribal districts.

The Sabars or Saoras are the dominant tribal group in Khordha district. Most of them now practice more settled cultivation (though land-holding is minimal), speak the Oriya language, and have adopted Hindu customs. Due to poverty, many have been reduced to working as daily wage labourers and eke out a poor living through collecting and selling firewood and minor forest produce. As the name of the tribe has been changed over the years, and the group has become more like the lower caste Hindus, some find it difficult now to get recognition as tribals, and particularly PVTGs.

According to one village elder, earlier the landholding of tribals was fairly large, but these were first mortgaged, and then lost, to non-tribal money lenders. Additionally, according to him, when land was allocated, the non-tribals were allotted land in acres, while the tribals got 10-20 decimals of land, some have only homestead land where any kind of agricultural activity is not possible. If they farm on some extra land, the Government claims it is theirs and takes it back. The communities they live in are exclusively tribal inhabitations (Sabar Sahi) though in the rest of the village, one can find people of all castes.

The Sabars here call themselves by various names, depending on the gods they follow: Nilamadhab Sabar, Vishwabasu Sabar, Eklabya Sabar, etc. Government has enumerated the tribal community in different places as Sabar, Kabari, and Saora. Earlier they were all acknowledged as tribals but now the Government demands all kinds of documentation which they cannot produce. Hence their children are deprived of scholarships in education, access to Ashram School education, and ST reservation in jobs.

Study villages

The two study villages Angarpada and Aranga are revenue villages. The tribal hamlet is separate from the main village where other communities live. The main village has Schedule castes and Other Backward Castes (no Brahmins live here). Non-tribals have agicultural land or work as tradesmen (blacksmith, carpenter etc), and some as labourers. Some have small businesses or work at jobs – teachers, peons etc. Tribals are mostly agricultural labourers or work in nurseries nearby. They also collect firewood, but not many buyers are left now as people use cooking gas and heaters. Some who have tribal caste certificates have jobs as ASHA or teachers. The houses of tribals who do not have IAY houses are made of mud and thatch. The rest of the village has pucca houses with asbestos roofs.

Aranga village is 20 km from the PHC while the District Hospital (at Khordha) is nearer, at 12 Km. Angarpada is 12 km from the PHC and 16 km from the District Hospital. Earlier these villages had no proper road, but now there are good roads, but no public transport. People need to pay Rs. 400 for an autorickshaw to take a patient from Aranga to Khordha. The road from Angarpada goes through the Chandakada wildlife sanctuary, so people cannot use it at night due to elephants there. The forest is largely deforested now.

This study focuses on the oral histories of five Sabar tribal women living in the plains district of Khordha in Odisha. These are tribals who have migrated to the coastal plains from the interior hill regions of central India some centuries ago and have completely adopted the language and customs of the local population ie the Oriyas. They have no tribal identity left to speak of, and have been fully Sanskritized.

It explores their lives through their stories, their feelings and emotions as they go through childhood, puberty, marriage, childbirth and till the current stage. Through their stories we try to understand their reproductive pathways, their interactions with their family and society around them and their interactions with the health system.

All five women are illiterate, and have lived hard lives, some working as labourers from childhood.

They have faced multiple vulnerabilities like poverty, gender discrimination, illiteracy and lack of knowledge of their own bodies.

Childhood

They come from poor backgrounds, and their lives are a struggle to earn enough to feed their families and put their children through school. Even as children, some of them had to work for a living instead of attending school. Where the parents had to make a choice of whom to educate, the male child was chosen to be the one to be educated. The women were either totally unschooled or had attended primary school for some years, but are functionally illiterate.

Menarche and adolescence

Like their Hindu counterparts in this part of Odisha, they have elaborate menarche rituals, along with imposition of restrictions on their movement, who they can speak to, and on the type of clothes they can wear. However, these women started working as labourers after menarche whereas the other caste women are kept at home after menarche and only allowed out of the house to study. Both groups of adolescents are taught household chores and child care after menarche, in preparation for marriage and motherhood.

They had no knowledge of the functioning of their own body and thus were unaware of the menstrual process and after marriage, of intercourse and pregnancy.

Marriage and intercourse

Women had no say in when they married or whom. Dowry was paid depending on what the girls' parents could afford. Marriage rituals are elaborate, and the woman returns to her natal house after some days where she remains for a month and then returns to her in-laws' house. (It's' the tradition in other castes which is called as puani *(baha-puani)* and the time usually varies regarding when the married daughter returns to her natal home and how long she remains there (one month to one year). Now the length of stay in the parents' home has reduced. The Sabars in Khordha also follow this custom). All except one hated intercourse and viewed it as a social obligation for marriage and procreation. They refused intercourse

quite often and except in one case, their husbands did not force them to it. It is not known whether the men visited other women during this period of enforced abstinence. However, refusal to have sex is a common cause for wife-beating among this community. Increasing alcoholism and drug addiction among men has also led to increased spousal violence.

Some women were not even aware that pregnancy led to amenorrhoea and had to ask their sisters-in-law why their periods had stopped. One woman lost four children (two girls and a twin pregnancy) in the newborn period after which she had the subsequent three girl children in her natal home, who survived. Another woman had three girls and lost the last child, a male, which was a preterm delivery. One of the women had her first child seven years after marriage. There was societal taunting that the women faced (for bringing forth only girls or for being barren) but the women did not share any of this with their husbands. Son preference is prevalent among this community, similar to the non-tribal communities.

With no choice about when or who they marry, these women have lived largely loveless married lives, with little or no emotional sharing with their spouses. They entered into adolescence with little knowledge of their own bodies or of physiological processes of menstruation, pregnancy and childbirth. After the initial reluctant or forced sex act, all but one of the women seem to be able to negotiate when to have sex with their husbands. The view that sex is something that is shameful, not to be discussed and is only for procreation, is something that is not restricted to this community alone.

Pregnancy, delivery, and contraception

The women were ill-informed about pregnancy but did seem to have antenatal care from the ANM. Place of delivery is decided by the husband or in-laws. Deliveries at home were more due to lack of transport facilities or of money to go to hospital than due a resistance to hospital delivery per se. There has been a subcentre with a resident ANM in Angarpada village since 1960. They would go to a hospital if the ANM advised them to go. Women prefer to go to hospital as they perceive it is safer. Earlier transport to hospital was difficult, but now that the roads have been constructed, they prefer a hospital delivery. JSY money is not the main motive for going to hospital. According to them, even if they do not get the JSY money it is fine, as long as they receive proper treatment at the Government facility. However, even when they do go to a hospital for delivery, they do not stay there for more than a few hours. This is due to their worry about having to cook and take care of other children at home.

They are unaware of the modern methods of contraception but seem to have negotiated abstinence as a method of spacing when one child was still small. The men refuse to use condoms. The only method of contraception available to these women was female sterilization that they were reluctant to undergo. (In the past few years, women prefer to use injectable contraceptives *(Antara)* IUDs and oral contraeptives. Men still prefer not to use condoms). Nowadays, however, as levels of education increase, even Sabar women are adopting different spacing methods.

Health workers who advised them also do not seem to be well-informed: telling a pregnant woman with swelling of the body that it is normal and will subside after delivery, when it could be a potentially serious condition like severe anaemia or pregnancy induced hypertension. Another ASHA told a woman that intercourse fifteen days after menstruation is safe, which is incorrect information. The women did not report any discrimination from health workers due to their tribal status. The ANM does not visit them in their house, but the Angarpada women they do meet her as she lives in the subcentre there.

Socio-economic status

Most people in this Sabar community work as agricultural labourers or construction workers. Those with a tribal caste certificate are able to be better education and maybe get a Government job. Married women shoulder the burden of keeping the household going: they do all the household chores as well as earn through labour. Husbands tend to cattle / goats (if they have any), or work as labourers. The husbands of two of the women have migrated out of the state for work. Alcoholism is prevalent and two of the five women interviewed reported spousal violence. However, they say he only beats them "when he is drunk".

Men are paid more than women are whether it is in agriculture or construction, and the women interviewed found nothing wrong with it. They feel that the men do more strenuous work and therefore deserve the higher wage.

For these women, work offers them an opportunity to interact with each other. They do not routinely interact with non-tribal women (as they are busy the whole day with work) except if they work on their farms as agricultural labour. The younger non-tribal women show the Sabar women respect in their conversation, but the older women address them by name, which is not considered respectful.

Women seem resigned to their fate, and have few aspirations for themselves. They wish for a secure house to live in, enough food to eat, and enough money to be able to educate their children. They do not seem to have much expectation of their husbands. One said that her husband sends home very little money from Chennai, insufficient for the home; another only wanted him to stop beating her.

Tribal identity and access to affirmative action

Most of the residents in the Sabar sahi do not have a tribal caste certificate. This means that their children do not get free education in residential schools and cannot avail scholarships. They also cannot avail of the quota of ST reservation in jobs. The problem seems to lie in how their names are noted down when enumerating – thus one sibling whose name is spelt correctly is recognized as tribal but not another whose name may have been noted incorrectly by the officials.

According to one village elder, the tribals were the ones who had cleared the land originally in this part of Khordha district, and made it fit for cultivation. They had good landholdings but borrowing for various purposes from sahukars and inability to repay loans meant that they first mortgaged and then sold their lands to the non-tribal money lenders. Thus they were displaced out of the plains to the hilly, less fertile areas. Also when land records were being prepared, the revenue officials allocated smaller landholdings to the tribal communities (only homestead land or a few decimals) while general caste people got larger pieces of land. Since the Sabars were known by many names according to the Gods they followed (Nilamadhab Sabar, Biswasbasu Sabar etc), the officials updating records too were confused as to who was a Sabar and who was not. People whose name got recorded as Saara are not considered as Sabars by the Government though they recognised by society as tribals. The case for including these as tribals is pending in Parliament. There are instance of old documents of the family recording them as Sahara (Sabar caste) while a recent land record notes their name as Saara (not recognised as tribal).

Thus for a poor community, the lack of recognition as tribals and the denial of their right to affirmative action worsens the effects of their poverty. Being illiterate, they are easily exploited by other caste people when it comes to any documentation. Thus in the case of latrine provision, they have signed papers saying the construction is complete when they were actually left incomplete and unusable.

Access to Government schemes

With regard to Government schemes meant for people below the poverty line (BPL), the women have received gas connections under the Ujwala Yojana. However, none of the women are using it: they said they could not afford to refill the cylinder, and were using firewood. Two said they did not need it as they had firewood easily available and one of them said no one has asked her whether she wanted it, nor had anyone shown her how to use the gas cylinder. She was worried about it exploding. One of the women had mortgaged the cylinder; two had "sold" the connection to others, getting an initial amount of money for it, as well as the subsidy being credited to the woman's bank account whenever the family who has bought the connection refills the cylinder.

Four of the five women have a latrine constructed under the Swachh Bharat Mission. However, four of them have incompletely constructed latrines as either the pipe or the pit or both are missing, and so the latrines are unusable. One has a latrine she does not use. (Among others in the community, even those with access to a properly constructed latrine do not use it as they prefer open defecation. The perception is that since there is plenty of open land available with shrubs and privacy, it is more hygienic than using the latrine. Women go for open defecation in groups and it is also a valid reason for going out of the house and meeting friends). One ASHA worker told the investigator that it is when she goes for open defecation outside the village that adolescent girls ask her about menstruation, sanitary pads etc since that is one place where there will be no males around and where they have privacy. The women feel that sooner or later the open space will be occupied (by settlers from cities who are buying land there), and then they will have no choice but to use the latrines. Till then they prefer open defecation.

None of the women are engaged in the Government's employment programme (MGNREGS), one because she was unable to obtain a job card which is necessary for employment and payment; and the others because the scheme is not being implemented in their village. They do not seem to have asked the village Panchayat why the scheme is not being implemented in their village.

Only one woman out of five has state health insurance. None are enrolled in the Ayushman Bharat scheme.

Only one among the five said she had received money for the IAY house. Two had houses from their in-laws which were now in a dilapidated state. One did not receive an IAY house and one had a house that was almost completely damaged in cyclone Fani. Compensation has not been paid at all, or when paid has been very meager.

The tribals are referred to as "lesser castes" by non-tribals, and also as Congress people as they have traditionally voted for the Congress party. This has meant that schemes like the formation of self-help groups through anganwadis have not reached this community along with the rest of the village. They are therefore deprived of the benefits of loans from the group and forced to take loans from micro-finance institutions at high rates of interest.

Perspective of health care providers – the ANM and the ASHA.

The ANM has been resident there for over 15 years and has a good rapport with the community. She does not seem to discriminate between the tribal and non-tribal women. According to her, there is increasing demand for contraception as well as for institutional delivery among the community. Women meet her during her village visit or come to the subcentre for contraceptives or for referral. Some of the older women (in their 40s) refuse contraception but repeatedly want abortion services, which she helps them with (not clear – medical abortion or MTP?). the general cast women are more reluctant to use contraceptive methods. She does not conduct deliveries but refers patients to the CHC. According to her, all the women are receiving their JSY and MAMATA (scheme in Odisha linked to antenatal care and immunization of infant) money but says they pay a lot of money for transport to reach the hospital.

The ASHA visits eligible couples each month and tries to register pregnancies as early as possible. She provides OCPs once the baby is six weeks old (incorrect practice as this reduces lactation). Once the couple has two children she tries harder to get them to accept spacing or permanent methods of contraception. She accompanies women to the hospital for delivery and stays with them in the labour room. She also returns to the hospital at the time of discharge to bring them back.

DISCUSSION

The case studies of the five Sabar women describe lives of extreme poverty among some of India's most marginalized groups – the Scheduled Tribes. We try to understand their vulnerabilities and what role gender and society play in their lives; how they negotiate power; and how they resist the pressures on them.

We look at their lives from a rights perspective, and how the denial or otherwise of different rights impacts on their lives and how they impact on each other. For eg. How does poverty affect the gender angle of education? How does them being illiterate affect their further life course?

Gender norms and roles, and patriarchy

The women faced gender discrimination even in childhood - one of the woman and her sisters were kept back from school and sent to work due to poverty, while the brother was sent to school. At menarche, all of them were subject to many restrictions – on what they wear, where they could go, and who they can speak to. The brother of one of the women would beat her and her sisters if they dared to step outside the house. These women had no say in who they married or when. One of the women described how she was taught by her mother in law to cover her face with her saree, and to not come in the presence of her brother-in-law or father-in-law (which are Odia customs and not traditionally tribal customs). The women in this community have been the main anchors of the household, running the house as well as working for wages to help run the household. In one instances, the woman was the sole provider, and in another, the husband contributed very little to the running of the house. In spite of this, they are subjected to spousal violence (two women reported this).

Rights

Access to social and economic rights - The women interviewed were Sabar tribal women in Khordha who have been denied their tribal status by the Government. This lack of an official identity or status has resulted in their being unable to access affirmative action by the Government like educational facilities for their children, or preference in jobs. This has contributed to keeping them poor. Since the Sabars here are considered as one of the "lesser castes" and often referred to as "Congress people" (based on their political voting preference), they are not provided the same facilities as other caste groups are. Thus, the self-help groups that have been formed through the AWCs across the state were not formed in their part of the village and the women were unable to access the benefits till very recently. Women are also paid less than men are at work due to gender norms and the assumption that women are "weaker" and thus cannot work as much as men do. Two women also faced physical abuse at the hands of their husbands when the husbands were intoxicated.

Sexual and reproductive rights – the multiple vulnerabilities of poverty and illiteracy resulted in not a single one of the women in the study having knowledge of their own bodies or of processes like menstruation, intercourse, pregnancy and childbirth. The stigma around sexuality also contributed to keeping the women ignorant about intercourse, pregnancy and

childbirth. The lack of contraceptive access was a violation of their right to decide how many children to bear. While some women were able to express their willingness or otherwise to have intercourse, one woman could not as her husband would constantly want sex and she ended up having five children, more than she wanted to have. Two of the women were denied the right to a safe delivery due to poverty and the lack of transport facilities to reach a hospital for delivery. This right was also denied to a woman who had a premature child as she was busy transplanting rice and spending long hours bent over, towards the end of her pregnancy.

Right to health care – The women preferred to access allopathic care, except one woman who went to a homeopath for her asthma. Women had their antenatal care provided by the local ANM, though some delivered at home. Some women had some deliveries in the hospital and others at home and it is not clear why they made this choice. The women do not report any discrimination faced by them in their interaction with the health system.

Vulnerability due to poverty – Poverty is an overarching feature that worsens all the other vulnerabilities that women face. Their nutritional status is also poor with a poor diet, with insufficient oil and protein intake. One woman for example, said she purchases 50 ml of oil every two to three days, for a family of six. They struggle to send their children to school and to make necessary repairs to their houses.

Resistance

In spite of the multiple disadvantages faced by the women, and the overarching poverty and restricted choices they have, the women have made the most of their situation. They have striven to increase the family income by working as labourers in addition to being housewives and have worked hard to give their children an education. In some instances, they have taken a loan from a microfinance group to improve their house and carry out essential repairs, at a high rate of interest. And they bear the responsibility of paying off the loan. One woman who faced spousal violence from an alcoholic husband would spend an equal amount of her time in her natal house as in her marital home, moving between them every 3 months or so. Another, whose husband did not allow her to work for wages, finally chose to work so that she is not dependent on him for anything. Going out to earn also affords them the opportunity to interact with other women in the village.

The denial of their tribal status has worsened their poverty by depriving their access to affirmative action; and their Sanskritization through centuries has denied these women the more equal gender status enjoyed by tribals who still maintain their traditional practices and customs. The present patriarchal and gender-unequal practices of restricting the freedom of movement of girls after menarche; the lack of freedom of choice of a partner for women; giving of dowry; all have been internalized in this society through Sanskritization. Even the Gods they worship, or the religious and social practices they follow, are identical to those of non-tribal Oriyas of Khordha district.

The state Government is conscious of the poor development indicators among tribals and has made special provision for ensuring that developmental programmes reach them. The health equity strategy provided increased allocation of resources to the tribal districts, providing incentives for health personnel to live and work there, with additional mobility support etc, and closed the gap between coverage indicators among other castes and scheduled tribes. However, scattered pockets of tribals or tribals living in small numbers in predominantly non-

tribal areas do not seem to be benefiting from these schemes. Predominantly tribal areas have special funds allocated for development purposes, but the tribals in Khordha are a small percentage of the population and these schemes are not available to them. However in every district (tribal or non-tribal), funds for programmes targeted to help tribals are earmarked proportional to the percentage of tribal population in that district.

The local frontline workers – the ASHA, ANM and the AWW, provide services without discrimination to this group of tribal women when women see them; education about contraceptive methods is provided at the VHND, but no home visits are made to educate women about the various methods. Women are provided with antenatal care and the AWC services; and assisted to deliver at a hospital. There is no discussion on pregnancy and contraception with adolescent girls as such discussion is taboo, and the ANM also feels shy to talk about such matters. Their interaction with adolescents is restricted to talking about menstrual hygiene, distributing sanitary pads (Khushi programme), iron tablets, and albendazole. Given the taboos around menstruation, intercourse and pregnancy, it results in generations of women growing up with little or no information about their bodies.

Sahayog is the only NGO active in that area and they have been focusing on young children, as well as observing events in their programme villages. A programme involving adolescent girls has only just begun.

When viewed through the prism of rights, the women have been denied their social and economic rights, their sexual and reproductive health rights as well as their right to health care. Patriarchy and accepted social norms restrict the freedom of movement of girl children; while poverty makes education of girls a low priority for parents, denying them their right to education. Wages are inferior to those of men. None of them had a choice of when they would marry, or whom. They had no knowledge of menstruation or sexual intercourse and for all but one of them it was an unpleasant shock. Four of the five women interviewed disliked having sex with their husbands and seem to have endured it as a duty in order to bear children. The women who had attained menopause (two attained early menopause) were happy as it meant they did not need to have further intercourse with their spouse. They had no knowledge of contraception though they seem to have negotiated abstinence as a spacing method with their husbands where it was possible to do so. The women all prefer allopathic care for any illnesses; though affordability was an issue. For childbirth, women feel hospital deliveries are safer, though in some cases, physical access or costs of care prohibited the woman from going to hospital. In one instance the woman decided on a hospital delivery since she had swelling of the body from the fifth month of pregnancy. Gauging from the women's responses, it seems that the health workers there are not very well trained in either recognizing danger signs in pregnancy, or in providing correct information about pregnancy. These tribal women are thus deprived of correct information regarding reproductive health issues.

The health workers themselves, though not discriminating against tribal women because of their identity, seem ill-trained to provide correct and adequate knowledge or counselling. The ASHA for instance, has informed one woman incorrectly of the safe period for intercourse, and also says that she provides oral contraceptives six weeks post-partum. The ANM and ASHA are also reluctant to talk to adolescents about issues of pregnancy, childbirth and contraception due to the prevailing taboos as well as due to feeling shy to talk of such issues with young girls.

CONCLUSION

Even though the study covered only five women, their histories provide important pointers to larger issues of their identity as tribals and of their knowledge of and response towards sexual and reproductive health issues.

In spite of the efforts made by the Government for affirmative action for tribal communities, the Sabars in Khordha district continue to remain marginalized. Their Sanskritization and denial of tribal identity has worsened the status of women already facing adverse circumstances due to poverty. While there is access to most Government schemes meant for people below the poverty line, the last-mile connectivity is missing. Thus toilets are built but are incomplete; gas cylinders are provided but they cannot afford refills; they have access to the ANM, ASHA and AWW, but do not have basic knowledge of their body's processes like menstruation, pregnancy, childbirth and contraception. Government programmes like the self-help groups formed through AWCs are missing from their part of the village. Most are unaware of the health insurance scheme run by the state Government. They are kept apart as tribals but are denied official recognition as tribals, therefore depriving them of facilities and their children of both affordable education and access to secure jobs. Even this denial seems arbitrary: those who were fortunate enough to have their name spelt correctly get the certificate and another of the same family with a differently spelt name is denied it.

The story of these women is one of multiple deprivations and of denial of rights – social, economic, reproductive and sexual rights, as well as the right to health care.

A follow up study covering a larger number of women would be required to validate the findings above.

Recommendations

Community level –

- NGOs working in the area to strengthen programme with adolescents regarding SRHR
- Work with women to raise awareness about gender and rights; and about reproductive health issues.
- Involve men in issues of SRHR

Programme level –

- Frontline health workers to be trained in providing correct messages on SRHR issues.
- Contraceptive services to be made widely available and properly explained to the community.
- AWWs and ANMs to improve their adolescent health services in the community. Health workers to be motivated to educate adolescents about their body and about life processes and to make sure the correct messages are given and understood.

Policy level –

- Recognition of the Sabars of Khordha as one of the Particularly Vulnerable Tribal Groups.

ANNEXURE 1
INFORMED CONSENT FORM

କିଶୋରୀ ବାଳିକା ଏବଂ ମହିଳାମାନଙ୍କ ଯୌନ ଏବଂ ପ୍ରଜନନ ସ୍ୱାସ୍ଥ୍ୟ

(ଏହି ଟୁଲ ସମସ୍ତ ଆଦିବାସୀ ଗୋଷ୍ଠୀପାଇଁ ଉଦ୍ଦିଷ୍ଟ)

ପ୍ରତିବାଦୀଙ୍କ ସମ୍ବନ୍ଧରେ ସାଧାରଣ ସୂଚନା: ଶିକ୍ଷା,ବୃତି, ନିଯୁକ୍ତି, ବିବାହ, ସନ୍ତାନ

କ: ପ୍ରତିବାଦୀଙ୍କ ପୃଷ୍ଠଭୂମି ସମ୍ପର୍କରେ ସୂଚନା

- ଦୟାକରି ଆପଣଙ୍କ ବିଷୟରେ ସୂଚନା ଦିଅନ୍ତୁ । (ବୟସ,ଶିକ୍ଷା, ବୃତି ଏବଂ ବର୍ତମାନ ପରିବାର ସମ୍ପର୍କରେ)
- ଆପଣଙ୍କ ପରିବାର ରେ କେତେ ଜଣ ଅଛନ୍ତି ? ସେମାନେ କଣ କରୁଛନ୍ତି ? (ଉଖୁରେଇ ପଚାରନ୍ତୁ ଆୟକାରୀ ଏବଂ ନିର୍ଭରଶୀଳ ମାନଙ୍କ ସମ୍ପର୍କରେ)
- କେବେଠାରୁ ଆପଣ ଏଠାରେ ରହୁଛନ୍ତି ? (ଉଖୁରେଇ ପଚାରନ୍ତୁ-ନିଜଘର/ଭଡାଘର/କୌଣସି ଯୋଜନାରେ ପାଇଛନ୍ତିକି/ ଘରର ପାରିକାର୍ଶ୍ୱିକ ସ୍ଥିତି ନିରୀକ୍ଷଣ କରନ୍ତୁ) ।
- କଣ' କଣ' ମୌଳିକ ସୁବିଧା ଏଠାରେ ମିଳୁଛି ?ପାଣି/ପରିମଳ/ପାଇଖାନା/ସ୍ୱାସ୍ଥ୍ୟସେବା/ବିଜୁଳୀ/ବିଦ୍ୟାଳୟ ଇତ୍ୟାଦି

ଖ: ସାମାଜିକ ନିରାପତା (ବର୍ତମାନ ପରିପ୍ରେକ୍ଷୀରେ)

- ଆପଣଙ୍କ ପରିବାର (ଆପଣ ମଧ୍ୟ) କୌଣସି ପ୍ରକାର ସାମାଜିକ ଯୋଜନାର ଲାଭ ପାଉଛନ୍ତିକି ? (ରେସନ କାର୍ଡ଼ ଏବଂ ସ୍ୱାସ୍ଥ୍ୟ ବୀମା ଯୋଜନା-ମା/ଯେଶାବିନୀ,ରାଜୀବ ଗାନ୍ଧୀ ଯୋଜନା/ବ୍ୟାଙ୍କ ଆକାଉଂଟ, ଉଜ୍ଜଳା, ପ୍ରଧାନମନ୍ତ୍ରୀ ଆବାସ ଯୋଜନା (ନିରୀକ୍ଷଣ କର ଏବଂ ତନଖି ଦେଖ) ବିଷୟରେ ସବିଶେଷରେ କୁହନ୍ତୁ ।
- ଏହା ଆପଣଙ୍କୁ କିପରି ସାହାଯ୍ୟ କରିଛି ।

ଗ) ଦୟାକରି ଆପଣଙ୍କ ପରିବାର ବାବଦରେ କୁହନ୍ତୁ (ଯେଉଁମାନଙ୍କ ଗହଣରେ ଆପଣ ବଡ଼ ହୋଇଥିଲେ) ।

- ଆପଣ କାହା ସାଙ୍ଗରେ ରହୁଥିଲେ-ବାପାମା'/ଭାଇଭଉଣୀ/ଯୌଥ ପରିବାରରେ ?
- ଆପଣଙ୍କର କେତେଜଣ ଭାଇ ଭଉଣୀ ? ପ୍ରତିବାଦୀଙ୍କ ବୟସ ଅନୁପାତରେ ସୂଚନା ସଂଗ୍ରହ କରନ୍ତୁ ।
- ଆପଣଙ୍କ ବାପାମା'ଙ୍କ ବିଷୟରେ ଦୟାକରି କୁହନ୍ତୁ । ସେମାନେ ପାଠ ପଢିଥିଲେ କି ? (ଆନୁଷାନିକ/ଅଣଆନୁଷାନିକ/କାର୍ଯ୍ୟଅନୁରୁପୀ) କେତେ ବର୍ଷ ପର୍ଯ୍ୟନ୍ତ
- ସେମାନଙ୍କର ବୃତି କଣ' ? ଉଭୟ ବାପାମା'ଙ୍କ ସମ୍ପର୍କରେ ପଚାରି ବୁଝନ୍ତୁ ।
- ଯଦି ପ୍ରତିବାଦୀ ବାପାମା'ଙ୍କ ବିନା କିମ୍ବା ସେମାନଙ୍କଠାରୁ ଦୂରରେରହି ବଢିଛନ୍ତି, ତେବେ ତାଙ୍କ ଜୀବନରେ ସବୁଠାରୁ ଅଧିକ ପ୍ରଭାବ କାହାଠାରୁ ପଡିଛି ତାହା ବୁଝନ୍ତୁ । ପରିବାରରେ ପରିବେଶ ଏବଂ ତାଙ୍କ ସ୍ଥିତି ସମ୍ପର୍କରେ ଜାଣିବାକୁ ଚେଷ୍ଟାକରନ୍ତୁ ।
- ପିତାମାତା ଏବେ କେଉଁଠି ରହୁଛନ୍ତି । ଭାଇଭଉଣୀ ମାନେ କେଉଁଠି ଅଛନ୍ତି ।

ଘ: ଶୈଶବାବସ୍ଥା ଏବଂ ଯଦି ସ୍ଥାନାନ୍ତରିତ ହୋଇଥାନ୍ତି ସେ ସମ୍ପର୍କରେ

- ଆପଣ କେଉଁଠି ବଢିଛନ୍ତି ସେ ସମ୍ବନ୍ଧରେ କୁହନ୍ତୁ । (ସହର/ଗ୍ରାମାଂଚଳ) (ଜିଲ୍ଲା, ବ୍ଲକ/ଗ୍ରାମ/ପଡ଼ା,ସହର/ଓ୍ୱାର୍ଡ/ବସ୍ତି (ପଞ୍ଜିକୃତ /ଅଣପଞ୍ଜିକୃତ)
- ଆପଣ ବଢିବା ବୟସରେ କେବେ ରହୁଥିବା ଜାଗାରୁ ଅନ୍ୟସ୍ଥାନକୁ ଯାଇଛନ୍ତିକି ? ବର୍ଷର କେଉଁ ନିର୍ଦ୍ଦିଷ୍ଟ ସମୟରେ ବାହାରକୁ ଯାଆନ୍ତିକି ? (ଋତୁଭିତିକ ସ୍ଥାନାନ୍ତରଣ ବା ଅଭାବୀ ସ୍ଥାନାନ୍ତରଣ ସମ୍ପର୍କରେ ଜାଣିବାକୁ ଚେଷ୍ଟାକରନ୍ତୁ ।
- ଯଦି ହଁ-ତେବେ ସ୍ଥାନ ପରିବର୍ତନର କାରଣ କଣ, କେଉଁଠିକୁ ଯାଆନ୍ତି, ପୁରା ପରିବାର କିମ୍ବା କିଛି ଲୋକ ଯାଆନ୍ତି ବୁଝନ୍ତୁ ।
- ଉଖୁରେଇ ପଚାରନ୍ତୁ-ତାଙ୍କୁ କିପରି ଲାଗୁଥିଲା । ସବୁ ଜାଗା ମଧ୍ୟରୁ କେଉଁ ଯାଗା ସବୁଠୁ ପସନ୍ଦଥିଲା/ସବୁଠୁ ସୁଖଦ ସ୍ମୃତି କିଛି ଅଛିକି ? ସେଭଳି ସ୍ମୃତି କଣ ? ତାହା ଆପଣଙ୍କ ଜୀବନକୁ ପ୍ରଭାବିତ କୌଣସି ପ୍ରକାରେ କରିଛିକି ?
- ସେତେବେଳେ କେଉଁ କେଉଁ ସୁବିଧା ସେଠି ମିଳୁଥିଲା ? ଉଖୁରେଇ ପଚାରନ୍ତୁ : ସେବା ଅଭାବ(ଅସ୍ଥାୟୀ ବାସଗୃହ / ପାଣି/ ପରିମଳ/ରହିବା ସ୍ଥାନ/ଖାଦ୍ୟ)
- କିଶୋରୀ ଅବସ୍ଥାରେ ତୁମେ କାମ କରୁଥିଲ କି ? ଉଖୁରେଇ ପଚାରନ୍ତୁ :କାର୍ଯ୍ୟସ୍ଥଳୀରେ ଶୋଷଣ ଯଦି ଗୋଟି ଶ୍ରମିକ/ହିଂସା/ଟ୍ରାଫିକିଂ/ଆର୍ଥିକ ସମସ୍ୟା)
- କେଉଁ ପ୍ରକାର ସ୍ୱାସ୍ଥ୍ୟସେବା ତୁମକୁ ମିଳୁଥିଲା ?କୌଣସି ସ୍ୱାସ୍ଥ୍ୟ ସମସ୍ୟାହେଲେ ତୁମେ କେଉଁଠାକୁ ଯାଅ ? ଉଖୁରେଇ ପଚାରନ୍ତୁ-ସ୍ୱାସ୍ଥ୍ୟସେବା ସମସ୍ୟା/ମିଳିବା ଏବଂ ପାଇପାରିବା/ ସେବାନେବା ଜାରୀ ରଖିବା)
- କେଉଁ ପ୍ରକାର ବାସଗୃହରେ ରହୁଥିଲ ? (ବର୍ତମାନ ଘରର ସ୍ଥିତି ମଧ୍ୟ ନିରୀକ୍ଷଣ କରନ୍ତୁ ।) ନିଜଘର/ଭଡାଘର/କଚା/ପକ୍କା-ଇନ୍ଦିରା ଆବାସ/ମୋ କୁଡିଆ/ ରାଜ୍ୟ ପରିପ୍ରେକ୍ଷୀରେ ବାସଗୃହ ଯୋଜନା
- ସମ୍ପତି (ଜମିଜମା କିମ୍ବା ଅନ୍ୟ ସ୍ଥାବର/ଅସ୍ଥାବର ସମ୍ପତି କିଛି)
- ରହୁଥିବା ପାରିପାର୍ଶ୍ୱିକ ପରିସ୍ଥିତି-ପଡୋଶୀ, ଜାତି,ଧର୍ମ,ବୃତି, ପାରଷ୍ପରିକ ସମ୍ପର୍କ ଭଲଥିଲା ବା ନଥିଲା ଇତ୍ୟାଦି ?

ଙ. ଶିକ୍ଷା

- ଯଦି ପ୍ରତିବାଦୀ କିଛି ପାଠପଢି ଥାନ୍ତି, ତେବେ ନିମ୍ନ ପ୍ରଶ୍ନ ତାଙ୍କୁ ପଚାରନ୍ତୁ)
- ଆପଣ କେତେ ପର୍ଯ୍ୟନ୍ତ ପଢିଛନ୍ତି ?(ଦୟାକରି ଲେଖନ୍ତୁ କେଉଁ ପର୍ଯ୍ୟନ୍ତ ପଢିଛନ୍ତି ଅଥବା ପାଠପଢା ଏବେବି ଜାରୀ ଅଛି (ଆନୁଷ୍ଠାନିକ/ଅଣଆାନୁଷ୍ଠାନିକ/କାର୍ଯ୍ୟଅନୁରୁପୀ) କେତେ ବର୍ଷ ପର୍ଯ୍ୟନ୍ତ) ଯଦି ଅଧାରୁ ପାଠପଢା ଛାଡ଼ିଥାନ୍ତି କାରଣ,(ସ୍ଥାନାନ୍ତରଣ/ବାସଚ୍ୟୁତ, ଅନ୍ୟ କୌଣସି କାରଣ (ଋତୁସ୍ରାବ/ଘର ଦାୟୀତ୍ୱ/ଭାଇଭଉଣୀଙ୍କ ଯତ୍ନ ?)
- ଆପଣଙ୍କ ସ୍କୁଲ ଜୀବନ କଥା କୁହନ୍ତୁ । ତାହା କିପରି ଥିଲା ? କେମିତି ଅନୁଭୂତି ଥିଲା ?/କିଛି ସ୍ମୃତି (ଉଖୁରେଇ ପଚାରନ୍ତୁ ଯଦି ଏହା ଅଧାରୁ ପାଠପଢାର କାରଣ)
- ସ୍କୁଲ ସମୟରେ କୌଣସି ଅସୁବିଧାର ସମ୍ମୁଖୀନ ହୋଇଥିଲେକି ? ଉଖୁରେଇ ପଚାରନ୍ତୁ-ଆର୍ଥିକ ସମସ୍ୟା/ସ୍କୁଲରେ ପହଂଚିବା/ଅନ୍ୟ କିଛି)
- ସ୍କୁଲ ପାଠ ଆରମ୍ଭ ବେଳେ ତୁମର ବୟସ କେତେ ଥିଲା

- କେଉଁ ସ୍କୁଲକୁ ଆପଣ ଯାଇଥିଲେ ? ସରକାରୀ ନାଁ ବେସରକାରୀ ? ତେ ସ୍କୁଲ /ଆବାସିକ/ଅଣ ଆନୁଷ୍ଠାନିକ ? କେବଳ ବାଳିକାଙ୍କ ପାଇଁ ? ବାଳକ ମାନେ ସେହି ବିଦ୍ୟାଳୟରେ ପଢୁଥିଲେକି ? ସେ ସ୍କୁଲ କେଉଁଠି ଅବସ୍ଥିତ ଥିଲା-ତୁମ ଗ୍ରାମରେ, ଅନ୍ୟ କେଉଁଠି ? ଯଦି ଦୂରରେ, ତୁମେ କିପରି ଯାଉଥିଲ ?
- ସ୍କୁଲ ସମୟର ସ୍ମୃତି କଥା କୁହନ୍ତୁ ? (ଉଖୁରେଇ ପଚାରନ୍ତୁ, ସାଙ୍ଗସାଥୀ.ଶିକ୍ଷକ,ପାଠପଢା ଅନଭୂତି, ସୁଯୋଗ,ବାରଣ, ବିଦ୍ୟାଳୟରେ କାର୍ଯ୍ୟକ୍ରମ ଇତ୍ୟାଦି) । ବିଦ୍ୟାଳୟକୁ ନେଇ ଆପଣଙ୍କ ମଧୁର ସ୍ମୃତି ବିଷୟରେ କୁହନ୍ତୁ ।
- ଆପଣଙ୍କ ଭାଇଭଉଣୀ ମାନେ କ'ଣ ପଢିଛନ୍ତି ? (ଭାଇ ଭଉଣୀମାନଙ୍କ ସମ୍ବନ୍ଧରେ ଅଲଗା ଅଲଗା ମତାମତ ନେବେ) ?
- ଯଦି ଭାଇଭଉଣୀ ଏବଂ ପ୍ରତିବାଦୀଙ୍କର ପାଠପଢାରେ ତାରତମ୍ୟ ଥାଏ, ତେବେ ପଚାରନ୍ତୁ-ଆପଣଙ୍କ ଏବଂ ଭାଇଭଉଣି ମଧ୍ୟରେ ପାଠପଢା ତାରତମ୍ୟର କାରଣ କଣ ?(ଉଖୁରେଇ ପଚାରନ୍ତୁ-ଏବଂ ନୋଟ କରନ୍ତୁ ବ୍ୟକ୍ତିଗତ କାରଣ ଯେପରିକି ନିଜର ଅନିଚ୍ଛା, ସ୍ୱାସ୍ଥ୍ୟ, ପାରିବାରିକ ଦାୟୀତ୍ୱ ଇତ୍ୟାଦି, ସାମାଜିକ କାରଣ ଯଥା ସମୁଦାୟର ଚାପ, ପୁତ୍ର ସନ୍ତାନର ଗୁରୁତ୍ୱ, ଆର୍ଥିକ କିମ୍ବା ଅନ୍ୟାନ ସାଧନ ଅସୁବିଧା, ବ୍ୟବସ୍ଥାଗତ ତୃଟି ସ୍କୁଲ ଯିବା ଅସୁବିଧା ଇତ୍ୟାଦି)
- ପିଲାବେଳ ର ଇଚ୍ଛା କଣ' ଥିଲା ?

(ଯଦି ପ୍ରତିବାଦୀ କେବେ ସ୍କୁଲ ଯାଇନଥାନ୍ତି ?)

- କାହିଁକି ଆପଣ ସ୍କୁଲ ଗଲେନାହିଁ ? ?(ଉଖୁରେଇ ପଚାରନ୍ତୁ-ଏବଂ ନୋଟ କରନ୍ତୁ ବ୍ୟକ୍ତିଗତ କାରଣ ଯେପରିକି ନିଜର ଅନିଚ୍ଛା, ଦୁର୍ବଳ ସ୍ୱାସ୍ଥ୍ୟ, ପାରିବାରିକ ଦାୟୀତ୍ୱ ଇତ୍ୟାଦି, ସାଂସ୍କସାମାଜିକ କାରଣ ଯଥା ସମୁଦାୟର ଚାପ, ପୁତ୍ର ସନ୍ତାନର ଗୁରୁତ୍ୱ, ଆର୍ଥିକ କିମ୍ବା ଅନ୍ୟାନ ସାଧନ ଅସୁବିଧା, ବ୍ୟବସ୍ଥାଗତ ତୃଟି ସ୍କୁଲ ଯିବା ଅସୁବିଧା ଇତ୍ୟାଦି)
- ଆପଣଙ୍କ ଭାଇଭଉଣୀ ମାନେ ସ୍କୁଲ ଯାଉଥିଲିକି ? (ଭାଇ ଭଉଣୀମାନଙ୍କ ସମ୍ବନ୍ଧରେ ଅଲଗା ଅଲଗା ମତାମତ ନେବେ) ?

(ଯଦି ପ୍ରତିବାଦୀ ଅଧାରୁ ପାଠପଢା ଛାଡିଥାନ୍ତି, ତେବେ ନିମ୍ନ ପ୍ରଶ୍ନ ପଚାରନ୍ତୁ)

- ଆପଣ ଆଗକୁ ପଢିବାକୁ ଚାହୁଁଥିଲେକି ? ଯଦି ହଁ, ତେବେ କାହିଁକି ପାଢପଢା ଛାଡିଲେ ? ଯଦି ନାଁ, କାହିଁକି ନୁହେଁ ? (ଉଖୁରେଇ ପଚାରନ୍ତୁ-ଏବଂ ନୋଟ କରନ୍ତୁ ବ୍ୟକ୍ତିଗତ କାରଣ ଯେପରିକି ପାରମ୍ପରିକ ଶିକ୍ଷାପ୍ରତି ଅନାଗ୍ରହ, ଦୁର୍ବଳ ସ୍ୱାସ୍ଥ୍ୟ, ପାରିବାରିକ ଦାୟୀତ୍ୱ ଇତ୍ୟାଦି, ସାଂସ୍କୃତିକ ଏବଂ ସାମାଜିକ କାରଣ ଯଥା ସମୁଦାୟର ଚାପ, ପୁତ୍ର ସନ୍ତାନର ଗୁରୁତ୍ୱ, ଆର୍ଥିକ କିମ୍ବା ଅନ୍ୟାନ ସାଧନ ଅସୁବିଧା, ବ୍ୟବସ୍ଥାଗତ ତୃଟି ଯଥା ଦୂରସ୍ଥାନରେ ସ୍କୁଲ, ସେଠାରେ ଖରାପ ଅନୁଭୂତି, ସ୍ଥାନାନ୍ତରଣ ଜନିତ ଅସୁବିଧା ଇତ୍ୟାଦି)

ଚ. ଶୈଶବାବସ୍ଥାରେ ସ୍ୱାସ୍ଥ୍ୟ:

- ପିଲାବେଳେ ଆପଣଙ୍କ ସ୍ୱାସ୍ଥ୍ୟ କିପରିଥିଲା ? କୌଣସି ରୋଗ/ଦୁର୍ଘଟଣା/ସ୍ୱାସ୍ଥ୍ୟସେବା ସମସ୍ୟା/ଥିବା ଏବଂ ପାଇବାଗତ ସମସ୍ୟା/ଯତ୍ନ ଜାରିରଖିବା)

- ଆପଣଙ୍କ ଘରେ କେହି ଗୁରୁତର ଶାରିରୀକ ଅସୁସ୍ଥ ହୋଇଥିଲେକି ? (ଉଖୁରେଇ ପଚାରନ୍ତୁ କଣ' ସବୁ ପ୍ରଭାବ ପଡ଼ିଥିଲା ?)

ଛ. ଋତୁସ୍ରାବ/କୈଶୋରାବସ୍ଥା

(ଏହି ଭାଗ କିଶୋରୀ,ଯୁବତୀ ଏବଂ ପ୍ରଜନନକ୍ଷମ ବୟସ୍କା ମହିଳାଙ୍କ ପାଇଁ ଉଦ୍ଦିଷ୍ଟ)

- କେତେ ବର୍ଷ ବେଳକୁ ଆପଣ ନିଜର ଶାରିରୀକ ପରିବର୍ତନ ଲକ୍ଷ୍ୟ କଲେ ? ଆପଣଙ୍କୁ ସେତେବେଳେ କିଭଳି ଅନୁଭବ ହୋଇଥିଲା ? ତୁମକୁ ସୂଚନା କିଏ ଦେଇଥିଲା ଏବଂ କେଉଁଠୁ ପାଇଥିଲ ?
- ଋତୁସ୍ରାବ କେବେ ଆରମ୍ଭ ହେଲା ? ତୁମକୁ ସୂଚନା କିଏ ଦେଇଥିଲା ? (ପରିବାର, ଗାଁର ଅଭିଜ୍ଞା ମହିଳା, କିଶୋର ଯୋଜନା କାର୍ଯ୍ୟକ୍ରମ-ସବଳା, ରାଷ୍ଟ୍ରୀୟ କିଶୋର ବିକାଶ କାର୍ଯ୍ୟକ୍ରମ, କିଶୋରି ଶକ୍ତି ଯୋଜନା, ଋତୁସ୍ରାବ ସମ୍ବନ୍ଧୀୟ ସୂଚନା ଗାଁରେ କାର୍ଯ୍ୟରତ ଛାମୁଆ କର୍ମୀମାନଙ୍କଠାରୁ ।
- ପ୍ରଥମ ଋତୁସ୍ରାବ ସମୟର ଅନୁଭୂତି କିପରି ହୋଇଥିଲା, ବିସ୍ତାରରେ କହିବେକି ? (ପରିସ୍ଥିତି,ପ୍ରସ୍ତୁତ ଥିଲେକି ?, କିଏ ସାହାଯ୍ୟ କରିଥିଲା, ଅନୁଭବ,ପରିବାରର ପ୍ରତିକ୍ରିୟା,ସାମାଜିକ ଚଳଣୀ ଯଦି କିଛି ଥାଏ ?
- ଋତୁସ୍ରାବ ତୁମ ଜୀବନକୁ କିପରି ପ୍ରଭାବିତ କରିଥିଲା ? (ଉଖୁରେଇ ପଚାରନ୍ତୁ-କଟକଣା, ପାଠପଢା ଉପରେ ପ୍ରଭାବ,ଯାତାୟତ, ବନ୍ଧୁତା,ସାଥୀଚୟନ ଏବଂ ବିବାହ ସମ୍ବନ୍ଧୀୟ ନିଷ୍ପତି)
- ଋତୁସ୍ରାବ ଜନିତ କିଛି ତିକ୍ତ ବା ମଧୁର ଅନୁଭୂତି ଅଛିକି ? ତାହା କଣ ଥିଲା ଏବଂ କିପରି ସାମନା କରିଥିଲ ?
- କଣ' ହୋଇପାରିଥିଲେ ତୁମର ଅନୁଭୂତି କୁ କମତିକ୍ତ ବା ଅଧିକ ମଧୁର ହୋଇପାରିଥାନ୍ତା ବୋଲି ଭାବୁଛ ?
- ତୁମ ଦ୍ୱାରା କେହି କେବେ ଆକର୍ଷିତ ହୋଇଛନ୍ତିକି ? ଯଦି ହଁ, ତେବେ କିପରି ଆରମ୍ଭ ହୋଇଥିଲା ? ରୋମାଂଟିକ ପ୍ରସ୍ତାବ କିଏ ପ୍ରଥମେ ଦେଇଥିଲା/ବନ୍ଧୁତା/ଅନୁଭୂତି-କଣ' ସବୁ ହୋଇଥିଲା ? କେଉଁଠି ହୋଇଥିଲା ? (ଉଖୁରେଇ ପଚାରନ୍ତୁ-ସାଂସ୍କୃତିକ କାର୍ଯ୍ୟକ୍ରମ ଅବସରରେ/ଉତ୍ସବରେ/କୌଣସି କାର୍ଯ୍ୟକ୍ରମରେ/କାର୍ଯ୍ୟସ୍ଥଳୀରେ/ସମୁଦାୟରେ ?
- ତୁମକୁ କେହି କେବେ ବନ୍ଧୁତା ବା ଭଲପାଇବାର ପ୍ରସ୍ତାବ ଦେଇଥିଲେ କି ? ତୁମକୁ କିପରି ଲାଗିଥିଲା ? ସେ ଅନୁଭୂତି କିପରିଥିଲା ? (ରୋମାଂଟିକ ଅନୁଭୂତି-ବାହାରକୁ ଯିବା/ହାତ ଧରିବା/ବାହାଘର ବିଷୟରେ ଭାବିବା) ।
- ତାହା ତୁମ ଜୀବନକୁ ପ୍ରଭାବିତ କରିଥିଲାକି ? ଯଦିହଁ, କିପରି ? ଅଧିକ ଅନୁସନ୍ଧାନ କର(ଯୋତାୟତ,କଟକଣା/ଘରେ ବାହାରେ ହିଂସାଚରଣ ହେବା) ।
- ଯଦି ସମ୍ପର୍କରେ ଭାଙ୍ଗିଲା ତେବେ କାରଣ କଣ ?/କିଏ ଏହି ନିଷ୍ପତି ନେଇଥିଲା ? ତାହା ତୁମ ଜୀବନକୁ ପ୍ରଭାବିତ କରିଥିଲାକି ? ଯଦିହଁ, କିପରି ?

ଛ: ପ୍ରଥମ ଯୌନସମ୍ବନ୍ଧ ଅନୁଭୂତି

- ପ୍ରଥମ ଥର କେବେ ଆପଣ ଶାରୀରିକ ସମ୍ବନ୍ଧ ସ୍ଥାପନ କରିଥିଲେ । (ଉଖୁରେଇ ପଚାରନ୍ତୁ-ବୟସ/ବାହାଘର ପୂର୍ବରୁ ନାଁ ପରେ, ସାଥୀ କିଏ ଥିଲେ ଏବଂ ସାଥୀଙ୍କର ବୟସ କେତେ ଥିଲା ?
- ଯଦି ବାହାଘର ପୂର୍ବରୁ ହୋଇଥିଲା (ତାହା ଜବରଦସ୍ତି/ସହମତି/ସାଥୀ ଚୟନ, ସାଥୀର ବୟସ-ପରିଣାମ କିଛି ହୋଇଥିଲାକି-ଶାରୀରିକ,ମାନସିକ,ଭାବନାତ୍ମକ,ଗର୍ଭ ନିରୋଧ ଜ୍ଞାନ, ନିରାପଦ ଯୌନ ସମ୍ବନ୍ଧ ।

- ଯଦି ବିବାହ ପରେ-ପ୍ରଥମ ଯୌନ ସମ୍ପର୍କ ଅନୁଭୂତି କିପରି ଥିଲା ?
- ତୁମେ ଜାଣିଥିଲକି କଣ ହୋଇପାରେ ? ତୁମ ପାଖରେ ଥବା ସୂଚନାର ଉତ୍ସ କଣ' ଥିଲା ?
- ଅନୁଭୂତି କଳ୍ପନା ଅନୁରୂପ ହୋଇଥିଲା କି ? କାହିଁକି ତୁମେ ଏମିତି କହୁଛ ? ଅନୁସନ୍ଧାନ କର (ସାଥୀଙ୍କ ନରମ, ସମ୍ମାନ,ସହମତି ପୂର୍ଣ୍ଣ ବ୍ୟବହାର ନେଇ ତାଙ୍କର ଆଶା ଏବଂ ଅନୁଭୂତି ସମ୍ପର୍କରେ) ।
- ପ୍ରଥମ ଥର ଶାରୀରିକ ସମ୍ବନ୍ଧ ସ୍ଥାପନ କଲାବେଳେ ତୁମର ଗର୍ଭନିରୋଧ, ନିରାପଦ ଯୌନ ସମ୍ପର୍କ ଉପରେ ଜ୍ଞାନ ଥିଲାକି ? ସୂଚନାର ଉତ୍ସ କଣ ଥିଲା ?
- ପରିସ୍ଥିତିରେ ଭିନ୍ନ ହୋଇଥିଲାକି ? (ସଚେତନତା/ ସହମତି/ ଅନ୍ୟାନ ପରିସ୍ଥିତି) ହୋଇଥିଲେ ତୁମର ପ୍ରଥମ ଯୌନ ସମ୍ପର୍କ ଭିନ୍ନ ଅନୁଭୂତି ହୋଇଥାନ୍ତା କି ?

ଜ: ବିବାହ:

ଯଦି ପ୍ରତିବାଦୀ ଅବିବାହିତା ହୋଇଥାନ୍ତି:

- ତୁମେ ବିବାହ କରିବାକୁ ଚାହୁଁଛକି ? ଯଦି ନାଁ, ତେବ କାହିଁକି ? (ବିବାହର ନିଷ୍ପତ୍ତିକୁ ହୁଏତ ପ୍ରଭାବିତ କରୁଥିବା ବ୍ୟକ୍ତିଗତ, ସାମାଜିକ କାରଣକୁ ଲିପିବଦ୍ଧ କର) ।
- ଯଦି ହଁ, କେତେ ବୟସରେ ବିବାହ କରିବେ ?
- ତୁମର ସାଥୀ କେମିତି ହୋଇଥିବେ ତୁମେ ଚାହୁଁଛ ?(ବ୍ୟକ୍ତିଗତ / ପାରିବାରିକ/ସାମାଜିକ ଚଳଣୀ/ ସମ୍ମାନ/ହିଂସା/ନୀତିଗତ ସମାନତା)
- ତୁମେ ଏପରି କାହାକୁ ଜାଣିଛକି, ଯେକି ତୁମ ବର୍ଣ୍ଣନା ଅନୁସାରେ ଯୋଗ୍ୟ ଅଛନ୍ତି ? (ଯଦି ପ୍ରତିବାଦୀ କାହା ସହିତ ସମ୍ପର୍କରେ ଥାନ୍ତି ପଚାର ସେ କାହିଁକି ତାକୁ ବିବାହ କରିବେ ନାହିଁ) ।

ଯଦି ପ୍ରତିବାଦୀ ସଦ୍ୟ ବିବାହିତା ହୋଇଥାନ୍ତି:

- କେତେ ବୟସରେ ବିବାହ କଲେ ?
- ସ୍ୱାମୀଙ୍କ ବିଷୟରେ କୁହନ୍ତୁ । ବାହାଘର ସମୟରେ ତାଙ୍କ ବୟସ କେତେ ଥିଲା ?
- ସ୍ୱାମୀ କଣ ପଢିଛନ୍ତି ? ସେ କଣ କରନ୍ତି ? ତାଙ୍କ କାର୍ଯ୍ୟସ୍ଥଳୀ କେଉଁଠି-ସେହି ଅଂଚଳ/ସହର, ଅନ୍ୟ ସହର/ ଘରେ/ଦୂର ସ୍ଥଳରେ ଇତ୍ୟାଦି ।
- କେଉଁ ପ୍ରକାର ବିବାହ ଥିଲା ? ପ୍ରେମ ବିବାହ / ଆୟୋଜିତ ବିବାହ

ଯଦି ଆୟୋଜିତ ବିବାହ:

- ତୁମ ବିବାହ ସମ୍ପର୍କରେ କିଏ ନିଷ୍ପତ୍ତି ନେଇଥିଲେ ? (କେତେ ବୟସ ଏବଂ କାହା ସହିତ ହେବ ଇତ୍ୟାଦି)
- ଯଦି ବିବାହ ଘରର ଅନ୍ୟାନ ପରିବାର ସଦସ୍ୟ ଠିକ୍ କରିଥାନ୍ତି, ପଚାର ତାଙ୍କୁ ସେକଥା କିପରି ଲାଗିଥିଲା ?
- ବାହାଘର ପୂର୍ବରୁ ସ୍ୱାମୀଙ୍କୁ ଜାଣିଥିଲେକି ? କିପରି ? କେବେଠୁ ? ଏହି ସମ୍ବନ୍ଧ ନେଇ ଆପଣ ଖୁସିଥିଲେ କି ?କାହିଁକି ?

- ତୁମେ ସେ ସମୟରେ ବିବାହ କରିବାକୁ ଚାହୁଁଥିଲକି ? କାହିଁକି ? (ସଂସ୍କୃତିଗତ,ସାମାଜିକ ସ୍ଥିତି, ଅନ୍ୟାନ ସୁଯୋଗର ଅଭାବ/ବାପାମା' ଏବଂ ଗୁରୁଜନମାନଙ୍କୁ ଦୁଃଖି ନକରିବାପାଇଁ / ସାମାଜିକ ଚାପ ଇତ୍ୟାଦି)
- ଆଦର୍ଶଭାବେ, ଯଦି ତୁମକୁ ନିଷ୍ପତି ନେବାପାଇଁ ସୁଯୋଗ ମିଳିଥାନ୍ତା, ତୁମେ କେତେ ବୟସରେ ବିବାହ କରିବାକୁ ଚାହିଁଥାନ୍ତ ? କାହିଁକି ?

ଯଦି ପ୍ରେମ ବିବାହ, ପଚାର-

- ତୁମେ ତୁମର ସ୍ୱାମୀକୁ କିପରି ଜାଣିଲ ? (ଲିପିବଦ୍ଧ କର-ବିଦ୍ୟାଳୟ/କାର୍ଯ୍ୟସ୍ଥଳୀ/ପରିବାର/ସମୁଦାୟ/ଅନ୍ୟାନ) ।
- ବିବାହ ପୂର୍ବରୁ କେତେ ଆଗରୁ ତୁମେ ସ୍ୱାମୀଙ୍କୁ ଜାଣିଥିଲ ?
- କେତେବେଳେ ତୁମର ପସନ୍ଦର ସାଥୀ ସମ୍ପର୍କରେ ତୁମ ପରିବାରକୁ ଜଣାଇଥିଲ ? (କେଉଁ ପରିସ୍ଥିତିରେ, ପରିବାରରେ ତୁମେ କାହାକୁ ବିଶ୍ୱାସରେ କହିଥିଲ) ।
- ତୁମ ପସନ୍ଦର ସାଥୀ ସମ୍ପର୍କରେ ଜଣାଇବା ପରେ ପରିବାରର ପ୍ରତିକ୍ରିୟା କ'ଣ ଥିଲା ?
- ତୁମ ସ୍ୱାମୀଙ୍କର ପରିବାରର ତାଙ୍କ ପସନ୍ଦସାଥୀ ବିଷୟରେ ଜାଣିବାପରେ ସେମାନଙ୍କର ପ୍ରତିକ୍ରିୟା କ'ଣ ଥିଲା ?

ଯଦି ପ୍ରତିବାଦୀ ବର୍ତ୍ତମାନ ବିବାହ କରିନଥାନ୍ତି (ଅଲଗା ରହିଥାନ୍ତି/ବିବାହ ବିଚ୍ଛେଦ ହୋଇଥାଏ/ ବିଧବା ହୋଇଥାନ୍ତି), ପଚାର

- କେତେ ବୟସରେ ତୁମେ ବିବାହ କରିଥିଲ ?
- କେବେଠାରୁ ତୁମେ ଅଲଗା ରହିଛ/ବିବାହ ବିଚ୍ଛେଦ ହୋଇଛି ?
- କାହାର ନିଷ୍ପତି ଥିଲା ?
- କାହିଁକି ?/ଅଲଗା ହେବାପାଇଁ କି ପରିସ୍ଥିତି ହୋଇଥିଲା ?

ଯଦି ପ୍ରତିବାଦୀ କେବେ ବିବାହ କରିଥିଲେ-ପଚାର

- ବାହାଘର କେମିତି ହୋଇଥିଲା-ବିବାହ / ଦ୍ୱିରାଗମନ/ ସାଂସ୍କୃତିକ ପ୍ରଥା
- ଯେତେବେଳେ ତୁମେ ବିବାହ କରିଥିଲ, ବିବାହ କଣ, ସେ ବିଷୟରେ ତୁମର କିଛି ଧାରଣା ଥିଲାକି ?
- ତୁମେ ବୋହୂ ଏବଂ ଶ୍ୱଶୁରଘର ପରିବାରଙ୍କ ସହ ସମ୍ପର୍କ ବିଷୟରେ ଜାଣିଥିଲକି ? ସ୍ୱାମୀସ୍ତ୍ରୀ ସମ୍ପର୍କ ସମ୍ବନ୍ଧରେ ଜାଣିଥିଲ କି ?
- ତୁମ ଜାତିରେ ବିବାହରେ ସାଂସ୍କୃତିକ ପ୍ରଥା କଣଥାଏ ?(କନ୍ୟା ମୂଲ/ଯୌତୁକ ଏବଂ ଅନ୍ୟାନ) ଦୟାକରି ସାମାଜିକ ଚଳଣୀରେ ଆସିଥିବା ପରିବର୍ତନ ସମ୍ପର୍କରେ ବୁଝନ୍ତୁ ।
- ବିବାହ ପରେ, ଯେତେବେଳେ ତୁମେ ନୂଆଘରେ ପହଞ୍ଚିଲ, ଘରର ପରିବେଶ କିପରି ଥିଲା ? ତୁମ ବାପଘରଠୁ କିପରି ଅଲଗା ଥିଲା ?
- ବାହାଘର ପୂର୍ବରୁ ଏବଂ ପରେ ତୁମେ ନିଜଭିତରେ କିଛି ପରିବର୍ତନ ପାଇଛକି ?

- ତୁମର ସ୍ୱାମୀଙ୍କ ସହ ସମ୍ପର୍କ ବିଷୟରେ ମୋତେ ଟିକେ କହିବେକି ? (ଉଖୁରେଇ ପଚାରନ୍ତୁ ନିଜର/ସ୍ୱାମୀଙ୍କର ମଦ୍ୟପାନ) । ତୁମେ ଏହି ବିବାହରେ ଖୁସିଥିଲ କି ? ସେ ତୁମକୁ ବୁଝିପାରନ୍ତି କି ? ଯୌନ ସଂବନ୍ଧ ସମ୍ପର୍କରେ କଣ କହିବେ ? (ଉଖୁରେଇ ପଚାରନ୍ତୁ-ଆନନ୍ଦ,ସହମତି,ଜବରଦସ୍ତି,ଯନ୍ତ୍ରଣା) ନିକଟବର୍ତୀ ସମ୍ପର୍କରେ ହିଂସା
- ତୁମ ସ୍ୱାମୀଙ୍କ ବ୍ୟତୀତ ତୁମକୁ ଆଉ କେହି ଭଲ ଲାଗନ୍ତିକି ? ଯଦି ହଁ, କାହିଁକି ?
- ତୁମର ପିଲାଛୁଆ ଅଛନ୍ତିକି ?ଯଦି ତାଙ୍କର ପିଲା ଥିଲେ ବା ଅଛନ୍ତି
- ତୁମର କେତୋଟି ପିଲା ଅଛନ୍ତି ? ପିଲା ମାନଙ୍କ ବୟସ କ୍ରମାଙ୍କରେ ଲିପିବଦ୍ଧ କର ପୁଅ-ଝିଅ ଏବଂ ସେମାନଙ୍କ ବୟସ
- ତୁମର ପିଲା ମାନଙ୍କ ସଂଖ୍ୟା ଏବଂ ଜନ୍ମକୁ ନେଇ ଖୁସି ଅଛକି ?
- ତୁମେ ନିଜେ କେତେ ସନ୍ତାନ ଚାହୁଁଥିଲ ?କାହିଁକି ? କେତୋଟି ଛୁଆ ହେବେ, କଣ ଛୁଆ ହେବା ଦରକାର ସେନେଇ ପରିବାରରୁ ଚାପଥିଲା କି ନାହିଁ ବୁଝ ।

ଞ: ଗର୍ଭଧାରଣ: (ସବୁ ପ୍ରକାର ପ୍ରତିବାଦୀଙ୍କୁ ଏହି ଭାଗ ସମ୍ପର୍କରେ ପଚରା ଯିବ)

(ଯଦି ପ୍ରତିବାଦୀ କେତୋଟି ସନ୍ତାନ ବିଷୟରେ କହିନାହାଁନ୍ତି କିମ୍ବା ଅବିବାହିତା କିନ୍ତୁ ଯୌନ ସମ୍ବନ୍ଧରେ ସକ୍ରୀୟ ବୋଲି କହିଛନ୍ତି, ତେବେ ପଚାର)

- ତୁମେ କେବେ ଗର୍ଭବତୀ ହୋଇଛକି ?

ଯଦି ପ୍ରତିବାଦୀ ଗର୍ଭଧାରଣ କରିଥାନ୍ତି, ତେବେ ପରବର୍ତୀ ପ୍ରଶ୍ନ ପଚାର

- ଗର୍ଭାବସ୍ଥାର ଅନୁଭୂତି ସମ୍ପର୍କରେ ଆମକୁ କୁହନ୍ତୁ ।(ପ୍ରଶ୍ନ ପଚାରିବା ଆଗରୁ ସୁନିଶ୍ଚିତ କରନ୍ତୁ, ସେ ଗର୍ଭବତୀ ହୋଇଥିଲେ)-ଜନ୍ମ, ଗର୍ଭ ନଷ୍ଟ, ଗର୍ଭସମାପନ, ମୃତଶିଶୁ ଜନ୍ମ, ଶିଶୁ ମୃତ୍ୟୁ, ପିଲା ମୃତ୍ୟୁ ଇତ୍ୟାଦି
- କେତେବେଳେ-ଗର୍ଭଧାରଣରେ ବ୍ୟବଧାନ, ଗର୍ଭନଷ୍ଟ ହୋଇଥିଲେ, ଗର୍ଭପାତ- ଗର୍ଭପାତ ଭାଗ ଯାଆନ୍ତୁ
- ଗର୍ଭଧାରଣ ରୋକିବାକୁ କୌଣସି ପଦକ୍ଷେପ ନେଇଥିଲେ କି ?ବର୍ଣ୍ଣନା କରନ୍ତୁ ।
- ଗର୍ଭନିରୋଧ ପାଇଁ କଣ କଣ ବ୍ୟବସ୍ଥା ସମ୍ପର୍କରେ ତୁମେ ଜାଣିଥିଲ ? କୋଉ ପନ୍ଥା ତୁମେ ଆପଣେଇଥିଲ ? ଏସବୁରେ ତୁମର ଅନୁଭୂତି କଣ ହୋଇଥିଲା ?-ସମସ୍ୟା, ସାହାଯ୍ୟ ଆଶା, ଜାରି ରଖିବାର କାରଣ କଣ ?
- ଗର୍ଭାବସ୍ଥା/ଗର୍ଭ ସମାପନ ପ୍ରଭୃତିରେ ସମସ୍ୟାହେଲେ ସ୍ୱାସ୍ଥ୍ୟସେବା ମିଳିବାରେ କଣ ସବୁ ସମସ୍ୟା ହେଉଥିଲା ? (ସ୍ୱାସ୍ଥ୍ୟସେବା ଅନୁଷ୍ଠାନ ଠାରୁ ଦୂରତା/ଆର୍ଥିକ, ସରକାରୀ/ବେସରକାରୀ/ସ୍ୱାସ୍ଥ୍ୟସେବା ସହାୟତା) ।
- ଗର୍ଭାବସ୍ଥାରେ ଆପଣ କେଉଁ ପ୍ରକାର କାମ କରୁଥିଲେ ? ଏହା ତୁମ ଗର୍ଭାବସ୍ଥା ଇତ୍ୟାଦିରେ କୌଣସି ପ୍ରଭାବ ପକାଉଥିଲାକି ?(ପ୍ରତିଥର, ସମୟ ବିତିବା ସହିତ, ଗର୍ଭାବସ୍ଥାରେ କାମର କୌଣସି ପ୍ରଭାବ ପଡିଥିଲାକି ?ସ୍ୱାସ୍ଥ୍ୟ ଉପରେ ଗର୍ଭାବସ୍ଥାରେ ଏବଂ ପ୍ରସବପରେ କୌଣସି ପ୍ରଭାବ ପଡିଥିଲାକି ? ଖାଦ୍ୟ ଏବଂ ଡ଼ାଏଟ ମିଳିବା/ଘରୋଇ କାମକୁ ନେଇ ?
- ଗର୍ଭାବସ୍ଥାରେ, ପ୍ରସବ ପରେ କିମ୍ବା ତା'ପରେ ସ୍ୱାମୀ ଅଥବା ଘରେ ସମ୍ପର୍କରେ ପରିବର୍ତନ ହୋଇଛିକି ?
- ପିଲାର ଯତ୍ନନେବା ସହ ବାହାର କାମ ଏବଂ ଘରକାମକୁ ତୁମେ କିପରି ତୁଲେଇ ପାରୁଥିଲ ? ପିଲାଙ୍କ ଉପରେ ତାହା କିପରି ପ୍ରଭାବ ପକାଉଥିଲା ?

ଯଦି ପ୍ରତିବାଦୀ ବିବାହିତା ଏବଂ ୧୮ ବର୍ଷରୁ ଅଧିକ କିନ୍ତୁ ପିଲାଛୁଆ ହୋଇନାହାଁନ୍ତି, ତେବେ ଅନୁଭୂତି ପଚାର ?

- ସ୍ୱାମୀଙ୍କର ଏବଂ ପରିବାରର ପ୍ରତିକ୍ରିୟା।
- ଆପଣଙ୍କୁ କେମିତି ଅନୁଭବ ହେଉଛି ? ତୁମେ ପରିସ୍ଥିତିକୁ କିପରି ସମ୍ଭାଳୁଛ । ତୁମ ଜୀବନ ଉପରେ ଏହାର କିଛି ପ୍ରଭାବ ପଡୁଛିକି ?
- ଯଦି ପ୍ରତିବାଦୀଙ୍କର ଗର୍ଭନଷ୍ଟ ହୋଇଛି/ହୋଇଥିଲା, ତାହାଲେ ପଚାରନ୍ତୁ
- ଯଦି ପ୍ରତିବାଦୀଙ୍କର ଗର୍ଭସମାପନ କରିଥାନ୍ତି ବା କରିଥିଲେ, ତାହାଲେ ପଚାରନ୍ତୁ
- ଗର୍ଭ କ୍ରମ, ଗର୍ଭ ସମାପନ କଲାବେଳେ ପ୍ରତିବାଦୀଙ୍କର ବୟସ
- ଗର୍ଭସମାପନ ପାଇଁ ନିଷ୍ପତି ନେବାର କାରଣ(ବ୍ୟକ୍ତିଗତ /ସାମାଜିକ/ବ୍ୟବସ୍ଥାଗତ କାରଣ)
- ସହାୟତା/ସ୍ୱାମୀ ଏବଂ ତାଙ୍କ ପରିବାରର ଚାପ/ ବ୍ୟବସ୍ଥାଗତ ଚାପ ଇତ୍ୟାଦି
- ତୁମେ କେଉଁଠାରୁ ସେବା ଚାହିଁଥିଲ ? କାହିଁକି ? (ଉଖୁରେଇ ପଚାରନ୍ତୁ-ପାରମ୍ଭାରିକ ଉପଶମକାରୀ ବ୍ୟକ୍ତି/ଅନୌପଚାରିକ ଚିକିତ୍ସକ/ସରକାରୀ/ବେସରକାରୀ ବଡ଼ କିମ୍ବା ଛୋଟ ହସପିଟାଲ/ପୁରୁଷ/ମହିଳା ଡ଼ାକ୍ତର, ଘରଠୁ ଦୂର ବା ନିକଟ, ଅନ୍ୟ କିଛି ଅନୁସନ୍ଧାନ କରନ୍ତୁ) ।
- ସ୍ୱାସ୍ଥ୍ୟ ଉପରେ ପ୍ରଭାବର କିଛି ଧାରଣା-ଗର୍ଭସମାପନ ଦ୍ୱାରା ତୁମ ସ୍ୱାସ୍ଥ୍ୟ ଉପରେ କିଛି ପ୍ରଭାବ ପଡିଛିକି ? ଶାରୀରିକ, ମାନସିକ ପ୍ରଭାବ ଉପରେ ଅନୁସନ୍ଧାନ କର । ଯନ୍ତ୍ରଣା ଉପଶମ ହେବାପାଇଁ କୌଣସି ପଦକ୍ଷେପ ନେଇଥିଲେକି ?କେଉଁ ପ୍ରକାର ବ୍ୟବସ୍ଥାକୁ ତୁମେ ସାହାଯ୍ୟ ପାଇଁ ଯାଇଥିଲ । ସେଠାକୁ ଯିବାପାଇଁ ତୁମେ କେଉଁଠୁ ସୂଚନା ପାଇଥିଲ ?

ଟ. ରଜଃନିବୃତି/ଛୁଆ ଜନ୍ମକରିବାର ବୟସ ଗଡିଗଲାପରେ

- ତୁମ କନିଷ୍ଠ ସନ୍ତାନର ବୟସ କେତେ ?
- ତାପରେ' ତୁମେ କେବେ ଗର୍ଭବତୀ ହୋଇଥିଲକି ? ଗର୍ଭ ନିୟୋଜନ/ବନ୍ଧ୍ୟାକରଣ/ଗର୍ଭ ସମାପନ/ଗର୍ଭ ସ୍ଖଳନ- କେବେ ହୋଇଥିଲା –କେଉଁଠାରେ ସ୍ୱାସ୍ଥ୍ୟସେବା ନେଇଥିଲେ ।
- ତୁମର ରଜଃନିବୃତି ହେଲାଣିକି ? କେତେ ବୟସରେ ହେଲା ? ଶୀଘ୍ର ରଜଃନିବୃତି ହୋଇଥିଲେ କାରଣ ଜାଣିବାକୁ ଚେଷ୍ଟାକରନ୍ତୁ (ଯେପରିକି ସ୍ତ୍ରୀ ବନ୍ଧ୍ୟାକରଣ ପରେ)
- ତୁମର ଅନୁଭୂତି କୁହନ୍ତୁ । ତୁମେ ଜାଣିଥିଲକି କ'ଣ ହୋଇପାରେ ? ତୁମ ପାଖରେ ଥିବା ସୂଚନାର ଉତ୍ସ କଣ ଥିଲା ?
- ତୁମେ ସାହାଯ୍ୟ/ସହାୟତା ଆବଶ୍ୟକ କରିଥିଲକି ? କାହାକୁ କହିଥିଲ ? ସହାୟତା ମାଗିବାରେ କଣ ଅନୁଭୂତି ହୋଇଥିଲା-ସ୍ୱାମୀ,ପରିବାରଙ୍କ ଠାରୁ ମାନସିକ ଉପଶମ, ସ୍ୱାସ୍ଥ୍ୟ ବ୍ୟବସ୍ଥାରୁ ଜବାବ ଇତ୍ୟାଦି ।
- ଏହା ତୁମର ଯୌନ ସମ୍ପର୍କକୁ କିପରି ପ୍ରଭାବିତ କରିଛି ?

୦: ସାଧାରଣ ସ୍ୱାସ୍ଥ୍ୟ ଏବଂ ଏହାର ପ୍ରଜନନ ସ୍ୱାସ୍ଥ୍ୟ ସହିତ ସମ୍ପର୍କ:

- ଆପଣଙ୍କର ସ୍ୱାସ୍ଥ୍ୟ କେମିତି ରହୁଛି ? ଶାରୀରିକ ସ୍ୱାସ୍ଥ୍ୟ(ନିର୍ଦ୍ଦିଷ୍ଟ ସ୍ୱାସ୍ଥ୍ୟ ଅବସ୍ଥା, ମ୍ୟାଲେରିଆ, /ପ୍ରଜନନ ସ୍ଥାନ ସଂକ୍ରମଣ/ଯୌନ ସଂକ୍ରମଣ/ ଯକ୍ଷ୍ମା/ନିଶା ସେବନ ଅଭ୍ୟାସ/ରକ୍ତହୀନତା/ଡାଇରିଆ/ଦେହହାତ ଘୋଳା ବିନ୍ଧା ଏବଂ ମାନସିକ ସୁସ୍ଥାବସ୍ଥା ? ଆପଣଙ୍କୁ ଭଲ ନିଦ ହେଉଛିକି ? ଯନ୍ତ୍ରଣା,କ୍ଷୁଧା ? ଶାନ୍ତିସ୍ଥିରତାର ଅନୁଭବ ?
- ମୁଖ୍ୟ ସ୍ୱାସ୍ଥ୍ୟସମସ୍ୟା ବାବଦରେ କହିଥିଲେ-ପଚାର-କେବେ ଏସବୁ ସମସ୍ୟା ଆରମ୍ଭ ହେଲା ? ଏମିତି ହେବାର କାରଣ କଣ ହୋଇଥିବ, ଆପଣ ଭାବୁଛନ୍ତି ? ଉଖୁରେଇ ପଚାରନ୍ତୁ ଏବଂ ଯଦି ଯୌନ ଏବଂ ପ୍ରଜନନ ସ୍ୱାସ୍ଥ୍ୟ ଏବଂ ଅନ୍ୟାନ ଅସୁସ୍ଥତା ଭିତରେ ସମ୍ପର୍କଥିଲେ ଲିପିବଦ୍ଧ କରନ୍ତୁ ।
- ଯଦି ପ୍ରଥମ ପ୍ରଶ୍ନ ଏବଂ ଯୌନ ଏବଂ ପ୍ରଜନନ ସ୍ୱାସ୍ଥ୍ୟ ଏବଂ ଅନ୍ୟାନ ଅସୁସ୍ଥତାର ମଧ୍ୟରେ କୌଣସି ସମ୍ପର୍କ ଥିବାର ଦେଖାଯାଉନାହିଁ ବା ପ୍ରତିବାଦୀ ସେହି ଦୁଇଟାରେ ପରସ୍ପର ସହିତ ସମ୍ବନ୍ଧଥିବାର ବିଶ୍ୱାସ କରୁନାହାଁନ୍ତି, ତେବେ ପଚାରନ୍ତୁ—
- ମହିଳାଙ୍କ ଯୌନ ଏବଂ ପ୍ରଜନନ ସ୍ୱାସ୍ଥ୍ୟ ର ସାଧାରଣ ସ୍ୱାସ୍ଥ୍ୟ ଉପରେ କୌଣସି ପ୍ରଭାବ ରହୁଛିକି ?ଏହାର କିପରି ପ୍ରଭାବ ପକାଇଥାଏ ? ଆପଣଙ୍କ ସ୍ୱାସ୍ଥ୍ୟ ଉପରେ କୌଣସି ପ୍ରଭାବ ପଡିଛିକି ?
- କୌଣସି ସମୟରେ ସ୍ତ୍ରୀରୋଗ ସମ୍ବନ୍ଧୀୟ ସମସ୍ୟା ହୋଇଥିଲାକି ? ସେତେବେଳର ପରିସ୍ଥିତି ଏବଂ ତାର ଫଳାଫଳ/ପରିଣାମ କେଉଁପରି ଭାବରେ ଆପଣଙ୍କୁ ଏବଂ ଆପଣଙ୍କ ଜୀବନକୁ ପ୍ରଭାବିତ କରିଛି ?
- ବର୍ଣ୍ଣନା କରିଥିବା ପ୍ରଧାନ ସ୍ୱାସ୍ଥ୍ୟସମସ୍ୟା ବିଷୟରେ ପଚାରନ୍ତୁ-କଣ ହୋଇଥିଲା, କାହିଁକି, କଣ ତାଙ୍କର ଅନୁଭୂତି ହୋଇଥିଲା-ଅର୍ଥ ଖର୍ଚ୍ଚ, ସମସ୍ୟା ର ସମାଧାନ ହେଲାନା ନାହିଁ, ସେ ସମସ୍ୟାକୁ ନେଇ ବର୍ତମାନର ସାମାଜିକ, ଆର୍ଥିକ ପରିସ୍ଥିତି କଣ ହୋଇଛି ?
- ତୁମ ସ୍ୱାସ୍ଥ୍ୟସମସ୍ୟାନେଇ କେଉଁଠିକି ଯିବାର ନିଷ୍ପତି ନେବାର ଅଧିକାର ତୁମର ଥିଲା କି ? ? ନାଁ ଆପଣ ପରିବାରର ଅନ୍ୟମାନଙ୍କ ନିଷ୍ପତି ଉପରେ ନିର୍ଭରଶୀଳ ଥିଲେ ? ବିଷଦ ଭାବେ କୁହନ୍ତୁ ।

ଚ: ନିଯୁକ୍ତି ଏବଂ ରୋଜଗାର

- ଆପଣ ନିଯୁକ୍ତି ପାଇଛନ୍ତିକି ? (ଯଦି ସ୍ପଷ୍ଟଭାବେ ପଚାରି ପାରୁ ନାହାଁନ୍ତି, ଆପଣ କୌଣସି କାମ କରୁଛନ୍ତି କି, ଯେଉଁଥିରୁ କିଛି ଆୟ କରୁଛନ୍ତିକି ?)
- ଯଦି ପ୍ରତିବାଦୀ ନିଯୁକ୍ତି ପାଇଥାନ୍ତି କିମ୍ବା ଆତ୍ମ ନିଯୁକ୍ତି ପାଇଥାନ୍ତି, ଦୟାକରି ପଚାରନ୍ତୁ-
- ଆପଣ କେତେ ବର୍ଷ ବୟସରେ କାମ କରିବା ଆରମ୍ଭ କରିଥିଲେ ? ଯଦି ପ୍ରତିବାଦୀ ୧୮ ବର୍ଷ ହେବା ଆଗରୁ କାମ ଆରମ୍ଭ କରିଥାନ୍ତି-ତେବେ ଶୀଘ୍ର କାମ କରିବାର କାରଣ କଣ ବୁଝନ୍ତୁ । ସାମାଜିକ କାରଣକୁ ଲିପିବଦ୍ଧ କରନ୍ତୁ ।
- ଆପଣ ବର୍ତମାନ କେଉଁ ପ୍ରକାର କାମ କରୁଛନ୍ତି ? (କାର୍ଯ୍ୟର ପ୍ରକୃତି, ବର୍ଷ ତମାମ କାମ କରନ୍ତି ବା ଋତୁଭିତିକ କାର୍ଯ୍ୟ, ଆନୁଷାନିକ କିମ୍ବା ଅନୌପଚାରିକ କ୍ଷେତ୍ର, କାର୍ଯ୍ୟସ୍ଥଳୀର ଅବସ୍ଥିତି । ଯଦି ପ୍ରତିବାଦୀ ଏକାଧିକ କାର୍ଯ୍ୟ କରୁଥିବେ ତାହା ମଧ୍ୟ ଉଲ୍ଲେଖ କରନ୍ତୁ ।

- ଯଦି ଦିନ ମଜୁରୀ କରୁଛନ୍ତି, ତେବେ ଜବ କାର୍ଡ଼ ଅଛି କି ନାହିଁ ପଚାରନ୍ତୁ । ଗତ ବର୍ଷ କେତେ ଦିନ କାମ ପାଇଥିଲେ, କେତେ ଟଙ୍କା ପାଇଥିଲେ ଲେଖନ୍ତୁ ।
- ଯଦି ନିର୍ମାଣ ଶ୍ରମିକ, ସରକାରୀ ଯୋଜନାରୁ ସେ କେତେ ଲାଭ ପାଇଛନ୍ତି ।
- ଦୟାକରି ଆପଣଙ୍କ ଗୋଟିଏ ଦିନ କାମ ସମ୍ପର୍କରେ ବର୍ଣ୍ଣନା କରନ୍ତୁ । ଆପଣ କିପରି ଅନୁଭବ କରୁଛନ୍ତି ? (ଉଖୁରେଇ କାମ କଲାବେଳ ର ଭଲ ଏବଂ ଖରାପ ଅନୁଭୂତି ଜାଣିବାକୁ ଚେଷ୍ଟା କରନ୍ତୁ-ଏମିତି କିଛି ଯାହା ଆପଣଙ୍କ ନିଜକୁ ଭଲ ଲାଗିଥିବ, କିମ୍ବା ଯାହା ନିଜପାଖରେ ନିଜକୁ ଖରାପ ଲାଗିଥିବ କିମ୍ବା ସେଦିନ ଆପଣଙ୍କୁ କାମରେ ଭଲ ଲାଗିନଥିବ ।
- ଆପଣ କେବେ ଠାରୁ ଏହି ବୃତିରେ ନିଯୋଜିତ (ଯେଉଁ କାର୍ଯ୍ୟ ବିଷୟରେ ପ୍ରତିବାଦୀ କହିଥିବେ)ଅଛନ୍ତି । ବର୍ତମାନ କେଉଁ କେଉଁ କାର୍ଯ୍ୟ ସେ କରୁଛନ୍ତି ତାହା ବୁଝନ୍ତୁ ।)
- ଆପଣ କେବେ ଅନ୍ୟ କିଛି କାର୍ଯ୍ୟ କରୁଥିଲେ କି ? ଆପଣ କେଉଁ ପ୍ରକାର କାର୍ଯ୍ୟ କରୁଥିଲେ ? କେବେ କରୁଥିଲେ ? କାହିଁକି ସେହି କାମ କରିବାକୁ ବାଛିଥିଲେ ? କାହିଁକି ଛାଡ଼ିଲେ ?
- ବର୍ତମାନ ଆପଣ କେଉଁ ପ୍ରକାର କାମ କରିବାକୁ ଚାହୁଁଛନ୍ତି ? ଯଦି ତାହା ଏବେ କରୁଥିବା କାମ ଠାରୁ ଅଲଗା, ତେବେ ପଚାରନ୍ତୁ ନିଜ ପସନ୍ଦର କାମ କରିବାରେ କଣ ବାଧା ଅଛି ? ଆପଣ କେଉଁ ପ୍ରକାର ସହାୟତା ପାଇଲେଆପଣ ଚାହୁଁଥିବା କାମ କରିପାରିବେ ? କାହାଠାରୁ ଏଭଳି ସହାୟତା ମାଗିଥିବାର ଅନୁଭୂତି ଅଛିକି ?
- ପୁରୁଷ ଏବଂ ମହିଳା ଭିତିରେ ପାରିଶ୍ରମିକର ତାରତମ୍ୟ ଆପଣ ଅନୁଭବ କରିଛନ୍ତିକି ? ତାହା ଆପଣଙ୍କୁ କିପରି ଅନୁଭବ ଦେଇଛି ।

ANNEXURE 2
INTERVIEW GUIDE

ପରିଚୟ ଏବଂ ସୂଚନା

ନମସ୍କାର ମୁଁ .....ମୁଁ କମନହେଲ୍‌ଥ ଏବଂ (ନିଜ ଅନୁଷ୍ଠାନର ନାମ) ମଳିତ ଭାବେ କରୁଥିବା ଏକ ଅଧ୍ୟୟନ କାରୀ ଟିମ୍ ସଦସ୍ୟ ।

ଏହି ଗବେଷଣାତ୍ମକ ଅଧ୍ୟୟନଟି ମହିଳାମାନଙ୍କ ଜୀବନ ଏବଂ ସ୍ୱାସ୍ଥ୍ୟକୁ ବୁଝିବାପାଇଁ ଏକ ପ୍ରୟାସ । ଏହି ଅଧ୍ୟୟନରେ ଆମେ ଜାଣିବାକୁ ଚାହୁଁଛୁ, ମହିଳାମାନେ କେଉଁ ପ୍ରକାର ସ୍ୱାସ୍ଥ୍ୟସମସ୍ୟା ସାମନା କରୁଛନ୍ତି, ନିଜ ସ୍ୱାସ୍ଥ୍ୟଯତ୍ନ କିପରି ନେଉଛନ୍ତି ଏବଂ ସ୍ୱାସ୍ଥ୍ୟସମସ୍ୟାକୁ କିପରି ସମାଧାନ କରୁଛନ୍ତି । ଆମେ ମଧ୍ୟ ଜାଣିବାକୁ ଚାହୁଁଛୁ ଜୀବନ କେଉଁ ପରିସ୍ଥିତି କେଉଁ ଭଳି ଭାବରେ କେଉଁ ବାଟରେ ମହିଳାମାନଙ୍କର ସ୍ୱାସ୍ଥ୍ୟ ଏବଂ ସୁଖଶାନ୍ତିକୁ ପ୍ରଭାବିତ କରୁଛି । ଆମେ ବିଭିନ୍ନ ବୟସର ଏବଂ ବିଭିନ୍ନ ସାମାଜିକ ଗୋଷ୍ଠୀର ମହିଳାଙ୍କୁ ସହିତ ସାକ୍ଷାତକାର କରୁଛୁ । ଆପଣ ଏହି ଅଧ୍ୟୟନରେ ଅଂଶଗ୍ରହଣ ପାଇଁ ଉପଯୁକ୍ତ ହୋଇଥିବାରୁ,ଆମେ ଆପଣଙ୍କୁ ଆମ ସହିତ ଏହି ଅଧ୍ୟୟନରେ ସାମିଲ ହେବାପାଇଁ ଅନୁରୋଧ କରୁଛୁ ।

ଏହି ସାକ୍ଷାତକାର ପାଇଁ ପାଖାପାଖି ଆପଣଙ୍କୁ ୪୫ ମିନିଟ୍‌ରୁ ୧ ଘଂଟା ସମୟ ଲାଗିବ । ଆପଣ ଆମ୍ଭଙ୍କୁ ସାକ୍ଷାତକାର ପାଇଁ ଆପଣଙ୍କ ସୁବିଧା ହିସାବରେ ସ୍ଥାନ ଏମଂ ସମୟ କୁହନ୍ତୁ । ଆପଣଙ୍କ ସହମତିରେ ଏହି ସାକ୍ଷାତକାରଟିକୁ ରେକର୍ଡିଂ କରିବୁ । ଯଦି ରେକର୍ଡିଂ କରିବାକୁ ଆପଣ ଆପଣ ଅନିଚ୍ଛୁକ ତେବେ ମୁଁ ସାକ୍ଷାତକାରର ବିବରଣୀ ଖାତାରେ ଲେଖିନେବି ।

ଏହି ଅଧ୍ୟୟନରେ ଅଂଶଗ୍ରହଣକରିବାପାଇଁ ବ୍ୟକ୍ତିଗତ ଭାବେ ଆପଣଙ୍କୁ କୌଣସି ଲାଭ ମିଳିବନାହିଁ । କିନ୍ତୁ ଏହି ଅଧ୍ୟୟନ ଭବିଷ୍ୟତରେ ମହିଳାମାନଙ୍କ ସ୍ୱାସ୍ଥ୍ୟପାଇଁ ଉତ୍କୃଷ୍ଟ କାର୍ଯ୍ୟକ୍ରମର ବିକାଶରେ ସହାୟକ ହୋଇପାରିବ ଯାହାକି ମହିଳାମାନଙ୍କୁ ସ୍ୱାସ୍ଥ୍ୟସେବା ପାଇବାରେ ସହାୟତା କରିପାରିବ ।

ଏହି ଅଧ୍ୟୟନରେ ଅଂଶଗ୍ରହଣ ଆପଣଙ୍କର ସଂପୂର୍ଣ୍ଣ ସ୍ୱେଚ୍ଛାକୃତ । ଯେ କୌଣସି ସମୟରେ ନିଜ ଇଚ୍ଛାରେ ଆପଣ ଆଲୋଚନ ବନ୍ଦ କରିଦେଇପାରିବେ କିମ୍ବା କୌଣସି ପ୍ରଶ୍ନର ଉତର କୌଣସି କାରଣ ନଦର୍ଶାଇ ଦେବାକୁ ମନା କରିପାରିବେ । ଆପଣଙ୍କ ସର୍ମ୍ପକିତ ଯେକୌଣସି ସୂଚନା ପୁରା ଅଧ୍ୟୟନରେ ଗୋପନ ରଖାଯିବ । କୌଣସି ସ୍ଥାନରେ ଆପଣଙ୍କ ନାମ ଓ ପରିଚୟ ପ୍ରକାଶ ପାଇବନାହିଁ । ଯଦି ଆପଣଙ୍କ କୌଣସି ପ୍ରଶ୍ନ ଥାଏ (କିଛିବି ଜାଣିବାର ଥାଏ) ନିସଙ୍କୋଚରେ ପଚାରନ୍ତୁ । ଯଦି ପରେ ଆପଣ ଅଧ୍ୟୟନ ସର୍ମ୍ପର୍କରେ ଅନ୍ୟ କିଛି ପଚାରି ବୁଝିବ ପାଇଁ ଚାହିଁବେ, ତଳେ ଦିଆଯାଇଥିବା ନମ୍ବରରେ ଫୋନ୍ କରିପାରିବେ ।

ଯୋଗାଯୋଗ: ସ୍ୱାତୀ ସିନ୍ଦେ (୯୩୦୯୯୬୯୩୬୪)
ସଂଯୋଜିକା- କମନହେଲ୍‌ଥ

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