ABSTRACT

The increasing burden of sexually transmitted diseases (STD) and the vulnerability of youth and tribal population to it, has formed the basis for the present study, with the broad objective to find out the nature, extent and the determinants of sexually transmitted diseases and health seeking behaviour of the male tribal youth among the two Primitive Tribal Groups in the state of Orissa, namely, the Juang and the Lodha. Being rich in cultural tradition, the tribal groups have their own code of conduct on sexual behaviour and related aspects including sexual health problems and health and treatment seeking behaviour, which felt to be explored in the present study, especially in terms of STDs. A multi stage sampling procedure was adopted for the study.

The socio-cultural environment of the primitive tribal groups under study plays a prominent role in shaping sexual life of the tribal youth. Right from the self-observation to the informal mode of transmission of knowledge, the tribal youth start their learning in this regard at a very early age. Formal and informal social groups like age-groups, groups involved in economic activities etc., plays definite role to inculcate knowledge of sex and sexual acts. Their traditional beliefs and practices also play an important role in shaping their sexual life from the beginning. The Juang have youth dormitory as an institution of imparting knowledge on sex related issues to a certain extent, whereas the Lodhas have no such well defined social institution. Following such situation the Juang shows a relatively passive and slow pace of inculcating sex related knowledge or perceptions while the Lodha youth shows relatively more active and uncontrolled inculcation at an early age.

Early age at marriage and early age at sexual debut are two of the serious concerns among the youth of primitive tribal groups, where attention needs to be paid. The sexual behaviour of youth highlighted the fact of existence of pre-marital and extra-marital sexual relationship with multiple partners. Having sex, while being outside the village, especially as migrant labourer, is evident among some tribal youth. This is seen among the married youth also as they go alone for seasonal work in towns and indulge in sexual act there with strangers.
The study further highlight that it is not the presence or absence of youth dormitory or any institutionalised norms responsible for determining the sexual behaviour. It is the existence of social system like village exogamy, patterns of marriage like levirate and people’s life style and extent of social control mechanism that influence the sexual behaviour and activities of youth of these two primitive tribal groups.

A relatively loose social control, especially among the Lodhas helps in spread of STD to a great extent. Besides these, a higher social status is always allotted to those youth who have higher level of education and exposed to urban localities, which ultimately leads to indulgence in sex with multiple partners.

A very smaller part of the youth from the primitive tribal groups are aware about STD. Whoever knows it, terms it as *gupta rog, dhatu rog, meha rog, garmi rog* etc. A few of them know the names like HIV/AIDS and Gonorrhoea. ‘Dhat is known as a king of STD by some of them. While incapable of performing sex remains a major symptom of perceived STD among the youth, swelling of sexual organ and bleeding from it are two other symptoms they perceive as STD/STI. The Lodhas are comparatively in a better position in terms of knowledge about the symptoms compared to Juang youth. But they are not well aware of correct mode of transmission of the same. It was also found that non-scientific or traditional perceptions have been transformed along with the knowledge about sex by various means. Knowledge about use of condom as a preventive measure for STD among the youth is also not encouraging.

From the present study it becomes evident that sexually transmitted diseases are very much prevalent among the selected primitive tribal groups. Among the factors responsible for the problem, people’s sexual behaviour is the most crucial one. This is crucial in the sense that it is simply not a segregated or individual behaviour. It is very much shaped by their age-old culture and tradition. For example, their early age marriage, prevalence of pre-marital and extra-marital relations, and above all their perception about the disease itself are socio-culturally moulded to a great extent.
Majority of youth who have STD symptoms do not have knowledge about it, while some have incorrect perceptions. Multiple sexual partners remain one of the major causes of STD among the tribal youth.

External factors also have definite effect on the health situation of the selected tribal groups. The physical contact with non-tribal population, seasonal migration and indulging in sex with strangers outside their traditional domain etc., are some of the determining factors affecting sexual health of the youth.

In actual practice, these tribal youth are seen using home made medicine or see a traditional healer, contrary to their preference for modern health care system. Cheaper medicine, accessibility and faith etc., are major causes for treating with traditional healer. In terms of STD symptoms, preferential treatment seeking is more inclined towards traditional healers, especially among the Lodhas. Privacy and easy access to such treatment remains major causes of seeking treatment from traditional healer. It is also found that sex related problems not amounting to STD are invariably treated by traditional healers among the youth.

Availability and faith in a particular health care system does not assure utilisation of the same. As long as traditional healing system is able to show success; a mere exposure to non-traditional and urban situation is not likely to change people’s health care seeking behaviour. Thus, factors related to such shift are multidimensional in nature. The decrease of forest cover, changes in livelihood of tribal people and influence of non-traditional culture of surrounding population are responsible for the change in several socio-cultural beliefs and practices. The effect of such changes also reflects in their religious beliefs and practices which are directly related to their perception about contacting diseases and ailments.

The tribal people are still inclined towards traditional health care system. Besides traditional perceptions attached to this, some other very real situations like lack of physical accessibility to the modern health care providers, distance and related time and cost factors etc play an important role in determining the treatment seeking behaviour of the tribal people.
Further, because of the low level of education and poor economic condition people are reluctant to approach modern healthcare providers. Finally, the very concept of health and illness, especially problems associated with sex related aspects, have some direct bearing on the health seeking behaviour of the people.

The trends examined in the study also clearly show that the younger generation is more inclined towards modern health care system in practice. They are open for both kind of treatment system, showing a change in the health seeking behaviour of the tribal groups under study.

Promoting safe sex, increase in awareness about sexual health and STD, increase in age at marriage will certainly improve the sexual health of the youth of primitive tribal groups in terms of reduction in STD incidence. Above all, logical induction of traditional aspects in modern health care system is essential, which may be achieved by taking the tribal traditional dignitaries in confidence keeping in view of their age-old beliefs and practices as some sort of meaningful entity in their health and wellbeing.