Health Status and Use of Contraception among Particularly Vulnerable Tribal Groups in Visakhapatnam District of Andhra Pradesh, India

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Abstract: ***Health is a requirement for human development and is an essential component for the well-being of the mankind. The health problems of any community are influenced by social, economic and political factors. The beliefs, customs, practices related to health and disease in turn influence the health seeking behaviour of the community. It is noticed that the health status of the tribal population is very poor among the Particularly Vulnerable Tribal Groups because of their isolation, remoteness and being mainly not be part of developmental processes going on in the country. Poverty and scanty food resources have served as the motivating factors for acceptance of family planning methods among PVTGs. The traditional tribal medicine along with the treatment by a tribal medicine man involving their traditional chanting and appeasing spirits has not vanished yet. This paper is an attempt to assess the distribution of diseases and their treatment seeking behavior, and utilization of contraceptives among the Particularly Vulnerable Tribal Groups in Visakhapatnam District of Andhra Pradesh, India.***

Index Terms: Environment, Poverty, Disease, Treatment, Herbal Medicine, Sterilization

I. INTRODUCTION

Environmental factors have much influence on tribal health. There is a close relationship between the environment and health. Availability of scanty food resources in the environment of Particularly Vulnerable Tribal Groups (PVTGs) results the high incidence of malnutrition and morbidity. In general, the problems of malnutrition and under nutrition are very common in the habitats of PVTGs. Food scarcity is common among them, and they largely depend upon food gathering or farming by using very simple technology. The nutritional status of women of PVTGs directly influences their reproductive performance and infant health status, crucial for survival of children, growth and development. Certain diseases like night blindness, skin diseases, beriberi, deterioration of nervous system, cataracts, diarrhea, dermatitis, anemia, bleeding gums and loose teeth, scabies are common in the tribal groups which are associated with Vitamin deficiencies (Durga Rao, 2007)[1]. In the tribal areas, the incidence of endemic and epidemic diseases, vulnerability to diseases like deficiency of vitamin A, vitamin C, calcium and venereal diseases, HIV and AIDS are more. Reoccurrence of such diseases among the tribal population is a common feature even after government intervention on the health problems of aboriginals in the Visakha Agency area of Andhra Pradesh, India. Similar studies were conducted by Durga Rao, P and M. Sudhakar Babu (2007)[2]., Durga Rao,P. Sudhakar Babu[3], M. and Narasimha Rao, V.L. (2006)., Rajpramukh,K.E.(1998)[4]., Subramanyam, V. and Durga Rao, P.(2007)[3]., and Appalanaidu, P. and G.Jaikishan (2016)[5].

Tribal Group								
	Gadaba		Porja		Khond		Total (N=7847)	
Health status	(N = 662)		(N = 2045)		(N=5140)			
	No.	%	No.	%	No.	%	No.	%
Whether had any health related problem during the past 5 years								
Yes	101	15	321	16	694	14	1116	14.2
No	561	85	1724	84	###	87	6731	85.8
If yes,								
Minor/Seasonal problems	40	40	147	46	323	47	510	45.7
Other serious problems	61	60	174	54	371	54	616	55.2

II. METHODOLOGY

In order to understand the relationship between forest environment and health problems of Particularly Vulnerable Tribal Groups (PVTGs), the present area specific study was carried out in the sub- plan area of Integrated Tribal Development Agency (ITDA), Paderu in Visakhapatnam district of State of Andhra Pradesh, India. The study was conducted in the total eleven Mandals (administrative blocks) of ITDA, Paderu. About 10 per cent of the households in each PVTG, distributed in eleven tribal Mandals were covered. Totally 1577 households in all the three PVTGs were selected in proportion to the total

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families in each PVTG i.e. Khond (1005 households), Porja (430 households) and Gadaba (142 households). In this study, both qualitative and quantitative methods were used to collect the empirical data among the selected households using the conventional Anthropological methods like observation and interview schedule.

III. RESULTS AND DISCUSSION

An attempt is made to elicit information on different health problems they had or still having in the previous five year period from the date of survey. Here, instead of the number of respondents, the total members of the households interviewed is considered. The total members in the 1577 households covered in the study is 7847, of whom 5140 are Khonds, 2045 are Porjas and 662 are Gadabas.

Table 1: Health problems during the past five years

	Tribal Group						Total (N=1116)*	
Health problems	Gadaba		Porja		Khond			
	(N = 101)		(N = 321)		(N=694)			
	No.	%	No.	%	No.	%	No.	%
nor/seasonal problems	40	40	147	46	323	47	510	46
Other serious problems:								
Chronic diseases (Arthritis, Paralysis, encephalitis, Polio etc.)								
Endemic and epidemic disorders	5	5	25	7.8	46	6.6	76	6.8
Skin diseases								
Contagious diseases								
(T.B., leprosy etc.)	36							
		36	115	36	270	39	421	38
Goiter								
	5							
Eye infections/		5	12	3.7	17	2.4	34	3
Visual disturbances	6							
		5.9	6	1.9	13	1.9	25	2.2
Others (injuries, fractures etc.)								
	1							
		1	1	0.3	2	0.3	4	0.4
	1							
		1	8	2.5	6	0.9	15	1.3
	7							
		6.9	7	2.2	17	2.4	31	2.8

Table.1 reveals that among 7847 household members only 14 per of the members covered in the study had any health problems during the past five years preceding the date of survey. Out of those who had health problems, about 46 per cent reported minor/seasonal health problems and the remaining reported other serious problems related to health. There is not much variation among the three groups in reporting any health problems during the past five years as 16 per cent of Porjas, 15 per cent of Gadabas and 14 percent of Khonds reported the same. The proportion reporting serious health problems is more among Gadabas (60 per cent) than Porjas or Khonds (54 per cent each).

Table 2: Type of health problems had during past 5 years

	Tribal Group							
Acceptance of family planning method	Gadaba		Porja		Khond		Total (N=1577)	
	(N = 142)		(N = 430)		(N=1005)			
	No.	%	No.	%	No.	%	No.	%
Whether accepted any family planning method								
Yes	93	66	264	61	678	68	1035	66
	49	35	166	39	327	33	542	34
No								
Method accepted								
Vasectomy	69	74	229	87	576	85	874	84
Tubectomy	22	24	31	12	90	13	143	14
Indigenous method (*Goddu mandu*)	2	2.1	4	1.5	12	1.8	18	1.7

* Multiple responses

A. Type of health problems reported

Table.2 shows the health problems during the past 5 year period preceding the survey all the 1116 members who reported any type of problem they had. About 46 per cent

of the respondents reported minor/seasonal problems. This proportion is more among the Khonds (47 per cent) compared to Porjas (46 per cent) or Gadabas (40 per cent). Among those reporting serious problems, 7 per cent reported chronic diseases like arthritis, paralysis, encephalitis, polio etc. The proportion is more among Porjas (8 per cent) compared to Khonds (7 per cent) or Gadabas (5 per cent). 38 per cent reported the endemic and epidemic disorders like malaria, diarrhea etc. This proportion is more among Khonds (39 per cent) compared to Porja and Gadaba is 36 per cent respectively. 3 per cent reported about skin diseases in this the proportion is more among Gadabas (5 per cent) compared to Porjas (4 per cent) or Khonds (2 per cent). About 2 per cent reported about contagious diseases like TB, Leprosy etc. This proportion is more among Gadabas (6 per cent) compared to Porja or Gadaba is 2 per cent respectively.

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Goiter and eye infections reported 2 per cent. The proportion is more among Porjas (3 per cent) compared to Gadabas (2 per cent) or Khonds (1 per cent).

Around 3 per cent reported about the other health problems like injuries, fractures, burns. The proportion of morbidity is more among Gadabas (7 per cent) compared to the Khonds (2 per cent) or Porjas (2 per cent). It is noticed that due to ill health or lack of proper health these groups are not able to participate fully in the developmental activities.

IV. SOURCE OF TREATMENT FOR THE HEALTH PROBLEMS

All those who reported minor or serious health problems were asked where they took treatment for the same or what they did for their health problems. Table.3 shows these vulnerable tribal groups are resorting more to the modern allopathic medicines in the treatment of either minor/seasonal health problems or for the treatment of other serious health problems. They are using the services available at the Primary Health Centers (PHCs)/Sub Centers and other available government health facilities. They are using also allopathic medicine from the private sources. It is noticed that about 53 per cent of the respondents visited government health facilities for the treatment of minor/seasonal health problems and 66 per cent visited the government health facilities for

the treatment of other serious health problems. The percentage seeking private allopathic treatment is 35 per cent in case of serious health problems and 11 per cent in case of minor/seasonal health problems. In other words, allopathic treatment is sought for minor/seasonal problems by about 65 per cent and by almost 100 per cent for serious health problems.

The traditional tribal medicine along with the treatment by a tribal medicine man involving their traditional chanting and appeasing spirits has not vanished yet. This traditional treatment is sought by about 7 per cent in case of minor/seasonal health problems while 10 per cent resorted to this traditional medicine in the case of serious health problems. According to Pedada Durga Rao and P.P.Singh (2017)[6], "the unfavorable attitude towards hospitals is more common among the illiterate and isolated communities than others". The proportion reporting 'no treatment' is 27 per cent in case of minor/seasonal health problems and 11 per cent in case of serious health problems. One of the main reasons for this is poverty and the other is their ignorance. More or less the same pattern of treatment seeking behaviour is observed among the three individual vulnerable tribal groups covered in the study.

V. FAMILY PLANNING

The tribal communities though perceive children as an economic asset, are accepting family planning methods along with other non-tribal communities. Poverty and scanty food resources also might have served as the motivating factors for acceptance of family planning methods among the vulnerable tribal groups. The 1577 respondents covered in the study were asked whether they have accepted any family planning methods and if so what method.

Table.4 represents the rate of acceptance of family planning is about 66 per cent among the three PVTGs covered in the study. This proportion is more among the Khonds (68 per cent) compared to Gadabas (66 per cent) and Porjas (61 per cent).

Coming to the methods accepted – all of them have accepted only the permanent methods of sterilization and none of them have reported use of any temporary or spacing methods. Besides the permanent methods, an indigenous method (herbal medicine) called "*Goddu mandu'* is reported to be used by about 2 per cent of the respondents from each of the three PVTGs covered in the present study.

Among the permanent methods of sterilization, 'vasectomy' is preferred more, in general, by the tribal communities and the same is reflected here. About 84 per cent of the accepters of family planning have undergone vasectomy and 14 per cent were for tubectomy, the remaining 2 per cent reported the use of traditional herbal medicine. It is observed that the PVTGs are accepting the Family Planning methods to reduce the family size due to scarcity of food and poverty. They say that they cannot feed large number of children. Acceptance of vasectomy is reported more among the Porjas (87 per cent) compared to Khonds (85 per cent) or Gadabas (74 per cent). The reverse will be true for acceptance of tubectomy.

The basic reasons for non-acceptance of family planning by certain of the respondents are, false notion against family planning that it leads to further complications, children are considered as economic assets, and fear about the adverse effects on the health. In general the tribal women contribute more income to their families, and work for more number of hours when compared with that of their men folk. That is why more number of their men gets sterilized in all the three vulnerable tribal groups. Poverty is also one of the reasons for the acceptance of family planning by large number of PVTGs in Visakhapatnam district of Andhra Pradesh. The Health Personnel at PHC level are also concentrating more on this activity even in the particularly vulnerable tribal population, to fulfill the estimated target of sterilization cases among the eligible couple.

VI. CONCLUSION

The health status is not encouraging as malnutrition and disease are resultants of poverty and food scarcity. However, Particularly Vulnerable Tribal Groups totally depend on forest for their livelihood facing the challenges of posed by ecological imbalance, environment and other exigencies. Health planners and health workers of tribal areas should take note of the cultural practices of their clients to ensure good health care. Appalanaidu,P. and G. Jaikishan (2016)[5] opined that the tribal people should be motivated to use the modern Medicare by the health care

providers. Tribal medicine has to be promoted by providing scientific recognition to it. Many of the infectious and parasitic diseases can be prevented with timely intervention, health awareness and Information, Education and Communication (IEC) activities (ICMR, 2003). Health status of the Particularly Vulnerable Tribal Groups should be strengthened through intervention and participatory action research (PAR) activities.

REFERENCES

1. Durga Rao. P (2007), Access to Maternal and Child Health Care Services: A Study among Racha Koyas of Warangal District of Andhra Pradesh, *Tribal Health in India: Problems and Future Perspectives*, T. Subramanayam Naidu (Ed),Department of Anthropology, Pondicherry Central University, Pondicherry, Pp52-64.
2. Durga Rao P and Sudhakarbabu M (2005). Knowledge and Use of Contraception among Racha Koyas of Andhra Pradesh, *The Anthropologist*, 7(2): 115-119.
3. Durga Rao P, Sudhakarbabu M and Narasimha Rao V L. (2006), Persistent Traditional Practices among the Tribals of North Coastal Andhra Pradesh, *Stud. Tribes Tribals*, 4(1): 53-56.
4. Rajpramukh K E.(1998) Tribal Health in Visakhapatnam District of Andhra Pradesh, *J.Hum.Ecol*, 9(2):191-193.
5. Appalanaidu, P. and G. Jaikishan (2016), Prevalence of Malaria among the Chenchus of Andhra Pradesh, *Dimensions of Tribal Health in India: Retrospect and Prospect*, K.E.Rajpramukh and G.Jaikishan (Eds), Swastik Publications, Delhi, Pp:151-160.
6. Health Status of Primitive Tribes of Orissa, *ICMR Bulletin*, 33(10), October, 2003.
7. Pedada Durga Rao and P.P. Singh (2017), Illness and Ethnomedicine: An Anthropological Perspective, *International Journal of Economic Research*, 14(20): 727-731.
8. Subramanyam V and Durga Rao P. (2007), Effect of Deforestation on the Medicinal Plants by the Tribes of Visakha Agency Area, Andhra Pradesh, *South Asian Anthropologist*, 7(2):167-171.