

Health Status of Tribals at Kallakinaru, Kodaikanal Hills, Tamil Nadu

M.Shanmugapriya, S.N.Sugumar

Abstract: *Development of health and longevity of people is equally important as the economic and social development of the people in a country. Prosperity and productivity of a nation depend upon the quality of population which in turn is determined by the education and health status of the people. Technological advancement and scientific development indicate the development of education, but the health condition of the people is not up to the mark as we compare with the scientific advancement. It is a fact that most of the people are suffering from non-communicable diseases such as blood pressure, diabetes, cancer, kidney, lung and heart diseases. Most of the deaths are also take place due to non-communicable diseases. Therefore, the authors made an attempt to examine the health status of kallakinaru tribals at kodaikanal hills, Tamilnadu. It is vivid that most of the people in the village are suffering from many human ailments due to illiteracy and inadequate income.*

Keywords: *Non-communicable disease, lifestyle, health status and demographic features.*

I. INTRODUCTION

In 17th century, the term economics was defined in terms of wealth of nation but today the situation forces us to define in terms of health of nation. In fact, development cannot be rained down from heaven but it is only by the people and for the people. Therefore, the quantity and quality of people will determine the development of a country¹. The quality of people is determined by the quantity and quality of education and health condition of the people in a country. Besides education, health is the prime factor which determines the productivity of a country as well as the longevity of people². It is a fact that more deaths took place due to communicable disease in those time when there was no development in the medical field. Today more deaths take place due to Non-communicable diseases. Gradual development is visible in the case of education but the mortality is more in the midst of advancement in the medical field. This condition makes the authors to study about the health status of tribal at kodaikanal hills, Tamilnadu. Most of the deaths take place in the world due to non-communicable diseases and it is true to India also. Most of the people are suffering from Non-Communicable

diseases such as blood pressure, diabetes, cholesterol, lung infections, kidney disease, and cardio vascular diseases.

II. OBJECTIVE OF THE STUDY

It is to elucidate the health status of the people at kallakinaru village, kodaikanal hills, Dindigul district, Tamil Nadu.

III. METHODOLOGY OF THE STUDY

This is a stock verification of health aspects of people at kallakinaru village in kodaikanal hills. Through personal investigation, we have collected primary data on age, education, ailments details and medical expenditure. The study area is located 55 km away from the northern part of kodaikanal city. It is 3 km away from Adalure-kodaikanal high ways. One can go by two-wheeler for one km using metal road and the rest of the distance has to go by walk across the river. During the heavy rain the village will be disconnected from the main stream.

It is a descriptive study pertaining to the demographic and health conditions of the people in the study area. The village consists of 51 households which includes a retired person, who is physically challenged person, from telephone department and a lady working as cook in the elementary school at Kuppammal patti which is 3 km nearer to the study area. The rest of the households are daily wage earners.

IV. REVIEW OF LITERATURE

The available literature states that tribal population constitutes 8.6% of the total population of India. The tribal male and female literacy rates are less than 40 and 20 % respectively³. They are not aware of modern health care and health sources⁴. In contrast, they have faith in magico religious health care system or the traditional healing practices⁵. Relatively the biggest tribal population is found in India. They live in remote villages where there is no health services and pharmacy. They also lack even the services of medical first aid. People in the study area have to travel 50 to 60 kms for medical facilities. In fact, there is no transport services to the cities during the night.

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M.Shanmugapriya, Dept. Of Economics, Vels Institute Of Science, Technology And Advanced Studies, Chennai, India Email: Mshanmugapriya@Gmail.Com

Dr. S.N. Sugumar Professor & Head, Dept. Of Economics, Vels Institute Of Science, Technology And Advanced Studies, Chennai, India Email: ProfSugumar@Gmail.Com

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V. DATA ANALYSIS

Table 1 Demographic features of the people in the study Area

Gender	Age					Total
	1-12	13-18	19-40	41-60	60-85	
Male	17	3	23	16	6	65
Female	11	3	23	11	5	53
Total	28	6	46	27	11	118

Source: primary data

Table -1 shows that around 50 percent of the respondents are less than 40 years old, 23 percent fall in the age group of 40 and 60 years and 9 percent of them are aged people.

The study indicates that most of the people in the study area belong to earnings groups.

Table 2 Education of the population in the study area

	Primary	SSLC	HS C	U G	P G	illiterate	Total
Male	9	15	1	3	0	35	63
Female	3	8	2	1	0	41	55
Total	12	23	3	4	0	76	118

Source: primary data

Table -2 depicts that 64 percent of them are illiterate. 35 percent of the female population is illiterate whereas 30 percent in the case of male population. As per the study there is no PG degree holders in the study area. But there are 17 under graduates, and 23 of them studied upto SSLC and 12 of them studied upto primary education.

Table 3 Health condition of the people in the study Area

Gender	Bp	Bp + diabetes	Lungs	Heart	Arthritis	Skin	Kidney	Total
Male	4	11	2	1	7	0	1	26
Female	2	12	2	1	16	1	0	34
Total	6	23	4	2	23	1	1	60

Source: primary data

Table -3 portrays that 50 percent of the population is suffering from various ailments. Of this 38 percent of them are suffering from both diabetes and BP and another 38 percent of them are suffering from arthritis. As per the study no one is suffering from communicable disease.

Table 4 Medical Expenditure of the people in the study Area

Medical Expenditure in terms of Rupees per month	200-500	501-1000	1001-3000	3000-5000	No treatment
No. of respondents	22	18	1	0	19

Source: primary data

Table -4 points out that 40 percent of them spend between Rs. 200 and 1000 per month, one person spends between Rs. 1001 and 3000 per month. It is vivid from table -4 that 19 respondents do not take treatment for their ailments.

Table 5 Income of the households in the study Area (per month)

Income	Be low Rs. 1000	Rs 1000-3000	Rs 3001-6000	Rs 6001-9000	Rs9001-12000	Total
No. of respondents	7	11	19	7	7	51

Source: primary data

VI. CONCLUSION

As per the survey result, most of the people in the study area fall in the productive age group. Roughly, 50 percent of the people in the study area are suffering from many ailments. Of this 38 percent of them diabetics and BP and arthritics respectively. Lack of income and awareness of the disease 32 percent of them are not taking any treatments for their ailments. The survey reveals that no one is suffering from communicable disease. It is the fact that the level of income and education may be considered as the most important factors determining health. As per the study it is inferred that no awareness on health due to lack of education and insignificant income are reason for their ill health. Of course, the non-availability of medical service and pharmacy make the people more vulnerable to poor health.

VII. DISCUSSION

The study reveals that 64 percent of them are illiterates. As per the calculation of one dollar per head per day, most of them are living below the poverty line. It is inferred that lack of education and inadequate income may be the reason for the poor health. Therefore, it is pertinent to generate more income and providing education for all may make the tribal people healthy.

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AUTHORS PROFILE



Dr. S.N. SUGUMAR has taught UG and PG students for 31 years at RKM Vivekananda College, Chennai. At present he is Professor and Head, Department of Economics, VISTAS (VEL University), Chennai. He has guided 10 Ph.D and more than 45 M.Phil students' successfully and 10 students are pursuing Ph.D under his guidance. He has organized four International Conferences and two Regional Conferences. He has published 16 books and more than 100 articles in the UGC accepted journals, edited books and Scopus index journals on various economic and health issues. He is specializing in Development Economics, Health Economics and Mind Management.





M.SHANMUGAPRIYA is a Yoga Consultant, Counselor, Varma Therapist. And practices Naturopathy. At Present, she is Pursuing PhD in Health Economics, VISTAS, Chennai-117.