

HEALTH STATUS OF SCHEDULED TRIBES IN ANDHRA PRADESH

(A CASE STUDY OF VIZAINAGARAM DISTRICT IN ANDHRA PRADESH)

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ABSTRACT: The scheduled tribes are the segregated and isolated communities and are concentrated in the states of Orissa, Bihar, Madhya Pradesh, Andhra Pradesh, Maharashtra, Gujarat and Rajasthan where they constitute about 80 per cent of the scheduled tribe population of India. In some of the North Eastern states also they form more than 80 per cent of their population, and mostly live on the hillsides and forests. They are isolated from rest of the society to poor transportation and communication facilities and have remained as educationally, culturally, economically and socially disadvantaged sections. Tribes have been considered to be lowest in the social hierarchy. Being mostly illiterate, they have been subjected to all kinds of exploitation- social, economic and political. The percentage of population having monthly per capita expenditure below the average MPCE of the state is, in scheduled tribes the difference is more than 20 points for scheduled tribes of Andhra Pradesh and 14 points for Scheduled tribes in India. This also indicates more persons are below poverty line and are unable to have a minimum level of suggested expenditure for their survival, making them vulnerable for the vagaries of the nature. Their health status is very discouraging. Low agricultural production and lack of an appropriate food distribution system are the reasons for low levels of the nutritional status. In addition to the low agricultural production, the nutritional status of the population is to be viewed as the problem of poor quality of food intake due to low literacy rate and lack of awareness. Shortage of food and nutrient inadequacies leads to ill-health of the tribal people. This study deals with the health status of the sample households based on disease prevalence rate, distribution of infected persons by sex and age groups etc. in Vizainagaram district of Andhra Pradesh.

I. INTRODUCTION

The World Bank Country on Poverty in India (1997) pointed out that “an illiterate rural woman, a member of scheduled tribe, a person who lives in a landless household or is dependent on wage-earnings, all face a significantly higher than average risk of poverty”. This phrase explains the status of tribal people living in our country. The tribes when compared to other people are facing more problems. For the development of these scheduled tribes necessary attention has not been paid.

Even today, widely pervasive reality in respect of tribal communities in India is that most of them are geographically isolated, economically weak, socially ignorant, politically indifferent, culturally rich, behaviourally simple, trustworthy and leading their life in the lap of nature. They are facing problems, which force them to lead a life at bare subsistence level. They are in the situation featured with poverty, deprivation, disadvantages which are difficult to be tackled effectively on their own and making the government in particular and society in general to intervene in a planned manner to solve the miseries of tribes and facilitate development process. A large number of tribal communities continue to be extremely backward and some of them are still in the primitive food gathering stage, whereas some others have progressed a little in terms of economic and educational advancement.

In India there are 573 scheduled tribe communities. In Andhra Pradesh dwell 33 of them. In India, the president is empowered by the constitution to declare a community as a scheduled tribe community.

The growth rates of scheduled tribe population in Andhra Pradesh are 5.47, 2.24, 6.50, 2.79, 3.01, 1.81 and 1.78 for the years 1951, 1961, 1971, 1981, 1991, 2001 and 2011 respectively. Except 1961 and 1991, the decadal growth rate of tribal population is more than the growth rate of general population. From 1951 to 2011 the tribal population has increased by 5 times but for the general population it is only 1.5 times.

In the literacy front, the situation is very discouraging. The literacy rates of tribal population in Vizainagaram District, Andhra Pradesh and India are very less when compared to that of general population. But the encouraging point is the growth rates of literacy for scheduled tribes are far better when compared to that of general population in the above said areas during the period of 1981-2011. The gaps between the literacy rate of general population and of scheduled tribe population are reducing very slowly.

With regard to female literacy, the result is very disappointing. The female literacy rates of North Coastal Andhra Pradesh, Andhra Pradesh and India are very low when compared to that of total literacy rates. The scheduled tribe female literacy rates for the same are less when compared to the female literacy rates of general female population. But quite interesting aspect is the growth in literacy rate for scheduled tribe population is more when compared to that of general female population. But the same

for the above sad areas are very less when compared to the growth rate of national average. Vizainagaram and Andhra Pradesh recorded very less growth in literacy rate. When compared to that of national average.

The 61st Round of the National Sample Survey Organisation in its report entitled "Household Consumer Expenditure among Socio- Economic Groups 2004-2005" brought out the precarious situation prevailing in respect to scheduled tribe when compared to the general population. This report provided the average monthly consumption expenditure on food and non-food items. The scheduled tribes Monthly Per Capita Expenditure (MPCE) on food and non-food are Rs 251.05 and 178.96 respectively, but this MPCE for general population is Rs 323.15 and 262.40 respectively in Andhra Pradesh. In India the MPCE on food and non-food are Rs 250.87 and 175.31 for scheduled tribes and Rs 307.60 and 251.19 respectively for general population respectively. This indicates the precarious situation of scheduled tribes widespread in India and Andhra Pradesh in particular.

II. A REVIEW OF LITARETURE ON RECENT STUDIES OF SCHEDULED TRIBES

This literature contains the earlier studies on the Social-Economic, Demographic and Health development of Scheduled Tribes (STs) in India. The problem of development of tribal population is linked with their backwardness and poverty and the concept of integration of tribes with the rest of the population. The tribal problems are inter-linked and are inter-woven, like the vicious circles of poverty. As the incomes of tribal population are less, so their levels savings and their levels of expenditure are low. As a consequence of low consumption expenditure, they take less nutritional food and then they are prone to diseases and malnutrition. In this regard there is a need to review the earlier studies on the status of STs.

AparnaMitra and Pooja Singh (2008) in their study on "Trends in Literacy Rates and Schooling among the Scheduled Tribe Women in India", International Journal of Social Economics, Vol.35, No. ½, pp. 99-110.They analysed the high status of women among the tribal groups in the north eastern states has important effects on the literacy rates, enrolment ratios and dropout rates of girls in that region. High poverty rates pose to be significant obstacles in attaining literacy and education among tribal women in India. However, large difference in literacy rates in the various states in India show those social and cultural norms, proximity to the mainstream of Hindu culture, and the role of women are also important determinants in achieving literacy among tribal women.

Vani K. Borooh (2010) in her study on "Inequality in Health Outcomes in India: the role of cast and religion", MPRA Paper No. 19832. The author evaluated the relative strengths of economic and social status determining the health status of persons in India the existence of a social group effect would suggest that there was a "social gradient" to health outcomes in India. Furthermore, there was the possibility that the "social gradient" existed with respect to some outcomes but not to others. In this study the author addressed in the Indian context and an issue which lies at the heart of epidemiology, estimating the relative strengths of individual and social factors which are determining health outcomes.

Basu SK (1993) "Health Status of Tribal Women in India", Social Change, Vol. 23(4), pp. 19-39. The author found that there are higher infant mortality in the tribes compared to the national average, lower nutritional status of the tribes, lower life expectancy in the tribes than

The national average, high incidence of sickle cell disease (HBSS) and glucose to Phosphate enzyme deficiency (G-6-80) in some tribal groups, and high fertility rate in tribal women compared to the national women and to the national average.

Kupputhail U and Mallika N (1993): "Nutritional Status of Adult Women belonging to Khond,Gadaba and Porja Tribes of Andhra Pradesh", The Indian Journal of Nutrition and Dietetics, Vol. 30, pp. 173-179.In this article that tribal women were living in a state of great deprivation due to poor socio-economic status. Body mass index values indicated higher prevalence of mild forms of malnutrition, pallor of the conjunctiva, dry and rough skin, and angular stomatitis were common clinical symptoms among them. In general, all of them particularly Khond women of the Khon d tribe were found to have a poor nutritional status.

Nanda S (2003): "Household Factors affecting Infant Mortality in the STs of Madhya Pradesh", Published in Adak (Ed.) "Demography and Health profile of the Tribes", Anmol Publications, New Delhi.Endeavoured to examine the possible influence of household factors on infant mortality in the STs of Madhya Pradesh. The other observed that the variable of safe drinking water showed consistent negative impact on the incidence of infant death. It gives an impression that, probably, intervention on this particular variable may bring down the infant mortality of the STs to some extent.

Meera A, Nangia P and Roy TK (2003): "The Reproductive Behaviour of Tribal Women in Madhya Pradesh", Published in Adak (Ed.) "Demography and Health profile of the Tribes", Anmol Publications, New Delhi. The authors concluded that better education of women and their improvement in standard of living and prevention of child mortality can increase family planning acceptance and subsequent reduction in fertility among tribal population in the state.

ShailaBhardwaj and Mary Grace Tungdim (2010) "Reproductive Health Profile of the SC and Tribal Women of Rajasthan, India", The open Anthropology Journal, Vol.3, pp. 181-187. In their study found that the Scheduled Cast (SC) women had relatively better reproductive health profile as adjudged by contraceptive used, place of child deliveries, antenatal care and consumption of iron pills during pregnancy.

III. NEED FOR THE STUDY

As explained above, the tribes are in a precarious position. Their lives are endangered because of their low levels of income. So as to bring them to the main stream of the society there is a need to study the present status of the people on whom the study is intended. With regard to the percentage of population having monthly per capita expenditure below the average MPCE of the state is, in scheduled tribes the difference is more than 20 points for scheduled tribes of Andhra Pradesh and 14 points for Scheduled tribes in India. This also indicates more persons are below poverty line and are unable to have a minimum level of suggested expenditure for their survival, making them vulnerable for the vagaries of the nature. Their health status is very discouraging. In the lean seasons where they cannot make up this much amount of expenditure, are falling prey to mal and under nutrition another stimulator for degraded health status.

IV. PROBLEM OF THE STUDY

The above provided information reveals the alarming picture prevailing in the lives of scheduled tribes. They are backward in each and every aspect of the human development. The tribes face the wrath of the nature without having necessary counter enhancement with them. They continue to exist in the vicious circles of poverty which makes them prone to each and every malady. They have less incomes because of traditional methods of cultivation, this less income, reduces their consumption expenditure, for their survival in the lean season they go for money lenders for credit. Then they fall in to the bondage of interest. Their ignorance and the fore-sightedness of the money lenders gamble with their lives. With less income they take less nutrient food. This causes them to be vulnerable to the vagaries of the nature. Keeping in view of this problems faced by the scheduled tribes, an attempt has been made in this study to analyse the health status of scheduled tribes in the study area.

V. OBJECTIVES

The specific objectives of the present study area:

- I. To study the Socio-Economic status of scheduled tribes in the study area
- II. To analyse the health status and their determinants of tribes in the study area
- III. To suggest the appropriate strategies for the overall development of tribes

VI. METHODOLOGY

The study is based on primary and secondary data. Mainly, this study is conducted in the tribal areas of Vizainagaram district of Andhra Pradesh.

VII. SOURCE OF DATA

The primary data comprise of collecting information from the selected sample tribal households by way of canvassing a structured schedule among them. In addition, the secondary data are also taken from the various articles, journals, Government reports, NSSO reports, Indian census and others.

VIII. SAMPLING DESIGN

A sample of 180 households is selected for the study. A multi-stage random sampling technique is employed to select the sample households. In the first stage, Vizainagaram district of Andhra Pradesh was purposively been selected for the study. Then randomly three mandals were selected from each district. They are Parvathipuram, Pachipenta and Kothavalsa from Vizainagaram. In the third stage, two villages were selected from the each mandal. In the fourth stage, from each village a sample size of 30 households was selected and all the tribal households in the sample villages were interviewed with a pre-prepared scheduled. The scheduled contains whole range of aspects from Social status and Health status.

IX. DATA ANALYSIS OF HEALTH STATUS OF SCHEDULED TRIBES (According to Primary data)

The scheduled tribes are most marginalised and very backward people in the society. They are isolated from the rest of the society due to poor transportation and communication facilities and have remained as educationally, culturally, economically and socially disadvantaged sections. Scheduled Tribes have been considered to be lowest in the social hierarchy. Low agricultural production and lack of an appropriate food distribution system are the reasons for low levels of the nutritional status. In addition to the low agricultural production, shortage of food and nutrient inadequacies leads to ill-health of the tribal people. This study deals with the health status of the sample households based on disease prevalence rate, distribution of infected persons by sex and age groups etc.

Table-1; Gender wise Head of the Households

Gender	No. of Head of the Households	Per cent
Male	147	81.67
Female	33	18.33
Total	180	100.00

Source: primary data

Table-1 describes the gender wise classification of the head of the household in the sample. Out of the sample of 180 in vizainagaram district, male head households 147 and the remaining 33 are females. Here the male headed households are more as compared to the female headed households. In these communities about 18.33 per cent of the households are headed by females. The existence of the female-headed does not indicate the existence of matrilineal societies but in those particular households, the males are not alive. This may be because of the reduced level of the life expectancy and epidemics being on rampage in those particular areas.

Table-2; Distribution of Sample Households based on their Specific Caste

Specific Caste	No. of Households	Per cent
Konda Dora	75	41.67
Manne Dora	21	11.66
Nooka&Mooka Dora	18	10.00
Gadaba	59	32.78
Yerukula	7	3.89
Total	180	100.00

Source: Primary data

Table-2 shows the classification of the total sample households with regard to their specific caste. Although this is not a predetermined one, only these types of tribes have been come across in the selected sample villages.

In present analysis, we come across different tribes such as Kondadora, Mannedora, Nooka and Mookadaora Gadaba and Yerukula. In the sample, majority of the households are of the tribe of Kondadora of 41.67 per cent and next majority are Gadaba who are of 32.78 per cent.

Table-3; AIDS awareness on the sample households

Awareness	No. of Households	Per cent
Yes	142	78.89
No	38	21.11
Total	180	100.00

Source: Primary data

Table-3 brings out the classification of the sample households based on their awareness regarding the Acquired Immune Deficiency Syndrome, notoriously called AIDS, a cureless disease prevailing in the world in general and India and Andhra Pradesh in particular. The advent of this disease to a person has no need to be explained. Keeping in mind the consequences of this disease, this question tends to enquire about their awareness of this disease. More than 78.89 per cent of the sample opined of having been informed about this problem and the consequences. In this context, the government should initiate the measures to enlighten them about this problem, its advent, its consequences and the preventive measures to be followed. Surplus 38 samples are no awareness on the AIDS, because they are Primitive Tribal Groups (PTGs). They are living on the peak of the mountains and there is no any type of communications.

Table-4; Distribution of the afflicted population based on sex and type of Disease

Gender	Type of Disease				
	General fever	Malaria	Dengue	Others	Total
Male	63	35	3	2	103
Female	28	39	6	4	77
Total	91	74	9	6	180

Source: Primary data

Table-4 brings out the classification of the sick persons based on their gender and the type of disease from which they suffered from. In this area majority, there is a wide spread of Malaria attack and the others followed with of sufficient nutritional food and timely medical provisions, leading them to starve and wait for the outside help. That is the main reason for taking only some diseases in this regard. In our study, out of the 180 affected persons, 91 are with General fever, 74 are with Malaria, 9 are with Dengue fever and 6 are with viral fevers more than 43 per cent are females. So, the government should take some proactive

measures in this regard, such as, enlightening them on hygienic surroundings and drinking boiled water and using the modern medicine. In the process of data collection, it is observed that majority of the tablets given are simply set-aside in the house, and are not used for the intended purpose.

Table- 5; Distribution of the patients on the basis of sex and consulting a doctor

Gender	Consultation of doctor		
	Yes	No	Total
Male	79	24 (66.66)	103
Female	65	12 (33.33)	77
Total	144	36 (20.00)	180

Source: Primary data

Table-5 brings out the gender differential classification of the disease-affected persons in the sample households based on whether they consulted the doctor or not. In the tribal areas due to the inaccessible terrain and the non-supporting atmosphere, many of the government doctors do not wish to serve in these areas. Owing to ignorance many a number of tribes believe in the traditional medicine, that too the private and unqualified doctors who take up that activity for their employment, take huge amounts of money and make the tribes believe that super natural elements are the cause for the disease. Mean, while the disease becomes severe and leads to death of the person.

With regard our study, out of the affected 180 persons, 20 per cent of them did not consult the doctor. In that, 66.66 per cent are males and 33.33 per cent are females. In this regard, it is observed that there exit the gender differences in consulting the doctor. At outset, it is imperative to understand that due to lack of sufficient money or due to ignorance they are unable to obtain proper measures in this regard. Proper motivational programmes are the need of the hour. If the tribal people approach the doctor, he or she may obtain proper medical attention for the disease. On the hand, if the affected tribal people, by lack of money cannot reach or approach the doctor, in some particular seasons, the government should allow them to reach the hospital free of cost.

Table- 6; Distribution of the patients on the basis of sex and type of doctor consulted

Gender	Type of doctor consulted			
	Govt. doctor	Private doctor	Not consulting doctor	Total
Male	23	56	24	103
Female	24	41	12	77
Total	47	97	36	180

Source: Primary data

Table-6 brings out the gender differential classification of the disease-affected persons based on the question of what type of doctor they consulted. The doctors are taken in two categories, government doctor and private doctor. As already explained, the tribal people approach the traditional superstitious healers and the unqualified doctors, who pay with their lives. In this context, it is imperative to study the type of doctor they consult, when they are sick. In our study, out of the 180 samples of affected persons, 144 consulted the doctor. It is understood with a glance that majority are approaching the traditional and unqualified natural healers. In this way, they themselves are allowing others to take them to the deathbed. The government should encourage the tribal people to go for modern medicine through all the available media. The private doctors should be discouraged in the sense they have to be replaced by experts from outside or train the local educated youth in this regard in providing timely help and also to motivate the tribes to take modern medicine. This can go a long way in solving most of their problems. Instead of serving the scheduled tribes in the interior regions, the majority of government doctors prefer to quit the job. Therefore, the government should take stringent action against the doctors who are reluctant to work in remote areas. It should also provide the scheduled tribes with anti-biotic; safe drinking water and free ration in the lean seasons so that they may not be afflicted with diseases.

Table-7; Distribution of the Sample households on their annual expenditure on medical care in 2015

Range (in Rs.)	No. of households	Per cent
0	33	18.33
1 to 500	98	54.45
501 to 2500	29	16.11
2501 to 5000 above	20	11.11
Total	180	100.00

Source: Primary data

Table-7 brings out the classification of the sample households based on their expenditure on the medical care. Medical care is necessary in these inaccessible areas. People in these areas suffer from many a type of epidemics and are prone to diseases because of the atmospheric conditions and bad hygiene. With regard to our study, about 90 per cent of the sample is expending money for the maintenance of their health. Again, it is also disheartening to see more number of households expending more money for the sake of their health. In this regard, when asked for their immediate needs many voted for the providing of hospitals. This indicates that many are in need of health facilities. When visited the areas, much sophisticated medicines are provided for the tribal people, but due to the inaccessible terrain and lack of financial assistance and that much motivation in using the modern medicine, they are starving, in the sense this is due to the working of vicious circle of poverty. Therefore, it is advised that those measures that are intended for the welfare of the tribes must start with the motivation of their opinions with regard to the development.

X. CONCLUSION

In the study area majority of the sample households at the aggregate and disaggregate levels in the region of three to six members for household. It is interesting to see more than 79 per cent of the sample households are aware of AIDS. The disease prevalence rate for females in the total sample is around 31 per cent. Malaria and several fevers are widely prevalent in the sample area. Most of the women did not consult a doctor when they necessary. Most of the sample households are approaching the private unqualified doctors when they are sick.

XI. MAJOR FINDINGS

- In the study area, 81.67 per cent of the total sample households are male headed and 18.33 per cent of the total sample households are female headed. This denotes the predominance of diseases leading to death in these areas.
- The majority of the total sample households in the study area belong to Konda Dora, and Gadaba communities in the scheduled tribes.
- It is interesting to see that around 79 per cent of the sample households are aware of AIDS. Having more households aware of AIDS is a good sign but increasing that to the per cent level is must for that notorious disease.
- The family planning programme in the study area is a good success, and it has the ratio which is the target for the nation as a whole. Having abortions in the life time for women is not an abnormal issue, but having more number of women in this ambit needs much attention.
- The disease prevalence rate for females in the sample is around 29 per cent. That is for every 100 females in the society of scheduled tribes 29 are affected with diseases. But this for males is 18 per cent; even this is more when compared with the general population. The disease prevalence rate is high among the children and elders. Malaria and general fevers are widely prevalent in these sample areas. Out of the affected 180 persons, 74 are from malaria. In this aspect also females are worst hit.
- Most of the scheduled tribes do not agree for modern medicine, and they are reluctant to accept it. In this regard, it is observed the existence of gender differentials in consulting a doctor. Most of the women did not consult a doctor when necessary. Most of the sample tribal households are approaching the private unqualified doctors when they are sick. More than 40 per cent of the sample households are spending more than rupees 500 on medical cares. In this regard, the government should initiate motivational programmes elucidating the importance and usefulness of modern medicine.

XII. SUMMARY AND POLICY IMPLICATIONS

Our society has been divided into a number of sections based on caste, age and sex. Some sections have been resource less and powerless in comparison to other dominant sections. But when they fail to adjust themselves to the changing times, the result is social disorganization leading to social problems. Thus discriminatory and inhuman behaviour appears in society. This gives rise to social problems in the form of deprivation. Social problems are defined as a situation that has attracted the attention of majority of people in any community and requires immediate attention of the administration and wider community for speedy solutions. In our society Scheduled Caste, Scheduled Tribe and other backward classes (OBCs) women and children constitute deprived sections. They are denied their due rights and freedom. If we take a quick look around the surroundings and identify the things that came from forest: papers, tables and windows, spices in food, tendu leaf in bidis, gum, honey, coffee, rubber etc. Everything comes from the forests where the tribal people were living and makes our lives comfortable. So everyone in the civilized society must remember tribes at every point of time in our lives. But the tribes who are providing all these comforts to use are suffering in forests due to lack of roads, health facilities, economic inequalities, etc.

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