PREVALENCE OF DISEASE AMONG TRIBAL POPULATION IN KOTHIMANGALAM VILLAGE, TAMILNADU.

Karthi S[1*], Shalini B[2], Heamavathi S[3], Visweswaran S[4]

[1*]*PG Scholar Department of Gunapadam, National Institute of Siddha, Chennai.*

[2]*Resident Medical Officer, National Institute of Siddha, Chennai, Tamil Nadu.*

[3] *PG Scholar, Department of Gunapadam, Government Siddha Medical College, Chennai.*

[4]*Associate Professor, Department of Gunapadam, National Institute of Siddha, Chennai.*

email: drkarthibsms38@gmail.com

ABSTRACT: Tribals are the poorest socioeconomic groups in the country, according to many studies. Health service accessibility dominates tribal health discourse. The majority of tribal people suffer from fever, cold and cough, acid reflux, osteoarthritis, skin diseases, hypertension, and diabetes. Tribal populations have rarely been studied for prevalence.**Aim:**: This study aims to determine the prevalence of disease among tribal populations in Kothimangalam village in Tamil Nadu. **Objective:** To find out how life is in Kothimangalam village, Tamilnadu, and what diseases they have. **Materials And Method:** The study was based on cross-sectional data collected from 104 families in the village of Kothimangalam. The information is collected through the use of a questionnaire interview. **Result:** An investigation of the prevalence of disease among tribes in Kothimangalam village Tamil nadu was conducted. Fever (16%), cough (23%), osteoarthritis (37%), skin disease (15%), acid peptic disease (7%) vomiting (2%) diabetes (2%) Hypertension (0.7%). There is a need to take steps to reduce the burden rate of disease by educating them with proper care through contacting health awareness program, medical camps, the development of local health service and community health schemes An effort should be made to reduce the burden rate of disease.

INTRODUCTION The World Health Organization (WHO) defines health as the absence of disease or infirmity, but also mental and physical well-being. Health status of any community is determined by a combination of socio-cultural, demographic, economic, educational, and political factors. Traditional beliefs, customs, myths, and practices related to health and disease influence autochthonous people's health seeking behavior. The health of mankind is a vital component of the well-being of mankind and a prerequisite for the development of a human being. In the same way as the general health of non-tribal Indians is inferior to their Western and even many Asian counterparts [1], the health of Indian tribals is also considerably worse. Due to the isolation, remoteness and being largely unaffected by the development process occurring in India, tribal populations have very poor health status, and the worst of them are primitive tribes. There is a high risk of disease among tribal communities in general, and primitive tribal groups in particular. They also don't have access to basic health care. There is a high level of malnutrition, morbidity, and mortality among them, and they are most exploited, neglected, and at risk. Adding to their misery are poverty, illiteracy, ignorance of the causes of diseases, poor sanitation, unsafe drinking water, and blind beliefs. Poor nutritional status, low hemoglobin (anemia), unhygienic practices for parturition, and unhygienic practices for parturition are found to be the leading causes of high maternal mortality rates. As a result of low calorie

and protein consumption, pregnant and lactating women are at risk of diseases[2]. Among them are tuberculosis, malaria, gastroenteritis, filariasis, measles, tetanus, whooping cough, skin diseases (scabies), etc. The tribal population is also high. Night blindness, sexually transmitted diseases are well known public health problems of tribals in India [3]. Most tribals live in forests. A traditional health care system known as 'Traditional Health Care System' relies both on herbal and psychosomatic treatments. A touch of mysticism, supernatural and magic always accompanied this practice, often leading to specific magico-religious rites. Traditional tribal health care includes faith healing, which can be equated to rapport building or confidence building in modern treatment methods. A doctor priest in Kothimangalam village uses herbs and roots as part of his magico-religious rituals. Tribal health practices and health problems are profoundly influenced by complex interplays among social, cultural, educational, economic, and political factors. Studying the health cultures of tribal communities that belong to the lowest strata of society is essential for determining their access to different health services. There needs to be a sufficient knowledge about a group's culture, its environment, its natural and human resources, its knowledge endowments, and its beliefs as well. A bio cultural and eco-environmental approach is best suited to studying health and disease behavior in the tribal population [4]. Using emerging tools, it will improve the health and nutrition of rural poor. Health and family welfare programs are implemented through the primary health care infrastructure, which is the first point of contact between the population and health care providers. Promoting, preventing, curing, and rehabilitating the population close to home. Mostly, tribal people get their health care from trained health workers at the primary level or from local traditional healers at the village level. Referrals to secondary or tertiary care are made for patients requiring specialized care. There is no homogeneity in the tribal population as a whole. Health and education status, access and utilization of health services vary widely among tribal populations. Since most tribal villages are located in remote areas, forestland, hills and remote villages, the population coverage norms for rural infrastructure establishment have been relaxed in order to remove the imbalances and provide better health care and family welfare services to scheduled tribes. In India, primitive tribes suffer from distinct health problems due to multidimensional factors such as habitat, terrain, ecology, illiteracy, poverty, isolation, superstitions and deforestation. Tribal people in India have their own cultures, lifestyles, food habits, beliefs and traditions. As a result of their incredibly diverse socio-economic, cultural, and environmental environments, tribal populations face a wide range of health and nutritional problems. India, however, lacks data analysis that considers the ecological, ethnological, cultural, and biological diversity of the country. Rural and tribal health care is a complex problem [5]. Their concept of health and disease is rather traditional, which leads them not seeking treatment at an early stage of physical misadjustment, and often refuse preventive measures in rural areas, and their idea of medical care is some treatments not easily accessible and available. People don't seek medical attention at the onset of a disease.

Limited paying capacity or habit of getting treatment always free of cost. Comparative inaccessibility of medical care services due to under-developed communication and transport facilities. Nonavailability of qualified medical practitioner in the village. Qualified health workers and professional medical and paramedical staff do not want to work in rural and tribal areas because of professional, personal and social reasons. Nonavailability of private or governmental doctor as and when need arises. A look into the pattern of rural health services shows that the

scarcity of trained manpower for health is a major problem and obstacle to the extension of health services to rural and tribal areas. In addition, qualified health workers do not want to work in rural and tribal areas due to professional, personal, and social reasons. In order to take advantage of programs designed for health and development based on human genetics, prophylactic vaccinations, social-cultural traditions, and an eco-friendly environment, any tribe should be encouraged to organize itself. Tribal communities in Orissa are vulnerable and are at risk of the following major health problems [6]. As a result, communicable diseases are more likely to occur because people alter their environment and ecological aspects of their habitat on a daily basis. Diseases are transmitted either through direct contact or indirectly through breathing, sputum, stool, saliva, urine, etc. Tuberculosis is transmitted through indirect contact, such as breathing, while venereal diseases are transmitted through direct contact. In other words, communicable diseases are diseases that can be transmitted from an infected person to a healthy person through direct or indirect contact with infectious agents such as viruses. Sometimes, viral or bacterial infections cause death in a large number (in epidemic form) and threaten the survival of mankind. Orissan tribes are plagued by several communicable diseases. The most common diseases are tuberculosis, hepatitis, sexually transmitted diseases (STDs), malaria, filariasis, diarrhea, dysentery, jaundice, parasitic infestation, viral and fungi infections, conjunctivitis, yaws, scabies, measles, leprosy, colds, coughs, and HIV/AIDS. Lack of sanitation and unhygienic living. Frequently, they get sick from the above-mentioned contagious diseases. There is a constant intimate and prolonged contact between the patient and his or her caregiver when dealing with leprosy. Diseases are caused by mycobacterium leprae and manifest in skin, mucous membranes, and nerves because of unhygienic conditions. Infectious diseases are more likely to spread when diet and nutrition are poor. Lack of personal and domestic hygiene, overcrowded living are also causative factors. Acute diarrhea and diarrheal disorders are communicable waterborne diseases that cause high morbidity and mortality. A peak season for diarrheal/dysentry diseases such as cholera occurs from June to October in Kothingalam village's tribal areas. In addition to poor environmental hygiene, unsafe drinking water, and improper disposal of human excreta, low literacy, socioeconomic status, blind cultural beliefs, and a lack of medical facilities contributed to acute diarrhea problems [7].

MATERIALS AND METHOD:

Study design:

Cross sectional study (Community based)

Study period and participants:

This **community-based** - cross-sectional descriptive study was **conducted** in Kothimangalam Tamilnadu. The data **collected.**

Study place:

This study was conducted as a community-based cross-sectional study **from** June 2018 **to** August 2018. It was done **in** a tribal population**.**

Small villages:

1. Kothimangalam colony
2. Pulikundram

Ethical considerations:

Approval was obtained from the national institute of siddha institutional ethical committee

COMMON PROBLEMS:

At the time of survey reported common problems observed were Fever, Upper respiratory tract infection, Acid peptic disease, Osteoarthritis and skin disease

DATA COLLECTION FORMS:

Required information were collected from each patient by using following forms.

- **Form –I** History Proforma
- **Form II** Questionnaires.

DATA COLLECTION PROCESS:

Data were collected by the principal investigator over a period of 3 months (June to August 2018). A structured interview plan using an interview approach was employed to monitor disease prevalence. Questionnaire was answered in Tamil and English.

DATA MANAGEMENT:

- Medical histories and questionnaires were kept separately.
- Data recording was monitored for completion and adverse events by HOD, missing data identified during the study were collected from subjects, but time-related data were not retrospectively recorded.
- All collected data were entered into a computer using MS Access/Excel software. Investigators were trained to enter pastoral data and reviewed by the principal investigator and HOD.

STATISTICAL ANALYSIS:

All data collected were entered into a computer by researchers using MS Access/MS Excel software. Data were analyzed using STATA software under the guidance of SRO (stat) of NIS. The significance level was 0.05. Descriptive analyzes were performed and the necessary tables/graphs were produced to understand the profile of the patients included in the study. A statistical analysis of the importance of various

consciousness traits was then performed. For quantitative and qualitative data, Student's 'T' and 'chi-square' tests were performed.

RESULTS AND DISCUSSION:

Table 1. Common health problems

S.No	Common health problems	Age group (0-25)	Age group (26-50)	Age group (above 50)
1	Fever	57.60%	40.75%	8.26%
2	URTI	83.60%	3.80%	3.80%
3	Diarrhea	21%	10.80%	5.30%
4	Skin disease	10.50%	19.20%	31.70%
5	Osteo arthritis	Nil	75%	62.50

Among the population, fever and URTI was the common health problem in the age group of 0-25 with 57.60% and 83.60 % respectively. And diarrhea occurs in the age group of 0-25 with 21 %. whereas skin disease was the common health problem in age group of above 50 with 31.70%. and osteo arthritis was the major health problem in the age group of 25- 50 with 75%.

Table 2. Non-communicable disease:

S.No	Non-communicable disease	All age group
1	SHTN	2.80%
2	DM	7.60%

The prevalence of noncommunicable diseases such as SHTN and DM was 2.80% and 7.60%, respectively, in all age groups.

Health policy is not adopted and implemented in isolation. They are the result of social and political change. From a public health perspective, we need to understand the forces of change. Poor environmental sanitation and limited access to preventive and curative health care result in a high incidence of infectious diseases among the tribal people of Kothimangalam village. It is well known that malnutrition impairs

the body's defense mechanisms and malnourished children are more susceptible to various infectious diseases. Limitations and bottle necks in existing medical and family care systems must be identified, the infrastructure needed clearly specified, and strategies developed that are consistent with the perceived needs of local tribal residents. Despite remarkable advances in the field of preventive and curative medicine, health services in tribal communities, especially Kotimangalam, remain fragile, and the desired goal of bringing health to all in India is difficult to reach. should be improved and strengthened through Unless community-specific, tribal-specific, need-based, adequate, acceptable, accessible and affordable health care systems are developed, the goal of providing health for all remains utopian.

CONCLUSION:

There is a need to continue educational efforts in primary health care, national tribal health programs and other measures to provide adequate nutrition and counseling. With the help of multidisciplinary professionals, the health of the tribal people of Kothimangalam village can be improved. The report concludes that there are few health problems affecting all tribal communities, most of which can be resolved through the use of low-cost technology and the development of adequate local health infrastructure. Involving practitioners of alternative health systems can help reduce the burden of disease in tribal communities.

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CONFLICTS OF INTEREST:

Authors declare that they have no conflicts of interest.

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