



Health Conditions of Yanadi Tribal Children in Andhra Pradesh

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Abstract: Yanadi are indigenous tribes who are rodent eating community with nomadic way of life. The animistic nature of their religion, the production of fire by friction, the primitive hunting and fishing stage indicate that the Yanadis have not yet emerged from primitive stage of culture. The present study was taken up to investigate the health and morbidity patterns of Yanadi tribal children. A sample of 120 children in 3-8years age group was considered for the present study. Semi structured interview, focused group discussions and observatory methods were used for data collection. The study reveals that diarrhea, skin diseases, worm infestations, dental problems and viral infections as major illness found in these children. The health habits of the sample indicated poor health habits, hygiene and unclean surrounding combined with poor nutritional status. The study points out that though health care facilities available, they are not being utilized due physical distances and more trust and believes in traditional healers. The study concluded that illiteracy, ignorance, poor economic conditions responsible for the morbidity and there is an urgent need for intervention to create awareness, knowledge and practices of health habits to decrease the morbidity pattern in these communities.

Key words: diarrhea, skin diseases, worm infestations, dental problems,

Introduction: Yanadis are one of the major scheduled tribes of Andhra Pradesh. Thurston (1909) noted that the people were natives of Sriharikota Island and suggested that they derived their name from the Sanskrit word "anadi" denoting those whose origin is unknown. Yanadis are non-vegetarians and eat the meat of rabbit, fowl, goat, sheep fish etc, but abstain from eating beef. Yanadis mainly subsist on agricultural labour. They are traditionally inland fishermen and are also engaged as watchmen in the fields and orchards of farmers. Collection of firewood, rickshaw pulling, rodents catching etc., constitutes secondary occupation of the Yanadis. Health problems are a direct outcome of poverty,

government policies that have adversely affected local livelihoods - high land alienation amongst tribals, threatened traditional agricultural practices, absence of forest rights and growing indebtedness (Yakshi, 2002). While there is a rich body of traditional healing practices, a growing dependence on allopathic medicine coupled with loss of medicinal plants have undermined the importance of traditional systems. As noted earlier, numerous local medicinal plants and herbs are effective as preventives as also proven cures. However these are being abandoned, thus increasing susceptibility to disease. In the tribal society belief system and health (illness) are interrelated. In tribal community, illness



and the consequent treatment is not always an individual and familiar affair, but the decision about the nature of treatment may be taken at the community level. In case of some specific diseases, not only the diseased person but also the total village community is affected. Health and treatment are very much connected with the environment. The traditional health care system and treatment are based on their deep observation and understanding of nature.

Kaushik Ishore (2015) conducted study to identify the morbidity pattern and the associated factors among tribal, under five, children living in tea garden areas of Darjeeling district. Findings of the study revealed that morbidity was noted among 74 out of 192 children studied. Major causes of morbidity were- diarrhoea (26%), acute respiratory infections (24.5%) and fever (16.7%). Proportion of underweight children according to their age was 64.4%. The study by Giri V. C., (2013) on prevalence and patterns of morbidity of tribal children was carried out in Maharashtra Sarjarpura revealed

that overall morbidities was 34.7% and it was higher in female as compared to male children (34.8% vs. 29.7%; $\chi^2 = 9.3$, $p < 0.005$). Among individual morbidities, the prevalence of acute respiratory infections was the highest (25.5%) followed by acute diarrhoeal diseases (5.8%), conjunctivitis (1.5%), and skin infections (1.2%). In a similar study V.Divakar (2013) found that morbidity pattern observed was more with skin infections (31.33%), followed by (21.20%) dental caries; (19.20%) intestinal infections; (21.85%) while in non-tribal counterparts, skin infections were (12.98%), (7.78%) dental caries; (17.98%) intestinal infections; (25.84%) respiratory infections; and (20.22%) vitamin deficiencies

Objective: The present study aims at investigating the morbidity pattern in Yanadi tribal children

Tools: Semi structured interview schedule, focused group discussions and observations

Sample size: 120 Children in the age group of 3- 8 years

Results and Discussion:

Table 1: Morbidity pattern in tribal children

Type of illness	Boys (n=67)	Girls (n=53)	Total (n=28)
Diarrhoea	37 (30.8%)	27 (22.5%)	64 (53.3%)
Skin problems	29 (24.1%)	25 (20.8%)	54 (45%)
Fever	36(30%)	33(27.5%)	69(57.4%)
Ear infection	15 (12.5%)	14(11.6%)	29(24.1%)
Cough	21 (7.5%)	23(19.16%)	44(36.6%)
Cold	24 (20%)	20(16.6%)	44(36.6%)
Jaundice	8 (6.6%)	10(8.3%)	18(15%)
Dental problems	28(23.3%)	21(17.5%)	49(40.8%)



The table 1 presents the morbidity pattern of Yanadi tribal children. Analysis of the data reveals that the major illness among these tribes is diarrhea (53.3%) and viral fevers(57.4%). The next major illness predominantly found in this group is skin problems (45%). Skin rashes, discoloration, scabies, head lice were found common in majority of the tribal children. The study

reveals that viral fever and other communicable diseases like cold and cough are common in these children due to lack of hygiene, malnutrition and taboos. Any other important illness which is found was dental carries. The oral health habits of the study population was very poor leading to dental floss and cavities.

Table 2: Health seeking behavior of tribal children before intervention

Practicise of healthy habits	Boys		Girls	
	Yes	No	Yes	No
Bathing daily	-	40	-	40
Wearing washed clothes	-	40	-	40
Washing hands after defecation	-	40	-	40
Washing hands before eating	-	40	-	40
Cleanliness of surroundings	-	40	-	40
Drinking purified water	-	40	-	40
Keeping the food and water always covered	-	40	-	40
Not eating road side food that is uncovered	-	40	-	40
Covering nose and mouth during cold and cough to avoid spreading	-	40	-	40

The health seeking behavior of sample was provided in the table above. The study reveals that the selected sample does not follow any of the healthy habits. All the sample selected live in hamelts away from village in small groups. The

mothers of the sample are illiterates, ignorant and don't know the importance of cleanliness and hygiene. The taboos of dark evils responsible for illness of children is more prevalent in these groups.



Availability and utilization of health services

Health services	Availability	Utilization	
		Yes	No
Government hospital	Yes	46 (38.3%)	74 (61.6%)
Primary health centers	Yes	51(42.5%)	69 (57.49%)
Sub center	Yes	39(32.5%)	81(67.5%)
Para professionals	Yes	63 (52.5%)	57(47.5%)
Ayurvedic/ homeo hospitals	Yes	-	-
RMP/ private doctors	yes	-	-
Religious healers	yes	105 (87.5%)	15(12.5%)

The availability and utilization of health services among Yanadi tribes are presented in the table. The study reveals that the tribal community has health facilities like hospitals, primary healthcare centers, para professional available. But these facilities are not utilized by majority of these tribals, One of the reasons revealed during the group discussions was that they are far away from their hamlets. Another important reason observed was the more trust on the traditional healers and indigenous medicines.

Conclusion

The study concludes that poor health conditions of the tribal children due to the nomadic life, illiteracy and ignorance. The study calls for and intervention to create awareness, knowledge and practices of health habits in these tribal communities.

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