



Health Issues in the Tribal belt of North Costal Andhra Pradesh

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Abstract: The diversity of tribal culture can be better understood by their dance forms. Mathuri is famous tribal dances of Andhra Pradesh this dance originated from Mathura which is percolated Andhra Pradesh. Mathuri is a beautiful and fast tribal dance; this is performed by both male and female dancers during the festivals. Lambadi dance is another famous tribal dance of Andhra Pradesh, originated from Rajasthan and spread to our state during the period of King Rana Prathap. In this dance music is very attractive and costumes are very colourful.

INTRODUCTION:

Tribes and their culture is of great importance in the Indian context. There are several tribes across India and even in Andhra Pradesh alone. Each tribe has distinct culture and practices in their day to day life. The tribal areas constitute a very significant part of backward areas of the country presenting a complex situation both for planners and administrators. The tribal communities predominantly live in hilly and forest regions, which are comparatively inaccessible and isolated. The connection of tribals varies from state to state. More than three hundred main tribal communities are distributed from Himalayas down to Indian Ocean and from the Arabian sea to the Bay of Bengal and Eastern Frontiers. The concept of tribe varies from state to state or areas to areas depending upon local socio-economic conditions of particular community and the consequent inclusion of a particular group in the list of schedule tribes or schedule castes. A particular community may be schedule tribe in one state while it is schedule caste in another, backward or forward class in another state. For example

Lambadas or Banjaras or Gugalis are scheduled tribes in Andhra Pradesh, but they are classified as scheduled castes in Karnataka and Union territory of Delhi and as backward class neighboring Maharashtra.

The diversity of tribal culture can be better understood by their dance forms. Mathuri is famous tribal dances of Andhra Pradesh this dance originated from Mathura which is percolated Andhra Pradesh. Mathuri is a beautiful and fast tribal dance; this is performed by both male and female dancers during the festivals. Lambadi dance is another famous tribal dance of Andhra Pradesh, originated from Rajasthan and spread to our state during the period of King Rana Prathap. In this dance music is very attractive and costumes are very colourful. This dance is performed during Holi, Dassera, Deepavalli and other happy occasions. Koya is another popular tribal dance. The koyas settled in Sri Kakulam and other districts of Andhra Pradesh. Koya is performed by both men and women folk. The most attractive feature of this dance form is the costume which includes 'crown' adorned by



peacock feathers on head of the dancers with dhol in hands of the dancers.

The Araku valley is the most charming hilly region in Visakhapatnam district. Valmiki, Bagata, Khond and Rotia tribes inhabit this valley and other areas of this district. The favourite dance of these tribes is Dimsa which is performed by old and young men and women, during the month of chaitra i.e. in March/April, during weddings and other festivals. During festivals people go from one village to another to participate in the dance and are honoured with community feasts. People of different villages enjoy such festivities and dances called 'Sankidi Kelbar'. Dimsa Dance not only provides amusement to the dancers and spectators but also develops friendship and fraternity between people of different villages. The instruments accompanying Dimsa are mori Kiridi, tudumu, duppu and jodukommulu. There are eight varieties of the Dimsa Dance.

The culture of a community also determines the health behavior of the community and that of its individual members. The cultural response of the community to the health problems determines its health practices. Since, health culture is an integral component of the overall culture of a community, it is necessary to have a holistic view of all the cultural dimensions that are related to the health services of a community and thus relate a holistic perspective to the overall culture of the community. Primitive tribal groups of India have special genetic abnormalities like sickle cell anaemia, and health problems because of lack of personal hygiene that is why some primitive tribal communities; the Onges, Jarawas and Showpens of Andaman and Nicobar Islands are on the verge of extinction.

This forces us to explore possible reasons to preserve these communities which again differs from population to population and are probably multiple.

Basu has carried out comprehensive health related studies among different tribal groups namely Muria, Maria, Bhattra, Halba of Bastar district, Madhya Pradesh, Jaunsaris of Jaunsar Bawar, Dehradun district, Uttar Pradesh, Kutia-kondhs of Phulbani district, Orissa, Santals of Mayurbhanj district, Orissa and Dudh Kharies of Sundergarh district, Orissa and . However, a limited literature is available regarding Andhra Pradesh in general and North Coastal Districts of Andhra Pradesh in particular and no studies were carried out on the awareness and practices of tribal women's health and diseases.

Health perhaps is the first priority for any development to happen and for that matter empowerment too. Perhaps, it is expected, women empowerment would affect the total family life and gender relations in any society whether they are marginalized or developed. It has now been realized all over the world that first priority should be given to women health. The reason behind this newly identified premise is that, compared to other countries, female mortality and infant mortality rates in India are more. The crises that come in the life of a woman are pregnancy, post-delivery and neo-natal care. These issues can be resolved if proper medical facilities for women are given irrespective of the area either urban or rural or tribal. In general women are not homogeneous as per their class, caste, ethnicity or gender in India. Women are discriminated since ages in all spheres of life in general and health in particular.



According to World Health Organization; health is a complete state of Physical mental and social well being. Education is a process by which the matured person helps the other individual to bring in him the desirable changes in behaviour. So, Health education is an interaction between the educan't and educatee so that a desirable change in health behaviour of education is expected. The present study has made an attempt to study the practices and understand the levels of health education and awareness in identifying the symptoms of diseases of tribal women in general and North coastal districts of Andhra Pradesh in particular.

TRIBAL HEALTH CIRCUMSTANCES:

The widespread poverty, illiteracy, malnutrition, absence of safe drinking water and sanitary living conditions, poor maternal and child health services, ineffective coverage of national health and nutritional services, have been traced in several studies as possible contributing factors for dismal health conditions among this vulnerable population. It has been found that certain diseases like goiter, malaria and guinea worm are endemic in tribal area like Madhya Pradesh, Andhra Pradesh, Orissa, Rajasthan, Gujarat, etc. (Working Group Report of Ministry of Welfare for Schedule Tribe, 1989).

EARLIER STUDIES ON TRIBAL WOMEN POSITION:

A tribal woman occupies an important place in the socio-economic structure of her society. The Dhebar Commission Report (1961) mentions that the tribal women is not drudge or a beast of burden, she is found to be exercising a relatively free and firm hand in all aspects related to her social life unlike in

non-tribal societies. The tribal women in general and in comparison with castes, enjoy more freedom in various walks of life. Traditional and customary tribal norms are comparatively more liberal to women.

The status of tribal women in matrilineal societies has been observed to be somewhat better than that of women in a patrilineal society, e.g., their legal status is much higher than that of their counter parts in patrilineal societies and they have a significant role in the tribal economy. However, after a comparative analysis of the various indicators (political organization, religion, ritual practices etc.) among the different tribes of India, it has been observed that the status of tribal women is comparatively lower than that of tribal men. Moreover, the status of tribal women has gone from bad to worse as a result of the impact of social change which has affected the social structure of tribal society (Chauhan, 1990).

In this study an attempt has been made to review the available literature on health and its correlation among tribal women, to indicate their existing health status, to identify the gaps of knowledge and to suggest a possible plan of action besides pointing out the debatable issues.

HEALTH AND ITS CORRELATES:

Health is a function, not only of medical care but of the overall integrated development of society-cultural, economic, education, social and political. Each of these aspects has a deep influence on health which in turn influences all these aspects. Hence, it is not possible to raise the health status and quality of life of people unless such efforts are integrated with the wider effort to bring about the overall



transformation of a society. Good health and good society go together (Basu, 1992). This is possible only when supportive services such as nutrition, environment and education reach a higher level.

The common beliefs, customs and practices connected with health and disease have been found to be intimately related to the treatment of disease. It is necessary to make a holistic view of all the cultural dimensions of the health of a community. In most of the tribal communities, there is a wealth of folklore related to health. Documentation of this folklore available in different socio – cultural systems may be very rewarding and could provide a model for appropriate health and sanitary practices in a given eco-system. Maternal and child care is an important aspect of health seeking behaviour which is largely neglected among the tribal groups (Basu et al., 1990).

Health and treatment are closely interrelated with the environment, particularly the forest ecology. Many tribal groups use different parts of a plants not only for the treatment of diseases, but for population control as well (Chaudhari, 1990). There exists a definite nexus between forests and nutrition. It has been noted by many that tribals living in remote areas have a better overall status and eat a more balanced diet than tribals living in less remote, forest free areas. The mode of utilization of available natural resources often determines the long term impact on health.

CONCLUSIONS

Tribal women has to travel far distance to fetch water, because of this

they are spending much time and losing their energy and it leads to unrest in their life. Government should provide municipal taps or government bore wells near the village. Because of not having toilet facilities in house the tribal women are facing ill-health, sexual and physical harassment. There is need to increase the provision of ration further to sustain the tribal families. There is a need to create awareness about grain bank, pulse polio and immunization programmes for the well being of children and reproductive health problems. There is a strong need to inculcate preventive measures against malaria, dengue, viral fevers, chicken guinea and other diseases throughout all the tribal belts. There is urgency to create more awareness about the symptoms of diarrhoea and other diseases. The tribal welfare department and health department should concentrate on these to create awareness about the health programmes. There is a need to create more awareness in order to control various diseases of children in tribal areas. Hence attention is required to create awareness about the programme and also regarding the superstition about the side effects of vaccination for their children. Majority of the women suffer severely with reproductive health disorders, which if neglected can lead to gynaec problems and cancer in the long-run. Due to illiteracy, poverty and ignorance, the tribal women do not use sanitary napkins. Hence the government and NGOs should create awareness about the use of sanitary napkins and supply them for a cheaper price. There is a need to provide medical and health check- ups for pregnant women so as to minimize maternal and child mortality; dangers of avoiding deliveries at home by untrained Dais. There is a need to develop



allopathic government hospital facilities to the women respondents in the study area. NGOs should encourage the facilities provided by the government in order to benefit the respondents and for controlling maternal and antenatal deaths. Majority of tribals do not utilize the institutional services due to lack of public transport, guidance and literacy, and lack of proper supervision about these services. It is surprising to note that majority of the respondents reported that their babies (new born) weight was not measured during the time of their deliveries as most of them do not avail themselves of institutional facilities. Hence, there is a need to create more awareness to the tribal women respondents in this scenario.

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