

Tribal Health in Visakhapatnam District of Andhra Pradesh

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ABSTRACT Ill-health is a universal human experience. But, the distribution of diseases in kind and magnitude varies from society to society and this variance could be explained with the help of different biological, ecological and social-cultural factors. This paper deals with the distribution of different kinds of diseases among the tribes of Visakhapatnam district. An attempt is also made to infer the socio-cultural aetiological factors of the diseases among the tribals.

Ever since Polgar (1962) in his illuminating paper on health and human behaviour delineated areas of interest common to the Social and Medical Sciences. The relation between human behaviour and disease etiology and transmission have been recognised for many years as illustrated in the works of Polgar (1964), Alland (1972) Dunn (1976, 1979, 1983), Randy (1978), Hesser (1982) and Rajpramukh (1993).

Alland studied how cultural practices could be used to promote health and hygiene. Drawing upon the concept from mathematical modelling, Alland used the term 'minimax' to refer to cultural behaviours that minimise the risk of disease and maximise the health of the groups. However, in case of tribals in India it is found that many of their behavioural practices are not in consonance with this model. An attempt is made here to present the distribution of diseases and their aetiologies among the tribals of Visakhapatnam district and relate them to some of their socio-cultural practices.

TRIBALS IN VISAKHAPATNAM DISTRICT

The district presents two distinct geographical divisions, the strip of land along the coast and interior, called the plains division and the hilly area of eastern ghats, following it on the north and the west, called the agency division. According to 1991 census, the total tribal population of Visakhapatnam district is 4,68,886 dis-

tributed over 6,298 square kilometers, of which 2,35,925 are males and 2,32,961 are females.

DISTRIBUTION OF DISEASES

The total new cases reported during the years 1983 and 86 (4 years) were 1,83,452 and forms an average of 10.5% of the total population. In other words, about 10% of the total population fall sick every year. The table 1 gives 10 major diseases among the tribals during 1983-86 with their corresponding prevalence rates.

Skin Disease. It tops the list of diseases among the tribals. The most commonly reported skin disease among them is scabies which is caused by the itch mite (*sarcoptes scabiei*). The female mite burrows into the skin and lays eggs causing intense itching which is usually worse at night. Transmission of mites occurs by close body contact and by infected clothes. Among the tribals unhygienic habits, lack of adequate water facilities and crowded housing are probably responsible for the spread of infection.

Anaemia : It is the second largest reported disease among the tribals. Anaemia refers to the reduction in the volume of packed red cells or, in other words, reduction in the haemoglobin concentration of the blood. Of the variety of reasons which cause anaemia, the probable causative factors among the tribals are inadequate diet which is mainly responsible for iron deficiency. Poverty induced malnutrition accounts for many cases of anaemia. It is to be noted that Malaria also causes anaemia.

Arthritis : This is another major disease prevalent among the tribals. Osteo-arthritis and Rheumatoid arthritis are most common while gout, tuberculous arthritis and suppurative arthritis are less common among them. Osteo-arthritis is mostly seen in the older age-group. This essentially is a 'wear and tear' phenomenon also designated as joint disease characterised by

Table 1: Prevalence of various diseases among the tribals of Visakhapatnam district during 1983-86

S. No.	Type of diseases	No. of cases reported	Average per year	Proportion (%)
1.	Skin disease	1,69,204	42,301	23.28
2.	Anaemia	1,31,889	32,972	18.14
3.	Arthritis	74,995	18,749	10.32
4.	Mal-nutrition	72,133	18,033	9.92
5.	Malaria	15,213	3,803	2.09
6.	Eye diseases	10,769	2,692	1.48
7.	Acute respiratory	8,424	2,106	1.16
8.	Peptic ulcer	7,921	1,980	1.09
9.	Ancylostomiasis	7,910	1,978	1.09
10.	Diseases of Teeth	5,036	1,259	0.69
11.	All other diseases	2,23,442	55,861	30.74
Total		7,26,936	1,81,734	100.00

Source : Health Plan, Tribal Area, Visakhapatnam District, available at the P.H.C.Munchingput.

progressive deterioration and loss of cartilage over the years. Rheumatoid arthritis is more prevalent among the females than males, with peak prevalence in 3rd to 4th decades of one's life. It is basically an inflammatory disease of unknown aetiology.

Malnutrition: Among the tribals, it is probably due to the following : poverty and ignorance, acute and chronic illness, chronic alcoholism, gastro-intestinal disorders; and diets lacking proteins, vitamin B12 and iron. Milk consumption is not practiced by the tribals of Visakhapatnam district, which, if adapted, could have had desirable effects on their health status. Of all these factors, among the tribals 'alcoholism' is a behavioural factor which assumes significance in the context of malnutrition.

Malaria : It is endemic almost all over India and the tribal areas are not an exception to it. It is caused due to infection with sporozoan parasite of the genus plasmodium and transmitted to man by infected female anophelous mosquito. Open drainages and unhygienic surroundings serve as breeding places for mosquitoes which is the major environmental factor among the tribals too. As a preventive measure, long sleeves and trousers are advocated. But the tribals dress usually cover their private parts only making large parts of their body exposed to mosquito bites. Non-availability of prophylactic drugs also could be another reason for the prevalence of the disease. However, the high incidence of sickle cell among the tribals make malaria less severe.

Eye Diseases : Of the two eye diseases, trachoma and cataract, trachoma is caused due to

the unhygienic conditions. It is a specific communicable keratoconjunctivitis caused by *Chlamydia trachomatis*. Transmission is usually by contact or from fomites in unhygienic surroundings. Some infections also occur during birth from infected genital passages. Unhygienic surroundings, lack of proper care of the eyes could be easily said to be the causative factors. Lack of trachoma clinics in tribal areas also contribute to the high incidence.

Respiratory Disease: Some of the respiratory diseases among the tribals are chickenpox, influenza, diphtheria, whooping cough and tuberculosis. These respiratory infections are caused by virus and bacteria. Among many tribals some of these respiratory diseases are caused by excessive alcoholism and smoking.

Peptic Ulcer and Other Digestive Disorders: These are usually common in mid-aged to older adults. The term 'peptic ulcer' refers to an ulcer in the lower oesophagus, stomach or duodenum. Increased serum levels of calcium stimulates gastrin secretion, and therefore, acid secretion in the stomach. Patients with peptic ulcer often have a family history of the disease. Individuals of blood group 'O' are about 37% more likely to develop these lesions than those of other blood groups. Males are more susceptible to peptic ulcer. It is caused due to exposure of duodenal mucosa to excessive amounts of acid and pepsin and some break down in gastric mucosal defenses against acid and pepsin. Women are most often affected at, or after, menopause. Smoking usually exacerbates the course of peptic ulcer disease and excessive alcoholism is also

bad. The tribal diet which contains sour gruel and rice beer may also contribute to the diseases.

Ancylostomiasis : It is caused by the hookworm. As hookworms suck blood it results in anaemia. Worm inhabits duodenum and upper jejunum., eggs are passed in stools, hatch in moist soil and produce larvae which can penetrate bare feet and reinfect people. Prevention is by wearing shoes and using latrines. As the tribals defecate in the open and not in the habit of wearing shoes, Ancylostomias spreads unchecked and is one of the major causes of anaemia among the tribals.

Diseases of Teeth: Many of the teeth disorders among the tribals are caused mostly due to their lack of oral hygiene and smoking habits. In addition, it is found that the water that is available in tribal areas lacks such minerals like iodine and fluoride. In such cases supply of iodised salt to the tribals and usage of fluoride tooth pastes in general would contain some tooth disorders. This is not practiced by many tribals due to non availability, lack of awareness and non-customary.

To sum up, an attempt is made here to list some of the aetiological factors which are so-

cial-cultural in nature, for the major diseases among the tribals of Visakhapatnam district. The social cultural factors cited for each disease are only suggestive but not conclusive. It is mainly aimed to encourage further research into these social-cultural aspects of disease-causation and manifestation.

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