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Challenges and Remedies of Tribal Health in Andhra Pradesh

(With reference to ITDA KR Puram West Godavari District)

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Abstract: "A family is like a forest, when you are outside it is dense, when you are inside you see that each tree has its place, it is famous" African Proverb. According to the view of Roy Burman (1971) India is a land of castes and tribes. According to an estimate there are about 427 tribal groups in the Country. Anthropological Survey of India (1967) has estimated the number at 314 considering a number of tribes to be the constituents of a group of tribes designated by a common name such as the Gonds, the Bhils, etc. In 1950, the number of scheduled tribes was 212. This number increased in 1956 with the revised list up dates till on date. Hence, Government implemented number of schemes for development of tribal communities, but the result is lower than expected way, in which tribal administration vastly improved after creating development institutions. The objective of Government of India concentrate towards all round development of tribal communities, in which establishment of Integrated tribal Development Agencies in India. In this process ITDAs mainly focus to eradication of poverty while, educational empowerment along with health of tribal communities especially women and Primitive Venerable Tribal groups like Konda Reddys, in ITDA KR Puram. The main schemes implemented by ITDAs include education, minor irrigation, soil conservation, horticulture, fisheries, sericulture, medical and health and provide necessary infrastructure for social support services while economic development. The present study insists concept of tribal health in ITDA level which support to evaluate the challenges, development and reforms in health conditions while remedies of healthy environment in ITDA KR Puram, West Godavari, and Andhra Pradesh.

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Key words: Primary Health Centre, Tribal communities, Diseases, Infant Mortality Rate, Maternal Mortality Rate.

Introduction:

The greatness of India described as a melting pot of races and tribes. In the word of Roy Burman "India is a land of castes and tribes". India has the second largest concentration of tribal population in the world next to Africa in the world. In 1958, the first Prime Minister of India; Jawaharlal Nehru laid emphasis on tribal development. Tribal people are expectant to develop their own cultural patterns rather than imposing advanced culture upon them. Tribal rights to lands and forests should be respected and protected. Efforts should be made to prepare and train local people to take over the regions' administrative tasks rather than assigning responsibility to outside officers and agencies. The tribal Sub-Plan approach and ITDA had come into operation from the fifth Five Year Plan. The State of Andhra Pradesh was the first to adopt this model, from 1975. The ITDAs are registered as an autonomous society, fully sponsored by the Tribal Welfare Department, and headed by a Project Officer who has a senior administrator, from Indian Administrative Service officer. However, ITDA KR Puram established in 1986, it can implement number of health schemes and inculcated health educational habit for tribal people. The present study focused by tribal health problems and remedies adopted by ITDA KR Puram.

Table1.1

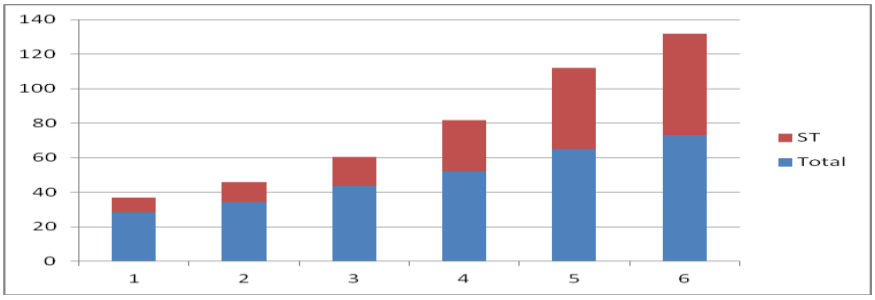
Statement showing the details of literacy rate of all Social Groups and ST population in INDIA(1961 to 2011)						
	All Social groups			Tribal Community (ST)		
Year	Male	Female	Total	Male	Female	Total
1961	40.40	15.35	28.30	13.83	3.16	8.53

1971	45.96	21.97	34.45	17.63	4.85	11.30
1981	56.38	29.76	43.57	24.52	8.04	16.75
1991	64.13	39.29	52.21	40.65	18.19	29.60
2001	75.26	53.67	64.84	59.17	34.76	47.10
2011	80.89	64.64	72.99	68.53	49.75	58.96

Source: Census 2011

Enunciate the table 1.3 depicts trends of total literate rate and respective tribal literacy rate from 1961 to 2011.It can be evidence from the table total literacy rate increased from 28.30 to 72.99 percent, while tribal literacy rate 8.53 to 58.96 percent six decades of Indian population It reveals 157.92 percent and tribal literacy growth rate 591.21 times, it is favourable condition.

Picture-1



Review of Literature:

A brief review is worthwhile in order to highlight what has already been depth studied in the field. In the study focused on tribal health conditions of Andhra Pradesh.

Ramamani (1988) examined the tribal Economy of Donubai panchayat in Srikakulam, and stated that the group between tribals and non tribals exist notwithstanding the fact of introducing protective measures, creativity of new agencies and extension of credit by the institutional financing agencies.

Bapuji. M (1993) in his study "Tribal Development Administration" has given detailed view of tribal scenario in Visakhapatnam district of Andhra Pradesh and Government initiative (central &state) to address the issues related to tribal communities. The author has taken a close view of the development performance of ITDAs and the development agencies come out with specific sectoral suggestions for improvement of developmental performance towards serving the people living in remote tribal areas. His Study deeply observed how to improve tribal groups in different fields with the help of establishment of ITDAs.

Nicola et al.(2007) reported that there was variation in poverty and human development indicators across the 4 sites in Seethampet mandal, Srikakulam district, coastal Andhra region. Moreover, health extension work should be formally recognized and compensated; whereas mothers' committees need to be reconfigured as an independent monitoring body with sufficient powers to make a different to the quality of maternal and child health and early development services to target group.

Parikh (2011) Study found that correct knowledge and perception for promoting complementary food practices was found to be 40 percent among the ICDS AWWs. So it leads a critical gap between knowledge and practice of complementary feeding equipping the AWWs is the major homework has to be done for betterment of figures.

Swaleha Sindhi (2012) observes evaluation is a process wider than monitoring and its purpose is not only to improve the process of implementation, but also to review the very design of the programme in order to achieve its objectives. It should be carried out through an external agency and all the stakeholders should be associated "Improving the Skills and Productivity of the tribal women. Thus, assessment of these activities would help the trainees to improve and work with perfection. It will lead to better productivity and income of these tribes. It reviews vocational and skill based training among the women of several tribal villages in Gujarat.

Amarnath Pashwan (2016) the greatest challenge that the Government of India has been facing since independence is the proper provision of social justice to the scheduled tribe people, by improving their socio-economic conditions. For this, a lot of development programmes has been initiated by the Government. But it has been found out that a very high percentage of ST population lives below the poverty line in Odisha having a very high Infant Mortality Rate and low literacy rate especially among tribal women. Further tribal districts have performed poorly in terms of various indicators of human development vis a vis non-tribal districts of the state. Thus a concrete effort is required on part of state to fill up the holes in different development programmes for tribal so that they can reap its benefit and the gap between tribal and non-tribal in terms of different socio–economic indicators can be narrowed down.

Chinnamanaidu Jammu & GV Chalam (2018) conduct a study on performance evaluation of ICDS in ITDA KR Puram west Godavari, which provides nutrition food and beverages under several schemes for tribal pregnant ,lacting women and her child such as Balamrutham,GirigoruMuddhalu,1000days care ,Anna Amrita Hastham, Bala Sanjeevani, KSY, SABALA, IGMSY and Balvadi etc.,

Doloi IM.Rongpi and Nitish Mondal (2019) the study has successfully reported the possible relationships and estimation of stature from the HL and HB. Similar studies are also recommended for ethnic/population specific equation and/or utilize and validation of equations to estimate the stature from HL and HB.

Need of the study: The studies mostly concentrated on the socio-economic profile of the Tribal Communities and neglected the functioning of the administrative setup viz., integrated tribal development agency, K.R. Puram, West Godavari District which is implementation agency for all the tribal welfare schemes of both Central and State Governments. Thus, it is a necessary to study the activities of I.T.D.A, K.R.Puram, and W.G, which has been organizing various tribal health schemes for Welfare of Tribal communities.

Statement of the Problem: Government setup Integrated Tribal Development Agencies throughout India. Recently the Government of Andhra Pradesh, implementation of Tribal sub- plans also to curtail the deviations in the allocated funds for the development of Tribal Communities, the result do not expected by Government.

Scope of the study: The study has identified problems and remedies implimented by ITDA KR Puram, West Godavari district of Andhra Pradesh besides Government of India.

Objectives:

- To measure the difficulties faced by tribal patients.
- To find out the possibilities of socio-economic factors of tribal patients.
- To create awareness among patients and doctors about local conditions.
- To evaluate medical assistance schemes implemented by ITDA KR Puram
- To assesses the budget allotment under Tribal sub plan.

Tools Used in the Study

The study conducted simple quantitative techniques such as percentages, simple and compound growth rates were used for analyzing the data whenever necessary.

Data and Methodology

The study is totally based on the secondary data. The secondary data collected from the published documents, such as census, Five Year Plan documents of Andhra Pradesh; SECC, Statistical abstract of A.P and Annual reports of ITDA KR Puram, West Godavari district of Andhra Pradesh.

Factors Affecting for backwardness of Tribal Health

- Education
- Tribal Socio -Economic Factors
- Tribal Aptitude
- Myths
- Attitude
- Ethnic
- Interior
- Improper Amenities
- Lack of Specialists in Hospitals
- Atmosphere
- Seasonal effects
- Food habits

Challenges of tribal health

It is widely accepted that malnutrition among tribe is wide spread, which is largely attributable to abject illiteracy, environmental conditions, difficult terrain, traditional beliefs and customs and, above all, the non-availability of basic health services. The ill-nourished tribes live in an environment, which has been degraded, and, as a result, diseases such as malaria filarial, tuberculosis, and goiter are endemic in most of the tribal areas.

Poverty:

Tribal people lived agency and remote areas, their primary source of living agriculture or hunting which communities belongs to below poverty line. These families are not willing to spend huge amount of financial sources besides dependents of child for helping bread winner of the family at child hood stage. However, most of the time spend either help to parents in agricultural activities or serve to land lords housekeeping in child hood of tribal communities. It reveals mal nutrition and improper health conditions.

Conveniences:

Usually, tribal health centers are located at remote and sensory areas. Some of the villages do not laying proper roads, Tele- communications etc. Now, Government implemented number of apps uploaded in androids However, doctors' focus to upload apps and finish non medical activities wasted valuable patient treatment hours.

Language:

Our administration system adopts English is window of knowledge, but tribal patients follow vernacular and special language. In this reason number of tribal patients faced several problems at learning stage of education, it can evidence of research conducted by K. Sujatha," Education of Indian Scheduled Tribes" However, some tribal people oppose the learning foreign language due to inculcate narrow sense while follow superstations blind way. However, tribal patients do not express properly their health problems to treated doctors.

Technology:

In our country, most of the tribal communities living remote and agency areas with low level of amenities. Whenever, these health centers located in remote areas and non accessibility of network, as a result of arrangement of digital X rays, scan and other diagnostic facilities not sufficient.

Aptitude of Patients:

Generally, most of the tribal patients are illiterates and do not awareness about health educational fruits. However, this nature of patients does not continue till end of disease. It reveals promotes illness, communicable diseases and discontinuity of tribal patients' in primary level hospitalization.

Culture:

India has a unity of diversity, which tribal communities have own culture and heritage. It varies from community to community, place to place and time to time such as food habits, wearing of cloths, devotees etc. The study reveals regional and vernacular culture inculcate adverse influence to tribal pupils at the early stage of hospitalization.

Doctors Qualification:

Government appointed junior doctors and medical & Para medical staff first putting in interior tribal areas in India. Tribal community doctors appointed as teachers exempted some qualifications. However, minimum marks of qualified examinations are reduced for tribal doctors. However, most of the tribal communities serve by RMP, PMPs with disqualified doctors.

Doctors Competency:

It is commonly known that posting of doctors and other paramedical staff in tribal areas are treated as punishment posting with the result that most of the posts in the centers and sub-centers are generally vacant in tribal areas. There are no private practitioners in these areas as it is not lucrative due to non viability of this profession in the interior tribal areas. There is a general lack of hygiene and sanitation which aggravates the health problems of the tribes and, therefore, on the whole, tribal people have a lower level of health as has been seen by various health indices like low birth-weight, life expectancy at birth, maternal mortality rate, infant mortality rate and prevalence rate of various communicable diseases, genetic disorders, alcoholism and drug addiction. It has to be accepted that the traditional system of using herbal medicines and the tribal medicine man is not sufficient to take care of all health problems of the tribal people and they have to get access to the modern system of medicine. It is also true that more and more numbers of the tribes are taking to the allopathic and other systems of medicines. However, these doctors are recruited as reservation basis than competency.

Single Doctor Health centers:

Generally, tribal primary health centers are run by government without profit making, but strengthen human resources. However, these centers have situated in agency and remote areas enroll few patients .As a result Government adopt rationalization process most of the health centers have single doctor treat all patients and entire wards in the hospital besides non medical work also assigned to that doctor, which center progress lower than normal health centers. For illustration polavram mandal has 1 single doctor appointed as Ayurveda hospital, he do not take charge .It can evidence of tribal health centers have one/ none doctor.

Doctors less health centers:

Some agency doctors do not have regular doctors, which engage disqualified persons like Nurse, ANMs Asha workers etc. For instance, polavaram, Buttaigudem mandals have serve huge number of Asha workers.

Infrastructure:

Tribal health centers have poor infrastructure such as buildings, furniture, lighting, roads, toilets, drinking water and medical tools etc. Some of the villages do not have constructed proper roads. Patients are faced several problems in tribal tandas without sufficient amenities in primary/ sub health centers.

Doctors Absenteeism:

Generally tribal doctors are stay at near agency city or town. It reveals promote absenteeism supported by research conducted by Ratnaih (1977) tribal areas de motivated teachers to work in tribal areas, resulting in employees' absenteeism.

Internet:

Recently, internet and advanced technology promotes health conditions effectively for use of tele- medicine. However, plain area pupils learn by joy full way of learning with use internet, computers in promotion of health conditions with education.

Occupation:

Agriculture is backbone of tribal economy. Most of the families occupied primary sector. These families has low earning level relatively other occupational professions which patients do not invest higher amount to health improving.

Health Conditions:

Our agency areas located thick interior places from towns, as a result frequently spread seasonal diseases such as malaria, typhoid, Jaundice etc. which pupils suffering and lose number of valuable working days.

Methods:

Tribal elders are follows old and outdated un scientific methods of treatment. For example Gedapalli village of polavaram mandal people use unscientific and out dated treatment methods adopted by village elders.

Malnutrition: Most of the tribal families living interior and thick forest area, whom earning sources are limited, it reveals low level of income while promotes mal nutrition due to most of the tribal families' male dominated families than plain areas. It has huge difference between the male and female several aspects such as literacy level, food feeding, health and hygienic conditions. However, female members are sacrificed their food and other beverages to her male family members, it reveals lack of nutrition food to tribal women.

Govt. Policies:

Now, Government object promote quality treatment like health for all, 100 percent institutional deliveries, promote health oriented education means learning by earning modes etc with help of public, private partnership policy.

Doctor Patient Ratio:

In our state most of the tribal health centers have lower rate of enrollment, because outside RMP or PMP un qualified doctors. As a result of fact the ratio this discouraged to both doctor and patients in medical treatment process.

Remedies for tribal health

Birth waiting Rooms: Objective of our state welfare of tribal communities, which encounters MMR while promotes institutional deliveries. Generally, tribal communities living huge distance from hospital located. However, hospital arranges special room for pregnant women and her assistant waiting for delivery at hospital with observation of qualified doctor.

102 Vehicle: It is known as Talli Bidda express in Andhra Pradesh, which provide vehicle for pregnant women admits in hospital for delivery and return to home lacting women with her baby free of cost. It minimizes MMR and promotes institutional deliveries in tribal communities.

Ambulances: Arrange ambulance services with emergency purpose of tribal communities by ITDA KR Puram with free of cost along with medical assistance.

104 Chandranna Chanchara Ratham: It is a vehicle for supply of medicine to interior and rural areas with supervision of medical officer for free of cost. Moreover, the vehicle visit the village or thanda weekly, conduct medical kiosk identified regular patients take samples from patients, diagnosed hence supply required medicine free of cost or referred to specialized nearer doctor for remedies of disease of tribal people. In the mobile medical vehicle 104 serve BP check up, sugar test, HB, widel, malaria and other tests and supplied medicine required by tribal communities, along with free tole free services related to medicine.

Diagnostics: Our Government implements 52 diagnostic tests under NTR Vidya sevalu with free of cost which belongs to tribal communities.

Anna Sanjeevani: it is a medical store for poor people, which supply medicine with subsidy prices without profit making by DRDA. It can maintain generic medicine prescribed by medical specialists.

Tele medicine: Recently, all villages are global villages. Technology makes several things, tribal patients are not attend health centers because hospitals located developed and plain areas. However, tribal patients used tele medicine services without efforts.

NTR Vidya Seva: It can formally know as Arogyasri. It can serve the patients with advanced corporate medical services free of cost. Entire medical cost means pre and post surgery services and free medicine required by patient supplied by network hospital, which amount remembrance by Government of Andhra Pradesh. Now, tribal communities belong to poorest of the poor category, so those can utilize corporate hospital services whenever necessary.

Smart PHCs: Our country has majority people belongs to rural areas. Government establishes primary health centers served to patients with enrich quality amenities in village level. It can provide quality treatment with qualified doctor with special care to patients along with pure drinking water, sufficient ventilation, cleaned toilets and premises, display staff particulars along with qualification and specialization their responsibilities, citizen chart, available medicines, duty staff details at shift wise, available medical tests with period of reports required, duties and responsibilities of patients etc, which can determined performance indicators reflect grade/rank of the PHC located in interior and remote agency areas.

Medical Camps: Most of the tribal people neglect health and low level of awareness about diseases and infections surroundings of forest and interior places. However, camp conduct check up and supply free medicines along with counseling for tribal patients by specialist doctor, referred to super specialty hospitals whenever required.

Appointment of Specialist Doctors: Now, most of the tribal health centers, appointed super specialist doctors, who can serve patients with super specialty services with free of cost.

Infrastructure: Most of the health centers established under tribal sub plan funds, which can enrich facilities like construction of buildings, new furniture and fixtures, arrangement of ramp and additional rooms etc.,

ASHA: Accredited Social Health Activist (ASHA) one of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist ASHA or Accredited Social Health Activist. She is responsible for creation of awareness of tribal people and conduct counseling with specialist doctors.

Arogya Mitra: This is a special staff for giving guidance to patients in various aspects of medical and surgirical services, net work hospitals and staff and specialist details, disease details, diagnostic service in network hospitals etc.

Planned Approach to Community health:

It is a special approach involved tribal communities, which includes in the PATCH strategy has five elements that are fundamental to the success of any community health promotion process.

- Community members participate.
- Data guide the development of programmes.
- Participants develop a comprehensive health promotion strategy.
- Evaluation emphasizes feedback and programme improvement.
- The community capacity for health promotion is increased.

Rallies/ Mobile Vehicles: Most of the tribal families living interior areas, which have low level of awareness among communicable diseases, infections, identification of symptoms and remedies. However, rallies and mobile vehicles create real awareness of new, seasonal and communicable diseases in mass tribal communities.

Preventive kits supply: Arise seasonal diseases regularly in tribal thandas, our Government supply preventive kits like mosquito nets, detol bottles, Oral rehydration Salts for treatment of dehydration due to Diarrhoea and cholera to tribal communities free of cost. For instance supply NTR baby kits.

Nutrition food: Most of the tribal families' male dominated families than plain areas. However, female members are sacrificed their food and other beverages to her male family members, it reveals lack of nutrition food to tribal women. It can eradicate malnutrition, which establishment of ICDS supply of various nutrition food products and cooking to pregnant, lacting women and children the age below five.

District Malaria Dispensary: Usually, tribal communities faced malaria disease in interior places especially rainy season. However, check/ preventive the diseases, to create awareness, identification of symptoms, suggested remedial techniques and adopt appropriate treatment methods and counseling while take up blood samples, publish status of disease spread around the tribal society with qualified and trained super specialist doctors and Para medical staff.

Vaccination: Most of the tribal people poor awareness about communicable diseases and neglect health and hygiene, which abolish haggard diseases with the help of vaccination. However, typiod, polio, hepatitis and BCG etc frequently utilized vaccines in tribal areas.

Flex/ Hoardings: Now, most of the information communicates with the help of arrange flexes and hoardings in public places. However, new and wide spread diseases various stages preventive activities required display publicity adopted by tribal development authorities.

Committee: Usually, hospitals are run by non profit motive while participation and cooperation of general public. However, constitution of committee gives priority to all sectors/ group of tribal people, which time of decision making with democratic way. Usually, tribal members discuss and solve desired problems promptly.

Tribal Food bags: 2019 January onwards, Government of Andhra Pradesh introduced tribal food bags for eradication of malnutrition of tribal communities especially belongs to BPL families in inaccessible forest areas due to un awareness of adivasis, which distribute millets at subsidiary prices instead of rice and other common commodities supplied by department of civil supplies.

Suggestions:

In our tribal health centers have rich and sound infrastructure facilities are provided by Government, but our public stream health centers are very week to be providing facilities.

- To appointed experience and specialist doctors and staff.
- To establishment of Primary Health Centers in near tribal tandas.
- To conduct orientation programmes to Doctors who works in tribal dominated areas.
- To conduct appropriate training at primary health centers staff.
- To implementation of need based curriculum for tribal doctors.
- To promote ethical values in hospitals especially in primary health centers.
- To conduct health awareness programmes and participate tribal patients.
- To encourage new and dynamic medical treatment methods.
- To adopt feedback oriented medical teaching in tribal health centers.
- To create cooperative awareness both Doctor and patients.
- To Provide additional financial intensives who working agency area staff.
- To appoint Gynecologists and pediatric specialists in tribal areas due to protect sensitive and marginal patients.
- To creates opportunities for participation of tribal communities.

Conclusion:

"Prevention is better than poor" In the present study observed over 70 percent of the tribal patients fall in the categorizing as below primary and primary level of education which belongs below poverty line. The government has provided well infrastructure and qualified staff while super specialty services for the development of tribal health in Andhra Pradesh. However, enrolment rate of female patients greater than male patients. It is significant note that nearly 78 percent dropout rate has been observed in case of girls students due to health and hygienic problems of tribal communities. Similarly, more than 65 percent of tribal women do not awareness about reproductive human system, it reveals increase STD and cervical cancer. The objective of ITDAs in Andhra Pradesh can reduce MMR, IMR rate while promote quality treatment with provide amenities along with traditional and ethical values in tribal communities while success full implementation of various health schemes with the co ordination health and ICDS projects.

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