WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Health Status of Tribals in Urban Setting: A Study in Bhubaneswar Municipality Corporation Area

Raghunath Das

Ph.D Research Scholar, Utkal University,Bhubaneswar

ABSTRACT:

The health status of tribals in the urban setting of Bhubaneswar, Odisha, is a subject of significant research and concern. Several previous studies make attempts to describe and compare the health status of tribal communities in generally But here in this study particular focus is made for Health status of tribals in urban setting in Bhubaneswar,Odisha and to estimate the prevalence of key health indicators and communicable and non communicable and other acute chronic diseases. This comprehensive health related study is the empirical study of tribals in Odisha, where a number of tribal groups are found in the capital city namely in Bhubaneswar of Odisha.Additionally, tribals continue to suffer poor health conditions and the lack of proper health infrastructure, shortage of medical culture. The health problems of tribals is the main focus of the present study.

Keywords: Health, Tribal Health Culture, Urban setting, Information, Education &Communication

Introduction

Health is the foundation of human happiness and well-being. It makes important contributions to the human development and the development of society. Alternatively, health was seen as a prerequisite for economic growth and human development. This is why it is said that "health is wealth." Health is also an important component of social capital because healthy people in both developed and underdeveloped countries live longer, are more productive, and save more.

Health problems in any community are influenced by the interaction of a variety of factors, including social, emotional, and spiritual. Health is viewed very differently in different communities and cultures. The definition of health is defined by the World Health Organization (WHO). Health is "a state of complete physical, mental, and social well-being and does not mean merely the absence of disease or infirmity. Simply put, health is a state of complete physical, mental, and social well-being and does not mean merely the absence of disease or infirmity. , or Simply the ability of person to adapt and cope with social challenges."

Many factors influence health status and a country's ability to provide quality health services to its population. While ministries of health are key functionaries, other government departments, donors, civil society organizations and communities themselves can improve access to health by investing in food security as well. Inflation targeting could limit health spending. And civil service reform could create opportunities, or constraints, to hire more health workers. The term "health and development" seeks to understand the complex relationship between health and the economy. It is about the impact of health promotion on development and poverty reduction, and conversely, the impact of development policies on achieving health goals. In particular, it aims to strengthen whole-of-government support for increased investment in health and ensure that health is prioritized in overall economic and development planning. In this context, health and development initiatives support health policies that respond to the needs of the poorest groups. WHO also works with donors to ensure that medical assistance is appropriate, effective and targeted to priority health issues. However, there is no visible impact on the health of the tribe.

Tribals in India

India has the second largest concentration of indigenous people in the world after Africa. According to Article 432 of the Constitution of India, Scheduled Tribes (STs) refer to specified indigenous groups whose status has been formally recognized to some degree by relevant national and state laws. According to the 2011 census, the population of ST was 104,281,034, making up her 8.61% of India's population. The word "tribe" is an umbrella term for the disparate ethnic and tribal groups considered to be the indigenous peoples of India. Similar words used to define tribes are **'Adivasi', 'Banavasi' and 'Janajati'.**

These groups are distinct biological isolates with distinct cultural and socio-economic backgrounds. They live in very different ecological and geoclimatic environments at different stages of development. The term 'Adivasi' is very popular in India as these are considered to be the oldest ethnic group of the population.

India's tribal population, although a numerical minority, represents a highly diverse group. They differ from each other in terms of culture,language and religious features, the ecological environment in which they live, physical characteristics, population size, degree of acculturation, general mode of survival, level of development and social stratification. Moreover, although they are spread across the length and breadth of the country, their geographical distribution is far from uniform. Much of the Scheduled Tribe population is located in the eastern region, which includes nine states: Odisha, Madhya Pradesh, Chhattisgarh, Jharkhand, Maharashtra, Gujarat, Rajasthan, Andhra Pradesh, and West Bengal , concentrated in the central and western belts. About 12% live in the Northeast, 5% in the South, and 3% in the Northern states.

“Tribal people mainly suffer from the phenomenon of poverty-related migration due to lack of rain-fed agriculture and other employment opportunities. Land fragmentation, loss of land through acquisition, illegal alienation of land by non-tribals. Deforestation, limited access to forests, and drought are also factors that contribute to migration of tribes. This migration is referred to as "forced migration" because migration for livelihood involves compulsion. It would be more accurate to express it as.

Tribals in Odisha

Tribal communities constitute more than 8 percent of India's population. Odisha has the largest number of diverse tribal communities, with 62 tribal groups living in remote tribal areas, of which 13 have been identified as Primitive Tribal Groups (PTGs). These groups constitute approximately 8.15 million people (22.3% of the state's total population) (2001 Indian Census). Prominent tribal communities include Kanda, Gond, Santal, Munda, Gadaba, Kho, Bhuiyan, Koya, Huanga, Paroja, Saura, Kol, Bhumiji, and Bonda. Among the 62 tribal groups, the Khanda/Kondh tribe is the most populous tribe with a population of 1,395,643 and constitutes 17.1 per cent of the total Scheduled Tribe (ST) population. There are many ethnographies about the Kanda community. The tribal group mainly lives in the northwestern and southwestern districts of Orissa. Her 4,444 tribes of Odisha include a wide diversity with a unique and vibrant socio-cultural life. The total number of tribes living in Orissa is much higher than in other parts of India. However, the distribution differs from district to district. Rayagada district, Kalahandi, Koraput, Malkangiri and Navranpur are some of the districts in Odisha where more than 50 per cent of the total population is tribal. Few tribes in the state are economically well-off and properly integrated into society, while other tribes in Odisha lead a completely secluded life.

Society of Tribes of Odisha

Marriage is considered an important institution in the tribal communities of Odisha. Various rites and rituals associated with it are celebrated with much joy and enthusiasm. They are highly religious and often practice religions such as animism, animalism, nature worship, fetishism, shamanism, and anthropomorphism. The tribes of Odisha also worship their ancestors. Their local and tribal gods are worshiped through animal sacrifices. Tribal people are superstitious and take their community's 'Ojha' very seriously to get rid of evil spirits.

Tribal Health Scenario in Odisha

Odisha Health Strategy 2003 advocates for improving the health status of the tribal population by reducing tribal morbidity and mortality. Tribal people are disproportionately affected by dangerous health problems such as malaria, sexually transmitted infections, tuberculosis, malnutrition diseases, genetic diseases such as glucose-6-phosphate dehydrogenase (G6PD) deficiency, and sickle cell anemia,etc. Status analysis of tribal health indicators Odisha is worse than the national average with infant mortality rate of 84.2 deaths, under-5 child mortality rate of 126.6 deaths, low birth weight of infants of 55.9 deaths, child anemia of 79.8 deaths, and acute respiratory infections. 22.4 children with recent diarrhea, 21.1 children with recent diarrhea, and 64.9 women with anemia. High incidence of malnutrition has also been recorded in tribal-majority districts of Odisha. This scenario paints a very bleak picture for the overall health and quality of life of the tribal people of Odisha. There is an urgent need to take rehabilitation measures to combat health problems and alleviate the suffering of a dwindling masses in the state .population in Odisha.

Table.1: Status of children and maternal health in Odisha (*Health Indicators*)

Indicators	**Odisha**	**India**
Population(Million in 2011)	41.9	1210
SC and ST population %	38.5	24.4
Infant Mortality rate total	65	50
Neo Natal Mortality Rate urban	16	
Neo Natal Mortality Rate rural	23	

Under 5 Mortality rate rural	87	
Under 5 Mortality rate urban	54	
Crude Birth Rate total	21	22.5
Crude Death Rate total	8.8	7.3
Natural Growth Rate total	12.2	15.2
Mothers with 3 ANC for last birth	60.9	50.7
Institutional Deliveries	38.7	40.7
Children fully immunized up to 1 yr	71	58.8
Children with BCG coverage	96.2	87.4
Children with measles coverage	85.8	70.9
Under weight U-3 children	44.0	45.9
Exclusive breast feeding	50.2	46.3
Life expectancy at birth	63.5	

Tribal health culture in Urban Setting :

Tribal communities are mostly marginalized communities. Their medical system and medical knowledge, always known as the "indigenous/tribal health culture", is based on both herbal and psychosomatic therapies. The unavailability or unavailability of plants, flowers, seeds, animals, and other natural substances poses major problems in treatment and traditional healing practices. Traditional medical practices such as mysticism, supernaturalism, and magic are often lost in urban environments due to the unavailability of natural substances. Faith healing has always been a part of traditional treatment in tribal medical systems and can be equated with building trust and rapport in modern treatment processes. For example, the Saora physician-priests use a variety of herbs and roots in connection with magical and religious rituals in Odisha. Health issues and health practices in tribal communities have been significantly influenced by the interplay of complex social, cultural, educational, economic, and political practices. Studying the health culture of tribal communities belonging to the poorest strata of society is highly desirable and essential to determine access to the various health services available in new social set up.

Review of the Literature

"Health is a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity." : WHO

Without a doubt, health is a prerequisite for human development and social development. Health is an important component of human capital in both developed and underdeveloped countries. Health has been viewed differently by different societies and communities. Medical scientists as well as social scientists consider social health issues to be an important area of research. Social health refers to an individual who maintains friendly ties, takes responsibility, achieves job satisfaction through the achievement of goals, seeks harmony with others, and shows compassion and concern for people and their surroundings. By following the traditional societies the qualities and abilities of health supporting personnel and other services were rarely considered as communal need, but under the influence of modern civilization, medical services have become a prerequisite for a good social life and the progress of human civilization. It is becoming popular and essential for today's society. Health as an umbrella term it also responds to related phenomena such as illness, disease, and biopsychological disorders.

National Family Health Survey(2005-06) report- More than half of scheduled-tribe men and those with no education are anaemic. Anaemia among men falls sharply with wealth, from 50 percent among men in the lowest wealth quintile to 20 percent among men in the highest wealth quintile. The variation in the prevalence of anaemia by wealth is much sharper for men than for women.

Odisha Health Strategy report(2010) has advocated for improving the health status of tribal population by reducing mortality and morbidity. It indicates that the tribal people suffer disproportionately from malaria, sexually transmitted diseases, tuberculosis, genetic disorders like G6PD deficiency, sickle cell anaemia as also nutritional deficiency diseases. These are some of the special health problems attributed to these communities.

Odisha Health Equity Strategy(2009) "The gap between utilisation of maternal and child health services by scheduled tribe women compared with all women was shown to have narrowed with four key services: antenatal care, institutional delivery, postnatal care and full immunisation."

OHSNP (2008) ,viewed to reduce infant and maternal mortality rates, the communicable disease burden, under-nutrition, and regional and social disparities in health outcomes. Its main strategies include providing increased resources to poorer districts, capacity building for more responsive service delivery, improving management systems including monitoring of outcomes, addressing barriers to demand and access for SC, ST and other vulnerable groups, decentralised planning, inter-departmental convergence to address health determinants and more efficient use of resource."

OSPIP reported, " Odisha is home to thirteen PVTGs namely, P. Bhuyan, Lanjia Soura, Soura, Kutia Kandha, Juang, Didayi & Bonda, Hill Kharia & Lodha, Chuktia Bhunjia, Dongria Kondh and Lanjia Suara, spread across 12 districts. These Primitive tribal groups of Odisha have special health problems owing due to Poor Health seeking behavior,Early marriage leading to teenage pregnancy,Very low acceptance for institutional delivery,High mortality and morbidity due to diseases like malaria, diarrhoea, anthrax and tuberculosis ,High infant mortality and malnutrition ,Low acceptance of modern medicine and high influence of Traditional Healer in health,practices"

OHSP stated "The marginalised people who are illiterate and less informed,and they are both socially and economically disadvantaged group so far as they are unable access health services."

Methodology

This section of the methodology describes the specific format, essential components, and application of the methodological design and orientation.

Objectives:

The present study was conducted with the following objectives:

- To study the standard of living of tribals in urban setting
- To determine the factors responsible for poor health in the study universe
- To know tribal degree of awareness on health sphere
- To know the availability and accessibility of IEC (Information, Education & Communication) in selected study area

The study addresses the following research questions:

- Are social security and busy lifestyles responsible for the decline in the health standards of tribals in urban environments?
- In the study area, Is accessibility to IEC interventions low?

Research Setting:

The study area; Bhubaneswar Municipal Corporation Area is selected for the study. Snowball sampling is used to select tribal households. A total of 100 households is contacted to collect primary data and official records and other documents be make scanned to obtain secondary data.

Analysis and Discussion

Socio Demographic aspects of study area:

Total 75 male headed households and 25 female headed households contacted for study.

Table .2 Different religions beliefs by the respondent:

Name of the religious community	No. Of Respondents	Percentage
Hindu	100	100
Christian	00	00
Others	00	00
Total	100	100

Source: Primary Data Collection.

From the above table its stated that all the people belong to hindu religion (100%). The christian and other religion are nil. Religion is an integral and pivotal part to each and every human being ubiquitously as it offers a complete social and religious identity to human being . Here in our study of 100 respondents it is pertinent and note that all of the respondents belongs to schedule tribe which are purely hindu.

Table-3.Distribution of sample on the basis of different tribal group

Tribal Group	No. of respondent	Percentage
Munda	76	76%
Santal	14	14%
Bhuyan	10	10%

Other	Nil	0%
Total	100	100%

Source: Primary Data Collection.

Above Table shows that among the respondents majority of 76 respodents belongs to Munda tribe(76%).There are 14 per cent Santals,10 per cent belong to Bhuyan, other tribal groups are nil in the study area.

Working and Economic Aspects of Study area:

Table .4.Work Participation of respodents in different sectors

Name of the working Sector	No of respondents	Percentage
Formal Sector	12	12%
Informal Sector	84	84%
Joint Sector	4	4%
Total	100	100%

Source: primary data collection.

From the source primary of data collection 12 respodents are said that they are working in formal sector (such as private office work)which comprises 12 per cent of the total while 84 respodents said that they are engaged in informal sector (such as Labourer, Mason/painting/carpentry, Vending/serving in hotels &shops,) which is 84 per cent of the total respondents.Thus,it is very much obvious to explain that.And rest are in joint sector(only 4%).

Table 5.Monthly income of respodents

Sl.No	Income	No of respondents	Percentage
1	Less than 5000	30	30%
2	From6000 to 10000	50	50%
3	From11000 to 15000	17	17%
4	More than 15000	3	6%

Source: Primary data collection.

There are half of the respodents monthly income is between 6000 to 10000.Less than 5000 have income groups are 30 percent and 17 percent are between 11000 to 15000 income group.The rest(more than 15000) have 3 percent constitutes in the the present study.

Table.6**Monthly Expenditure Headwise**

Expenditure Headwise	In rupees	Percentage (%)
House rent/maintanance	Less thanRs.1000	24
	Above Rs.1000	76
Fuel/electricity	Less thanRs.1000	16
	Above Rs.1000	84
Cooking meal/Vegetables	Less thanRs.1000	10
	Above Rs.1000	90
Nutrition &Health Care	Less thanRs.1000	14
	Above Rs.1000	86
Treatment	Less thanRs.1000	6
	Above Rs.1000	94
Transpotation	Less thanRs.1000	50

	Above Rs.1000	50
Education	Less thanRs.1000	80
	Above Rs.1000	20
Entertainment	Less thanRs.1000	96
	Above Rs.1000	4

Source: Primary data collection.

From the above table ,it it is shown that most of respondents (94%)are costing more in disease treatment.10 percent respondents were consuming Less than Rs.1000 in foodings and 14 per cent respondents were costing low in Nutrition &Health Care.

Above tabulation analyses that most of respondents (76%)are expence their money in the field of house maitanance and the sector of house rent above rs.1000,in transportation 50 percent respondents save their money by using bicycle and other low fuel consuming vehicles,and majority of repodents has low consumption of money or services in education (80%)and entertainment(96%).Only 16 percent respondents have low fuel consumption and use of electricity .

Table 7.Disease sufferings Query

Disease	Yes/No		Percentage
Communicative	Yes		62%
	No		38%
Non-Communicative	Yes		76%
	No		24%
Genetic	Yes		28%
	No		72%

Source: Primary data collection.

Majority of respondent (62%)are suffering communicative diseases and 76 percent of respondents are suffering non communicative diseases.However,28 percent respondents are suffering genetic diseases.

Table 8.Medical leave of the respodents

Response	Percentage
Having Medical leave	4%
Not having Medical leave	96%
Total	100%

Source: Primary data collection.

Above table shows majority respondents not having medical leave .It clarifies that “No work,No pay”.

Table 9.Maternity Leave of The Female Respodents

Response	Percentage
Having Maternity leave	0%
Not having Maternity leave	100%
Total	100%

Source: Primary data collection.

Above table shows no any have female tribal migrant respondents not having maternity leave .

Table 10.Respodents Having Latrine Facility

Response of Having Latrine	Percentage
Yes	92%
No	8%
Total	100%

Source: Primary data collection.

Of the total respondents latrine facilities available to 92 respondents which is measured as 92 per cent of the total and Rest of have not such facility.

Health related Information:

Awareness is one of the socio-cultural aspect of every individual. Awareness regarding specific matter crates easier to access the concerned subject. The knowledge in relation to health and health care are estimated though the getting the service. The degree/level of respondents on health sphere is evaluated by the researcher. The notion of "water is another source of life" is equally tested by the health sphere. Data shows that only 40 percent of respondents are accessing pure and safe drinking by boiling the water and from other sources. Another matter that is washing hands with soap prior to food intake; that the majority (39%) of respondents are not known by what will be happening or not. They have poor knowledge on this matter of washing hands with soap prior to food intake.

Adding to this maximum of respondent (48%) not using toilet soap after toilet work, they remark that they were working in informal setup, So how they get soap there and safety measure. And furthermore they claimed they are using Chapals during only walks but during work hour they don't use for damage of the footwear. Most of the respondents (78%) answer that they know have access to detergents to wash their utensils. Only 12 percent of sample respondents are washing their utensils in detergents.

Health Protection at Community level and Provision of Information,Education& Communication(IEC)

Information, Education & Communication (IEC) is a process that informs, motivates and helps people to adopt and maintain some healthy practices and lifestyles. It aims at empowering individuals/community and enabling them to make correct decisions about safe behaviour practices Majority of Respondents claimed that no frequent community cleaning is available at their residential area, Similarly no regular health awareness meetings conducted in their locality, If some other meeting/ roadshow/displays arranged then they have lower interest in involvement. No Healthy food intake is possible to them as per the requirement . The respondents are taking ordinary food without taking care of actual calories intake, and they are eating ready-made (oily and unhygienic) food during their lunch break at work. There was a claim by 57 percent of respondents that there isn't enough drainage available in the rainy season.

There is data on meetings with health worker that 34% of respondents not meets with health worker frequently; it proves that there is need of authority to be more responsible for the issue. 30% of respondents do not have knowledge on water purification by themselves. Most of the respondents (53%) prefer private medical clinics for better health services. (Preference of Availing medical facility)

Summary:

The right to health is acknowledged by numerous international and national covenants and statutes. Article 25 of the Universal declaration of human rights states,"Every one has the right to a standard of living adequate for the health of himself and of his family, including medical care. In the case of India, right to health is part of the right to life enshrined under Article -21 and has been interpreted in this way in several rulings of the supreme court of India. What this means is that it is the primary responsibility of the state to ensure primary health care in a socially just and equitable environment.The collected information to know the socio-economic status of the tribes concludes that they are in a miserable condition. A personal latrine or separate kitchen is not available to them. The tribe also lives in poor conditioned house . Majority of slum dwelling tribal have Kucha (not well furnished) house. Cleanness one of the problems for them due to low income.

The major health problem of tribals in urban setting is affect by water stagnation in such particular area.Dirty environment and unhealthy living also creats major risks.The irregular food habit and unsafe water give birth to diseases and infirmity among those tribals.The poor knowledge on health due to illiteracy ;enlarging the illhealth as matter of defective situation of the individual in focus.The IEC(Information,Education &Communication) intervention among tribal residential area in vibrant scenario.Most of pull factors of migration gives demographic composition of that area is very high.More number of migrants resides in urban setting and periphery area of the study area lack of resources(free air,water,empty places) also another matter.The growing population in slums another risk to assessing different services from the service provider.The intervention of IEC among tribals in present study location are very critical in nature because illiterate mass not agreed to accept such information and service.The communication is impossible due to language barrier in different group are lives in urban setting.There is language difficulty;no tribal language IEC material available.Different culture,different ethnicity ,different communities are there in urban setting;Diversity is another factor for problem in the IEC intervention.

Recommendations:

The following recommendations are provided for the betterment and improvement in health status of tribal in urban setting;

- Achieving quality services for all in healthcare including indigenous method
- Eradicating malnutrition
- Ensure decent and secure housing for them
- Health(care)Education for adults and their children
- Disposal of wastes and influents
- Well equiped drainage and improved sanitary facilities (management of water stagnation)
- Provision for community latrines and urinals
- Institutional frameworks should be strengthened for tribal centric dormitory,yoga centre and community hall
- Implement a clear roadmap to ensure compliance of IEC(Information , Education &Communication) intervention on infrastructure (language,material) and health workers training on tribal language
- Allocate adequate resources for the effective implementation of the social medicine in such area Establishment of health counseling centers and recruitment of staffs on the basis of their local language
- Health insurance should be provided to all the tribal

Conclusion

The health of tribal communities in urban milieu is also in lower status in comparison to general mass. It requires more focused attention. More focus will bring out them from marginal side, undeserved and neglected condition. Tribals basically live in hilly and forest areas, but in the present study they are living in an urban setting due to modernisation, industrialisation and urbanisation. They have optimum opportunities in getting jobs and maintain a good life, but health is inaccessible to them due to some of above discussed issue. Their way of life and livelihood purely affected by modern way of living and societal adjustment. A more systematic and affirmative change required to benefit the tribal mass. Indigenous modes of medicinal practice and mixture of modern medicine are the pathfinder for the improved health of tribals those who are staying in urban settings.

REFERENCES

- United Nations Universal Declaration of Human Rights Report ,1948
- Laura McKay, Sally Macintyre, Anne Ellaway, 2003, Migration and Health: A Review of the International Literature, MRC Social & Public Health Sciences Unit Occasional Paper No. 12 January, 2003, UK available at http://www.sphsu.mrc.ac.uk /library/occasional/OP012.pdf
- Bhagat, R B (2009). Internal Migration in India: Are the Underclass More Mobile?. Paper Prepared for Presentation in 26th IUSSP General Population Conference held in Morocco, 27 Sep-2 Oct 2009.
- Das D. K,2012 “The Health Status of Tribal Migrants in an Urban Setting:: A Special Reference to Cuttack City in Odisha”, lap lambert academic publishing, Germany
- National Family Health Survey (NFHS-3) 2005-06 , Ministry of Health and Family Welfare Government of India,NewDelhi

  Available at: http://www.rchiips.org/nfhs/NFHS-3%20Data/Orissa_state_report.pdf
- Joy Thomas SVD,2007,””Missiological perspectives on tribal Migration”,Edited by Jose Joseph, L. Stanislaus “Migration and Mission in India”Cambridge press, Delhi,India
- Odisha Health Strategy report,2010, Department of Health & Family Welfare (DoH&FW),Bhubaneswar,Odisha
- Odisha Health Sector Plan ,2008, Department of Health & Family Welfare (DoH&FW),Bhubaneswar,Odisha
- Odisha State Program Implementation Plans ,2014-15, “Tribal Health” Bhubaneswar ,Odisha , Available at:-http://nrhm.gov.in/nrhm-in-state/state-program-implementation-plans-pips/odisha.html
- Project summited by CTRAN Consulting to Orissa Health Support Project(OHSP),2009 under Technical and Management Support Team ,“Study on perceptions of marginalized people about health equity in Orissa” available at http://www.nrhmorissa.gov.in/writereaddata/Upload/Documents/Study%20on%20perceptions%20of%20marginalized%20people%20about%20health.pdf

Website references

- http://devshram.myiris.com/moreArticle.php?cat=11HYPERLINK" http://devshram.myiris.com/moreArticle.php?cat=11&id=20130430032954"&HYPERLINK "http://devshram.myiris.com/moreArticle.php?cat=11&id=20130430032954"id=20130430032954
- http://unicef.in/Story/1124/Nutrition#sthash.NeTV8uhF.dpuf
- http://jcnh.in/CI/1.Sutapa%20Agrawal.pdf
- http://www.slideshare.net/mphbharti/trible-population-and-their-health-issues
- http://pipnrhm-mohfw.nic.in/index_files/high_focus_non_ne/Orissa/23.TRIBAL%20HEALTH.pdf
- http://medind.nic.in/hab/t00/i2/habt00i2p61.pdf
- http://medind.nic.in/hab/t00/i2/habt00i2p61.pdf