



## An Essential Health Care of Konda Reddi Tribe

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### ABSTRACT

*The present paper deals with general health care among Konda Reddi, particularly vulnerable tribal group of Polavaram mandal in the West Godavari district, Andhra Pradesh. It also inform to the prevalence of different diseases and health problems such as chronic, seasonal, infectious and common. This data obtained from the interviews with the medical personnel, and group discussions with the Konda Reddis during the last one year period prior to the date of survey, the type of treatment sought for the problems, their general preference for the available health care services, utilization of government health care facility during the last six months, client satisfaction and the reasons for not utilizing the primary health care centre (PHC). The overall results reveal that these tribal people have their own traditional practices for health care. Still they rely on some home remedies for curing many health problems.*

**KEYWORDS : Health Care, Konda Reddis, West Godavari, PHC**

### INTRODUCTION

Essential health care refers to "primary health care" that is based on scientifically sound and socially acceptable methods and technology, which make universal health care accessible to all individuals and families in a community (WHO, 1978). It is through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. The health status of any community, particularly of a tribal community, by and large is the function of the interaction between socio-cultural and biological practices, the genetic attributes and the environmental conditions (Raj Pramukh and Jai Kishan, 2016). As per 2011 census, India has more than 104 million tribals who constitute 8.6 per cent of the total population (Census of India, 2011). The widely varying prevalent health practices, use of indigenous herbal drugs, taboos and superstitions are also responsible for determining the health behaviour and health status of the tribal populations (Appalanaidu, 2013; Basu, 1993) and backward groups or marginalized or vulnerable people is influenced by their entire way of life like culture, including social and economic conditions, nutrition, living conditions, education, taboos and superstition, income, health services etc. (WHO, 2011). This paper direction and it provides the needed data base with emphasis on health care practices, extent of utilization of modern health services and suggests specific strategies to combat the diseases and to reduce mortality rate among the Konda Reddi tribe. These people inhabit on the either side of Godavari River in the hilly forest tracts of East and West Godavari districts of Andhra Pradesh. Konda Reddis are recognized by the Government of India as a particularly vulnerable tribal group. They are primarily shifting cultivators and largely depend on minor forest produce for their livelihood.

### DATA COLLECTION

The present study has been carried out among Konda Reddi tribal people during the period from September, 2012 to December, 2012. For this study, a sample of 194 eligible ever married women and 22 men were selected at randomly from 12 villages of Polavaram mandal. The average age of respondents is about 15-45 years. The respondents studied are mostly illiterate and depend on agricultural or casual daily labour. The monthly family income is reported to be less than Rs.2,500/-. Majority of them are Hindus and nuclear type of family is predominant.

Keeping in mind the objective of the study, a structured Questionnaire was used for collecting information on the background characteristics, demographic characteristics and on health care practices etc. Besides canvassing the questionnaire, some group discussions with the villagers and interviews with available health staff were conducted in order to elicit information on the socio-cultural aspects of the Konda Reddi and also about their health care practices. For identification of diseases, checklists of symptoms of various diseases were prepared in consultation with the local PHC medical officers and these checklists were extensively used along with the questionnaire.

### GENERAL OBSERVATION

Large majority of the Konda Reddi tribal population still depend on herbal medicine and indigenous method of healing practices to cure various diseases and ailments they get. Among the "Health problems" i.e. Jaundice, Anemia, asthma, vomiting, Body ache, Prolapsed of uterus, fear psychosis due to belief in ghosts or evil spirits, joint pain (arthritis), stomach ache, chest pain, flow of blood from nose due to excessive heat, burning sensation in palms and feet specially in pregnant women, Backache, tonsils etc.

Here, women's health is discussed in the light of women's reproductive health. Child health is discussed under broad headings of child rearing practices. It is observed that present study, affinal marriages are frequent (49.6%). The mean marital distance is 9.4 km. The mean age at marriage is less than the legal age stipulated for girls i.e. 16.2 years. The mean age at first conception among this population is around 18.3 years. Hence, there is a need for educating these people about the consequences of early marriages.

### HEALTH CARE SERVICES

Mostly curative services are reported to have received by these women in all at the health facility. This may be so because the family planning activities are carried out by the motivation of the health workers and the immunization work is done by the ANMs in the villages. Among those who visited the government health facility, majority person has expressed their satisfaction with the type of services they received. Coming to the client satisfaction, it can be seen that the dissatisfaction appears to be, in general, is with regard to the effectiveness of the treatment, followed by availability of medicines at the center and availability of doctor or ANM at the center at the time of visit.

### DISEASE BURDEN

Fevers are reported, especially malarial fevers (2.34 per hundred people) are common to all ages and the both sexes. Viral fevers with cold and cough (1.17 per hundred people) are also quite common. In this area, the ears are easily affected due to the dirty water and there will be watery discharge from the ears (1.76 per hundred people) sometimes leading to deafness. So, steps are needed to reduce child deaths especially because of fevers. ANM's home visits during pregnancy are reported less compared to the plain areas. Similarly, receipt of IFA tablets and TT injections was also reported less comparatively. Hence, there is a need to rectify this situation. As the deliveries are mostly home deliveries, these women should be encouraged to go for institutional deliveries or at least steps are needed to see that the deliveries are attended by trained personnel. There is every need to educate these women about the various complications expected during pregnancy, delivery and after delivery and should see that they seek treatment for the complications experienced, if any.

Gastritis is a common complaint among adults and children. Common symptoms for this are burning sensation in the stomach and indigestion (0.88 per hundred people). Pain in the abdomen and vomiting may be noticed in severe cases. Pain increases while consuming

food and vomiting sensation (0.44 per hundred people) starts after consumption of any food item. Mumps and worm infestations due to *Ascaris* leading to anaemia are other health problems commonly encountered by these people. Common infectious diseases include Scabies and fungal infections mainly due to the unhygienic habits and surroundings.

Nutritional disorders especially anaemia are very common among these groups due to acute poverty. Antenatal cases with high risk pregnancy and other pregnancy complications due to anaemia and hypertension are also reported. The chronic ailments include mainly tuberculosis (1.37 per hundred people) and respiratory tract infections. These patients often have symptoms like oozing of blood from nostrils and dry mouth.

Regarding the seasonal effects, it is reported that fevers are rampant from April to August in these areas. During rainy season, respiratory tract infections such as Bronchitis, Bronchial asthma and viral fevers are noticed. During the winter season, muscular cramps and Arthritis may be due to Calcium deficiency is observed. It is reported that RTI and STI cases are not common and very few women suffer from white discharge compared to the non-tribal women. However, the possibility of some positive HIV cases cannot be ruled out from this area.

### RECOMMENDATION

These tribal women should be educated about what to do when a child gets diarrhoea and pneumonia, as the present levels of knowledge are very less. Coverage of children for Vitamin-A supplementation should also be improved. There is a need to educate on proper breast feeding practices, initiation of semi-solid and solid foods as the present practices. Measures are also needed to reduce the nutritional disorders and anaemia.

### TO SUM UP

In tribal areas most of the PHCs are located at mandal headquarters. Konda Reddis are not access to modern health care facilities due to geo-graphical isolation. The interior tribals have to walk miles together to avail such facility in sick condition due to lack of proper transportation and approachable roads. Hence they are forcefully confined to indigenous methods of healing practices. For the cure of various kinds of diseases and ailments they approach the local medicine-men and also use the home remedies. These Konda Reddis have their own traditional practices for health care. Still they rely on some home remedies for curing many common health problems. The vital role of the traditional healer who mostly performs *puja* for appeasing the evil spirits as these people still believe that these common health problems are due to the wrath of the evil spirits. However, there is an increasing inclination for the modern-medi care services in the study area.

In the context of suggestions, before working out a strategy for these tribal areas, it becomes a pre requisite to thoroughly understand the tribal customs, practices and belief systems. The tribal societies should be encouraged to use their traditional medicine and if possible, the traditional medicine men can be given some training and their services can be utilized better by integrating them in the modern health care services.

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