VOLUME-8, ISSUE-11, NOVEMBER-2019 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Economics

EVALUATION OF THE HEALTH STATUS OF TRIBAL COMMUNITIES IN KARNATAKA: A CASE STUDY OF MYSURU DISTRICT

Dr. Ramachandra Murthy K — Post Doctoral Fellow, Dos In Economics And Co-operation, Manasagangothri, University Of Mysore, Mysore.

Dr. S. Mahendrakumar* — Professor, Dos In Economics And Co-operation, Manasagangothri University Of Mysore, Mysore. *Corresponding Author

ABSTRACT

The study was intended to evaluate the health status of tribal communities in Mysuru district of the Karnataka state. It was decided, for logistical reasons, to restrict the sample size to 90. Based on the tirabl communities Population, Mysuru district, tribal communities Population were chosen villages. In district 2 taluks were selected such that they are located in forest areas. H.D. kote and Preriyapatna in Mysuru were selected for field work. The study has found that there are four different scheduled tribes (JenuKuruba, Kadukuruba, Yarava and Soliga) were selected in the study area. The study indicates that health issues of tribal communities such as general sickness, status of infant mortality, mother mortality, child mortality, where get to treatment and so on. In Tribal Area the diseases are connected with malnutrition, insufficient diet and unhygienic drinking water. They are unaware of cleanliness. Hence increase health centers and various health oriented programmes for them and also impediment them from going to Bhagats. It has found that the majority of the respondents have agreed about the non-existence of infant mortality, child mortality and mother mortality among tribal communities in the study area.

KEYWORDS :

INTRODUCTION:

The Scheduled Tribes are tribes notified under Article 342 of the Constitution, which makes special provision for 'tribes, tribal communities, parts of, or groups within which the President may so notify'. There is no definition of a tribe in the Constitution but one may distinguish some characteristics that are generally accepted: self-identification, language, distinctive social and cultural organization, economic underdevelopment, geographic location and initially, isolation, which has been steadily, and in some cases, traumatically, eroded. Many tribes still live in hilly and/or forested areas, somewhat remote from settlements.

The scheduled tribes represent only 6.95 per cent of the population of the State, there are as many as 50 different tribes notified by the Government of India, living in Karnataka, of which 14 tribes including two primitive ones are primarily natives of this State.

Many stereotypes flourish about the tribal persona and tribal society. Many of the tribal people are undeniably economically under-developed, and the process of their marginalization can be traced to the intrusion of British colonialism, which quickly detected in the forest that was home to tribals, great potential for appropriation of resources. Exploitation of forest-lands by both the British and the zamindars resulted in the clearing of huge tracts for commercial crops such as tea, coffee and rubber and allowing contractors to fell trees in the very heart of the forest. These actions deprived the tribal people of their livelihoods because many of them were hunters and gatherers of forest produce. The interaction with the outside world brought the tribal people face to face with problems they were not equipped to cope with, such as alcoholism and sexually transmitted diseases. In the post-Independence period, while the Constitution protected the rights of the Scheduled Tribes and accorded them reservation in the legislature, educational institutions and government jobs, other 'development' activities, such as the construction of large dams or the sale of timber, led to the further marginalisation of some tribes. The scenario is therefore a mixed one. It may be necessary to use natural resources to improve the living conditions of the people of the state, but it must be done in a manner that is sensitive to ensuring the protection of the environment, which provides a livelihood to tribal people.

Objectives and Methodology of the Study

Beside this background the present study was carried out with the objective of gaining insight into the evaluation of the health status of tribal communities in the study area. The present study has used secondary and primary sources of data. The secondary sources of data has been collected from several Reports and documents of the Karnataka state such as the Human Development Reports, Economic Survey of Karnataka 2018-19, Health and Family Welfare Report, Karnataka Government Reports. The literature has also been gathered from published articles, books and Govt reports. The primary data are collected through the structured interview schedules, administered to the sample respondents exclusively selected for the present study. The researcher personally visited all respondents to collect the required data. 90 sample household respondents in the study area are interviewed for the study purpose.

It was decided, for logistical reasons, to restrict the sample size to 90. Based on the tirabl communities Population, Mysuru district, tribal communities (Jenukuruba, Kadukuruba, Soliga and Yaravas) Population were chosen forest areas. In district 2 taluks were selected such that they are located in forest areas. H.D. kote and Preriyapatna in Mysuru were selected for field study.

RESULT AND DISCUSSION:

In the present study totally 90 respondents have been interviewed. From tribal communities' health status, ninty members were selected. One district has been selected. Hence totally, two taluks have been selected, and the selected two taluks are H.D.Kote and Hunsur. From two taluks, 90 sample respondents have been selected. Selection of sample respondents was done based on the highest number tribal communities in the Mysuru district were selected for the study. In the study has been focused on health status in terms of Education, General Sickness, Where do get treatment, Women members for delivery, Angadwadi and health worker give information on health, Private doctors available in village, Benefited by P.H.C/ DHC, MMR, IMR, CMR of the tribal communities in the study area.

Table-1: Scheduled tribes population in Mysuru district 2011

Sub Castes	Male	Female	Total
Jenukuruba	10991	11004	21995
Kadukuruba	914	945	1859
Soligas	3660	3627	7287
Yaravas	953	1006	1959

Source: Census of India 2011

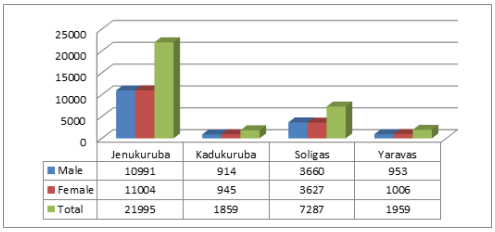

Figure-1: tribal's population in Mysuru district 2011

Table and figure 1 indicates that scheduled tribes population in Mysuru district 2011. As per the given table, the majority of the jenukuruba tribal (21.995) living in mysuru district forest area followed by kadukuruba(1859), Soligas(7287) and Yaravas (1959).

Table-2: Age of the Respondents

Age	Frequency	Percentage
18-30	29	32.3
31-45	42	46.7
46-60	17	18.8
> 61	02	2.2
Total	**90**	**100**

Source: Field Study

According to the data, it is revealed that 32.3 percent of the respondents belong to the age group of 18 to 30. Whereas, 46.7 percent of the respondents belong to the age group of 31 to 45. It also shows that 18.8 percent of the respondents are coming under the age group of 46 to 60 and remaining 2.2 percent belongs to the age group above 61 years. The table clearly shows that most of the respondents are belonging to the middle age group.

Table-3: Gender of the Respondents

Gender	Frequency	Percentage
Male	53	58.9
Female	37	41.1
Total	**90**	**100**

Source: Field Study

If we see the gender wise classification of the respondent it can be seen that 58.9 percent of respondents are male and remaining respondents (41.4 percent) are females.

Table-4: Sub Caste of the Respondents

Subcaste	Frequency	Percentage
Kadukuruba	10	11.2
Jenukuruba	56	62.2
Yarava	11	12.2
Soligas	13	14.4
Total	**90**	**100**

Source: Field Study

Table 4 depicts that out of the 10 respondents belonging to Kadukuruba and among these 56 members belongs to Jenukuruba and 11 members belong to Yarava and remaining 13 respondents belongs to Soligas. The table also reveals that 56 Members belongs to Jenukuruba tribals.

Table-5: Educational Status

Educational Status	Frequency	Percentage
Primary and Secondary School Education	17	18.9
SSLC	14	15.6
II PUC	8	8.8
Degree	4	4.4
Higher Studies	2	2.3
Illiterate	45	50.0
Total	**90**	**100**

Source: Field Study

The tables 5 show the education level of the sample respondents. Educational background of the sample household is very important to describe as the bulk of their access to insurance, market, employment, credit institutions, etc., is mainly dependent on the level of educational attainment by the members of the sample households. It is an essential element of human resource development as it improves knowledge and develops the required skill base among individuals. The table reveals that 18.9 percent of the respondents completed primary and secondary education. Whereas, 15.6 percent of the respondents completed their SSLC and only 8.8 percent of the respondent studied up to PUC and only 4.4 percent of the respondent studied up to under Graduate Level and only 2.3 percent of the respondents studied up to higher studies. It can also be seen from the table that 50.0 percent of the respondents are illiterates. The data clearly reveals that most of the respondents are not well educated. In the study, the educational level of the head of the household was asked and considered for the study.

Table-6: General Sickness

General Sickness	Frequency	Percentage
Cold	28	31.2
fever	19	21.2
skin diseases	8	8.8
arthritis	9	10.0
leprosy	3	3.3
No Sickness	23	25.5
Total	**90**	**100**

Source: Field Study

It is revealed from the study that out of the total respondents interviewed 31.2 percent of the respondents have faced cold problem. Whereas, 21.2 percent of the respondents said that problem of fever followed by Skin Diseases (8.8), Arthritis (10.0), leprosy (3.3) and remaining 25.5 percent of the respondents opinion that no sickness in the family. Besides that many respondents have faced problems of the health issues like neurology, cancer treatment, piles treatment, heart surgery, appendix problem, leg operation, Eye operation, etc.

Table-7: Where do get treatment

Get treatment	Frequency	Percentage
Bhagat	37	41.2
Govt. Hospital	25	27.8
Pvt. Hospital	03	3.3
PHC	15	16.6
other	10	11.1
Total	**90**	**100**

Source: Field Study

According to the table, illustrates that, 41.2 percent of the respondents are going to bhagat for get treatment among health issues. Whereas, 27.8 percent of the respondents are going govt. hospital, 3.3 percent private hospital, 16.6 percent members going to PHC and remaining 11.1 percent of the respondents are going to other like private clinic and temple

for health issue in the study area. It's clearly shows that, the majority of the respondents opinion that among get treatment for health issues going to bhagat.

Table-8: Women members for delivery

Women for Delivery	Frequency	Percentage
Home	24	26.7
Govt. Hospital	49	54.5
Pvt. Hospital	05	5.5
Bhagat	12	13.3
Total	**90**	**100**

Source: Field Study

The table 8 reveals that, 26.7 percent of the women member's made for delivery in home. Whereas, 54.5 percent of the respondents are going to govt. hospital for delivery purpose, 5.5 percent respondents are going to private hospital for delivery and remaining 13.3percent goes to bhagat for delivery purpose. It's clear that, even today the tribal community peoples are delivery in home. Central and state governments have been lunched and provide so many programmes for uplifment of tribal communities like health, education and standard of living but does not reach and awareness problem in the tribal communities in the study area.

Table-9: Status of information given by Anganwadi and health worker on health

Particulars	Frequency	Percentage
Yes	36	40.0
No	54	60.0
Total	90	100

Source: Field Study

The table 9 clearly examines the status of information given by Anganwadi and health worker on health in the study area. As per the given table, majority of 60% of the respondents have agreed to give information related to health issue and remaining 40% of the respondents have disagreed about the same.

It means that, majority of 60% of the respondents have agreed to give information related to their health status in the study area.

Table-10: Status of Infant mortality among tribal Communities

Particulars	Frequency	Percentage
Yes	15	16.6
No	75	83.4
Total	90	100

Source: Field Study

The table 10 illustrates the status of Infant mortality among tribal communities in the study area. According to the above table, majority of 83.4 percent of the respondents have opined that, there is no infant mortality among tribal communities and remaining 16.6 percent of the respondents have said no about the same in the study area.

It very clear in the above analysis that, majority of 83.4 percent of the respondents have agreed about the non-existence of Infant mortality among tribal communities in the study area.

Table-11: Status Mother Mortality among tribal Communities

Particulars	Frequency	Percentage
Yes	17	18.8
No	73	81.9
Total	90	100

Source: Field Study

The table 11 exhibits the status of mother mortality among tribal communities in the study area. According to the above table, majority of 81.9 percent of the respondents have opined that, there is no mother mortality among tribal communities and remaining 18.8 percent of the respondents have said no about the same in the study area.

It very clear in the above analysis that, majority of 81.9 percent of the respondents have agreed about the non-existence of mother mortality among tribal communities in the study area.

Table-12: Status of Child Mortality among tribal Communities

Particulars	Frequency	Percentage
Yes	12	13.3
No	78	86.7
Total	90	100

Source: Field Study

The table 12 represents the status of child mortality among tribal communities in the study area. As the given table, majority of 86.7 percent of the respondents have opined that, there is no child mortality among tribal communities and remaining 13.3 percent of the respondents have said no about the same in the study area.

It very clear in the above analysis that, majority of 86.7 percent of the respondents have agreed about the non-existence of child mortality among tribal communities in the study area.

The policy implication has found several issues related to their health conditions. The study indicates that health issues of tribal communities such as general sickness, status of infant mortality, mother mortality, child mortality, where get to treatment and so on. In Tribal Area the diseases are connected with malnutrition, insufficient diet and unhygienic drinking water. They are unaware of cleanliness. Hence increase health centers and various health oriented programmes for them and also impediment them from going to Bhagats. There is a need to supply potable water through pipe to as many villages a possible to avoid the spread of diseases like fever, cold, Typhoid, Jaundice, Skin diseases etc. In Karnataka, scheduled tribes constitute 6.95 percent of the population. Malaria, pneumonia, respiratory disorders, snake and scorpion bites, diarrhea and fever are commonly reported ailments. Tribal people have lower levels of antenatal care, fewer institutional deliveries, lower levels of immunization, and higher prevalence of reproductive tract and sexually transmitted infections. While Government of India norms for the provision of health care facilities were found to have been met, accessibility continued to be poor. It very clear in the analysis that, majority of the respondents have agreed about the non-existence of infant mortality, child mortality and mother mortality among tribal communities in the study area

CONCLUSION:

India's poor tribal people have far worse health indicators than the general population. Most tribal people live in remote rural hamlets in hilly, forested or desert areas where illiteracy, trying physical environments, malnutrition, inadequate access to potable water, and lack of personal hygiene and sanitation make them more vulnerable to disease.

The study has revealed that the compounded by the lack of awareness among these populations about the measures needed to protect their health, their distance from medical facilities, the lack of all-weather roads and affordable transportation, insensitive and discriminatory behavior by staff at medical facilities, financial constraints and so on. Government programs to raise their health awareness and improve their accessibility to primary health care have not had

the desired impact. Not surprisingly, tribal people suffer illnesses of greater severity and duration, with women and children being the most vulnerable.

REFERENCES:

1. Census of India 2011
2. Guthigar, MohammadVaswani, Vina (2013). Availability and accessibility of the basic facilitiesincluding health care by a Primitive Tribal Group of South India - An exploratory study, The International journal's Research Journal of Social Science and Management.
3. Karnataka Human Devlopment Resport 2005
4. Manjunatha B.R. Gangadhar M. R., Socio-Economic Status of the Jenukuruba Tribal Women: a Case Study from the Chamarajanagara District, Karnataka Antrocom J. of Anthropology 14-1 (2018) pp. 129-137.
5. Ranganatha.B (2014). Tribal Identity and the implications for Political and Cultural Development: A Sociological Analysis © 2014 New Delhi Publishers. All rights reserved, DOI No. 10.5958/2322-0465.2014.01115.0.
6. Subarna Roy, Harsha V. Hegde, Debdutta Bhattacharya, Vinayak Upadhya & Sanjiva D. Kholkute (2015). Tribes in Karnataka: Status of health research, Regional Medical Research Centre (ICMR), Belgaum, India, July 07, 2015, IP: 164.100.31.82.