Research Paper

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Health Condition of Valmiki Tribes of Mishigeri Village of Karnataka

Social Science

KEYWORDS : Tribal, Valmiki, Health

Dr.Dhruva B. Jyothi — Professor and Chairman, Department of Post Graduates Studies and Research in Sociology, Karnatak University Dharwad, Karnataka, India.

Vidya P. Gaonkar — Research Scholar. M.A, M.Phil (Ph.D), Department of Sociology, Karnatak University, Dharwad, Karnataka, India

Preamble:
Health is important aspect of Human being. Good health care facilities and services are essential for healthy citizens. Day by day society move towards to the urbanization and industrialization it may adverse effect on health. From the last two decades tribal youth who thickly lived in thick forest, minor forest produce and along with the plain people. Today tribal health is affected with food habits, water, alcoholic and smoke. Government provided lot of facilities and awareness about health, but still majority of the Valmiki youths are facing lots of problems especially on health condition in their respective area. "Whatever the issue to which it is applied, what is common to almost all community development initiatives is a philosophy and process……".

This paper is thrown a light on youth participation and their role in community health.

Objectives of the paper:
1. To find out valmiki youth (tribal) health condition.
2. To find out the impact on health and economic condition of the family.
3. To examine the health service as available in the community and involvement of youth.
4. To suggest the various initiatives steps shall be taken by the youth about health production.

Methodology:
Universe of the study:
According to 2011 census tribal population in Karnataka is 8.8 of the total population. In our study region of Musigeri village of Ron taluk Valmiki bedas (tribal) population is 80%. Researcher collected 100 respondents (Head of the households) through the Random sample method. After the collection of data, collected the elder's opinion, and the knowledgeable people in the community are helps the researcher to write the research paper.

Tools and Techniques:
The study is based on empirical research. Researcher collected the primary and secondary data. The interview scheduled contained both pre-coded and open ended questions. On an average interview took place round half an hour to one hour. The unit of the study was head of the household.

AccordingtoNick
Crossley in his text book making sense of social moments (2009, p.no-168) identified that for broad areas of moment theory which connect with bourdieus account. First notion of the habits points to the importance of individual and group life worlds in shaping action and thus co-incides with what smelser, Blumer and Edward Thompson have to say about these matters. To understand how human beings behave, Bourdieu is arguing, one must understand how they perceive and evaluate their world (individually and collectively) and one muist ascertain the (inter) subjective interests which animate them. This means, as Smelser, Blumer and Thompson all suggest, that the 'strains' or grievances that groups mobilize around will only function as such insofar as they disrupt the structure of the life world and/or otherwise come to be defined as strains within the terms of the life world. Events which are of great and obvious significance for the academic may have little or no significance for the academic and may not even be noticed at all.

Second, for this same reason, the notion of the habitus engages with what has been said, in the more recent literature, regarding grievance interpretation and framing. Indeed, Bourdieu himself has emphasized the importance of political agents sharing or engaging with the habitus of their potential constituents ('frame alignment'), and he anticipated Klanderman's (1992) claim that SMOs effectively preach to the converted:

Theories of health:
Labelling theory:
As expressed by Becker, the process where socially defined identities are imposed or adopted, especially he deviant label. Such labels may have consequences that trap the individual into that identity.

Most patients are compliant, but some do resists and attempt to control the situation and maintain their sense of personal autonomy and identity by, for example, refusing to comply with ward rule and regulations as rigidly as staff might wish them to. They then become 'difficult patients'. This shows the potential for conflict between practitioners and patients'. Conflict emerges too because of the power of other to impose their definition of the meaning of 'being ill' on the patient that is, there is clearly a labelling components in the definition of illness, whether through medical diagnosis or through the way a sick person's friends, relations and other treat him or her. Thus, for other, a cancer patient can be labelled a cancer patient above all else in the sufferer may try to persuade other that he or she is still friend, or a lover, or a mother, who also happens to have cancer, integrationist analysis draws attention to the often overwhelming influence of the stigmatic label in the eyes of interpreters.

Marxist theory:
Proletarinisation: A process whereby some parts of the middle class become absorbed into the working class.

Marxist theory is centrally concerned with the way in which the dominant economic structure of a society determines structure of inequality and power, as well as shaping the social relations upon which major social institution built. Medicine is a major social institution, and thereby, within a capitalist society, must be seen to be shaped by capitalist interests. A Marxist account of capitalist medicine has been developed by a number of sociologists and health policy analysis, notably Navarro, professor of health policy at johns Hopkins University in Baltimore.

According to Navarro (1986), there are four features which define medicine as capitalist, or as he puts it, which points to 'the invasion of the house of medicine by capital'; each of these mirrors similar developments throughout capitalist society, shaping the patters of work, the structure of authority, and the nature of social class relations.

The four features are:
1. Medicine changes from being an individualized craft from of skill to a 'corporate type of medicine';
2. Medicine becomes increasingly specialized and hierarchical;
3. A growth in the wage-labour force within medicine (including most importantly, employees in the pharmaceutical and related industrial sectors);
4. The 'proletaianisation' of medical practitioners whose pro-

fessional status is gradually undermined as they become subject to the control of administrative and managerial staffs overseeing health care provision.

Review of literature:

Health of Tribal Population in India:

The health problems of any community are influenced by interplay of various factors including social, cultural, ecological, economic and political.

The common beliefs, customs and practices related to `health and disease in turn influence the health seeking behaviour of the community. This is all the more relevant in the context of tribal population.

These groups usually live in inaccessible areas detached from mainstream, often lacking communication facilities, and education institutions. Traditional practices like magic and witchcraft, primitive technology approaches, poor sanitation, under or non-utilization of available resources, poverty, illiteracy, poor hygienic and primitive health practices, all combine to have a detrimental effect on health. They live and interact within their own group with strong cultural ties and continue to exist in a close system. Due to poor accessibility, both social and physical, there is little knowledge about their health practices, health status and relevant diseases.

Tribals in India: According to the 1991 census, tribals from about 8% (67.8 million) of Indian population. Their largest concentration (58%) is found in Central India (Madhya Pradesh 23.7%, Maharashtra 11.3%, Orissa 10.8%, Bihar 10.2%). Others are scattered in various states (Gujarat -9.5%, Rjastan-8.4%).

There are over573 scheduled tribes. Major tribal groups being Gonds (14.4%). Bhils (14.3%), Santhals (8.3%) and Oraon (3.6%). Of these 75 have been identified as Primitive Tribes.

It is generally accepted that the tribal people have a poor health profile. The Govt. of India has made special provision to provide better health care to this group. Keeping in view the flung areas where most of the tribal habitations are, the population coverage norms for delivery of primary health care have been relaxed to one Primary Health Centre (PHC) for every 20,000 population and one Sub-centre for every 3,000 population in tribal areas as compared to one PHC for 30,000 and one Sub-centre for 5000 population in general non-tribal rural areas.

According to the Annual Report, Ministry of Health and Family Welfare, 1993-94. By 1994, 3,400 PHCs, 360 Community Health Centres, 20,000 Sub-centres, 1,100 Allopathic Dispensaries, 120 Allopathic Hospitals, over 1000 Ayurvedic Dispensaries, about 40 Unani and 4 Siddha dispensaries in addition to Homoepathic Hospitals (28) and dispensaries (250) have been established in tribal areas. Inspite of this impressive expansion of health care facilities, the health status of the tribal population has not improved along the described lines.

Due to undulating terrain, physical barriers like thick forest patches., rivulets and hillock, the Baiga villages are generally isolated from other communities. The Baigas have been practicing simple pre-agricultural technology. Shifting cultivation is their important source of livelihood. The RMRC, Jabalpur carried out a study of their health and nutritional status in 1988.

- Goitre was a major public health problem. Forty five per cent children aged below 15 years had goitre.
- Intestinal parasites were present in more than half (57.8%) of the child population screened.
- Hookworm (15%), E. Histolytica (15%), Giardia limbha (13%) and Round worm infestations (12%) were observed.
- 31% children were found be malnourished (severe to moderate).
- The prevalence of sickle haemoglobin as found in 22.3% population and frequency of GDP deficiency in males was 8.3%.

Above the review of literature is partially applicable in our field study region. While researcher observed and involved in discussion with community people. An analysis of health problem among valmiki people in musigeri village of rona taluk in Karnataka revealed the various problems that explained in the following tables.

Table 1.1 Education wise classification:

Sl.No	Education among the Respondents	Total	Percentage
1	Illiteracy	50	50%
2	Primary	40	40%
3	Middle school	05	5%
	Total	100	100%

Above the table 1.1 shows that education qualification of the respondent in musigeri village. Researchers interviewed the head of the house hold. Among the 80 respondents 50(50%) respondents are illiterate because they do not have earned land or they do not have ancestral land for their lively hood to sustain in modern world. There for researcher noticed the illiterate people and they are ignorance of health and education. A few respondents 40(40%) and 05(5%) were drop out in primary level and in middle school. This data is clear that basic education is not enough to maintain their health and family. Above the data is clear all the respondents are in a young age (youth) but they failed to sustain in modern days. These youths are unskilled. It is not enough for them they may not think beyond for the productivity purpose. It is interesting to notice that among the respondents few of them (3%) are females. Further researcher observed that, those who are under went primary and middle school; their family members are happily leading their life in a discipline manner. Those who are illiterate people suffering a lot to maintain their family in a discipline manner. So it is clear that they do not have economic support either by the community or government.

Table no. 1.2 Drainage system among the respondents

Sl.No	Particulars	Total respondents	Percentage
1	The gutter front of the house (open)	30	30%
2	To the gutter beside of the house	22	22%
3	The road	31	31%
4	To the gutter in front of the house	15	15%
5	The gutter behind of the house	2	2%
	Total	100	100%

The above 1.2 clearly indicates that since from primitive to till today the drainage system in the village completely neglected and not at all concerned about the improvement of the village by the village panchayat. In this village we can see that open gutter in front portion of the house. 30(30%) directly water goes to the gutter in front of the house. To that polluted water people failed to divert to safer place. In this water children are playing. Some times they may get the vomiting and other deceases. 22(22%) water go to the gutter in front of the house. Only 2(2%) of respondents said that waste water flows to behind the house.

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Table no. 1.3 Common health problems and diseases of the respondents

Sl.No	Particulars	Total respondents	Percentage
1	Headache	15	15%
2	Back pain	40	40%
3	Body pain	35	35%
4	Chest pain	05	5%
5	Cough and cold	05	5%
6	Stomach ache	05	5%
7	Tooth ache	-	-
8	Dysentry	-	-
	Total	100	100%

The above table 1.3 clearly indicates the common health problems they face in their daily living. In the village, study shows that there is relationship between the personal hygiene, food habits, occupation and incidence of health problems and diseases. Out of 100 respondents 40 (40%) said that they have regular back pain problems. Due to water containment and lack of minerals 35 (35%) respondents said that they are getting body pain. Because they are using more modern fertilisers in agriculture field 15(15%) respondents replied that they had headache problem. 5(5%) respondents had chest pain because they are using the low quality of oil. Due to the environmental reason 5(5%) respondents said that, they get cough and cold regularly.

Table no. 1.4 Diseases and health problems that are found among the respondents.

Particulars	Total respondents	Percentage
Body pain, Back pain, Joint pain	40	40%
Fever, Stomach ache	50	50%
Scabies, Typhoid, Mumps	05	5%
Astama	05	5%
Total	100	100%

The table 1.4 clearly shows that respondents has the various diseases and health problems due to the geographical conditions for example; water scarcity, extreme hot, dust in breathing air etc. 50(50%) of the respondents regularly face the health problems like fever, stomach ache. Out of 100 respondents 40(40%) said that they have regularly face the health problems like body pain, back pain, joint pain. Further 5(5%) of the respondents faced scabies, typhoid, mumps etc. Rest of the 5(5%) respondents face astama. This factual data provides that tribal people of mushigeri continuously facing this problems either this problem may solve or may not solve by they themselves.

Table no. 1.5 The Community Responses to the present health problems

Sl.No	Particulars	Total respondents	Percentage
1	Lack of adequate and safe drinking water supply	10	10%
2	Lack of purification in the existing drinking water supply	-	-
3	Lack of proper functioning of local PHC	-	-
4	Lack of good roads and drainage system in the village streets	45	45%
5	Bring prohibition on arrack shop in the village	-	-
6	Lack of hygiene in the local hotels and shops	5	5%
7	Lack of sanitation in the house	40	40%
	Total	100	100%

Table no. 1.5 explains that the community responses to the present health problems. Researchers in field work collected the information about drainage system. 45(45%) respondents said that, because of lack of good roads and drainage system in the village streets they failed to get the good environment like air, hygiene and purity of life. 40(40%) of the respondents reveals that they do not have proper sanitation and disposal of waste water. 10(10%) respondents said that lack of adequate and safe drinking water supply. Further 5(5%) of the respondents expressed that lack of hygiene in the local hotels and shops that effect on their health. In general, few respondents have expressed that more on the proper functioning of the PHC in their locality (out side). Due to the dry area and occupation people are compulsory migrating to irrigate area where they required man power easily not available to meet their health needs. Some respondents have highlighted that they do not have the concept of drainage system at all because of illiteracy and ignorance.

Table No. 1.6 Beliefs about health-wise classification of respondents

Sl.No	Particulars	Total respondents	Percentage
1	Free from any disease/injury in the body	50	50%
2	Normal functioning of the body	30	30%
3	Ability to perform daily routine work without any difficulty		
4	Hard work, long lives eats more	10	10%
5	Free from worries, sorrows well adjustment with others		
6	Good muscular body and well-being	05	5%
7	Right condition of the body		
8	God's gift and good deeds of the past lives	05	5%
	Total	100	100%

The Tribal belief system is unique in nature; tribal belief is different from one place to another place. In primitive stage tribes have their own indigenous medicine. Day by day, in scientific stage people are leaving up indigenous medicine and more concentrating about modern medicine. The data given in table no. 1.6 explains the idea about people beliefs in the health 50(30%) of the respondents said that they are free from any disease/injury in the body. Further 30(30%) of the respondents said that they are normal in their body system. Because they are taking much care about cleaning and washing their cloths. Further 10(10%) of the respondents hard worker living long and eats more and 5(5%) respondents has good muscular body and well-being. Few respondents, for example; 5(5%) said that it is god's gift and good deeds of the past lives. Therefore we are maintaining the best health system.

Table No. 1.7 Response to good health-wise classification of respondents

Sl.No	Particulars	Total respondents	Percentage
1	Perform daily routine work	60	60%
2	Teethes are strong and eat more	20	20%

3	Good sight	-	-
4	Right condition of the body	20	20%
5	Not applicable	-	-
	Total	100	100%

Above the table no. 1.7 reveals that out of 100% respondents 60% respondents opined that they are enjoying good health; because of that only we are maintaining the good health 20(20%) respondents said that their teethes are strong and eat more and 20(20%) said that they are enjoy the good health condition as their body is in right condition of the body work.

Conclusion:

In general, Mushigeri village PHC provides the health services. 80% of the respondents are make use of the available facilities of the government for their health condition. Other reasons given by respondents are government of Karnataka providing the good medicines which is available free of cost. Another 20% of the respondents said that they do not have faith in government officials because they are treating respondents badly. They are going to district level hospital for the good treatment. Apart from the government hospital private hospitals treatment is good, but they have to go more than 22 km away from the residence.

Major Findings:

1. In Mushigeri village, respondent's education level is low. 50 per cent of the respondents were illiterate and their health condition is not good. They are not aware of modern medicines and modern hospital facilities.
2. Due to the poverty and their parent's illiteracy 40 per cent of the Respondents have undergone the primary education.
3. In our study region respondents don't have good drainage system. Because of bad drainage system people suffering from various deceases.
4. Respondents have their own common health problems like back pain 40 per cent, body pain 35 per cent. And few of them found some diseases and health problems like body pain, back pain, joint pain 40 per cent, and fever, stomach ache 50 per cent etc..
5. It is interested to note that, 50 per cent of the respondents expressed that they are free from any deceases/ injuries in their body. There fore they are working hard and economically more stable, and they are happy their routine work.
6. Due to the awareness 30 per cent of the respondents expressed that they are taking care about washing their clothes. There for their health system is good.
7. 60 per cent of the respondents said that without failing they are performing daily routine work. There for their health condition is good.

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