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An Anthropological study of mortality in relation to fertility among Yanadi tribal community of Nellore district, Andhra Pradesh, INDIA.

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ABSTRACT

A number of studies have shown that mortality has a direct impact on fertility behavior. This study attempts to examine the influence of mortality (including the perception of mortality) on the fertility behavior of Yanadis--the 2nd largest tribal group in Andhra Pradesh, India. All mortality events showed high rates among the Yanadi women; 50% of them had experienced some form of pregnancy wastage including infant or childhood mortality. It was also noticed that 24% of the women had experienced 1 or more infant deaths and 21% had experience early and later childhood deaths. In view of the long-term perspectives for reducing mortality and fertility among these tribals, immediate priority should be given to maternal and child health programs.

KEYWORDS Yanadi tribals, Mortality, Nellore district etc.

Introduction

Literature on health and hygiene is available in plenty but studies on the socio-cultural background and the system of folk beliefs and medicine are very few. The need for such type of studies in different regions of the country is acute and so the present study. The literature reviewed in brief deals with Tribal Communities in India. Medical Anthropological studies have gained popularity only in the recent past. In India these studies are at a formative stage. In the following account an attempt is made to trace out broad subject interests in the field of Medical Anthropology. It is followed by a review of research trends in India. It is hoped that such a review would facilitate a status report as well as provide an opportunity to have a cross-cultural understanding of various practices concerning health and disease so that the focus of the present study can be sharpened and defined more clearly.

One major concern was to understand how human behaviour affects the states of health and disease. An opposite corollary of this concern is to discern human behaviour in response to a particular state of health and disease. In these studies, emphasis was given to the manner in which people perceive their world, the characteristics of human social system, and social values. Lieban (1973) succinctly summarises this dual interests in the following lines: "Medical anthropology, then, encompass the study of medical phenomena as they are influenced by social and cultural features and social and cultural phenomena as they are illuminated by their medical aspects".

Another major concern was to understand how a disease is part of complex ecosystem and how culture influence the disease occurrence in ecosystem. A corollary of this ecological approach is to focus attention on eliciting medical consequences on account of multiple effects of human action on the ecological system. The classification given by Lieban (1973) divides Medical Anthropology into four major areas: (i) ecology and epidemiology; (ii) ethnomedicine ; (iii) medical aspects of social system; and (iv) medicine and culture change.

Rosenberg (1979) observed that "the model of the body and of health and disease was all inclusive, capable of incorporating every aspects of man's life in explaining his physical conditions. Just as man's body interacted continuously with his environment, so did his mind with his body, his morals, with his health. The realm of causation in medicine was not distinguishable from the realm of meaning in society generally".

This holds good with the Yanadis. To them health and disease, mind and body, morality and the external environment - all constitute one unified whole.

The medical scientists viewed that public health interventions controlled local sources of "Physical Pollution" and rationalized by the miasmatist or \ fifth theory of diseases. Although contagion was recognized as a real phenomenon, it was also argued that disease could develop from local sources and spread through the air in the form of miasmas.

Frankenberg and Leeson (1976) give four generic components in folk healing:

(1) A special place or setting for healing;
(2) A rational or myth that provides a plaucible explanation for suffering;
(3) Rituals or procedures to overcome suffering, relieve distress and regain well being; and
(4) A relationship based on a patient's trust and confidence in the healer.

Materials and Methods

The present study intends to the health and diseases among the Yanadis. The overall goal is to arrive at a comprehensive picture about health status, mortality conditions and cultural construction of health and disease during fertility among the Yanadis. This research work is basically explorative in its design.

Objectives

1. To present ethnographic profile of the Yanadi.
2. To examine the concept of heath and diseases among Yanadi with a focus on child mortality.
3. To measure various rates of fertility and to understand prevalence and incidence of child mortality among the Yanadi.
4. To understand socio-cultural determinants of child mortality of Yanadi.
5. To understand how Yanadi manage child mortality by means of indigenous practices and also modern health care services.

Selection of the sample villages

The present study aims to find out the mortality conditions among the Yanadi children in Nellore district of A.P. a total of 600 scheduled samples were collected from Yanadi households.

Most of them were constructed their houses and lead their lives near the hill side area. The study villages (Regadapalli, Thomayi, Ganduripalli, Yerrapalem, SHAR project, Sullurpeta, Minagallu, Vavveru and Rebala) are located 115 Kms., away

from the Nellore district head quarters. Telugu ganga dam was constructed in the near of the study villages. Most of the Yanadi people are depending on this dam for fishing for their lives. The life styles of Yanadis is different most of them were practicing agricultural laborers, goat and sheep raring and a few families are depending on cattle rearing and watch men of the agricultural gardens.

Data collection

The data were collected during the year 2013. The first visit was made in the month of December, 2012. During the which the researcher visited the Integrated Tribal Development Agency (ITDA) at Nellore. With the help of Project Officer the researcher toured all the selected villages and got himself introduced to several Yanadi people. Arrangements were made to stay within the village. Staying amidst the people was preferred so as to have a direct touch with the people. The field work completed in the month of January 2014.

After establishing rapport, the household census schedules and mortality-morbidity schedules were canvassed in each village. Later on, the researcher stayed in each village for three to six months observing, interviewing and collecting disease episodes and treatment procedures. Individual experience of disease, treatment etc., are collected. Patients were particularly interviewed to record and understand their own narration of disease episode.

Typically the informants were asked about the occurrence of illness or specific symptoms during the period of one month immediately preceding the date of interview. A 'tracer list' (Linder, 1965) which is a list of symptoms and their associated disease name, was used for promoting, as lead in order to identify the illness by their symptoms. This list was also useful to understand the symptoms in their own language and the nature of illness according to their own cultural perception.

In this way, the researchers participated in their daily life. This gave an opportunity to see, here and observe various details related to the present work.

Analysis and interpretation

Firstly the collected data were edited and interpreted to SPSS. The results were tabulated according to various socio-economic indicators as well as mortality measurements. The qualitative data is segregated into suitable aspects and used in appropriate places. Case studies are utilized to in order to illustrate certain issues, prepositions, postulates.

The study area

The study area is drawn in 9 villages in 3 mandals (Sullurpeta, Rapur and Buchireddipalem mandals) of Nellore District, A.P, and a southern Indian state. The study villages are Regadapalli, Thomayi, Ganduripalli, Yerrapalem, SHAR project, Sullurpeta, Minagallu, Vavveru and Rebala. The Yanadis are predominantly live in these villages and eke out their livelihoods depending on fishing and forest resources. Recent efforts by the government and non government organizations in providing the locals with better livelihoods and medical facilities through welfare measures have through to be adequate in improving their living conditions. In light 6 habitations were choosen, for the study of morbidity and mortality beside this socio-economic conditions of the Yanadis.

Villages Studied

Table 1 presents the sample villages and households. Altogether the data was collected from these villages. Of the nine villages greater number of households (100) were available from Sullurpeta village followed by 92 households from Vavveru village, 84 house holds from Regadapalli village. Some number of sample households were available in Thomayi, Gunduru Palli Yerra Palem, SHAR Project and Rebala.

Table – 1: Distribution of Subject of the Study area according to Village, Household and Sex

S. No	Name of the Village	Number of Households	Sex		Total
			Male	Female	
1	Regada Palli	84	180	160	340
2	Thomayi	20	60	32	92
3	Ganduri Palli	72	164	160	324
4	Yerra Palem	48	140	92	232
5	SHAR Project	56	116	100	216
6	Sullurpeta	100	200	228	428
7	Minagallu	76	188	176	364
8	Vavveru	92	220	232	452
9	Rebala	52	116	88	204
Total		600	1384	1268	2652

Results and discussion

Problems at pregnancy in yanadi women

The Yanadi women suffer from several gynecological ailments. Though some of them are reported in the inventory, some diseases are not mentioned. The following list gives various diseases which the Yanadi midwives have enumerated. The Yanadi perception of illness comprise cognizance of a symptoms that either impairs carrying out their daily routine or cause inconvenience in attending to the daily chores. However certain of these illnesses may be regarded as normal and some others are not depending upon the condition of Jeevam.

The common problem reported from the Yanadis are as shown in the following table 2.

Table-2: Problems at pregnancy

S. No	Type of health problem	Frequency	Percent
1	Aayasam	7	2.87
2	Neerasm	15	6.15
3	Anginal Attack	10	4.1
4	Body heat	9	3.69
5	Typhoid	8	3.28
6	Body Tingling sensation	7	2.87
7	Late Delivery	3	1.23
8	Edema	4	1.64
9	Embryo is not grow	3	1.23
10	Eye Problem	5	2.05
11	Knee pains	12	4.92
12	Legs edema	14	5.74
13	legs pains	5	2.05
14	Legs tingling sensation	7	2.87
15	Lower stomach pain	8	3.28
16	Nipple pains	7	2.87
17	No blood, vallu neru vachidhi	8	3.28
18	Body Pains	7	2.87
19	Stomach ach	10	4.1
20	Stomach ubbipovadam	7	2.87
21	Stomach Burning sensation	12	4.92
22	Vekkillu	8	3.28
23	Vomiting sensation	20	8.2
No health problems during pregnancy		48	19.7
Total		244	100

The Yanadis are narrating usually disease episodes concerning children. It may be due to high incidence of disease occurrence among the Yanadi children and the disease of the children are believed to be the action of supernatural forces or beings and uttering or narrating the disease episodes would amount to disrespecting an ancestor or supernatural force who visited their home. The Yanadi say that a certain disease to a boy is actually originated from a relative, meaning, the relationship of an elder person with his ancestral spirit has crumbled owing to breach of costom or vow, as a result of which the latter chose to inflict a relative instead of the former.

Causes of death among the yanadi women

Four causes surfaced as the most significant for death among the Yanadi women. They are (1) maternal deaths (2)janni (tetanus) (3) delivery complications (4) anaemia. These are exclusive causes of death for women. First and third causes are said to be quite frequent. Many women become pregnant at a very young age. During pregnancy women largely rely upon the traditional methods of precaution. Delivery takes place at any place though, first delivery is said to take place in her natal home. Safety is not always ensured under such circumstances. The woman has to work as usual for the entire period of her pregnancy. Tumors in the uterus, bleeding after delivery, and balintha jabbu (illness after delivery) are some of the post-delivery complications. During the delivery, the infant may be upturned as a result of which both mother and child may succumb.

Major findings

The Yanadis are traditionally a hunting and gathering tribe. In the last 100 years they were in contact with the outside world. However, these contacts were intermittent and adhoc in nature. The Yanadis were exposed to agriculture, wage labour, sale of minor forest produce, animal husbandry and rural, semi-urban market system. However, their dependence on the forest is still very significant. Food gathering and hunting continues to be an important economic activity. Though they speak Telugu, the dialect is characteristic of the Yanadis. Some of their socio-cultural and economic features reflect the hunting gathering society. Of course, the Yanadis have also adopted cultural traits from the neighbouring peasant Hindu caste communities. Many of the deities of the Yanadi pantheon are actually seen in the peasant villages in Andhra Pradesh. In spite of these changes, the Yanadi try to keep up their identity by means of endogamy, language, food-gathering and hunting way of life, polycentric leadership, egalitarianism, divination, isolated living in the forest, dependence on forest for various purposes including maintenance of health, etc.

The Yanadi medical system is a complex one. They have elaborate explanation regarding the concept of health and disease. Good health among the Yanadi is attributed to one's deeds and attitudes towards ancestors and intake of food. The Yanadi recognize blood, semen, water and dammu (stamina an account of good respiration) and balamu (energy on account of food intake) as the chief elements influencing the health. They also guage health by such parameters as facial expression, body posture, body movement and physiological function like sleep, appetite, digestion, hearing, eye sight, sensitivity, etc.

In each category there are several explanations of disease causation. They hold that the body gets affected due to madam (imbalance in the digestion system), pythyamu (excess production of yellow bile), uduku (excess body heat), rompa (heaviness in the head and nasal infection), seethalamu (falling in body temperature / feeling co\d),janne (spoiling of the blood due to indulgence in sexual intercourse that is prohibited), seldi (bodily reaction, allergy), vayi (excess gas accumulation), ageerthi (in digestion).

The diseases caused by the supernatural forces are divided into three types : wrath of deities; ancestor - induced diseases and spirit intrusion. They also hold that diseases are caused due to magical means : Chethabadi (black magic) and disti (evil eye).

The Yanadis identity various symptoms of illness ; noppi (pain); manta (burning sensation); vedi (hot); chali (cold/shivering); majju (dulness); jila (itching); vapu (swelling); sachhu (weakness); vomu (vomiting sensation), vubbasamu (heaviness in stomach); mycamu (giddiness) etc.

Crude death rate is the number of deaths per 1000 population during one year. The number of total deaths recorded during the year 2013-14 was 82 and the crude death rate comes to 26.20. The magnitude of the rate among the Yanadis can be understood when compared, with other populations. During the study period, that is 2013 -14, 158 live births occurred among the sample population. The rate of natural increase (the difference between crude birth rate (50.48) and crude death rate (26.20) is 24.28 per thousand population for the Yanadis. The live births among the Yanadi population for one year is 158 and the infant mortality rate (0-1 years) is calculated to 304 per 1000 as the number of infant death is 24. The child mortality rate refers to the number of deaths during a year among the 1000 children aged 0 to 5 years. The total number of children aged 0 to 5 years in the sample Yanadi population is 248 and number of deaths to children of this age group during the year 2013-14 is 18. Hence, the rate is calculated to 64.

The most important causes of infant deaths were complications associate with prematurity, diarrhoeal diseases, measles and respiratory infections. The Yanadi also hold that breach of forbidden behaviour by the infant's relatives as an important reason for infant deaths.

Maternal deaths, janni (tetanus), delivery complications, and anaemia are the important causes of death among the women. Adult males are subjected to various infections, chronic diseases and accidents.

Yanadis are aware of family planning. Traditionally, Yanadis used to maintain considerable gap between successive pregnancies. They used traditional methods. In the recent past they are also using modern family planning methods particularly sterilization. Though these programmes yet to make its mark, the women seem to be favouring sterilization particularly in order to alleniate themselves from the twin burden of reproduction and production. If the services at the PHC level are improved, the Yanadis will come forward to utilize these services.

The Yanadis treat the diseases by two major means : Herbal medicine and supernatural/magical means. There are several experts like divinators, shamans, midwives, herbalists. Many common diseases are cured by these experts. Use of herbal medicine is very common and many Yanadis know about these herbal medicines.

Though the allopathic medical centres (Primary Health Center) are established in the mandal headquarters, they are not easily accessible to the many Yanadi gudems. At the primary health centre, several bottlenecks discourage the Yanadis in effectively availing the medical services. Doctor absenteeism, lack adequate facilities in the health centre, communication gap between the doctor and patients are some of the problems faced by the Yanadis.

Conclusions

It has been opined that traditional societies adapt well to their environment and enjoy good levels of health and nutrition. Especially the food base of the tribal people inhabiting the forest areas is said to be wide comprising several varieties of species whose availability is spread over different seasons. The settlement pattern, population density and the ecosystem features have health benefits in these societies.

The settlements of the Yanadis are considerably spread from each other. Within the settlements, the huts are widely dispersed in small clusters. The population density is comparatively low ranging from 0.8 to 6 persons per square kilometre. These conditions facilitate isolation of certain pathologies.

Certain places in the forest are also avoided fearing that the visitors may be subjected to some malignant effect.

The data an mortality during fertility suggest that children and women of reproduction ages are the major victims vis-a-vis adult males. This clearly shows that the major benefits of 'epidemiological transition' (Omran, 1971) have not reached the Yanadis. Historically, the Yanadis were viewed as sub-human by the colonial rulers who restricted the Yanadis from excerising livelihood rights in the forest. The same policy of depriving the Yanadis was continued by the Forest Department even after Independence. Particularly the chief intention of the Powers - that- be was to evacuate the people from the forest and / or wean them from food-gathering and make them wage - labourers. Economic programmes, eventually took precedence. Health measures received no attention at all for quite a long time atleast till 1970s (ITDA, 1998). Depletion of forest resources affected the women and children from getting enough nutrients.

Women during their pregnancies are vulnerable to various infections. The present study reveals that the Yanadis have devised a complex health managing system. They are not particularly averse to the allopathic treatment. However they believe in plural medical systems and negotiate their health through different types of therapies.

The modern health care system is based on different premise. It is largely a citadel of hierarchy, aristocratic exclusiveness, rule-oriented (as against service-oriented) bureaucratic institution. The PHC failed to give an impression that it is a setting for healing.

Due to lack of congenial social environment and a sense of service orientation in the PHCs, the Yanadi feel alienated. Even then the Yanadis avail modern medical services for various difficult ill-health conditions. On the other hand many minor ailments are cured using herbal medicines. The development planners and Health Department Officials have to selectively encourage application of herbal medicines and substituting other systems of medicine Ayurveda, homeopathy and allopathy wherever needed. All the more the CHW's are to be given intensive training and make them capable of handling several infections diseases. Some basic amenities such as dormitories, sufficient number of beds, and other basic medical facilities at the PHC are to provided. A patient hearing and detailed examination of the patients will create a lot of confidence among the Yanadis.

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