

Common Health Problems and Related Health Care Practices among the Tribal Population

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Abstract: A cross-sectional descriptive survey was carried out to investigate the common health problems and Health care practices among purposively selected 210 Tribal people of Rangamattee Tea Garden, Mal Block, Jalpaiguri District, West Bengal. The data were collected by face to face interview using a structured interview schedule for demographic characteristics, two separate semi-structured interview schedules for identifying the common health problems and related health care practices. The result depicted that the most commonly occurring minor health problems were fever (84%), cut injury (83%), Cough & Cold (81%), toothache (27%), indigestion (11%) and whereas the major health problems were Diarrhoea (72%), Asthma (70%), Diabetes Mellitus (19%), Jaundice (14%) and Snake bite (7%). Harmful Practices were found to be existed in case of Jaundice, Hypertension and Snake bite but for all other health problems the tribal health practices were identified as harmless. Health care practices for Hypertension were seen dependent on gender ($Chi=4.56, df=1, p<0.05$).

Keywords: Health Problems, Harmless health care practices, Harmful health care practices, Tribal people

1. Introduction

India is home to almost half the tribal population of the world. Tribal people are characterized by a distinctive culture, primitive traits, and socio-economic backwardness.¹ and due to its diverse eco-systems, India has a wide variety of tribal population². The primitive tribes in India have distinct health problems, mainly governed by multi-dimensional factors such as habitat, difficult terrains, varied ecological niches, illiteracy, poverty, isolation, superstitions and deforestation. They have their own life styles, food habits, beliefs, traditions and socio-cultural activities. The health and nutritional problems of the vast tribal populations are varied because of bewildering diversity in their socio-economic, cultural and ecological settings.³ Health problems prevalent in tribal areas include endemic infectious diseases like malaria, tuberculosis, and diarrhoeal diseases, apart from malnutrition and anaemia, chronic diseases such as hypertension and diabetes mellitus, rare in these populations, is rising, and stroke and heart disease are now the leading causes of death⁴.

A study into their practices, possible impacts on human health, that could be either harmless or harmful, would help in developing a better understanding and provide base level data on the existing health status and practices of the tribal people. With this notion, a study was undertaken to explore the details of the common health problems and related health care practices by the tribal people.

1.1 Statement of the problem

A study to assess the common health problems and related health care practices among the tribal people in selected rural community in Jalpaiguri District, W.B.

1.2 Objectives of the Study

The objectives were to identify the common health problems among the tribal people, identify the health care practices in term of harmless and harmful practices, and find out the association between harmless, harmful practices and selected demographic variables.

2. Literature Review

An extensive review of various literatures was carried out under common health problems and health care practices among tribal people, few of them are presented below.

Chopra Kusum and Neelam Makol conducted a cross-sectional study for ascertaining common health problems prevalent among tribes in Baster Dist, where fever (72.5%), cough and cold (56.4%), skin problems (22.0%) and diarrhoeal diseases (32.9%) were found as the common health problems among all the tribal community.⁵ Dr Sinha Kumar Sumit (2015) studied the profile of diseases prevalent in a tribal locality in Jharkhand, India and identified three most common diagnosis: upper respiratory infections (URIs; 18%), acute gastroenteritis including water-borne diseases (15.8%), and anaemia (10.4%).⁶

Sarkar Ajita, Biswas Ritesh, Das AP (2014)⁷ studied the ethnobotanical formulations for treatment of jaundice by Mech Tribe in Duars of West Bengal. The findings of the survey had ten formulations of traditional medicines used by the local medicine men or ojhas of the Mech community in the Duars for treatment of jaundice, one method made use of *Mangifera indica* (Mango) bark juice that was taken with a cup of milk on empty stomach.

3. Materials & Methods

A cross-sectional descriptive survey was carried out to investigate the variables under study. The variables were common health problems, Health care practices among the tribal people and demographic characteristics: age, gender, marital status, educational status, type of family and head of the family member, family monthly income of tribal people. The setting was Rangamattee Tea Garden, Mal Block, Jalpaiguri District, West Bengal. Purposively selected 210 Tribal people of Rangamattee Tea Garden, Mal Block, Jalpaiguri District, West Bengal were the subjects. The tribal people who were the family decision maker, aged 18 years and above, understood Nepali, were available during the data collection and willing to participate were included in the study and who had altered mental status and acute illness were excluded from the study. The data were collected by face to face interview using a structured interview schedule for demographic characteristics, two separate semi-structured interview schedules for identifying

the common health problems and related health care practices.

Ethical Consideration: Ethical Permission was obtained from the Chairman, Institutional Ethics Committee, Medical College and Hospital, Kolkata. Formal permission was obtained from the Director of Health Services and the Joint Director of Health Services (Nursing), Department of Health & Family Welfare, West Bengal, CMOH, Jalpaiguri and Pradhan, Rangamatti Gram Panchyat of Mal block Jaipaiguri. Informed consent was taken from the respondents before interviewing. Confidentiality and anonymity of information was assured.

4. Results

Data were analysed using MS Excel, organised under sample characteristics, common major and minor health problems; harmful and harmless health practices and presented in tables and figures. The sample characteristics are described in table 1.

Table 1: Frequency & percentage distribution of respondents as per their demographic characteristics, n=210

Sample characteristics	f	%	Sample characteristics	f	%
Age in years			Marital status		
• 18-30	48	23	• Married	141	67
• 31-43	88	42	• Single	44	21
• 44-56	55	26	• Widow/ Widower	23	11
• ≥ 57	19	9	• Separated	2	1
Gender			Type of family		
• Male	111	53	• Nuclear	122	58
• Female	99	47	• Joint	88	42
Educational Status			Occupation		
• ≥ H.S	6	3	• Business	19	9
• Secondary	40	19	• Daily wage worker	105	50
• Primary	97	46	• Labourer	61	29
• Illiterate	67	32	• Home maker	25	12
Number of family members			Monthly family income in Rupees		
• 1-4	118	56	• 2000-5000	132	63
• 5-7	71	34	• 5001-8000	76	36
• ≥ 8	21	10	• ≥ 8000	2	1

Common Health Problems: Various health problems among tribal people are described in fig 1 & 2.

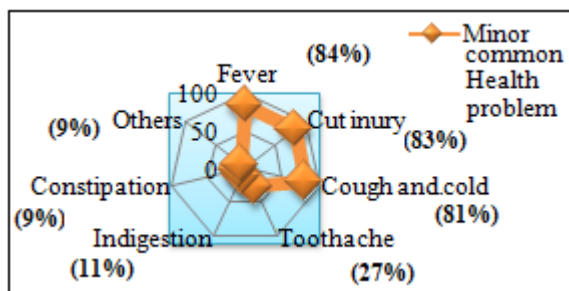


Figure 1: Radar chart showing frequency distribution of subjects experiencing common minor health problems n=210

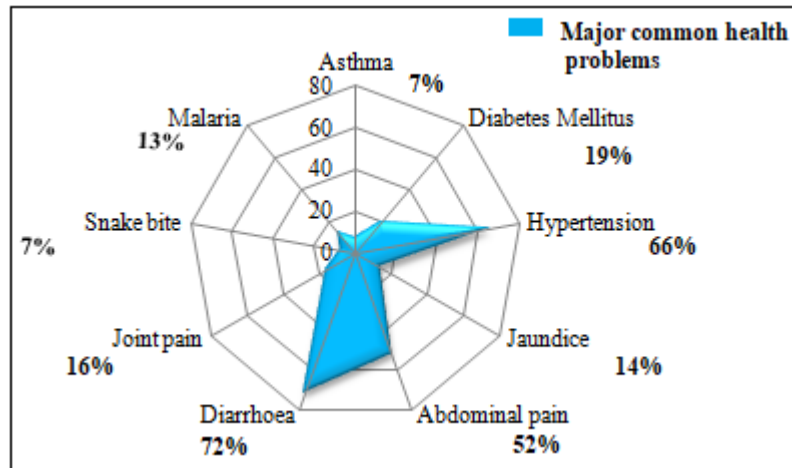


Figure 2: Radar chart depicting frequency distribution of tribal people experiencing common major health problems

Description of harmless and harmful health practices for minor health problems: It was found out that the 100% of the tribal people had harmless practice related to minor health problems, i.e, cough and cold, fever, indigestion, toothache, constipation and cut injury. For cough and cold they used to drink warm milk with turmeric powder (38%), Basak leaves juice (24%) or warm water with black pepper powder (38%); for fever they apply mustered oil over forehead & chest (23%), Cold compress over forehead (56%) or drink Neem leaves juice (21%); for indigestion drink soda water (35%), take Pudina leaves (25%) or Amluki (40%); If they had toothache they apply clove buds over affected tooth (31%) or gargle with warm salt water (69%); for constipation they take green leafy vegetables (19%), 76% drink lots of water and 5% take lemon juice regularly; If they had cut injury 27% of them apply Alovera gel, turmeric paste (46%), Marigold leaves juice (12%) and 15% of them used to keep the wound open.

Description of harmless and harmful health practices for major health problems: The results showed that the tribal people had all harmless practices except in case of Snake bite Jaundice and Hypertension.

Harmless Practices: For Diarrhoea 77% of them drink water mixed with sugar & salt, 9% take local guava, drink cooked rice water (13%) and 1% attend hospital; if they had joint pain they apply turmeric & ginger paste over the joint (16%), Musterd oil massage (60%), hot compress (23%) and only 1% attend hospital; for Snake bite they had only one harmless practice, that was using Kadambari / Lajwati leaves (24%); if they suffer from malaria their practice were to chewing basil leaves (25%), drink Neem water (73%) and attending hospital (1%); for Asthma they use to take Pakhanbed root extract (2%), tea with honey (8%), black cardamom powder (40%) and 50% attending hospital; for Hypertension the tribal people take dram stick as regular diet (74%), garlic regularly (23%) and only 1% take Bitterguard regularly; in case of Diabetes 6% of them drink Amla seed powder with water, 60% take Giloi stem juice and only 1% attending hospital; in jaundice 5% of the people take milk with mango bark juice and sugar-cane juice (14%).

Harmful Practices: It was identified that in case Snake bite 1% had the practice of sucking out the poison, 32% used to attend Ojhas and 43% of them apply tie over the bite; for

jaundice 8% of them still had the practice of attending ojhas and in case of Hypertention 2% had the practice of taking 'fried salt' as they told.

Association between health care practices and demographic characteristics: Significant association found between gender and Hypertension related health care practices ($\chi^2=4.56$, $df=1$, $p < 0.05$) but not with other demographic characteristics.

5. Discussion

In the present study, most of tribal of the sample population have been reported to have been suffering from common minor and major health problems such as fever (84%), cough and cold (81%) and diarrhea (72%), Similar findings were concluded by Kusum Chopra and Makol Neelam⁵ on their research study conducted on common health problems of inhabitant of Bastar district of Madhy Pradesh found that Fever (72.5%), cough and cold (56.4%), skin problems (22.0%) and diarrhoeal diseases (32.9%) were the common health problems.

A Anjalam, S Kalpana, SVijai⁷ conducted a study on medicinal plants used by Malayali tribes in Kolli Hills for treating common health like using clove in dental problems which are same used by the respondents (31%) of present study.

6. Conclusion

Results of the study confirm that the tribal people are aware of their common health problems and they adopt their own harmless health care practices which are found to be effective in most of the common health problems. It is noticed that many tribal people suffer from Asthma and they prefer allopathic treatment to cure it. Harmful practices were identified in case of Snake bite, Hypertension and jaundice. It was identified that very less percentage of the people had the practice of attending hospital except in Asthma.

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