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Koragas' Health: An insight into Tribal Health Care

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Abstract:
Koragas are a Primitive Tribe in Karnataka. Till late they were known as a "leftover food gathering" tribe, and also known as the 'carrier of villagers' illness. For a long time they were subjected to slavery and now also they are doing menial jobs in villages and in cities. A lot of interest and care has been taken by the Government and Non Government Organizations to develop their human resource and raise their living conditions. This paper throws light on the health aspect of Korgas. Koragas in general, suffer from poor health conditions due to their poor diet, ignorance, superstitions, alcohol consumption, and unhygienic conditions of work. The health care programmes initiated by the government have not been benefiting them due to various reasons. However, the data collected by the researcher reveal that the programmes by the government, constant motivation by the Non Government Organizations and keen interest of the field workers are slowly beginning to show signs of progress. But, in the long run Koragas health will improve only through awareness and education.

1. Introduction: Tribal Health in India

The health behaviour of a community determines the way of life of that community member. The health performance of the individual is closely linked to the way one perceives various health problems and accessibility to various relevant health institutions. In the context of tribal communities of India, the health problems of tribes need special attention. Available research studies[i],[ii],[iii] point out that the tribal population is affected by distinguishing health problems because of their habitat, difficult terrains and constant changing places due to nomadic nature of some tribes. In India, nearly, 47 percent Scheduled Tribal women have Body Mass Index below 18.5, indicating a high prevalence of nutritional deficiency. About, 68 percent of tribal women and 40 percent of tribal men are anaemic – highest among all social groups. Scheduled Tribe children are lowest in consuming foods rich in vitamin A (43.8percent). Only 21 percent of Scheduled Tribe children aged 12-35 months receive vitamin A supplements and among children age 6-59 months, the figure drops further to only 14.6 percent. Nearly, 77 percent of Scheduled Tribe children are anaemic – 26 percent mild, 47 percent moderate & three percent severe anaemic.[iv] Diet-based morbidities may be combated via organic farming and banning local alcohol production, while anaemia may be combated through continued iron, salt and folic acid supplementation in food and pills to women.[v]

The following table shows the key Health Indicators among the Scheduled Tribes and the general population.

Indicators	Scheduled Tribe percent	General population percent
Infant Mortality	62.1	57
Neo- natal Mortality	39.9	39
Post- natal Mortality	22.3	18
Child Mortality	35.8	18.4
Under five Mortality	95.7	74.3
Ante Natal Care Check up	70.5	77.1
Institutional Deliveries	17.7	38.7
Childhood Vaccination	31.3	43.5
Health Insurance	2.6	31.9
Anaemia	68.5	55.3

Table 1
Census India 2011

2. Basic Health Problems

Primitive tribal groups of India have special health problems and genetic abnormalities like sickle cell anaemia, G-6-PD red cell enzyme deficiency and sexually transmitted diseases. Some primitive tribal communities are facing extinction like the Onges, Jarwas and Shompens of Andaman and Nicobar Islands. Some of the other problems include Endemic diseases like malaria, tuberculosis,

influenza, dysentery, high infant mortality and malnutrition, venereal diseases, induced abortion,[vi] inbreeding, addiction to opium and custom of eating tubers of DIOSCERA (may cause sterility as they contain substances used in oral contraception). About half of the population of Andhra Pradesh, Madhya Pradesh, Bihar and Orissa enter their abode units by bending or crawling only due to the low structure of their home. A good number of tribes share the living rooms[vii] with cattle, examples of this kind be seen in Bihar with 40 percent of tribals live along with cattle, Madhya Pradesh (36percent), Rajasthan (44percent) and in Andhra Pradesh, (7percent). The sickle cell

Disease has been found in 72 districts of Central, Western and Southern India. Occurrence rate up to 40 percent of sickle cell trait has been reported in some tribes i.e. Adiyan, Irula, Paniyan, Gonds.

Developments in tribal regions are been done in the form of dams, irrigation, industries, power projects and more importantly mineral exploitation leading to environmental degradation in tribal areas. Dust, smoke and harmful chemicals emanating from industries, thermal projects and mineral extraction sites have opened up ways for a polluted environment and diseases, which were until now unknown in the region. Infectious diseases like malaria, dysentery, diarrhoea, tuberculosis and various nutrition deficiency diseases such as leprosy, anaemia, goitre and blindness have been mounting.[viii]

3. Some of the Achievements Seen in Arresting the Health Issues

Government and private agencies have made a number of developments on some of the basic healthcare indicators. For example: Maternal mortality rate has decreased by 50 percent, and was reported at 200 deaths per 100,000 live births in the year 2010 as compared to 390 a decade ago. Infant mortality rate has decreased by more than 25 percent over the period 2000–2009, and was reported at 50 deaths per 1,000 live births. Correspondingly, the under-5 child mortality rate (U5MR) has decreased by similar percentage level and was reported at 64 deaths per 1,000 live births. Immunization coverage has increased significantly, for example, diphtheria-tetanus-pertussis immunization among 1 year olds has increased from 60 percent to 70 percent, and the Hepatitis B coverage has increased from 68 percent in 2005 to 91 percent in 2010. National programs have successfully improved detection and cure rates for tuberculosis and leprosy. With a goal of achieving improved healthcare, the Government of India has steadily increased its share of spending on total healthcare – from 21 percent in 2004 to 31 percent in 2011.[ix]

The private sector contribution to healthcare access is tremendous. The number of private hospitals and private doctors in India has increased multiple-fold, and now number approximately 7,500+ and 300,000 respectively. Similarly, the private sector has enabled increased availability of medicines by setting up pharmacies / chemists. Today, more than 1, 05,000 chemists are providing medicines in the top 120 cities of the country. Life expectancy in India has gone up by five years, from 62.3 years for males and 63.9 years for females in 2001-2005 to 67.3 years and 69.6 years respectively in 2011-2015.[x] The draft National Health Policy, 2015 has proposed a target of raising public health expenditure to 2.5 percent from the present 1.2 percent of GDP. It also notes that 40 percent of this would need to come from central expenditure. The government is also keen to explore the creation of a health cess on the lines of education cess for raising money needed to fund the expenditure it would entail. Other than general taxation, this cess could mobilize contributions from specific commodity taxes such as the taxes on tobacco, and alcohol, from specific industries and innovative forms of resource mobilization.[xi]

The Preamble to the Constitution which gives a broad direction for the Indian Republic refers to social, economic and political justice and also equality of status and of opportunity. The Fundamental Rights in the Indian Constitution do not directly mention about rights related to health and health care. Directive Principles of State Policy provide guidelines to state governing bodies regarding public health. In Indian Federalism, health and health care is placed under the State Governmental process. The seventh schedule of the Indian Constitution mentions the specific responsibilities of different layer of Government in a federal framework on the question of health. Such responsibilities are indicated under the Union List, State List and the Concurrent List.[xii]

4. An Insight into Koragas Health

Koragas are a Primitive tribal people inhabiting the areas of Udupi and Dakshina Kannada districts in Karnataka and Kasaragodu district of Kerala. The sample population chosen for the study is from Udupi and Dakshina Kannada districts of Karnataka as they are mainly found in these two districts with a population of 11,000 and rest 4,000 in Kasaragodu district. Whether it is in education, economy or socio- political status, Koragas are a backward tribe in all aspects of life. Till late they were known as a “leftover food gathering” tribe, and also known as the ‘carrier of villagers’ illness. For a long time they were subjected to slavery and now doing menial jobs in villages and in cities. Even the lower caste people look down upon them and Koraga name itself becomes a taboo in the region. This paper deals with health related issues of Koragas that are predominantly affecting their health. The information is derived from the field survey gathered, interviewing sample households in both the districts of Udupi and Dakshina Kannada randomly.

5. Health Problems of Koragas

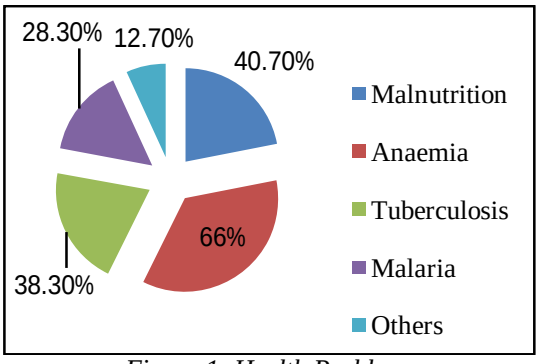

Figure 1: Health Problems

The figure explains that even today 66 percent of Koragas mainly women suffer from Anaemia. In rural areas they do not go for health check up or take free medicine that are been distributed. They are found chewing beetle leaves, paan and even drinking liquor. The 41 percent children and even adults are malnourished due to poverty and lack of health awareness. Special sensitisation meetings are organised to address the issues of malnutrition and the effects on health, how to overcome these issues through the reforms in food habits and using the local available food, and motivation to establish the kitchen garden. Tuberculosis is widely prevalent among this tribe, as 38.30 percent are found to be TB patients. Though a lot of efforts have been taken to arrest the trend, still it will take some more years to be free from this evil. Malaria is found mainly in cities and also in rural areas where there is absence of health notion. Thus, nearly 28 percent are found suffering from Malaria and in the case of Koragas it is repeatedly occurring due to lack of immune system and negligence. Remaining nearly 13 percent are suffering from other sicknesses. These other diseases include Cancer, joint pain, goitre, heart problems, including Aids found in three colonies of Udupi districts. Due to poverty and drunkenness, unavailability to look after the family, women are forced to enter into prostitution. These three colonies are located on the national highway (NH 66) and where most of the truck and lorry drivers are entertained by the Koraga women.

6. Need for food among the Koragas

Koragas struggle a lot for food during the Monsoon. Hence, the Government supplies nutrition food for each family. In 2013-14 alone Rs. 25 corers were spent to feed 35071 families of koraga, Jenukuruba, Kadukuruba, Soliga, Yerava, Siddi and Malaikudi living in forest area of Kranataka.[xiii] The food contains the following items.

Sl. No	Food Items	Quantity
1	Rice/Ragi/Wheat	15 kg
2	Toor Dal	2 kg
3	Green Gram/ Serials	1 kg
4	Oil	1 litre
5	Sugar/Jaggery	2 kg
6	Eggs	30per month

Table 2

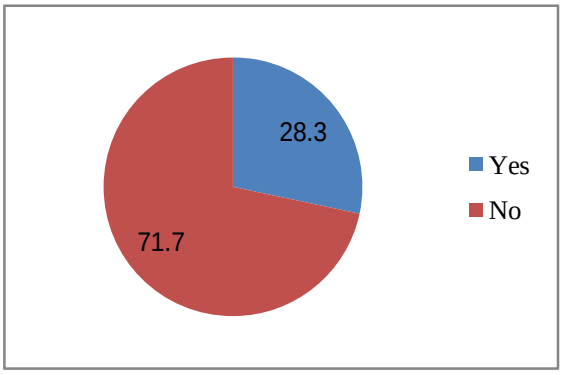

Figure 2: Experience of Starvation

The above figure describes that 28 percent of the Koragas experience starvation. Even though the government provides free food and ration food for the poor and in a special way provides nutritious food for the Koragas, experience of starvation continue to exist due to the fact that many of them are having joint families, a large number of household wherein the distributed food is not enough. During the survey it was also observed that Koragas do not use some of the distributed items and sell them to the nearby shops. The

reasons were a.)Distributed rice is white rice of low quality wherein in the region Koragas like the general public are used to local steamed rice and ration rice does not agree to their system. b.)The use of wheat, toor dhal, green gram is not known to them. c.)Eggs are not utilised for the purpose of nourishment rather as one of the dishes, in a few cases eggs are consumed within 2-3 days in varied form of dishes.

The 72 percent have said that they are not experiencing starvation. But, among them there are a good number Koragas, who do not even know that they are starving, they are habituated for one poor meal a day, and are satisfied with chewing beetle leaves, paan, drinking liquor, and involving in recreational activities with the family. Older Koragas who used to collect leftover food even complain that they are not allowed to collect food and hence struggle for food.

7. Dwindling Population ratio of the Koraga tribe

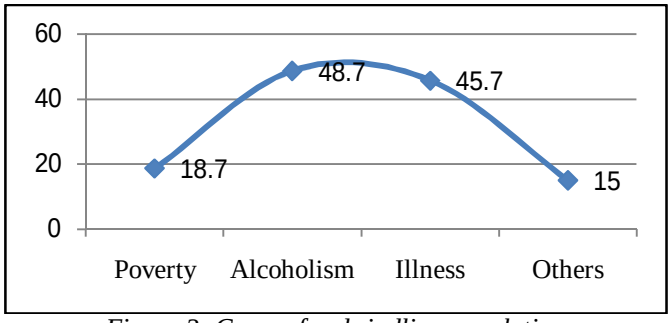

Figure 3: Causes for dwindling population

Koraga population is declining which is a bad sign indeed for a primitive tribal group. Some of the Koragas are aware of it and 18 percent feel that poverty is the main cause for decline in population as they do not get nutritious food, not able to resist the sicknesses, and even the medical care is not economical to them. As alcoholism is consumed heavily among Koragas 49 percent feel that many die at a young age succumbed to alcohol. Diseases thrive in the situation of poverty. Illness is part and parcel of poverty and alcoholism as 46 percent Koragas said it depreciates their numbers. A few 15 percent said that there are other reasons which some are not easily traceable, emotional bondage like separation, unwillingness to move to a new place, shifting to a new house, death of loved ones affects them leading to death. Koragas have gothra system known as bali, and they marry outside their bali, also there are sub groups among them. It is revealing to know that in many of the cases when there is no match found in their group, Koragas remained unmarried rather than marrying outside their groups which is based on geographical areas. The efforts from the field workers from the Non-Government Organisations to make them understand remains a far away cry and just like the other castes they hold on to their structural norms, a structure within a structure indeed.

8. A Struggle over Health Issues

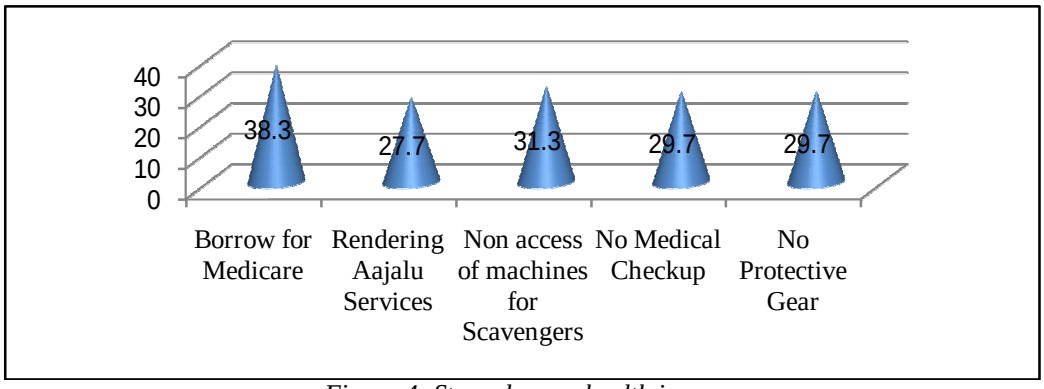

Figure 4: Struggle over health issues

The figure above describes various issues related to Koragas health. Though, Koragas medical expenses are reimbursed by the Integrated Tribal Development Project, 38 percent Koragas say they borrow money for medical purposes. The main reasons are that for day today small amount spent on Medicare they are not able to go to the ITDP to collect money, the hospitals in which the Memorandum Of Understanding (MOU) is signed, are not easily accessible, fear of going to new and big hospitals, fear of surgery, new Medicare and ignorance of such facilities.

Ajalu is still carried on by 28 percent Koragas in its various forms which is causing serious health problems. Though manual scavenging is prohibited, 31 percent Koragas do not use machines, and most of the times machines do not work leading to ill health. The 30 percent said mandated medical check up is also not given to them by the agencies where they work. Still, 30 percent said that they are not having protective gear while doing septic tank work or other works of similar type where protective gear is a necessity.

9. Unhygienic Conditions Leading to Social Exclusion

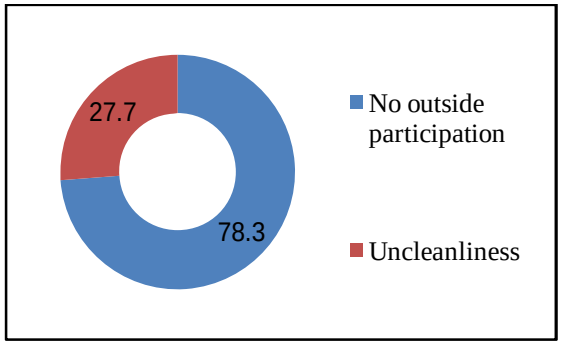

Figure 5: Social exclusion

The figure above explains that Koragas being the cane producing, manual scavenging, and Ajalu[xiv] practising tribe, always handle dirt and to remain in unhygienic conditions have become part of their life. Along with cane they use to make ropes out of coconut husk, for which they have to remove the husk and keep immersed in water for many days. Naturally, such methods are performed near their houses wherein a lot of odour emanates and mosquitoes breed causing ill health. Nearly, 28 percent Koragas knowingly stated that non - cleanliness is one of the reasons for other communities' non participation (78.3 percent) in their celebrations.

10. Programmes Related to Health

The government and NGOs are doing their best to take care of the Koragas human resource. The Health care activities like free medical facilities, free health check up, health care to pregnant women, health kits, re – imbursement of medical expenses for the Koragas in five private hospitals in Dakshina kannada District, Alcoholic Anonymous camps to tribals in particularly to Koragas in association with the 'Link organisation', Dr. A V Baliga Hospital, Shree Kshetra Darmastala Gramabivriddi Yojana De – Addiction Camps, health camps, Annual Insurance at the cost of Rs. 250 per family, equipments to handicapped persons, free distribution of medicine are being implemented. From the Central fund meant for Koragas 10 percent is set aside for health purposes.[xv]

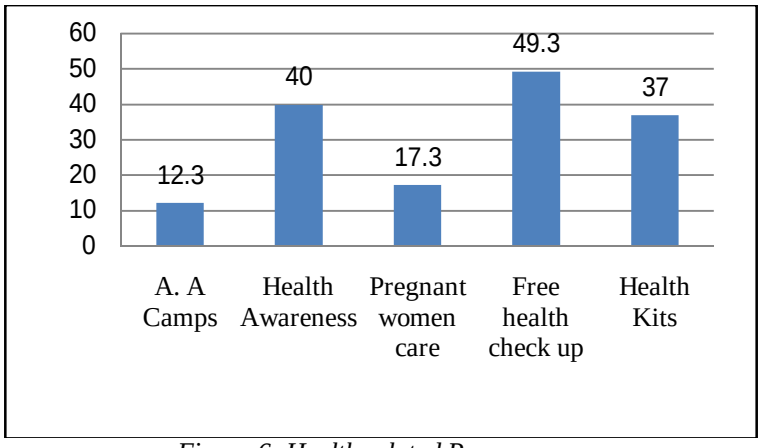

Figure 6: Health related Programmes

The figure over demonstrates that as health is the important aspect of human life, Koragas are being provided with a lot of awareness and health benefits. But among those who consume alcohol only 13 percent have attended the de addiction camps. Only 40 percent have attended the health awareness camps meant for them. Only 17 percent pregnant women have taken pregnancy related benefits such as deliveries in hospitals, pre- natal and post- natal care, others are comfortable with their home medicine. Though, medical assistance staff makes their routine visits to Koraga colonies, only around 49 percent of Koragas have taken free health check up and 37 percent of them have said that they have received health kits. Some of the Koraga women voiced their opinion saying that the medical assistance staff do not enter even their homes, from far off they say whether any one is sick and go, sometimes during sickness when check up requires the body to be touched, they do not touch the body. Though they have to make regular visits, in many of the cases for a long period their presence is not seen. Many Koragas do not have faith in Koraga Organisation and they do not involve themselves in any activities, thus many of the programmes run with a few takers.

The primary health care centres are delivering health services to the community. Regular doctors' visits have ensured the relationship between the community and health care system positively. For rendering treatment to the koragas in private hospitals, a MOU is signed between the District Health Organisation, District surgeon, ITDP and 27 private hospitals.[xvi] Regarding reproductive health campaign, a collaboration with public health department of Manipal University was done, in which a study cum health check-up

campaign was taken up through which 600 women from the age group of 15 to 49 have undergone the diagnosis. Through this study the percentage of anaemia was declined to 57 percent, from 95 percent in 2004. Further treatment is followed for the identified patients with the joint efforts of district, taluk hospitals, Manipal hospital, A. J Hospital, and Srinivas Hospital. In Dakshina Kannada district 8 health animators are actively engaging with the families on health matters in 8 areas. Health insurance is tied to 55 families of Mennabettu grama panchayath with the 25 percent reserved allocation of the grama panchayath. The Kasargod organisation declared Badiyadka cluster a TB free cluster where 32 TB patients were identified in 2006. Another 20 TB infections are identified in other clusters and the treatment is continued. 5 cases of HIV Positive are identified and the treatment is continued. A study on food habits and nutrition with special focus to women and children and a study on traditional health system of the koraga community through plants and animals is conducted, documented and published

11. Conclusion

Tribal health is a matter of concern for the government or else there is a chance of a great number of human resource destruction and generations like the Primitive Tribes can be extinct from the earth. Indian government, along with a few NGOs taking immense trouble to provide health care access to the poor, remote areas and tribal places. But, primitive tribals like the Koragas are not able to access the provided free health care facilities. The main reasons are their weak, ignorant ways and uncivilized human resource it self which is not been able to grasp the awareness that is been spread. Thus, it will take a long time for the Non-Government Organizations to mingle with them and form them into suitable citizens to take care of them.

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