

# A Study on Health Status of Schedule Tribe Communities in Guntur District of Andhra Pradesh

\***Pydi Raja Kumar**, Research Scholar, Dept. of Dr.Ambedkar chair, Acharya Nagarjuna University, Nagarjuna Nagar.

\*\***Dr.V.Venkateswarulu**, Associate Professor, Dept. of Sociology and Social Work, Acharya Nagarjuna University, Nagarjuna Nagar.

Health status is common theme in most culture; all communities have their concept of health status, as a part of culture. Among definitions still used, probably the oldest is that health status is the absence of disease.

In some culture, health status equivalent to harmony that means peace will self. According to world health assembly, health status denotes to lead a socially and economically production life WHO (1978) health status implies a sound mind in sound body, in a sound family and in sound environment. The holistic approach implies that all sectors of society have an effect on health status, in particular, agriculture, animal husbandry, food industry, education, housing, public works, communication and other sectors. Thus health status is viewed as condition or quality of the human organisms expressing the adequate functioning of the organism in given conditions, genetic, environmental and social.

## Statement of the problem

Health is the most important socio-economic aspect of every individual life. Health plays a very important role in the life of human beings. Its importance is evident as old saying “Health is wealth” Health is not only basic to lead a happy life for an individual but also necessary for all productive activities in the society. Hence both health and society are considered as the two sides of the same coin.

After independence up to now our country is developing in all fields like technologically, economically, politically and scientifically but overall health status has not improved. This is more evident in tribal community. The tribal area is socio-economically backward as well as educationally. Tribal’s are suffering from the various diseases. Health is also a major problem among the people. Their living environment and their status are main reasons for their poor health. They believe in the traditional medicine. They do not know much about government health care and other facilities.

The present study is entitled “A study on Health Status among Tribal Communities in Guntur District of Andhra Pradesh”. It highlights on the health conditions of tribes. It focuses on health and sanitation among the tribal community, the study makes an effort to understand health problem. It studies the utilization of the health schemes and awareness of different health services among tribal communities.

## Sampling

From every village 25 Scheduled Tribe household family are being selected randomly in household setting by using simple random method. The total of 300 respondents (34.0 per cent) from 12 villages selected as a sample for the purpose of study.

## Objectives of the Study

1. To assess the factors influencing the health status in study area of Guntur District of Andhra Pradesh.
2. To understand the various health problems among the tribal communities in the study area.

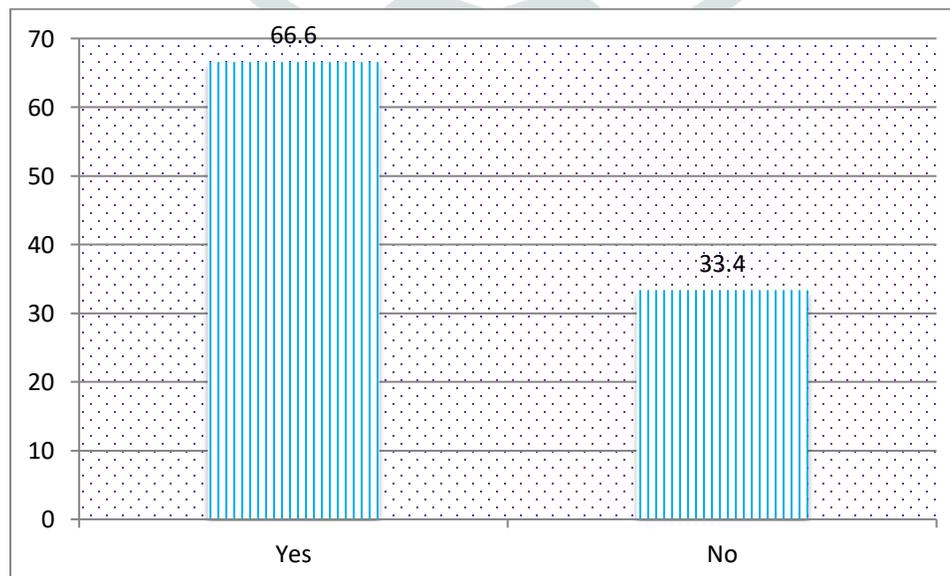
## Hypothesis

1. **H<sub>0</sub>**: There is statistically no significant difference of awareness on various health ailments among male and female.
2. **H<sub>0</sub>**: There is statistically no significant difference of suffering with acute diseases by their age.
3. **H<sub>0</sub>**: There is statistically no significant difference of suffering chronic diseases by their sub caste.
4. **H<sub>0</sub>**: There is statistically no significant difference of satisfied with the medical treatment by their place of residence.

**Table-1: Awareness on various Health Ailments**

Sl. No	Particulars	Yes	No	Total N=300
1	AIDS	68.0	32.0	100.0
2	Swine Flu	64.3	35.7	100.0
3	Malaria	69.3	30.7	100.0
4	Cholera	60.3	39.7	100.0
5	Typhoid	71.0	29.0	100.0
6	Balanced diet	67.0	33.0	100.0
<b>Total Average Percentage</b>		<b>66.6</b>	<b>33.4</b>	<b>100.0</b>

**Figure – 1: Awareness on various Health Ailments**



The table describe that the knowledge and awareness of the respondents on health ailments. As regards to AIDS, the majority (68.0 per cent) of the respondents aware of the HIV/AIDS and 32.0 per cent are not aware of the AIDS.

The other health ailment is swine flu, the majority (64.3 per cent) of the respondents are known about the disease and remaining 35.7 per cent are unaware of the issue.

According to the responses 69.3 per cent of the respondents are aware of the malaria and 30.7 per cent are not aware of the issue.

The table depicts that 60.3 per cent respondents are aware of the Cholera and 39.7 per cent are unaware of the cholera.

Majority of the respondents are aware of typhoid i.e. about 71.0 per cent, more than 67.0 per cent of the respondents are aware of the health issues like balanced diet.

An overall total percentage, the majority respondents i.e. 66.6 per cent were aware of health ailments followed by 33.4 per cent were not aware of health ailments.

#### ANOVA Table – 2: Awareness on Various Health Ailments Vs. Sex

**H<sub>0</sub>:** There is statistically no significant difference of awareness on various health ailments among male and female.

Statement	Sex	N	Mean	Std. Deviation	Std. Error	F Value	P Value
Water purification	Male	269	1.4015	.49111	.02994	.024	.877
	Female	31	1.3871	.49514	.08893		
	Total	300	1.4000	.49072	.02833		
Sanitation	Male	269	1.4238	.49508	.03019	.002	.962
	Female	31	1.4194	.50161	.09009		
	Total	300	1.4233	.49491	.02857		
Aids	Male	269	1.3086	.46276	.02821	1.566	.212
	Female	31	1.4194	.50161	.09009		
	Total	300	1.3200	.46726	.02698		
Swine flu	Male	269	1.3680	.48317	.02946	1.462	.228
	Female	31	1.2581	.44480	.07989		
	Total	300	1.3567	.47982	.02770		
Malaria	Male	269	1.3011	.45960	.02802	.375	.541
	Female	31	1.3548	.48637	.08736		
	Total	300	1.3067	.46188	.02667		
Cholera	Male	269	1.3903	.48873	.02980	.434	.511
	Female	31	1.4516	.50588	.09086		
	Total	300	1.3967	.49002	.02829		

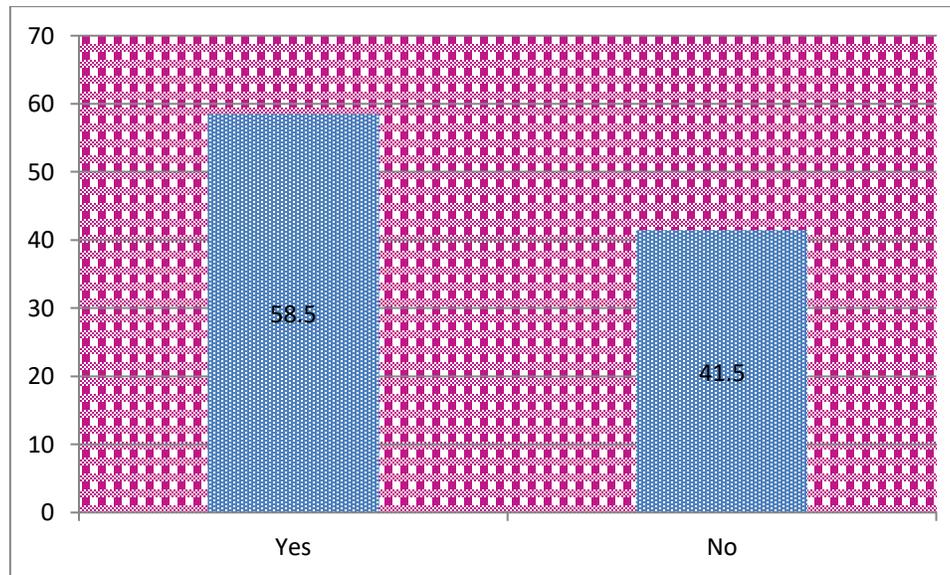
Typhoid	Male	269	1.2862	.45285	.02761	.177	.674
	Female	31	1.3226	.47519	.08535		
	Total	300	1.2900	.45452	.02624		
Balanced diet	Male	269	1.3494	.47768	.02912	4.488	.035
	Female	31	1.1613	.37388	.06715		
	Total	300	1.3300	.47100	.02719		

The descriptive table portrays awareness on various health ailments by their sex. The ANOVAs table illustrates the summary of awareness on various health ailments. Water purification ( $P=0.877$ ), Sanitation ( $P=0.962$ ), Aids ( $P=0.212$ ), Swine flu ( $P=0.228$ ), Malaria ( $P=0.541$ ), Cholera ( $P=0.511$ ), Typhoid ( $P=0.674$ ). The values of standard deviation are very similar to both males and females regarding awareness on various health ailments. It is revealed that there is a similarity of opinions amongst the males and females awareness on various health ailments at 0.05 level. Hence, the null hypothesis was accepted and the research hypothesis was rejected.

There are differences of awareness on various health ailments by their sex. Balanced diet ( $P=0.035$ ) and the results show that there is different types of awareness level among male and female at 0.05 level. Hence, the null hypothesis was rejected, and the research hypothesis was accepted.

**Table – 3: Daily practice of Hygienic conditions**

Sl. No	Particulars	Yes	No	Total N=300
1	Taking Bath	70.3	29.7	100.0
2	Washing Cloths	57.7	42.3	100.0
3	Cleaning Premises	70.3	29.7	100.0
4	Brushing the Teeth	66.0	34.0	100.0
5	Sanitation	29.3	70.7	100.0
6	Washing hands	57.7	42.3	100.0
<b>Total Average Percentage</b>		<b>58.5</b>	<b>41.5</b>	<b>100.0</b>

**Figure – 2: Daily practice of Hygienic conditions**

The table 3 assess hygienic conditions practice the respondents daily in the study area. By and large, the tribal people do not maintain proper hygienic conditions due to poor family background and whole day they engage in hunting for the food etc.

The table reveals the taking bath daily that 70.3 per cent of the respondents undergo for bathing and remaining 29.7 per cent did not take bath regularly. They take bath alternative day or twice in a week. Washing Cloths about 57.7 per cent only wash their cloths regularly whereas 42.3 per cent are not wash in daily. Cleaning Premises the majority (70.3 per cent) of the respondents keep their surroundings clean every day. Only 29.7 per cent are not keep their surroundings clean. Sanitation conditions are very poor that 29.3 per cent of the respondents have the sanitation facilities where as the majority do not have any sanitation facilities. Washing hands about 57.7 per cent of the respondents regularly wash their hands and remaining 42.3 per cent of the respondents wash their hands rarely.

An overall total percentage, the majority respondents i.e 58.5 percent were agreed that they adopting personal hygiene in daily routine life and 41.5 per cent not practicing daily personal hygiene practices.

**ANOVA Table – 4: Daily practice of Hygienic conditions Vs. Sub caste**

Statement	Sub Caste	N	Mean	Std. Deviation	Std. Error	F Value	P Value
Taking Bath	Chenchu	88	1.3182	.46844	.04994	.382	.766
	Yanadi	85	1.3059	.46351	.05028		
	Sugali	65	1.3077	.46513	.05769		
	Yerukala	62	1.2419	.43175	.05483		
	Total	300	1.2967	.45755	.02642		
Washing Cloths	Chenchu	88	1.3864	.48971	.05220	.668	.572
	Yanadi	85	1.4471	.50014	.05425		
	Sugali	65	1.3846	.49029	.06081		

	Yerukala	62	1.4839	.50382	.06399		
	Total	300	1.4233	.49491	.02857		
Cleaning Premises	Chenchu	88	1.3295	.47274	.05039	.669	.572
	Yanadi	85	1.3059	.46351	.05028		
	Sugali	65	1.3077	.46513	.05769		
	Yerukala	62	1.2258	.42153	.05353		
	Total	300	1.2967	.45755	.02642		
Brushing the Teeth	Chenchu	88	1.3182	.46844	.04994	3.448	.017
	Yanadi	85	1.4353	.49874	.05410		
	Sugali	65	1.3846	.49029	.06081		
	Yerukala	62	1.1935	.39830	.05058		
	Total	300	1.3400	.47450	.02740		
Sanitation	Chenchu	88	1.6932	.46382	.04944	.231	.875
	Yanadi	85	1.7176	.45282	.04911		
	Sugali	65	1.7385	.44289	.05493		
	Yerukala	62	1.6774	.47128	.05985		
	Total	300	1.7067	.45605	.02633		
Washing hands	Chenchu	88	1.5000	.50287	.05361	1.010	.388
	Yanadi	85	1.4000	.49281	.05345		
	Sugali	65	1.3846	.49029	.06081		
	Yerukala	62	1.3871	.49106	.06236		
	Total	300	1.4233	.49491	.02857		

Daily practices of hygienic conditions, the ANOVAs table 4 shows mean, standard deviation, F value and P value. With regard to Taking Bath( $P=0.766$ ), Washing Cloths ( $P=0.572$ ) Cleaning Premises ( $P=0.572$ ) Sanitation( $P=0.875$ ) Washing hands( $P=0.388$ ) by their sub caste. The data shows that the daily practices of hygienic conditions are same among the sub caste wise categories. There is no statistically significant difference association by sub caste at 0.05 levels.

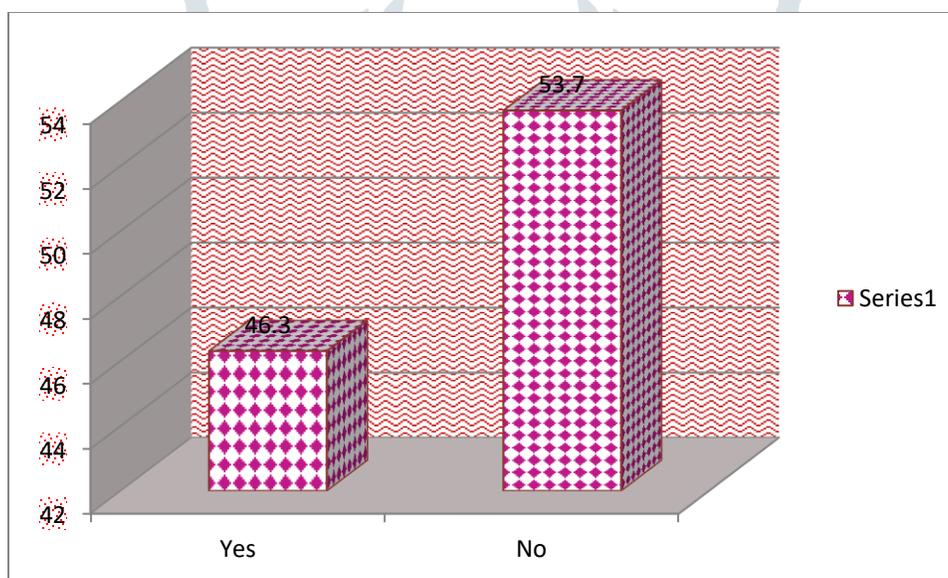
Hence, the null hypothesis was accepted and the research hypothesis was rejected.

There are differences of daily practices of hygienic conditions by their sub cate wise categories. Brushing the Teeth ( $P=0.017$ ) and the results show that there is a relationship between brushing the teeth and by their sub caste wise categories at 0.05 level.

Hence, the null hypothesis was rejected and the research hypothesis was accepted.

**Table – 5: Suffering with Acute diseases**

Sl. No	Particulars	Yes	No	Total N=300
1	Fever	55.7	44.3	100.0
2	Headache	47.0	53.0	100.0
3	Stomachache	41.7	58.3	100.0
4	Skindiseases	47.3	52.7	100.0
5	Itching	51.7	48.3	100.0
6	Any other	34.3	65.7	100.0
<b>Total Average Percentage</b>		<b>46.3</b>	<b>53.7</b>	<b>100.0</b>

**Figure – 3:Suffering with Acute diseases**

Physical and psychological ailments among tribal communities are given in codified form. Poor body builds increase vulnerability to diseases, not just contagious diseases, but acute diseases as well. As regards to acute diseases, The table displays that among the respondents, Fever disease 55.7 percent prevalent, Headache 47.0 percent, Stomachache 41.7 percent, Skin Diseases 24.7 percent Itching 51.7 percent prevalent, any other acute diseases knees and joint pains, Hearth Burns diseases, Anxiety etc 34.3 percent respectively prevalent among the tribal communities in the study area.

An overall total percentage, the majority respondents i.e 53.7 per cent were not suffering with the acute disease, where as 46.3 per cent were suffering with the acute diseases.

## ANOVA Table – 6: Suffering with Acute diseases Vs. Age

**H<sub>0</sub>:** There is statistically no significant difference of suffering with acute diseases by their age.

Statement	Age	N	Mean	Std. Deviation	Std. Error	F Value	P Value
Fever	< - 25	70	1.3143	.46758	.05589	1.622	.169
	26 - 35	80	1.4625	.50174	.05610		
	36 - 45	115	1.4870	.50202	.04681		
	46 - 55	25	1.5200	.50990	.10198		
	56 - >	10	1.5000	.52705	.16667		
	Total	300	1.4433	.49761	.02873		
Headache	< - 25	70	1.5000	.50361	.06019	.553	.697
	26 - 35	80	1.5000	.50315	.05625		
	36 - 45	115	1.5391	.50065	.04669		
	46 - 55	25	1.6000	.50000	.10000		
	56 - >	10	1.7000	.48305	.15275		
	Total	300	1.5300	.49993	.02886		
Stomachache	< - 25	70	1.5571	.50031	.05980	1.962	.100
	26 - 35	80	1.5750	.49746	.05562		
	36 - 45	115	1.5826	.49529	.04619		
	46 - 55	25	1.5200	.50990	.10198		
	56 - >	10	2.0000	.00000	.00000		
	Total	300	1.5833	.49383	.02851		
Skin diseases	< - 25	70	1.6000	.49344	.05898	2.441	.047
	26 - 35	80	1.5375	.50174	.05610		
	36 - 45	115	1.5304	.50126	.04674		
	46 - 55	25	1.4400	.50662	.10132		
	56 - >	10	1.1000	.31623	.10000		
	Total	300	1.5267	.50012	.02887		
Itching	< - 25	70	1.4571	.50176	.05997	2.236	.065
	26 - 35	80	1.4250	.49746	.05562		
	36 - 45	115	1.4870	.50202	.04681		
	46 - 55	25	1.5600	.50662	.10132		
	56 - >	10	1.9000	.31623	.10000		
	Total	300	1.4833	.50056	.02890		
Any other	< - 25	70	1.6286	.48668	.05817	1.394	.236
	26 - 35	80	1.6875	.46644	.05215		
	36 - 45	115	1.6087	.49018	.04571		
	46 - 55	25	1.7600	.43589	.08718		
	56 - >	10	1.9000	.31623	.10000		
	Total	300	1.6567	.47561	.02746		

ANOVA test has been applied to find whether there is any significant difference between the suffering with acute diseases and their age. The ANOVA table shows suffering with acute diseases about fever that the calculated F - ratio value is 1.622 which is lower than the table value at 1% level of

significance. Since the calculated value is lower than the table value it is inferred that there is no significant difference opinions by age wise categories.

The opinion on suffering with headache by their age. The ANOVA Table described that the calculated F value is 0.553 and which is lower than table value so it is inferred there is no significant difference opinion by their age wise categories.

The table revealed that suffering with stomach by their age. The table portrays that F value is 1.962 which is less than table value. There is no significant difference opinions at 0.01 level.

The perception on suffering with itching by their age. The ANOVA table described that the calculated F value is 2.236 and which is lower than table value so it is inferred that there is no significant difference opinion by their age wise categories.

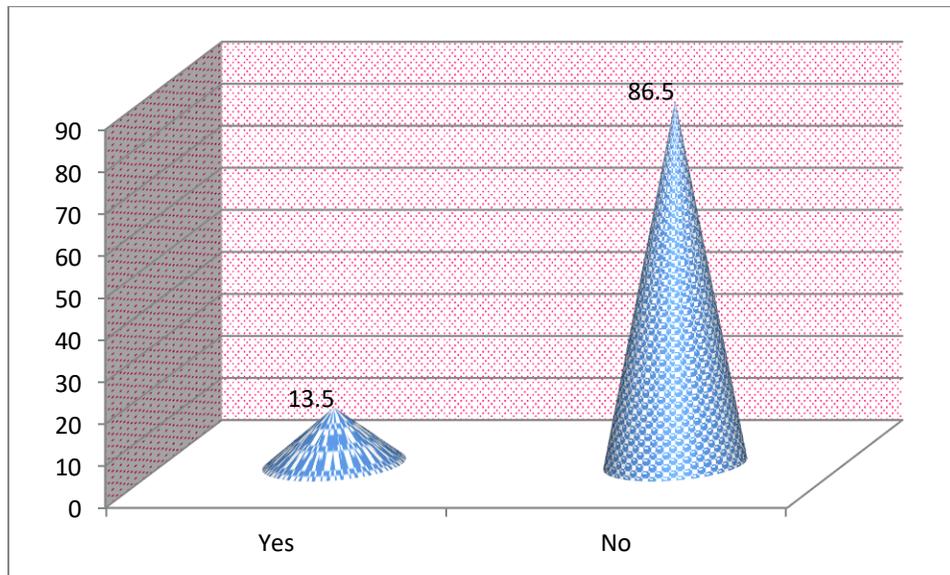
Any other such as joint pains, ulcers, anxiety, the ANOVA table shows that the calculated F - ratio value is 1.394 which is lower than the table value at 1% level of significance. Since the calculated value is lower than the table value it is inferred that there is no significant difference opinions by age wise categories. Hence, the null hypothesis was accepted and the research hypothesis was rejected.

The opinion on suffering with skin diseases by their age. The ANOVA table described that the calculated F value is 2.441 and which is higher than table value so it is inferred that there is a significant difference opinion by their age wise categories. Hence, the null hypothesis was rejected and the research hypothesis was accepted.

**Table – 7: Suffering with Chronic Diseases**

Sl. No	Particulars	Yes	No	Total N=300
1	Cancer	02.0	98.0	100.0
2	Leprosy	03.0	97.0	100.0
3	HIV/AIDS	18.0	82.0	100.0
4	Heart problem	07.0	93.0	100.0
5	Diabetics	26.0	74.0	100.0
6	Blood pressure	25.0	75.0	100.0
<b>Total Average Percentage</b>		<b>13.5</b>	<b>86.5</b>	<b>100.0</b>

Figure –4: Suffering with Chronic Diseases



The common phenomena in the tribal communities that they more prone to diseases due to lack sanitation, low diet food and poverty. Other features of these people suffer from multiple diseases. Hence, they are not in the position to say precisely from which disease they are suffering. The disease most frequently observed among tribal community tends to be chronic and are often degenerative, rather than acute. The table indicates that among the tribal communities, Cancer disease 02.0 percent prevalent, Leprosy 3.0 per cent, HIV/AIDS 18.0 per cent, Heart problem 7.0 percent, Diabetics 26.0 percent, Blood pressure 25.0 percent prevalent, any other such as Arthritis, paralysis ulcers etc prevalent among the these people in the study area.

On the whole, 13.5 percent of the respondents suffers from the diseases due to unhygienic conditions and poor nutrition. 86.5 percent tribal communities are not prevalent these chronic diseases.

ANOVA Table – 8: Suffering with Chronic Diseases Vs. Sub caste

**H<sub>0</sub>:** There is statistically no significant difference of suffering chronic diseases by their sub caste.

Statement	Sub Caste	N	Mean	Std. Deviation	Std. Error	F Value	P Value
Cancer	Chenchu	88	1.9886	.10660	.01136	2.570	.054
	Yanadi	85	1.9882	.10847	.01176		
	Sugali	65	1.9385	.24219	.03004		
	Yerukala	62	2.0000	.00000	.00000		
	Total	300	1.9800	.14023	.00810		
Leprosy	Chenchu	88	1.9659	.18250	.01945	1.216	.304
	Yanadi	85	1.9882	.10847	.01176		
	Sugali	65	1.9385	.24219	.03004		
	Yerukala	62	1.9839	.12700	.01613		
	Total	300	1.9700	.17087	.00987		
Heart problem	Chenchu	88	1.9205	.27214	.02901	1.967	.119
	Yanadi	85	1.9412	.23669	.02567		
	Sugali	65	1.8769	.33108	.04107		
	Yerukala	62	1.9839	.12700	.01613		

	Total	300	1.9300	.25557	.01476		
Diabetics	Chenchu	88	1.7614	.42869	.04570	.874	.455
	Yanadi	85	1.7059	.45835	.04971		
	Sugali	65	1.8000	.40311	.05000		
	Yerukala	62	1.6935	.46478	.05903		
	Total	300	1.7400	.43937	.02537		
Blood pressure	Chenchu	88	1.7727	.42147	.04493	.724	.538
	Yanadi	85	1.7059	.45835	.04971		
	Sugali	65	1.8000	.40311	.05000		
	Yerukala	62	1.7258	.44975	.05712		
	Total	300	1.7500	.43374	.02504		
Any other	Chenchu	88	1.6250	.48690	.05190	.219	.883
	Yanadi	85	1.6824	.46832	.05080		
	Sugali	65	1.6615	.47687	.05915		
	Yerukala	62	1.6452	.48237	.06126		
	Total	300	1.6533	.47670	.02752		

The Anova's descriptive table 8 displays the suffering with chronic diseases by their sub caste. The table indicates that the summary of the data on suffering with leprosy ( $P=0.304$ ), heart burn ( $P=0.119$ ), diabetics ( $P=0.455$ ), blood pressure ( $P=0.538$ ), any other ( $P=0.883$ ), the mean and standard deviation values shows that there is no difference by their sub caste wise categories. Therefore, there is no statistically significant difference among the respondents by their sub caste at 0.05 level. Hence, the null hypothesis was accepted and the research hypothesis was rejected.

The opinion on suffering with cancer diseases by their sub caste. The ANOVA table described that the calculated F value is 2.570 and which is higher than table value so it is inferred that there is a significant difference opinion by their sub caste wise categories. Hence, the null hypothesis was rejected and the research hypothesis was accepted.

**Table -9: Satisfied with the medical treatment Vs. Place of Residence**

**H<sub>0</sub>:** There is statistically no significant difference of satisfied with the medical treatment by their place of residence.

Place of Residence	Are you satisfied with the medical treatment		Total
	Yes	No	
Guntur	33	42	75
	11.0%	14.0%	25.0%
Gurjala	33	42	75
	11.0%	14.0%	25.0%
Narsaraopet	33	42	75
	11.0%	14.0%	25.0%
Tenali	33	42	75
	11.0%	14.0%	25.0%
Total	132	168	300
	44.0%	56.0%	100.0%

$\chi^2=0.000$ ,  $df=3$ ,  $P < 1.000$ , Not Significant at 0.01 level

Many studies on the health seeking behaviour among tribals tend to neglect and postpone their medical treatment due to many reasons. It is, therefore, hard to expect that in tribal communities promptly seek medical care when needed. The data show that 44.0 per cent are satisfied by getting treatment. About 56.0 percent are not satisfied regarding the getting of medical treatment.

The study shows the results of the Chi-square test that there is any significant difference between place of residence and satisfied with the medical treatment ( $P= 1.000$ ) at 0.01 levels. The results show that there is no statistically significant difference of satisfied with the medical treatment by their place of residence. Hence, the null hypothesis was accepted, and the research hypothesis was rejected.

### Conclusion:

It reveals the different sorts of diseases attacked to the tribal communities due to lack of sanitation, malnutrition and environmental cleanliness. It also reveals that hospital facilities, nature of delivery have a greater influence on the health care of the tribal's. The prevalence of health problems was underlined by health service providers. The ASHA workers have undertaken the health education program delivered by them is making more people to access healthcare services.

### References:

1. **Anil Kumar and Surya Prabha (2015)**, "A Study on Tribal Living and Socio- Economic Conditions among East Godavari District in Andhra Pradesh International, *Journal of Humanities, Arts, Medicine and Sciences*, Vol. 3, Issue. 9, Sep 2015, pp. 89-92.
2. **Chatterjee K.K, (1993)**, -Health Status of Tribal Women, *Social Change*, issues and Perspectives, Vol.23, No.4, pp.53-56.
3. **Harini Narayanan (2011)** -Women's Health Population Control and Collective Action, *Economic and Political Weekly*, Vol. XLVI, No. 3, pp. 39-46. Health Trap' in Selected Areas: A Case Study, *Journal of Health Management*, Vol.14, No.1, pp.51-65.
4. **Mishra, V. K. (2001)**, -Employment Opportunities for Tribal Disabled, *Yojana*, Vol-45, September, pp. 43-47.
5. **Nagaraja and Pallavi (2013)**, -Socio-Economic Status of Tribal Women: A Case Study in Karnataka, *International Journal of Global Research Analysis*, Vol.2, Issue 20, October, pp.99-101.