# Studies on Communicable Diseases and Preventive Measures in Tribal Areas in Andhra Pradesh

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Abstract: India having 62 scheduled tribes together with 13 primitive tribes with a population of more than 8.15 million constituting 22.3% of the population of the state as per 2001 survey. Health is an important component of the well-being of mankind and is a requirement for human being development. If general healthiness of a standard non-tribal Indian is substandard to the counterparts, the health of a typical Indian tribal is found to be much inferior compared to the non-tribal counterpart. The health status of tribal populations is very poor and most horrible of primitive tribes because of the isolation, remoteness and being mainly unchanged by the developmental procedure going on in India. There is a grave burden of communicable, no communicable and silent destroyer genetic diseases prevalent in tribal communities of Andhra Pradesh. The wide spread deficiency, illiteracy, malnutrition, absence of safe drinking water and hygienic conditions, poor maternal and child health services, unproductive coverage of national health and nutritional services, etc. Many of the transferable and parasitic diseases can be prohibited with timely intervention, health consciousness, and information, education and communication (IEC) skilled activities. In spite of the incredible advancement in the field of defensive and remedial medicine, the health care delivery services in tribal communities especially in Andhra Pradesh are still poor and need amelioration and strengthening with sustenance on the guidelines suggested to achieve the targeted goals of health for all in India. Except region detailed, tribe specific and need-based health care delivery system is evolved which is suitable, satisfactory, available, and reasonable, the goal of health.

Keywords: population, tribal, communities, child health, deficiency.

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# Introduction

India, an important determinant of social exclusion is caste. Even though STs are accorded special status under the fifth/sixth schedules of Indian Constitution, their status of the whole, especially their health, still remains isolated, tribal communities are highly disease prone and also they do not have required access to basic health-care facilities, they are most exploited, neglected and highly vulnerable to diseases with high degree of malnutrition, According to

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the World Health Organization (WHO), the definition of health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The health status of any community is influenced by the interplay of health consciousness of the people, socio-cultural, demographic, economic, educational and political factors. The common beliefs, traditional customs, myths, practices related to health and disease in turn influence the health seeking behavior of autochthonous people (Balgir 2004a). There are several communicable diseases prevalent among the tribals of Andhra pradesh. These are: Tuberculosis, Hepatitis, Sexually Transmitted Diseases (STDs), Malaria, Filariasis, Diarrhoea and Dysentry, Jaundice, Parasitic infestation, Viral and Fungal infections, Conjunctivitis, Cough and Cold, HIV/AIDS, which is spreading like wild fire, etc. due to lack of sanitation and unhygienic living. This means tribal people or scheduled tribes, who constitute 8.6 per cent of India's total population, are actually facing triple burden of diseases: communicable diseases (malaria, tuberculosis, leprosy etc.), non-communicable diseases (diabetes, cardiovascular and cancers) and mental health problems like stress, substance abuse and so on.

# **Tribal Health Culture**

Tribal communities are mostly forest dwellers. Their health system and medical knowledge over ages known as 'Traditional Health Care System' depend both on the herbal and the psychosomatic lines of treatment. While plants, flowers, seeds, animals and other naturally available substances formed the major basis of treatment, this practice always had a touch of mysticism, supernatural and magic, often resulting in specific magico-religious rites (Balgir, 1997). Faith healing has always been a part of the traditional treatment in the Tribal Health Care System, which can be equated with rapport or confidence building in the modern treatment procedure. For example, the doctor priests of the Saora tribe utilize several herbs and roots in conjunction with their magico-religious rites in Andhra Pradesh. Health problems and health practices of tribal communities have been profoundly influenced by the interplay of complex social, cultural, educational, economic and political practices. The study of health culture of tribal communities belonging to the poorest strata of society is highly desirable and essential to determine their access to different health services available in a social set up.

### **Health Programs in Tribal Areas**

The situation is no good when it comes to manpower. In 2017, there was 82% shortfall in specialist doctors, 33 % of lab technicians and 28% of staff nurses in tribal areas. The panel has observed that there is powerful evidence that health worker ASHA is "a very appropriate, feasible and effective way" of bridging the health gap in tribal areas but there was lack of appreciation about it in State Health Missions. Visakhapatnam Agency is one of the biggest tribal regions in Andhra Pradesh with about 6.5 lakh people living in 3,500 tribal hamlets spread over 11 mandals in the district. Lack of access to safe drinking water, unhygienic surroundings, lack of proper accessibility and superstitions among tribal people put their lives at risk. Usually, spraying of insecticides has to be done during April, May and June every year. "But its delay is reducing the effectiveness of the programme. April and May being the hot summer months, the insecticide would kill the mosquitoes before the breeding season.

While the disease burden among tribal populations is high, health infrastructure in tribal areas is inadequate. This, the panel says, is worrying because scheduled tribe populations heavily rely on public health system despite barriers of access. Tribal are now seeking more of modern health care, and the influence of traditional healers is on a decline. Therefore, it is necessary to strengthen the public health system in these areas.

Each Accredited Social Health Activist (ASHA) worker serves between 200 and 500 households under her jurisdiction. An ASHA worker in Paderu, for example, A patient has to be given at least six tablets under the two-day course, and the ASHA worker' stock would not suffice to treat even 10 patients. There is no supply of diclofenac, which is a pain killer.

The Praja Arogya Vedika (PAV) had submitted a memorandum to the then District Collector in July last year seeking the setting up of a dengue confirmation test centre at Araku Valley to prevent exploitation of the poor tribal patients by private diagnostic centres, which were charging exorbitantly.

# **Communicable Disease**

A communicable disease is one that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus; or by being bitten by an insect.

Reporting of cases of communicable disease is important in the planning and evaluation of disease prevention and control programs, in the assurance of appropriate medical therapy, and in the detection of common-source outbreaks. California law mandates healthcare providers and laboratories to report over 80 diseases or conditions to their local health department. Some examples of the reportable communicable diseases include Hepatitis A, B & C, influenza, measles, and salmonella and other food borne illnesses.

# **Spreading Of Communicable Diseases**

These diseases spread depend on the specific disease or infectious agent. Some ways in which communicable diseases spread are by:

1) Physical contact with an infected person, such as through touch (staphylococcus), sexual intercourse (gonorrhea, HIV), fecal/oral transmission (hepatitis A)

2) Bites from insects or animals capable of transmitting the disease (mosquito: malaria and yellow fever; flea: plague); and

3) Travel through the air, such as tuberculosis or measles.

The people in their daily life consciously or subconsciously modify the environment and ecological aspects of their habitat, which in turn increase the risk for communicable diseases. The communication of diseases is dependent either on the direct contact or on the indirect agents like breathing, sputum, stool, saliva, urine, etc. The venereal diseases are communicated through direct contact and tuberculosis is communicated through indirect contact such as breathing. Thus, the communicable diseases are those diseases, which pass from infected person to a healthy person by direct or indirect contacts through infectious agents. Sometimes, viral or bacterial infections cause death in a large numbers and threaten the survival of mankind. They frequently become victims of repeated epidemics of the abovementioned contagious diseases. Poor diet and nutrition enhances susceptibility of communication to infectious diseases. Besides, lack of personal and domestic hygiene, overcrowded living are also the causative factors responsible for this kind of disease.

Communicable diseases are those diseases that may be transmitted from person to person, food, water and/or animals and are the most common cause of school absenteeism.

# **Prevention and Control Measures Are**

1. Enforcing immunization laws and practicing universal precautions/ blood borne pathogen procedures according to School Board policies, and ASHA regulations.

2. Ongoing health education relating to disease prevention, hygiene measures for students, families and school personnel.

- 3. Implementing good hand washing procedures.
- 4. Implementing case isolation and effective treatment.

In order for a communicable disease to occur the following factors must be present:

- a) A microorganism of sufficient strength (virulence)
- b) A person who is susceptible (lowered immunity)
- c) An environment supportive to the agent's transmission

# **Types of Transmission**

**Direct Transmission**–occurs when an infectious agent enters a receptive portal, i.e., through direct contact as: touching, kissing, biting, or projecting air droplets by sneezing, talking, spitting, coughing.

**Indirect Transmission**–occurs when an infectious agent is deposited on contaminated objects or materials, i.e., toys, soiled clothes, bedding, cooking or eating utensils, food, and water.

### Non-communicable diseases

Non-communicable diseases (NCDs) are disease processes that are not contagious or transferable from one human to another. Random genetic abnormalities, heredity, lifestyle or environment can cause non-communicable diseases, such as cancer, diabetes, asthma, hypertension. Autoimmune diseases, trauma, fractures, malnutrition, are in the category of non-communicable diseases.

**Cancer:** Cancer is a non-communicable disease that affects all ages. As stated by the CDC in 2005, the three most common cancers among women are breast, lung and colorectal. The three most common cancers among men are prostate, lung and colorectal. Lung cancer is at the top of the list for cancer deaths in men and women.

**Diabetes:** Diabetes affects the way the body uses blood glucose. The Mayo Clinic states that type 1 diabetes develops when the immune system destroys the insulin-producing cells in the pancreas, allowing a buildup of glucose in the blood. In type 2 diabetes, the cells resist the insulin and cause an increase of glucose in the blood.

**Hypertension:** Hypertension is a non-communicable disease diagnosed when the systolic reading (top number of the blood pressure reading) is consistently higher than 140 and/or the bottom number, or diastolic reading, registers higher than 90. A blood pressure of 140/90 millimeters of mercury (mmHg) or higher indicates hypertension. Causes of hypertension include excessive salt intake, smoking, diabetes, obesity and kidney disease.

### Preventing and Controlling of Non Communicable Diseases

Non communicable diseases (NCDs) impose a significant burden on health and development in the Western Pacific Region. NCDs are the leading causes of death and disability in the Region. WHO Western Pacific Regional Office supports Member States in the prevention and control of NCDs to:

- Raise priority accorded to NCDs through international cooperation and advocacy.
- Strengthen national capacity, governance, multispectral action, and partnerships.

- Reduce the major modifiable risk factors, such as tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity.
- Develop and implement effective legal frameworks
- Orient health systems through people-centered health care and universal health coverage.
- Promote high-quality research and development.
- Monitor trends, determinants and progress to achieve global, regional and national targets through evidence-based interventions.

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The Regional Office's work is guided by the Western Pacific Regional Action Plan for the Prevention and Control of NCDs (2014-2020), the Global Action Plan for the Prevention and Control of NCDs (2013-2020), and the regional commitments of Member States. The regional action plan recognizes that many of the most effective actions necessary to tackle the NCD burden lie outside the health sector. Policies in sectors responsible for education, trade, food, alcohol and urban development need to be as much part of the action on non communicable diseases as the responses from the health sector. A health-in-all-policies approach will increasingly play an important role in rendering visibility to the need for dialogue and consensus on the impact of policies on health in general and the NCD epidemic in particular.

# Conclusion

The scheduled tribes are at different stages of social, cultural and economic development. The cultural pattern varies from tribe to tribe and region to region. The economic life of the tribal's is specific in nature. Based on the manner in which the tribal's primarily and distinctly make their living, the Indian tribal's can be classified into seven groups. The status of the tribal population with respect to these health outcomes implicates susceptibility of the community towards CVDs. Drastic changes in various aspects of the life of tribal people, with their traditional ways of living, might make them more prone towards these lifestyle disorders. Combating CVDs, a major public health challenge among developing nations, requires intervention programmes including lifestyle and diet modifications. Identifying the community specific risk factors might help in implementation of health programmes at grass root level leading to reduction in the common disorders among the tribal population.

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