
**A STUDY ON HEALTH STATUS OF IRULA TRIBES IN MULLANKADU,
COIMBATORE DISTRICT, TAMILNADU, INDIA**

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ABSTRACT:

Modern medical practice and public health are concerned about the health of individuals and populations. World Health Organization (WHO) describe health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." With more than 84.4 million, India has the largest population of the tribal people in the world. India is the home to large number of indigenous people, who are still untouched by the lifestyle of the modern world. Some of the major tribal groups in India include Gonds, Santhals, Khasis, Angamis, Bhils, Bhutias and Great Andamanese. Irula tribe live in two south Indian states – Tamil Nadu and Kerala. In Tamil Nadu they live in the Nilgiris, Coimbatore and Erode districts. In Kerala they live in the Palakkad district Attapady and Walayar panchayats. The Objective of the study is to know about the demographic details of the respondents, to know about the health condition of the Irula Tribe, to understand the personal hygiene of the Irula tribe, to know about the lifestyle of the Irula tribe and to gain knowledge about diseases prevalent among Irula tribe.

INTRODUCTION

The word "health" derives from Middle English health, meaning hale, hearty, sound in wind and limb. Modern medical practice and public health are concerned about the health of individuals and populations. However, for most individuals and for many cultures, health is a philosophical and subjective concept, associated with contentment and often taken for granted when all is going well. Health in this sense is difficult to describe or define, but its absence is readily recognizable, even when replaced by minor departures from an accustomed level of health. The preamble of the World Health Organization (WHO) describe health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Tribes

India is the home to large number of indigenous people, who are still untouched by the lifestyle of the modern world. With more than 84.4 million, India has the largest population of the tribal people in the world. These tribal people also known as the adivasi's are the poorest in the country, who are still dependent on hunting, agriculture and fishing. Some of the major tribal groups in India include Gonds, Santhals, Khasis, Angamis, Bhils, Bhutias and Great Andamanese. All these tribal people have their own culture, tradition, language and lifestyle.

The Scheduled Tribes comprises of about 8.6 percentage of the total population of India. Factors like health, education, employment/income, hygiene/sanitation and standard of living has a major impact on the challenges faced by the tribal communities and their health status. Health problems like diarrhoea, parasitic infestation, infective hepatitis, enteric fever and waterborne diseases which are prevalent in these tribal rural hilly areas. In India, 427 groups have been recognized as scheduled tribes. They form approximately 8.6 per cent of the total Indian population. These tribal groups inhabit widely varying ecological and geo-climatic conditions (hilly, forest, desert, etc.) in different concentration throughout the country with different cultural and socioeconomic backgrounds. Due to their remote and isolated living, tribal groups are difficult to reach.

Irula Tribes

Irula tribe live in two south Indian states – Tamil Nadu and Kerala. In Tamil Nadu they live in the Nilgiris, Coimbatore and Erode districts. In Kerala they live in the Palakkad district and Attapady and Walayar panchayats.

The Coimbatore district houses 4254 Irula in 40 settlements comprising 139 villages. Nearly 100 Vettakada Irula settlements are found in the forest areas or in the deep mountainous jungles. Irula is a small tribal community, whose language spoken in south-eastern India, belongs to the Dravidian family. They belong to the Negrito (or negroid) race which is one of the six main ethnic groups that constitute the racial mosaic of India. The origin of the word “Irular” is not clear. Some surmise that the word “Irula” is derived from the Tamil word “Irul” implying the dark complexion of the Irular, often being spotted by villagers as distinct silhouettes in the forests. Supporting their local name, the forest people themselves claim to have originated from darkness. While others are of the opinion that the word “Irular” is a derivative of the archaic word “Irular” which means ‘one who digs tubers’, as the indigenous people of that time engaged in the aforesaid activity. Traditionally, the main occupation of the Irula has been snake and rat catching. They also work as labourers (coolies) in the fields of the land lords during the sowing and harvesting seasons or in the rice mills. Fishing is also a major occupation.

REVIEW OF LITERATURE

Mehta (2000) presents an overall review of the tribal development measures adopted during the 20th century. According to him the government failed to provide them basic minimum needs for their subsistence. The first halves of the century were administered by the British government and the local rulers. They were not bothered about their needs and welfare. Hence, during the first half of century they were exploited by the then rulers.

Srivastava (2006) in his article 'A note on the Tribal Situation in India' reveals that the all tribal societies were pre-literate scantily dressed, relatively out off from other societies of the wider world, had few personal effects, lived in similar types of habitations and the values of accumulation, investment, gain, profit and surplus were largely alien to them. Consensus does not exist on the number of communities in India that could actually classified as 'tribal' because of the changes that have 66 occurred (and are occurring) among them, are line of argument is that Indian tribes do not subscribe to their textbook definitions.

STATEMENT OF THE PROBLEM

Health is a pre-requisite for human development and is essentially concerned with the well-being common man. Health is a function, not only of medical care, but also of overall integrated development of society- culture, economic, educational, social and political. The health status of the society is intimately related to its value system, philosophical, and cultural traditions and social, economic and political organization.

Each of these aspect has a deep influences of health, which in turn influences all these aspects. Primitive tribal groups of our society have special health problems. Insanitary conditions, ignorance, lack of personal hygiene, and health education are the main factors of their ill health. The health and nutrition problems of the vast tribal population of India are the varied as the tribal groups themselves who present the bewildering diversity and variety in their socio -economic, socio- cultural and ecological settings. Thus, the present study has been taken by the researcher to find out the health status of Irula Tribe.

OBJECTIVES

- To study the demographic details of the respondents
- To know about the health condition of the Irula Tribe
- To understand the personal hygiene of the Irula tribe
- To know about the lifestyle of the Irula tribe
- To gain knowledge about diseases prevalent among Irula tribe

AREA OF THE STUDY

The research was conducted in Mullankaadu Village, Coimbatore District.

UNIVERSE OF THE STUDY

Irula Tribe living in Mullankaadu village constitute the universe of the study.

SAMPLE AND SAMPLING OF THE STUDY

Samples were selected through Convenient Sampling method which is non probability sampling method. The convenience sampling method involves the sample being drawn from that part of the population that is close to hand.

SAMPLING SIZE

Data was collected from 40 respondents belongs to Irula tribe living in Mullankaadu village.

RESEARCH DESIGN

Research design is a logical and systematic plan prepared for conducting a research study. The design used for this study is descriptive in nature. Descriptive research design are those which are concerned with descriptive the characteristics of a population or phenomenon being studied. The present study is descriptive as it makes an attempt to describe many health aspects of Irula tribe such as living condition, knowledge on some ailments / diseases.

TOOLS OF DATA COLLECTION

In the present study, self-structured interview schedule was used for data collection.

FINDINGS

- 42.5% of the respondents are below 45 years
- 72.5 % of the respondents are belongs to male category
- 85% of the respondents are comes under the married category
- 42.5% of the respondents have primary level education
- 87.5% of the respondents are coolie workers
- 97.5% of the respondents do not have own land.
- 65.5% of the respondents' monthly income falls below Rs.6001
- 57.5% of the respondents do not save their money because they are all comes under the below poverty line.
- 95% of the respondents were seeking medical help only from doctors and only 5 % of them using traditional healing methods for their illness

- 95% of the respondents educate their children
- 65% of the respondents were living in a concreted house
- 80% of the respondents use television for their entertainment
- 55% of the respondents have mobile phones
- 87.5% of the respondents have own vehicles
- 95% of the respondents are using public toilets in their area
- 97.5% of the respondents are using public taps for water
- 77.5% of the respondents are did not admitted in hospitals
- 82.5% of the respondents did not affected by any ailments or diseases in their life
- 95% of the respondents do not affected any cold and cough in that area
- 95% of the respondents do not affected by dengue or typhoid fever in their life time
- 90% of the respondents did not affected by chickenpox
- 72.5% of the respondents answered that lack of medical facility is not a main reason for the diseases
- 62.5% of the respondents use tobacco
- Majority (95%) of the respondents aware about cancer
- 55% of the respondents have said that they do not attended any health camps in that area
- 80% of the respondents aware about the HIV/AIDS

SUGGESTION

- Provide adequate awareness about the basic communicable diseases and ailments
- Provide better sanitation and drinking water facilities for improving the social conditions of the tribal peoples.
- Ensure proper availability of services from government hospitals, private hospitals, PHCs, sub centres, CHC, clinics etc. voluntary organisation and from various health agents like JPHN, Anganwadi workers, tribal promoters, etc.
- Provide adequate transport facilities in order the health care facilities.

SOCIAL WORK INTERVENTION WITH TRIBAL PEOPLES

Social case work is a profession and academic discipline that seeks to improve the quality and subjective well-being of individuals, families, couples, groups, and communities through research, policy, community organization, direct practice, crisis intervention, and teaching for the benefit of those affected by social injustice, including violations of their civil liberties and human rights. The profession is dedicated to the pursuit of social justice and the well-being of oppressed and marginalized individuals and communities.

Social Case Work

Social case work is one of the primary methods of social work where an individual is focused to solve his problem. Case work helps the total individual, i.e., with every aspects of his life (psychological and environmental-social and physical factors). Case worker provides assistance to every individual in accordance to his problem and need.

Social Group Work

Social Group Work is a psychosocial process which is concerned no less than with building on the interests of the group for a social purpose. Group work mainly sees the situation and try to solve the problems of the individuals. For every individual the group is the main source of strength and renders everybody helping hand. The social worker also conducted Social Group Work among the tribal people to make them involve in the developmental activities.

Community Organization Programme

The social worker can conduct community organization programme to give awareness to tribal peoples about hygiene and healthy practices and both communicable and non-communicable diseases and importance of proper sanitation facility.

CONCLUSION

The study concluded that the Irula people rely more on the indigenous system of curing diseases and herbal medicine which are easily available and used to treat many common diseases. The study encourage the government to focus on these kind of peoples and their developmental activities. Tribal traditional medical units should be established at all sub centre areas of each PHC. The PHC should be equipped with the required infrastructure in each and every block. Health education should be given to the tribal people and guidance and counselling should be provided to the tribal youth.

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