

A comparative study on the health status of two tribal groups (Paniyas and Kattunaikens) of Nilambur forest, Kerala

* Rahana Moideen Koya VK, Vrinda K, Shabna VC, Naznin Shajahan

Assistant Professor, Department of Zoology, Farook College, Kozhikode, Kerala, India

Abstract

Health status is a holistic approach that is achieved by maintaining and improving health through efforts and intelligent lifestyle of individuals and the society. Even though the tribals constitute about 8.6% of India's total population, they are considered as the socially and economically backward and abandoned sections of the society. A study was done among the two tribal inhabited areas of Nilambur forest, Kerala. Which was aimed to compare the health status of two tribal groups, Paniyas and Kattunaikens. The study was conducted during March 2016 to June 2016. Survey was conducted using a questionnaire which includes personal details, educational status, percentage occurrence of various diseases, their access to health care systems, their attitude towards governmental policies and suggestions to concerned authorities. The sample size was 50, including 25 Paniya families and 25 Kattunaiken families. The study showed that non communicable diseases were more common among Paniyas while communicable diseases were prevalent among Kattunaikens which reflected to variations in their lifestyle pattern.

Keywords: paniyas, kattunaikens, health, Nilambur

Introduction

Health is the level of functional or metabolic efficiency of a living organism. In humans, it is the ability of individuals or communities to adapt and self-manage when facing physical, mental or social challenges. The World Health Organization (WHO) defined health in its broader sense in its 1948 constitution as, "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. Systematic activities to prevent or cure health problems and promote good health are undertaken by health care providers.

Several studies conducted in the past among various tribes revealed wide variation in their health and nutritional status which is determined by their individual socio economic, socio biological as well as socio cultural practices. The environmental conditions in which they live, their access to health care facility and their utilization also significantly determine the overall health status.

The present study mainly focuses on the two prominent tribal groups of Nilambur forest, Paniyas and Kattunaickens. The study tries to bring out a comparative evaluation of the health status of the two communities as they show variations in their lifestyle and standard of living. The study area included the Nedumayam forest and the Appankappu colony of Vazhikadav range. Paniyas are more social and advanced group who now tries to come forward to the society and are aware of their rights and facilities. They make use of their facilities to an extend. But in contrast, the Kattunaickens are still leading a primitive way of life and are confined to their settlements. They seldom try to come out of their area and join the society. This difference in lifestyle clearly reflects in their health status as well, which we will discuss in later sections.

Methodology

The investigator used the survey method to conduct the study. A questionnaire was prepared including all the aspects such as the educational status, occurrence of various diseases for the past five years, kind of treatment taken etc. The questionnaire was divided into 3 sections.

The first section deals with the personnel details of the family such as number of family members, age, educational status, marital status, height, weight & BMI. Information regarding the infants in the family, any still birth and details of vaccination given to the children were also included in the first section. The second section deals with different types of diseases that are likely to occur within the colonies. Diseases were categorized as genetic, communicable, and non-communicable and all aspects of the diseases such as name, cause, hereditary background, duration of onset of disease, kind of treatment taken, whether the patient consume alcohol, tobacco, cigarette etc. The third section deals with socio-economic aspects of the family. Information regarding the incentives and concessions provided by the government; whether they receive it regularly or not, whether they make use of these incentives etc were enquired. The section also deals with questions that evaluate the degree of satisfaction among the tribal people regarding the attention given to them by the government, whether they have any further suggestions and opinions were also discussed in this section ere added in detail in this section on.

The data was collected by using the questionnaire. The investigator visited the area of study and questionnaire was filled by the investigator itself, through direct communication with the respondents. Prior to the visit, permission was obtained from the DFO, Nilambur south division and also from concerned range officers. The investigator was

accompanied by a forest guard and watcher to interact with the tribal people.

Result and Discussions

The study revealed that both the tribal communities had many similarities as well as differences. They showed similarity in overall educational status, socio- economic aspects, etc. while a slight variation was observed in the disease occurrence pattern within the communities.

Many studies have been conducted related to tribal health and their illiteracy and many studies have concluded that illiteracy is one of the major cause of their poor health conditions. Of

the total Paniya population under study, 29.66% have managed to get primary education and 46.66% have studied up to higher secondary level. Majority of them have dropped their studies from this level. The percentage of graduates among the Paniyas is only 1.69% of the total population. 22.05% have never gone to school at all.

Among the Kattunaicken community, 37.03% of the total population have primary level education and a major portion, 40.74% have acquired higher secondary level. Here also, most of them dropped studies after this level and hence the percentage of graduates among them is just 0.74% of the total population. 17.77% have never been to school.

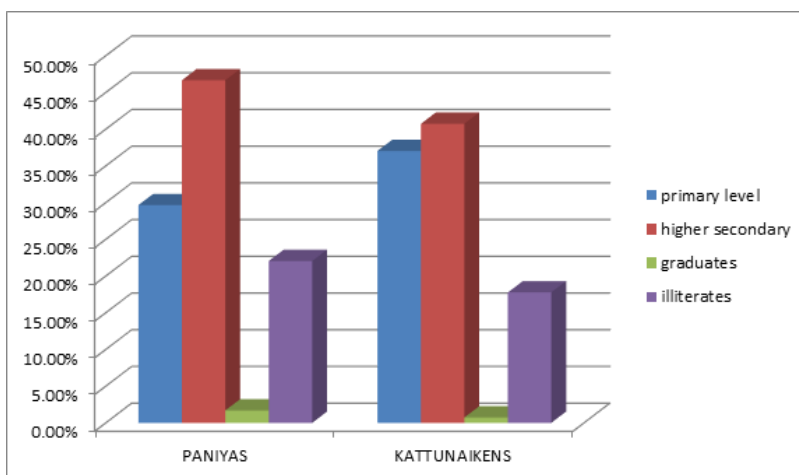


Fig 1: Comparison of educational status of Paniyas & Kattunaikens

Types of diseases prevalent among the tribal communities

The different diseases were categorized into six groups for the convenience of the study as genetic, communicable, non communicable, nutritional deficiency diseases and the last category included any others. The occurrence of various diseases since the past five years was enquired from the families. Paniyas showed more percentage of occurrence of non-communicable diseases especially those termed as lifestyle diseases. This is a clear indication of changing lifestyles of the tribal people. Paniyas under study leads a more social life than other tribal groups. Their living standards were also comparatively better. Of the six categories of diseases, they showed highest percentage of occurrence of non-communicable diseases (48.78%),

followed by communicable diseases (41.46%). There were equal proportion of occurrence of nutritional deficiency diseases and neurological disorders (2.43%). A very small proportion of population had genetic diseases. (2.43%).

In contrast to Paniyas, Kattunaickens showed highest occurrence of communicable diseases than non-communicable diseases. They still follow some of the old rituals and way of life. Of the six groups of diseases they highest percentage of occurrence of communicable disease (48.57%), followed by non-communicable disease (34.28%), nutritional deficiency diseases (11.42%), genetic disease (5.71%). They show a slight increase in percentage of occurrence of genetic disease than Paniyas.

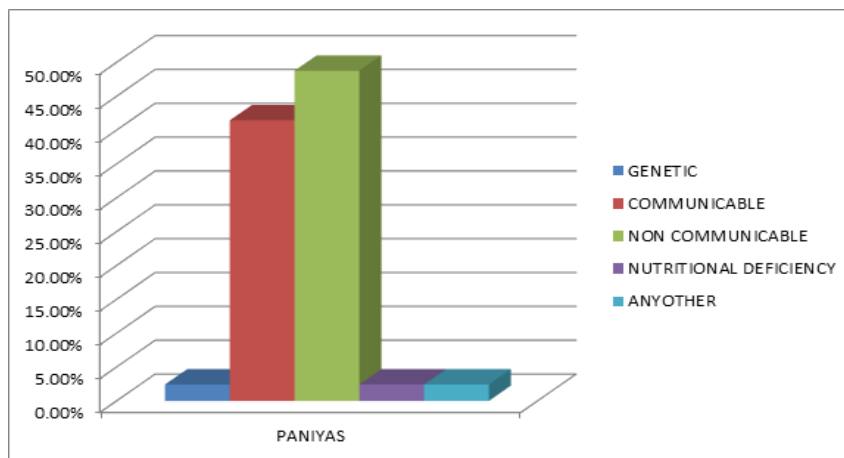


Fig 2: Percentage occurrence of various disease among Paniyas

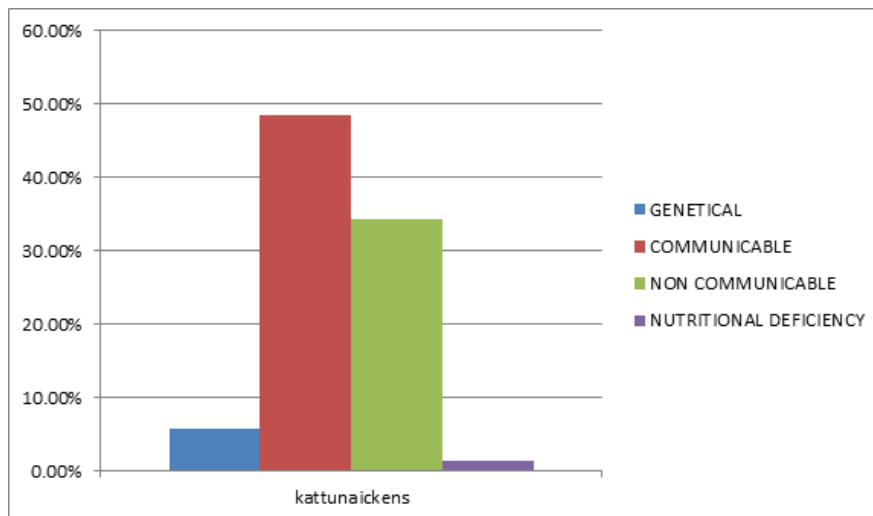


Fig 3: Percentage occurrence of various diseases among Kattunaikens

Analysis of BMI of both the communities showed a similar result. A good portion had a normal BMI range while majority of children among both communities belonged to underweight category. A small proportion were with overweight.

Table 1: Percentage proportion of BMI categories among paniyas and kattunaikens

BMI category	Paniyas	Kattunaikens
Under weight	14.5%	19.25%
Normal	82.25%	77.03%
Over weight	3.22%	3.7%

The overall hygienic conditions within the two communities were also much similar. About 28% among Kattunaikens lack proper sanitary facilities. Among Paniyas also a few percentage lack proper sanitation in and around their houses. Most of the families from Kattunaikens depended on the nearby river for water requirements, while most Paniyan families depended on public wells.

The socio- economic aspects were also more or less similar. Both colonies did not had proper roads, proper houses, reliable water sources etc. Methods to manage human animal conflicts were also poorly maintained. The suggestions from both communities were also almost same.

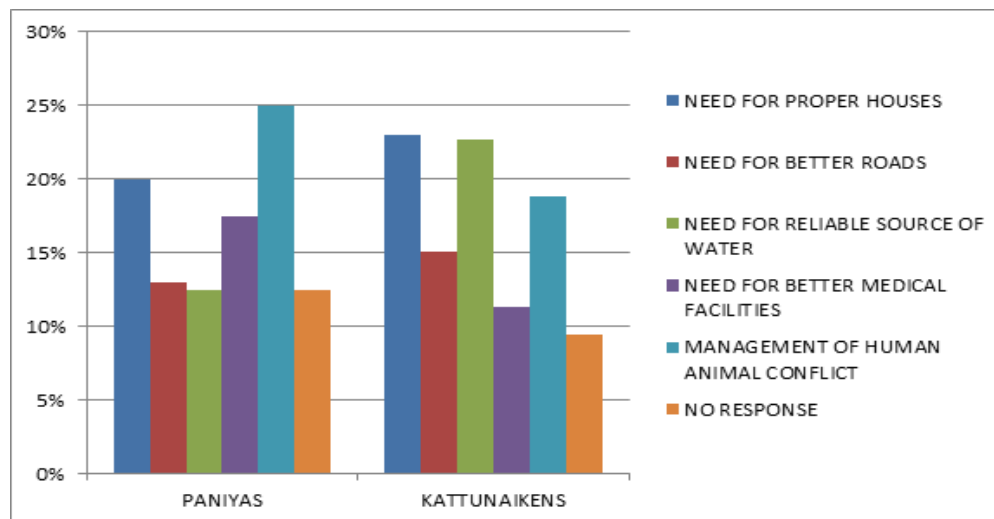


Fig 4

From the study it was revealed that Paniyas showed more percentage of occurrence of non-communicable diseases, especially diabetes and BP, which is a clear reflection of their changing life style. Kattunaikens showed more occurrence of communicable diseases, owing to their poor hygienic aspects of the colony.

References

1. Ajeet Jaiswal. Health and nutritional status of primitive tribes of Madhya Pradesh, Bhumia. Global journal of human social science. 2013; 13(1):15-18.
2. Gautham Kumar Kshathriya. Chaging perspectives of

- tribal health in the context of increasing lifestyle diseases in India. *Journal of environmental and social sciences*. 2014; 1(1):1-7.
3. Mary Angeline Santhosh, Umesh Samuel. A study on health status of elderly Irular women of Kancheepuram district. *Journal of humanities and social science*. 2013; 7(2):1-4.
 4. Vineesh Kumar. Empirical Analysis of Health and Nutritional status of Tribal Children in Waynad district, *Asian Journal of Research in social Science and Humanities*. 2014, 4(10).