

Morbidity Pattern among the Tharu Tribal Population as an Indicator of Health Status

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Abstract

A thorough examination of the morbidity profiles among the Tharu tribal population and an evaluation of the related factors are required to improve the delivery of health care to the different Tharu groups and to estimate the cost of that care, a total of 1,722 subjects were randomly selected from September 2002 to August 2003 in the five districts of Tharu inhabit area. Data on socio- demographic and health characteristics were collected using a structured interview schedule. When available, the medical records and medications taken by the subjects were also cross-checked. Of the total subjects, 15.04% reported Cholera/ Diarrhoea, followed by Malaria (12.66%) and Anaemia (11.03%). The most common morbidities were Chicken pox/ Measles, Malaria, Meningitis, Pneumonia, Respiratory diseases, Tuberculosis and Skin and nail infection are due to the environmental or sanitary habits and personal hygiene. Morbidity was significantly associated with employment, household income, alcohol intake, self-assessed health status, and worries about health. These data will enhance understanding of the patterns of health problems among different Tharu groups and will contribute to the application of appropriate intervention strategies.

INTRODUCTION

It is a well established fact that there is a relation between type of disease and ecology. It has been observed that there are some particular diseases which are found in certain ecology and the people who live in these areas also suffer from these disease. It is true that apart from ecology and climate condition there are also some social and economic factors like belief, practices, knowledge, education, occupational pattern, income, food habits etc., which directly or indirectly act as barrier either to eradicate or to diminish the frequency of incidences of the disease prevalent and the frequency of cases become high due to some socio- economic factors.

Modern medicine has had a primarily biological orientation (Jaco, 1958) but the basic

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concern with social and cultural aspects of the maintenance of health and the etiology of disease is deeply rooted in medical history. Since the first five year plan period, steps for preventive and curative measures for better health were taken both by the government and voluntary organizations, but till today the modern health programmes are not well accepted amongst the rural people of this country, more particularly among the Scheduled Tribe communities. Generally, the Scheduled Tribe people live in remote and inaccessible areas. It is common belief that illness is a punishment for wrong doing, which is wide spread in human society. Where it occurs, the social order is identified with the moral order of a universe in which health depends on virtue. The difficulty of defining disease is implied in the very structure of the word: 'dis- ease'. So many different kinds of disturbance can make a person feel not at ease and lead him to seek the aid of a physician that the word ought to encompass most of the difficulties inherent in the human condition.

Concept of Health

Health is one of the fundamental human rights. The international organization like the United Nation and the World Health Organisation has endorsed this principle.

Unfortunately, the health cannot be given or distributed, but has to be actively acquired and won. In order to know the ways of preserving and promoting health preventing and conquering disease, it is necessary to understand that one could be able to take proper measures and care necessary to built up health.

Concept of Illness

It is generally observed that the concept of health and disease in a society vary according to the social- cultural levels of the different states of society. The higher income groups with higher level of education, living standard and better knowledge affect the concept of health and disease as compared to the predominantly illiterate and lower income groups. In the tribal societies the differentiation is of rudimentary character and the socio-cultural levels are rather homogeneous. Where all failures, disappointment, suffering or material loss are attributed to evil spirits who constantly struggle for mastery and control over the destiny of man and receive the greatest attention everywhere among the tribal societies. So in all societies, primitive or advanced various charms, amulets and similar practice are used.

Morbidity

There are hundreds of diseases which kill persons and sometimes more than one disease leads to death. Morbidity refers to the study of diseases in a population. In India it may be observed that fever- which includes Malaria, typhoid, measles, diphtheria and meningitis has been a very important cause of death. Since diseases often cause death, morbidity is an important factor in population structural analysis. However, morbidity may be a more useful indicator than mortality, since it is related to the pain and sufferings of the people, while mortality is a terminal event. But the problem with morbidity is that it is difficult to measure without bias. Despite these well- recognised problems and difficulties of measurement, there can be little doubt that good information on morbidity is extremely useful (Sen, 1998). The morbidity is primarily influenced by the behavioural decisions of the individuals or family, besides genetically inherited health endowments and the health environment in which they reside. Thus, illness is not a random event, but one that is systematically related to the household- and community-level factors.

Self-perceived morbidity measure is based on morbidity information, pertaining to incidence or prevalent rate of illness, type of illness, functional disability indicators and use of medical services, collected through surveys. This measure however, critically depends upon a person's knowledge and perception of illness, and willingness to report the same. As

many scholars argue (Riley 1990; Johansson 1991; Vaidyanathan, 1995) such as perception of illness is subjective and culturally conditioned, varies over space and time and renders comparisons difficult. Observed morbidity measure, on the other hand is based on the illness pattern as assessed by an independent trained observer using specific methods that lend themselves for repetition with some degree of consistency. The methods include observing physical and vital signs, measuring physiological indicators by conducting laboratory tests, functional tests and making clinical diagnosis. Although clinically observed morbidity would yield more accurate data the method is seldom applied in practice due to the high cost involved in collecting the data. Hence, most large-scale morbidity surveys depend on the responses of individuals to structured questionnaires. The information is collected through a set of questions relating to illness symptoms, severity of illness, functional disability, and the use of health services.

Having these concepts and views in our mind the above topic was chosen for study is and necessary field work was conducted. Since every population is different in its ecology and Eco- niche, which influences the socio- cultural patterns and practices of the people, it also creates curiosity and eagerness.

The Tarai- The Habitat of the Tharus:

The Tarai Foot Hill Zone succeeds the Rain Forests Zone and extends for two- thirds of the length of Himalayas. It comprises a long narrow strip of the country running along the foot of the hills. The tarai extends to the whole sub- mountain region in Uttar Pradesh and Uttaranchal. This zone again has a great variety of eco- systems which are complex. Much of the zone has low lying lands and, though tarai receives moderate to low rainfall from monsoons which have travelled already long over the land, yet it is a complex of water-soaked land with swamps and mass vegetation, dense jungles and a northern forest screen traversed by numerous streams. This is the general character of Tarai Foot Hills. However, regular efforts through different malarial eradicating government programs the Tarai has changed drastically over the last 30-40 years, both ecologically and with regard to its population by massive human intervention.

Tharu is a generic term, which designates the score of people who inhabit the malarious area of the tarai region. The tarai is a vast swampy forest – clad alluvial tract of sub-Himalayan region. Tharus are a primitive tribe in the scheduled of the Government of India. They are semi- Hinduised people having Mongoloid affinity. They are of average medium height with round head and medium broad face, their cheek bones tend to be high and flat. They speak *Tharuhati* language but can communicate in Hindi and write in Devnagari script. Agriculture is their main stay. Though, they have adopted a patriarchal system, yet their women are dominant having a respectable place in their society and full authority to run the household. The characteristic features of the Tharu society is its division into numerous localized endogamous groups, normally separated from one another on the regional basis. In Uttar Pradesh and Uttaranchal, three major endogamous groups are recognized among them. They are the Rana, The Danguria, and the Pacchimaha but in the present study two more endogamous groups, namely the Katharia and the Jogia/ Gosain also added with them. The present study attempts to find out the kinds of diseases prevalent in the Tharu society, what is their concept about health, whom they consider healthy and whom they do not consider healthy?

METHODOLOGY

Since the population of the Tharus is too large, it was necessary that a proper sample representative of the Tharu universe is properly drawn. The entire Tharu population includes 1,78,638 souls, according to Indian Census 2001. It is noted from the literature that Tharus inhabit twenty tehsils in the five districts. It was virtually not possible to consider all

the villages inhabited by Tharus Therefore, attempts were made to draw a representative sample on the basis of the current distribution of Tharus. The Katharia Tharu of Nighasan block of Kheri district includes 200 household which is maximum studied household whereas Rana of Pallia block of Kheri district and Pacchimaha of Nautanwa block of Maharajganj district have the lowest (40 each) number which have been surveyed for the present study. Danguria Tharu of Mihinpurva block of Baharaich district includes 100 household, Danguria Tharu of Pachperva of district Balrampur and Jogia/ Gosain Tharu group U. S. Nagar district of Khatima block include 60 each household.

Present study was conducted on the different Tharu populations. For this study door to door survey was conducted and data has been collected through a specially designed interview-schedule. For sampling, both male and female individuals were selected; mainly head of the house- hold, educated person was interviewed. For collecting good information school teachers, doctors, medicine man, magician etc. were also interviewed.

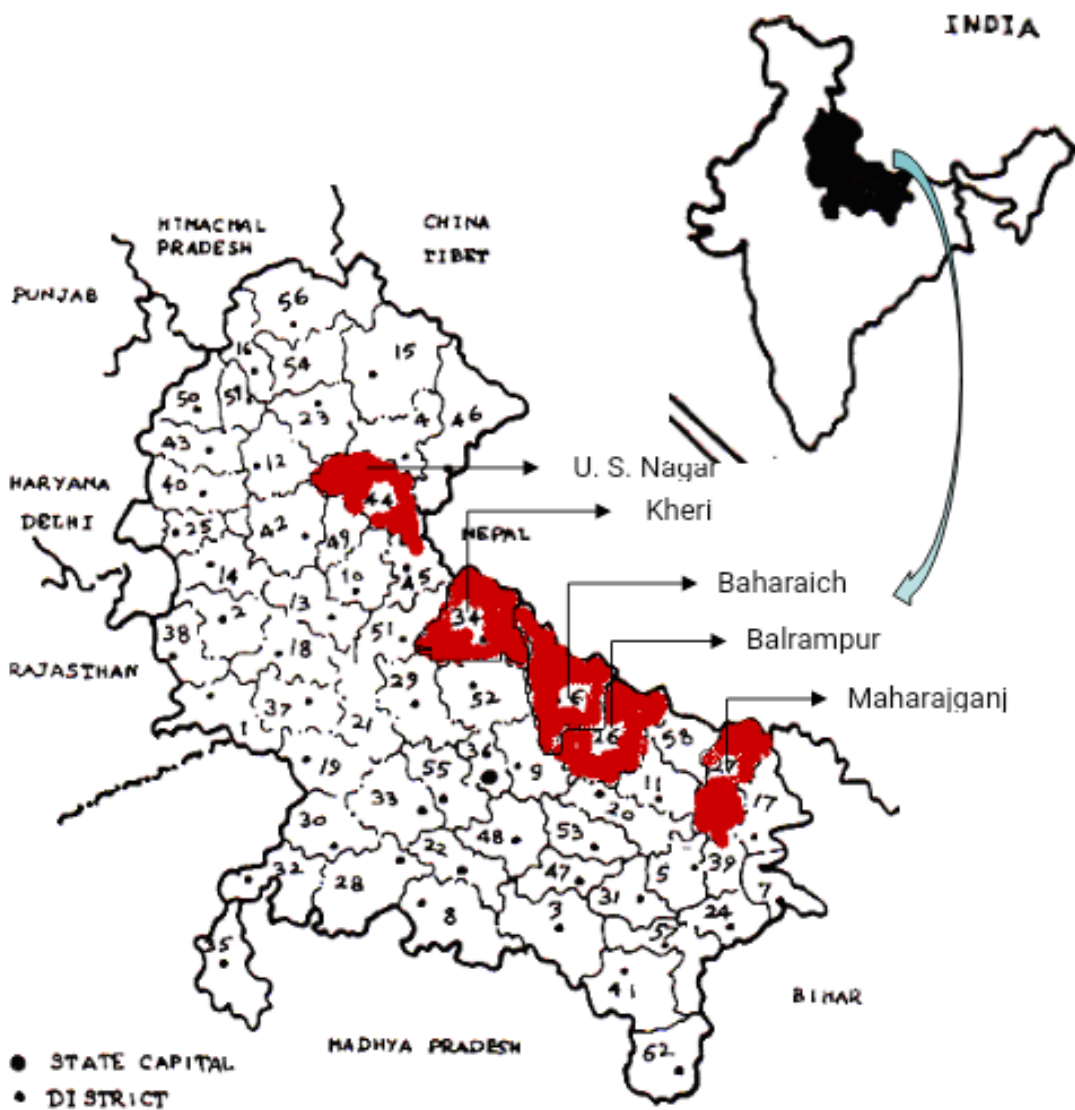


Figure 1: Distribution of Tharu Populations
(Uttar Pradesh and Uttarakhand combined)

RESULTS AND DISCUSSION

Morbidity Pattern

The morbidity is very much influenced by the availability of health infrastructure. Village-level information on the availability of and distance to various health facilities is combined and the data provides a measure of village health score. Hence, it is not possible to identify the effect of each of the health infrastructure variable. Household environment is an important determinant of morbidity.

The knowledge of the extent and severity of morbidity and its determinants are very important for several reasons. Firstly, it reflects the well-being or ill-being of the society. People's perception of illness is by itself an important phenomenon about which not much is known at present. Secondly, information on the prevalence, perception and type of illness would inform us about the burden and sufferings associated with illness.

Incidence of Diseases

The incidence of diseases is a measure of new cases of diseases within a particular population. Table present the incidence of the diseases noted among the Tharu population. Since the Tharus do have not any concept of health and hygiene, most of the diseases from which they suffer are due to infection and epidemic. The prevalence of water borne diseases is very high among the Tharu population. This high prevalence is usually due to certain behavioural practices besides the quality of safe drinking water. Among the Tharus diseases or illness are attributed to more than one cause. The table 1 shows the main diseases that is affecting Tharus, are Malaria, Cholera/ Diarrhoea, Pneumonia and Respiratory problems frequently however, the frequency of these diseases vary from group to group among the Tharu population. When compared between the groups on the basis of prevalent diseases, it is apparent from the table 1. that the frequency of Cholera/ Diarrhoea is very high (15.04%), this is followed by Malaria (12.66%) and Anaemia (11.03%).The diseases viz. Respiratory diseases, Pneumonia, Meningitis, Chicken Pox/ Measles, Tuberculosis, Cholera/ Diarrhoea and Malaria are very high among the Katharia (Th2) than the rest of the Tharu population. If comparison of the non- communicable diseases is made which has been presented in the table., the heart disease ranges from 4.44% in Jogia/ Gosain (Th5) to 35.56% in Katharia (Th2). The diabetes disease is also prevalent i.e. 3.37% among the Tharu groups. The causes of accident and injuries were found in the Tharu and this is due to fire and biting by insects or snakes. Its value ranges between 2.82% (PacchimahaTh4) to 36.62% (Katharia Th2). The table further indicates the prevalence of skin and nail infection, it contribute 10.86% among the Tharu prevalent diseases, it is mainly by the unavailability of safe drinking water. Because of the Tarai area the water level is shallow, so no regular practice of the use of deep drinking water. As indicated in the table the Osteoarthritis ranges from 4.00% to 40.00%, Anaemia which is the deficiency of red blood cells or their haemoglobin in the blood, the value indicate it is highest in Katharia (Th2) (31.05%) to that of Pacchimaha (Th4) (6.84%) which is lowest among rest of the Tharu groups. 'Other' category of disease found in Tharu populations are Filaria, Whooping Cough, Poliomyelitis, Cancer and Blindness etc. their lowest value (7.83%) in Jogia/ Gosain Th5 and highest percentage value (37.39%) in Katharia Th2.

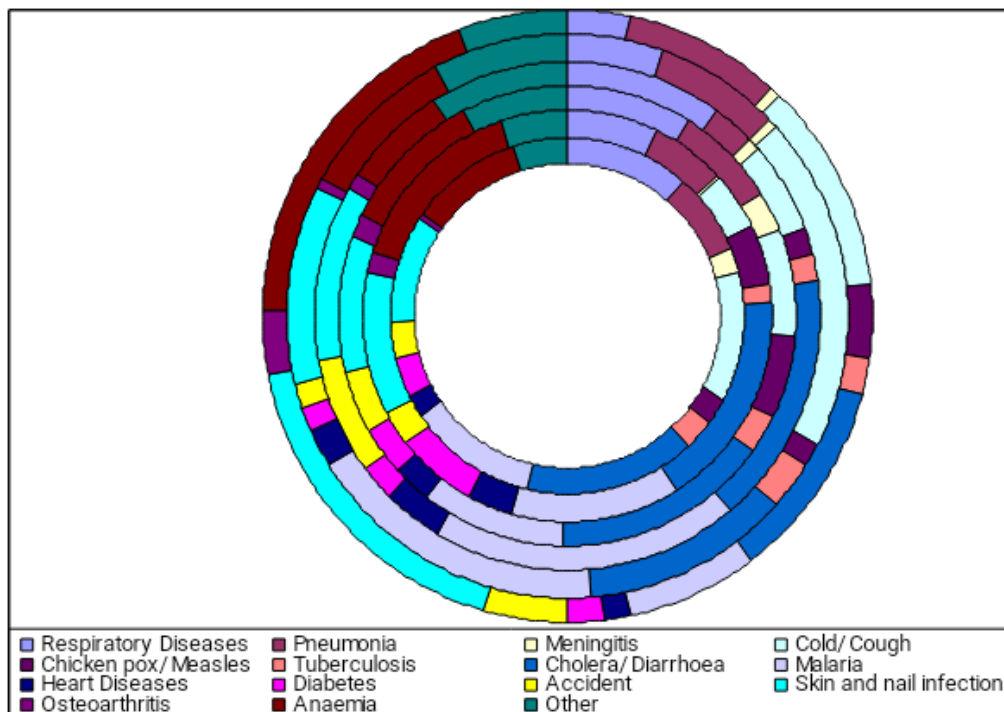
Table 1: Frequency of Prevalent Diseases among different Tharu Population during survey

Population							Prevalent Diseases
Total	Jogia / Gosain (Th5)	Pacchimaha (Th4)	Rana (Th3)	Kathari a (Th2)	Danguria (Th1B1)	Danguria (Th1B)	
148	5	8	23	51	17	44	Respiratory Diseases

8.59	3.38	5.41	15.54	34.46	11.49	29.73	
114	13	10	6	42	13	30	Pneumonia
6.62	11.40	8.77	5.26	36.84	11.40	26.32	
29	1	1	2	16	1	8	Meningitis
1.68	3.45	3.45	6.90	55.17	3.45	27.59	
156	17	27	13	43	10	46	Cold/ Cough
9.06	10.90	17.31	8.33	27.56	6.41	29.49	
68	6	2	4	35	11	10	Chicken pox/ Measles
3.95	8.82	2.94	5.88	51.47	16.18	14.71	
39	3	4	4	15	3	10	Tuberculosis
2.265	7.69	10.26	10.26	38.46	7.69	25.64	
259	16	17	36	89	40	61	Cholera/ Diarrhoea
15.04	6.18	6.56	13.90	34.36	15.44	23.55	
218	11	25	45	59	31	47	Malaria
12.66	5.05	11.47	20.64	27.06	14.22	21.56	
45	2	3	9	16	8	7	Heart Diseases
2.61	4.44	6.67	20.00	35.56	17.78	15.56	
58	3	2	5	19	15	14	Diabetes
3.37	5.17	3.45	8.62	32.76	25.86	24.14	
71	7	2	17	26	6	13	Accident
4.12	9.86	2.82	23.94	36.62	8.45	18.31	
187	27	16	25	55	26	38	Skin and nail infection
10.86	14.44	8.56	13.37	29.41	13.90	20.32	
25	5	1	3	10	4	2	Osteoarthritis
1.45	20.00	4.00	12.00	40.00	16.00	8.00	
190	29	13	15	59	34	40	Anaemia
11.03	15.26	6.84	7.89	31.05	17.89	21.05	
115	9	11	20	43	12	20	Other
6.68	7.83	9.57	17.39	37.39	10.43	17.39	
1722	154	142	227	578	231	390	Total
100.00	8.94	8.25	13.18	33.57	13.41	22.65	

CONCLUSION

It can be concluded on the basis of above discussion that Incidence of infective and parasitic diseases, respiratory and of the digestive system was found to be high in the Tharu population. The highly prevalent fatal diseases like Malaria, Cholera/ Diarrhoea, Chicken pox/ Measles, Meningitis, Pneumonia, Respiratory diseases, Tuberculosis and Skin and nail infection are due to the environmental or sanitary habits and lack of personal hygiene among the Tharu population along with their beliefs in traditional medical practices, add the risk in their lives. Although local medical practitioner, doctors and hospitals are available yet the traditional medical beliefs and practices are quite common among them.



Towards outer side Tharu groups are in the following order:

Danguria (Th1B), Danguria (Th1Bl), Katharia (Th2), Rana (Th3), Pacchimaha (Th4), Jogia / Gosain (Th5)

From the survey it is clear that the tribal people are quite ignorant of many of the diseases. The knowledge in health and hygiene and preventive measures are more or less absent. The benefit of modern treatment is yet to be accepted by the tribal communities as still they have their traditional beliefs and practices according to their culture. The village medicine- men generally treat and prescribe medicine for most of the disease prevalent in the area. It is interesting to note that in some cases the medicine- men prescribe prayers and offerings as a curative method because it is known that few diseases have a definite time period, mention may be made of Malaria, Cholera/ Diarrhoea, Chicken pox/ Measles, Meningitis etc. In other cases the medicine men prescribe their traditional medicines. Poor economy, physical distance, lack of awareness pose major problem for the tribal folk to accept the modern health measures as well as to continue the same.

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