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Morbidity Status of Lodha Tribal women in Mayurbhanj District of Odisha

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ABSTRACT

The study was carried out on Lodha women in Mayurbhanj district of Odisha to know their morbidity pattern. The Lodha women belonged to 18-45 years of age group. The questionnaire cum interview method was used for data collection. The collected data were analysed through SPSS and MSTAT-C software. The study showed that the socio-economic status was very low and the common health problems found to be statistically significant. Hence it may be inferred that the parameters common cold, fever, indigestion, vomiting, pale conjunctiva, pale coated tongue, head reeling, diarrhoea, loss of appetite and pyorrhea; the common health problems were low among the tribal women. Most of the tribal women were suffering from various gynaecological problems.

Key Words: Economic, Health, Status,Tribe, Women.

INTRODUCTION

Mayurbhanj is a tribal dominated district with 58.7% of people belonged to scheduled tribe. Different types of tribal people such as Mankirdia, Santals and Lodha are seen in mayurbhanj district. Lodha is a minor tribe of this district. A total of 80,000 nos of Lodha ttribal people are living in this district, leading a very pity life. They are mostly like to live in interior jungle areas away from other people. They were living in group. Previously they were struggling for getting food to their mouth. They attacked the people and had stolen money and materials for their living. So they were named as criminal by Britisher's. Lodha means a piece of meat. Adequate food is the right of every human being (Muntabara *et al*. 2013). Socio-economic status and health are interdependent. For maintaining a better health intake of proper quantity of food in the diet is very essential. The socio-economic condition of the Lodha tribal people was very low. They face difficulty for taking of adequate amount of foods in their diet. Improper diet leads to deficiency of different macro and micro nutrient. Though there is study on different tribe of Mayurbhanj but scanty study was found on Lodha tribe particularly Lodha women. So, this study was conducted to know the morbidity status of the Lodha women. This study will be helpful for the NGO personnel, policy makers, social welfare agencies for formulation of different health and welfare programmes for the tribal people of this district and also for Odisha state as a whole.

MATERIALS AND METHODS

The study was conducted among three hundred Lodha tribal women in four blocks of ten villages in Mayurbhanj district of Odisha. They belonged to 18 to 45 years of age group and were non pregnant and non lactating women. The village and blocks were selected purposively. The Lodha tribal women were selected at random on their availability in the time of the study. The research was conducted during March 2020 to March 2021. The questionnaire cum interview method was used for data collection. The collected data were analysed through SPSS and MSTAT-C software.

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RESULTS AND DISCUSSION

Blood pressure level of the Lodha Tribal women

The data (Table 1) showed that the majority of the tribal women (72%) were having normal blood pressure followed by 16% of tribal women were belonging to unsatisfactory level whereas only 12% of the respondents were coming under stage 1 hypertension.

Disease occurrence within last three months

The study indicated that majority of the tribal women were underweight (68.33%) followed by diarrhoea/dysentery (58.3%), hypotension (56%), osteoporosis (55%) and common fever and cold (53.3%). This may be due to low dietary intake, illiteracy, poor hygiene and sanitation. Malaria, constipation, pregnancy complication and worm in stool were seen among 48.3%, 38%, 41% and 43% of the tribal women respectively. Out of all the least disease seen among the tribal women were filaria (13%), pale conjunctiva (12%), jaundice (11%), hypertension (11%), chicken pox (9%), asthma (8.3%), thyroid (7%), pneumonia (3%) and obesity (2%). Moderately occurred disease among the respondents were tuberculosis (32%), skin allergies (31%), typhoid (27%), scurvey (27%), eye disease (29%), night blindness (26%), joint pain (23%), defective vision (21%) and menstrual problem (18.7%) (Table 2).

Divakar *et al* (2013) studied the under-five children of tribal and non-tribal and found the similar results that the prevalence of skin infections (31.33%), dental caries (21.20%), intestine infections (19.20%), respiratory infections (21.85%) and 10.6% vitamin deficiencies whereas among non tribal children the infections were low as skin infections (12.98%), dental caries (7.78%), intestine infections (17.98%), respiratory infections (25.84%) and 20.22% vitamin deficiencies. The study revealed the main cause of the morbidity pattern among the respondents is due to under nutrition, diarrhoea/dyscentry, hypotension, Osteoporosis and common fever and cold which may be due to faulty dietary patterns, unhygienic surroundings, drinking water, illiteracy and the low socio-economic condition affecting the dietary intake and ultimately it bears the responsibilities for the occurrence of the diseases among the respondents.

Common health problem occurring frequently

The majority of the frequently occurred diseases among Lodha tribal women were loss of appetite (32.67%), common cold (32%), indigestion (29.67%), fever (29%), head reeling (28%), diarrhoea (26%) and vomiting (21%). The least occurred diseases seen among tribal women were pyorrhea (15%) and pale coated tongue (8%). Sarkar (2016) studied similar findings that 50% of the respondents had diarrhoea, cough and cold, and dysentery. Other respondents were seen with hypertension (8%), arthritis (6%) and vision problems (2%).

The study found that the common health problem seen among the respondents were diarrhoea, common cold, fever and vomiting may

Table 1. Blood pressure level of the Lodha Tribal women (n= 300) as per WHO classification.

Category	Blood pressure level (WHO Standard)	No of the respondents	% of the respondents
Normal	Systolic: < 120 mm Hg Diastolic: < 80 mm Hg	216	72
Stage 1 hypertension	Systolic: 130-139 mm Hg Diastolic: 80-89 mm Hg	36	12
Hypertension	Systolic: 140 mm Hg Diastolic: 90 mm Hg	48	16

Table 2. Disease occurrences within last three months.

Sr. No.	Disease	No of the respondents (n=300)	% of the respondents
1	Underweight	205	68.33
2	Diarrhea/ Dysentery	175	58.3
3	Hypotension	168	56.0
4	Osteoporosis	165	55.0
5	Common fever and cold	160	53.3
6	Malaria	145	48.3
7	Worm in stool	129	43.0
8	Pregnancy Complication	123	41.0
9	Constipation	114	38.0
10	TB	96	32.0
11	Skin allergies	93	31.0
12	Eye disease	87	29.0
13	Scurvy	81	27.0
14	Typhoid	81	27.0
15	Gum problem	81	27.0
16	Night blindness	78	26.0
17	Joint pain	69	23.0
18	Defective vision	63	21.0
19	Menstrual problem	56	18.7
20	Filaria	39	13.0
21	Pale Conjunctiva	36	12.0
22	Hypertension	33	11.0
23	Jaundice	33	11.0
24	Chickenpox	27	9.0
25	Asthma	25	8.3
26	Thyroid	21	7.0
27	Pneumonia	9	3.0
28	Obesity	6	2.0

be due to poor hygiene and sanitation. Other health problems such as pyorrhea, pale coated tongue and pale conjunctiva may be due to deficiency of some vitamins in the body.

Chi-square analysis of Common Health Problem occurring frequently

The chi-square was found to be 117.689 with 9 degrees of freedom for a common health problem which was found to be statistically significant and the hypothesis "the morbidity status of the tribal women is high" is rejected. Hence it may be inferred here that the parameters common cold, fever, indigestion, vomiting, pale conjunctiva, pale coated tongue, head reeling, diarrhoea, loss of appetite and pyorrhea; the common health problem was low among the tribal women.

Symptoms of urinary tract infection

The study on the symptoms of urinary tract infection found that the majority of the Lodha tribal women (87.67%) had increased frequency of urination followed by burning sensation (84.67%), itching (70.33%) and cervical problems (41%).

Table 3. Common Health Problem occurring frequently

Sr. No.	Health problem or illness	No of the respondents	% of the respondents
1	Loss of appetite	98	32.67
2	Common cold	96	32.00
3	Fever	87	29.00
4	Indigestion	89	29.67
5	Head reeling	84	28.00
6	Diarrhoea	78	26.00
7	Vomiting	63	21.00
8	Pyorrhea	45	15.00
9	Pale conjunctiva	36	12.00
10	Pale and coated tongue	24	8.00

Gynaecological Problems

It is the condition that affects the normal function of the female reproductive organs including the organ in the abdominal and pelvic region, namely the uterus, ovaries, fallopian tubes, vagina and vulva. The different parameters of gynecological problem studied are itching & irritation, white discharge, bad odour, painful intercourse and bleeding after intercourse. The findings on the gynaecological problems revealed that the majority of the respondents (95%) had white discharge followed by 77.67%, 70%, 52.33% and 15% of the Lodha tribal women had itching/irritation, bad odour, painful intercourse and bleeding after

Table 4. Chi-square analysis of Common Health Problem

Sr. No	Parameters	Yes (1)	No (0)
1	Common Cold	96	204
2	Fever	87	213
3	Indigestion	89	211
4	Vomiting	63	237
5	Pale Conjunctiva	36	264
6	Pale Coated Tongue	24	276
7	Head Reeling	84	216
8	Diarrhoea	78	222
9	Loss of Appetite	98	202
10	Pyorrhea	45	255
	Chi-square	117.689**	P=0.000

Table 5. Symptoms of Urinary Tract Infection

Sr. No.	Urinary Tract Infection	No of the respondents affected	% of the respondents
1	Burning sensation	254	84.67
2	Itching	211	70.33
3	Cervical problems	123	41.00
4	Increased frequency of urination	263	87.67

Table 6. Gynaecological Problems.

Sr. No.	Symptom	No of the respondents affected	% of the respondents
1	Itching/irritation	233	77.67
2	White discharge	285	95.00
3	Bad odour	210	70.00
4	Painful intercourse	157	52.33
5	Bleeding after intercourse	45	15.00

Table 7. Analysis of Gynecological problems

Sr. No.	Parameter	Yes (1)	No (0)
1	Itching/Irritation	233	67
2	White Discharge	285	15
3	Bad Odour	210	90
4	Painful Intercourse	157	143
5	Bleeding After Intercourse	45	255
6	Chi-square	471.250**	P=0.000

intercourse, respectively.

Analysis of Gynecological Problems

Data concerning to gynecological problem was collected on a two-point score basis and the result has been statistically analyzed and presented in table 7. The chi-square was found to be statistically highly significant indicating gynecological problems are interrelated and most of the tribal women are suffering from various gynecological problems.

CONCLUSION

Lodha tribe is a very backward tribe in Mayurbhanj district. Their socio-economic status and health status are very poor. They lead a miserable life. The study shows the majority of the tribal women (72%) were having normal blood pressure followed by 16% of tribal women were belonging to unsatisfactory level whereas only 12% of the respondents were coming under stage 1 hypertension. The study reveals the main cause of the morbidity pattern among the respondents was due to under nutrition, diarrhoea/dysentery, hypotension, osteoporosis and common fever and cold which may be due to faulty dietary patterns, unhygienic surroundings, drinking water, illiteracy and the low socio-economic condition affecting the dietary intake and ultimately it bears the responsibilities for the occurrence of the diseases among the respondents.

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