

HEALTH STATUS OF KORAGA TRIBE

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ABSTRACT

The Koraga tribe is a primitive tribe and one of the oldest tribe of the region which is found mainly on such regions on the part of Dakshina Kannada and Udupi district of Karnataka and the Kasaragod district of Kerala, South India. Poor health condition is one of the serious problems among the Koraga. Many of them die due to malnutrition, ignorance and superstitious beliefs. Accessibility to proper health facilities is very rare. Alcoholism is one of the reasons for deterioration of health condition of the Koraga community. The Case study method was used. The study was conducted with ten respondents of Kudkorigudda Community, Mangaluru, D. K District, Karnataka were selected using convenient sampling. Self-prepared questionnaire and interview method were used to collect data. This study mainly focuses on the poor health conditions of Koraga tribe through the implementation of governmental health programmes the health status of the tribe can be improved. The health care facilities need to be feasible to the local community through ASHA workers and local health care centres. The awareness on substance abuse should be given through street play, Drama, puppetry show and so on. This basic knowledge will educate the Koraga tribe to preserve and protect their health to lead a quality life.

Keywords: Koraga Tribe, Substance Abuse, Health, Awareness, Quality Life.

I. INTRODUCTION

The Koraga are a tribe primarily located in Kerala's Kasaragod district and the Karnataka districts of Dakshina Kannada and Udupi. One of the most backward populations in the Udupi area is the Koraga community, a primitive tribal community in coastal Karnataka. Tulunaad, which closely reflects the boundaries of the former South Canara district, is the collective name for several regions in Karnataka. A few of these can also be found in the neighboring districts of Kodagu, Shimoga, and Uttara Kannada. The Government of India has designated the Koraga as a Scheduled Tribe. They live in one given area. The Koragas speak their own language, which is categorized as an independent Dravidian language and is heavily affected by local languages like Tulu, Kannada, and Malayalam. Koragas are poorest among the scheduled Tribes in Karnataka and Kerala. There are numerous phonetic differences in the name "Koraga." Due to the Tulu antiquity, Comp Bell refers to them as "Koras" or "Koragas," "Corar" or "Corawar." Aiyappan has noted, however, that "Koraga" could be Kuruvar was represented as a Hillman. As a result, the same community is referred to by the past writers as Koragas, Koraga, Corar, Koragas, and Korar. It's unknown in which the word "Koraga" derived from. They are thought to have developed as a result of comparisons among their common traditional occupations of basket weaving and identity. Both the Koras and the Korachas are regarded as federal communities. The Koragas' traditional occupation, as previously stated, is basket weaving. The socio-economic growth of the population depends on their overall health. Complete physical and mental fitness of an individual is the definition of health. Poor health condition is one of the serious problems among the Koraga. It is also observed that koragas have very poor health conditions when compared to any other south Indian tribe. Food habits, malnutrition, ignorance, substance abuse, financial status, poor sanitation, superstitious beliefs, alcoholism are the main cause for their poor health condition and also cause for depopulation of Koraga tribe. The Koraga have a typically poor diet, in part because they use beedi and betel in addition to alcohol, which they spend between 40 and 50 percent of their income on. Their main sources of food are rice and meats like hog and beef; however they are also increasingly consuming vegetables and pulses. Rather than being killed by slaughter, their flesh is frequently taken from animals that died spontaneously. Due to their inadequate diet, Koraga youngsters frequently experience malnutrition, which worries the Government's Health Authorities. Access to adequate healthcare facilities is quite uncommon, most of them lack access to and cannot afford advanced testing and treatments they are distant from having adequate sanitary facilities and health education. Despite, Government initiatives

to increase the nutritional value of their food, these initiatives have been poorly implemented, and the Koraga people have occasionally called for improvements. This study is an exploratory effort to find out the health status of Koraga tribe

II. LITERATURE REVIEW

Nalinam M (2013) in his study of depopulation of koraga tribe in south explained the reason for the depopulation of Koraga tribe. The major reasons are health hygiene, poverty and illiteracy, ownership of land, occupation, food pattern. Due to their ignorance koragas not able to appreciate modern concept of health and sanitation.

Shrisha, Binu Margaret, Sheela Shetty (2015) the survey on practices of koraga tribes during diarrhea in children explained that Caretakers of children who had diarrhea most frequently cited lack of transportation, childcare shortage, flooding or heavy rain, and high expense of therapy as their excuses for not seeking medical attention. 39.3% of the caregivers didn't administer any home remedies before going to the doctor. Only 32.5% of respondents said they utilized oral rehydration salts, while 27.5% said they used homemade fluids.

Hassan Shihab (2020) study reveals the issues of alcoholism dependence among tribes: how Koraga tribal population of Kerala fined their everyday life. The degree of dependency could be a direct result. With regard to a person's attitude and beliefs regarding alcohol consumption, even a recreational activity ends up being the most risky tendency that manifests as addiction. This is because drinking alcohol to celebrate with friends, comply with peer pressure, or identify with a group is frequently a way to cope with emotional distress brought on by a decrease in income and other sources of support. In this instance, social impact is a more important factor to consider in observing the outcome, as is the case with the Koraga community, particularly among young boys and older males and girls.

Suneethi Margaret Dey, Nagarathna D.V, Mathews Jude (2017) in their cross sectional study titled Assessment of periodontal health status among Koraga tribes residing in Mangalore taluk explained the issues of poor health condition of Koragas tribe. One of the major issues facing the Koragas is their state of health. Due to under nutrition, ignorance, and superstitious beliefs, many of them pass away. Access to adequate healthcare facilities is quite uncommon. There are primary health centres; however their services are quite restricted and difficult to access. For the bulk of them, advanced testing and therapies are neither accessible nor inexpensive. They are far from receiving health education or adequate hygienic facilities. This can be ascribed to the use of cigarettes, a lack of knowledge about maintaining oral hygiene, and the availability of treatment options. According to a study, using a toothbrush considerably lowers plaque scores compared to baseline scores, and people who don't use a proper teeth cleaning tool have inferior oral health.

Mungli Prakash, Naureen Anwar, Prasiddha Tilak, Mahesh S Shetty, Lakshmi S Prabhu, Vivekananda Kedage, Manjunatha S Muttigi (2009) in their study titled A Comparative Study Between Alcoholics of Koraga Community, Alcoholics of General Population and Healthy Controls for Antioxidant Markers and Liver Function Parameters explained that chronic alcohol consumption causes liver cirrhosis and other illnesses that are related to it. There has been enough research done on the biochemical indicators of liver damage and the antioxidant state of chronic drinkers in general. In the current study, chronic drinkers from the Koraga community had their liver damage compared to healthy controls and other alcoholics in order to determine how severe it was.

Subarna Roy, Harsha V. Hegde, and Sanjiva D. Kholkute (2015) in their article of Tribes in Karnataka: Status of health research state that all ages of Koragas consume alcohol, which they spend the majority of their income on, along with beedi and betel chewing and smoking. They eat a lot of rice and meats like beef and pork, though they are also incorporating more vegetables and pulses into their diet. Children frequently experience malnutrition due to insufficient diet.

III. METHODOLOGY

The study is exploratory in nature and attempts to know the health status of Koraga tribe. The place selected for the study was Kudkorigudda, Mangaluru, Dakshina Kannada district, Karnataka State. Around ten respondents through convenient sampling were interviewed with pre structured questionnaire and all the responses are considered and valid.

Objectives

- To find out the demographic data of the respondents.
- To know the health condition of the respondents.
- To find out how frequently they fall sick and measures to safeguard their health.
- To learn the accessibility to health care among the respondents.
- To give awareness on health facilities to the respondents to improve the quality of life.

IV. ANALYSIS AND INTERPRETATION

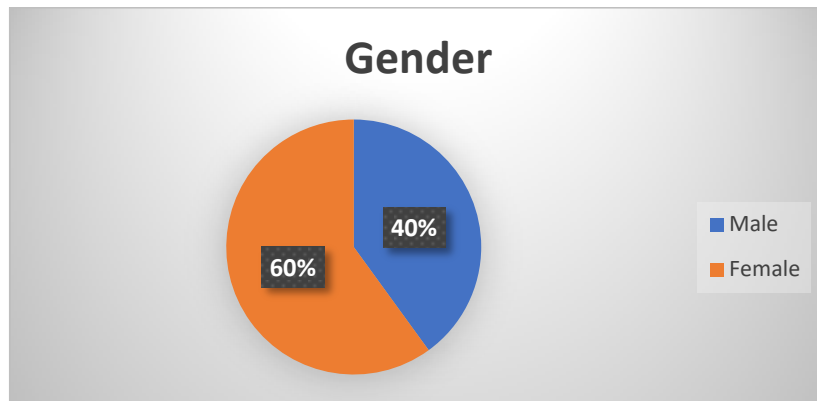


Figure 1: Gender of respondents

The above chart shows that majority of the respondents belong to the category of female than male. There are 60% of the female respondents and 40% of the male respondents. The above pie chart shows the gender of the respondents belonging to a koraga community out of 10 respondents in which 6 were female and rest 4 were male hence this shows the female are more in number than men.

Table 1: Age category of respondents

Age category	No. of respondents	Percentage
18-40	5	50%
40-60	2	20%
60-90	3	30%
Total	10	100%

The above table shows that majority 50% of respondents belong to the age category of 18-40 years, 20% of 40-60 respondents, 30% of respondents belong to the age category of 60-90 years. This shows that the most of the respondents were from the age group of 18-40 of 5 respondents.

Table 2: Availability of health card

Response	No.of respondents	Percentage
Yes	3	30%
No	7	70%
Total	10	100%

The above table shows that majority 70% of respondents do not have health card whereas only to 30% of the respondents health card is available. Thus shows that the koraga community people are not aware of the basic health card facility in general. This also represents the lack of health information known by them

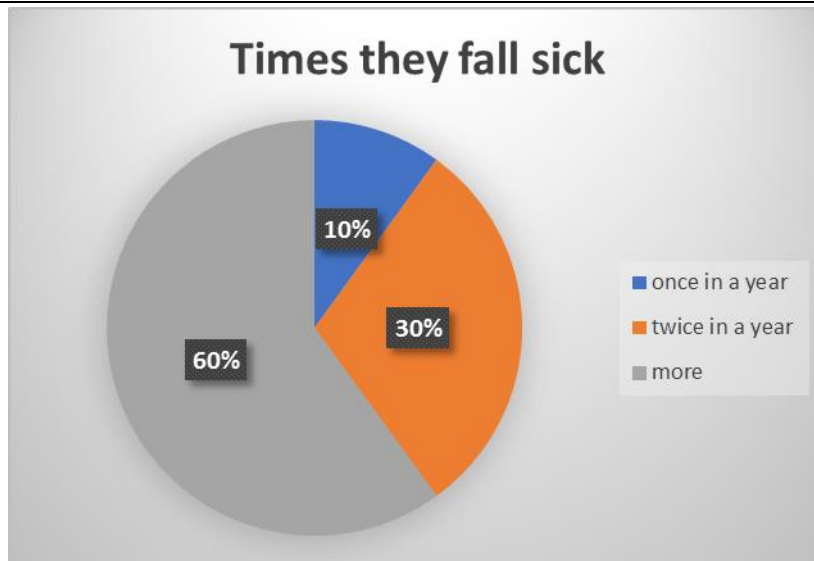


Figure 2: Time they Fall Sick

The above chart shows that majority 60% of the respondents fall sick more than twice a year whereas 30% of the respondents twice in a year and only 10% of the respondents fall sick once a year. Because they are unaware of the health related information and they are not able to cope up their physical and mental body reactions. This can also be by the improper hygiene in their community.

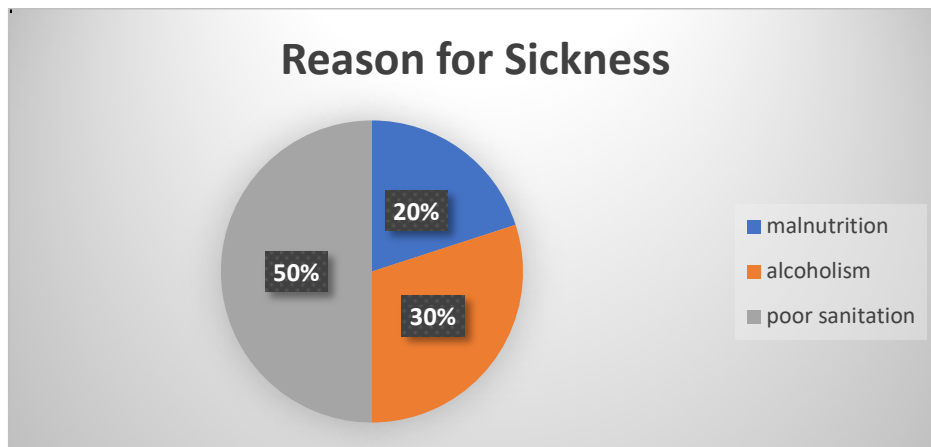


Figure 3: Reasons for sickness

The above chart shows that majority 50% of the respondents fall sick due to poor sanitation whereas 30% of the respondents fall sick due to alcoholism and only 20% of respondents fall sick due to malnutrition. As the locality seen when the data was collected by the respondents was not found hygienic and thus indicates the poor sanitation problem which can cause various kinds of diseases and make them reason to fall sick.

Table 3: Benefit by Free Treatment

Response	No. of respondents	Percentage
Yes	8	80%
No	2	20%
Total	10	100%

The above table shows that majority 80% of respondents were benefited by free treatment whereas only 20% of respondents were not benefited by free treatment. This shows their lack of inappropriate information provided and their negligence towards health which the response percentage clearly signifies. The government because of their negligence can be a reason for lack of beneficial resources provided to them.

Table 4: Financial Reason for Poor Health Care

Response	No. of respondents	Percentage
Yes	7	70%
No	3	30%
Total	10	100%

The above table shows that majority 70% of respondents have responded that it is the financial reason for their poor health care whereas 30% of the respondents responded that financial problem was not a reason for their poor health care. Due to alcoholism they spend money on spoiling their health on their own which leads to financial problem in relationship with health. And also not all the members in a family work but instead just one fourth of the members in a family do the daily occupation for a living which is not sufficient financially to look after the whole well being of the family .

V. DISCUSSION

This research shows that the majority 60% of respondents fall sick more in a year whereas only 40% of respondents fall sick once or twice in a year. The reasons for their sickness are malnutrition, alcoholism and poor sanitation. These are the major reasons for falling sick in the koraga community of kudukorigudda. Mangaluru. During the interview, it was observed that homes with greater yearly incomes had BPL cards, whereas homes with lower incomes had APL cards. Therefore, it is clear that those with lower incomes do not receive any government services. Malaria and Dengue are two health issues caused by insufficient sanitation found among Koraga tribe. During rainy season most of the people of kudukorigudda suffered from malaria and dengue fever. The food they eat is initially not very nutrient-dense. This led to the malnutrition issue. Alcohol abuse is also a reality given that it is part of their culture. They also take drugs, so there are additional factors that worsen their already precarious health. Elderly people as well as youngsters both male and female are consuming alcohol, gudka (Nicotine), and have a habit of smoking. Koraga tribe's poor health care is a result of their financial difficulties only one fourth of the members in a family do the daily occupation for living which is not sufficient financially to look after the whole wellbeing of the family. The bulk of them stopped visiting hospitals and getting health checks once the government's free healthcare programme was eliminated. Dread of medical facilities and procedures since they trusted in traditional treatments. The majority of elderly individuals desire to pass away in their own homes. The bulk of them relied on free healthcare, but because of their poor financial situation, they are now having trouble paying hospitals' costs.

VI. SUGGESTIONS

- Bringing back free treatment scheme to promote a healthy living in society
- Awareness programmes on alcoholism and substance abuse which needs to be improved.
- Identifying and educating the key groups of the community on health care systems for Tribals.
- People's health state can be evaluated and followed up on through routine annual health checks.
- Conducting street play, role play and Participatory Learning and Action (PLA) to understand their problems and needs and solution of the problems.
- Demonstrating the healthy food diet by involving Anganavadi workers and health care workers in the community.
- Classify and introduce the health cards and its benefits to the people who are not aware about it.
- Monthly visit by ASHA workers to their community.

VII. CONCLUSION

This study was conducted to know the health status of Koraga tribe the poor health facility and also the removal of free treatment scheme has resulted in more number of patients in koraga tribe and it's depopulation proper nutritious food and regular health checkup can result in the betterment of this tribe alcoholism being a part of their has culture has also resulted in the depopulation of koraga tribe and also substance abuse has its contribution among the people .these tribes are very less in number it is very important to keep a follow-up their and provide them free treatment scheme. Social workers visit their communities for creating awareness on substance abuse and health and alcoholism through street play, pluck cards etc. Both the tribes themselves

and the government has to work on the betterment of the food and the health so that this koraga tribe is retained in the society in greater number .The government should priorities providing high-quality prenatal care and extend the advantages to all pregnant women who visit public health care facilities. Children, particularly undernourished children, pregnant women, and other targeted beneficiaries should be the primary emphasis of nutrition initiatives at Anganwadi Centers. And Women who are nursing and teenage females. It is imperative to fulfil the PVTGs' needs for infrastructure, Eradicating poverty, raising the literacy rate, ensuring access to high-quality healthcare, improving food security, and decreasing Malnutrition, public involvement, and addressing the suffering of the indigenous population through comprehending the problems Genuinely by using all-encompassing strategies to help these primitive cultures change and grow.

VIII. REFERENCE

- [1] Singh, A., Bharathi, M. P., Sequeira, P., Acharya, S., & Bhat, M. (2011). Oral health status and practices of 5 and 12 year old Indian tribal children. *Journal of Clinical Pediatric Dentistry*, 35(3), 325-330
- [2] Roy, S., Hegde, H. V., Bhattacharya, D., Upadhy, V., & Kholkute, S. D. (2015). Tribes in Karnataka: Status of health research. *The Indian Journal of Medical Research*, 141(5), 673.
- [3] Shihab, H. (2020). Issues of alcoholism dependence among tribes: how Koraga tribal population of Kerala find their everyday life.
- [4] Venkat, P., & Spoorthi, S. (2022). Understanding Reproductive Health Awareness In a Tribal Community In Southern India–A Quantitative Study. *Gradiva Review Journal*, 8(1), 96-101.
- [5] Marpady, P., & Singhe, M. S. Particularly Vulnerable Tribal Groups (PVTG) of Karnataka: A Situational Appraisal of Koraga's. *Editor's Note*, 1, 39.
- [6] Margaret, B. E., & Shetty, S. (2015). A survey on practices of koraga tribes during diarrhoea in children. *Manipal Journal of Nursing and Health Sciences (MJNHS)*, 1(1), 43-46.
- [7] Patel, H., Maralusiddaiah, M., Srinivas, B. M., & Vijayendra, B. R. (2005). Koraga. Primitive tribes in contemporary India: Concept, ethnography and demography, 1, 123.
- [8] Vijaya Kumari, K. (2018). Koragas of Kasaragod; A Historical Perspective. *International Journal of Research*, 8(1), 64-70.
- [9] Sandesh, K. S., & Annapurna, M. (2014). Alcohol drinking habits and its repercussions on family, health and jobs among the tribal Koraga community in and around Udupi district, Karnataka, India. *Journal of Evolution of Medical and Dental Sciences*, 3(22), 6204-6209