



Health Condition Among Iruliga Tribe In Karnataka

Dr. Basha K, Assistant Professor, GFGC, Holenarasipura, Hassan District, Karnataka

Abstract

Abstract

Health is one of the important determinants of the well-being of tribal communities and health is considered as the inevitable element of human development and progress. Iruliga tribe has been deprived of all kinds of privileges available in society because of their isolation. Following the backwardness and underprivileged condition, Iruligas are facing several problems in which health is one of the important issues that makes them more vulnerable and deprived. The present paper makes an endeavor to highlight the health condition of the Iruliga tribe in Karnataka.

Key Words: Agriculture, Customs, Dravidian, Deprived, Health, Iruliga, Malnutrition.

I. Introduction

The development and welfare of the tribal population in India has been a major concern of the Government of India and state governments. The scheduled tribes (ST) demonstrate a whole spectrum of human and cultural evolution –from hunter-gatherer-fisher (foragers) through shifting cultivation, pastoralism, marginal farming, to agriculture based on irrigation. The Scheduled Tribe population accounts for 8.2% of the total population in the country. Tribes are known for their unique way of life, customs, traditions, occupations, beliefs and practices. The tribals of India are spread all over the country. The National Policy on Tribals recognizes that a majority of Scheduled Tribes continue to live below the poverty line, have poor literacy rates, suffering from malnutrition and various diseases and are vulnerable to displacement. There is urgent need to address each of these problems in a concrete way. At the same time, it is important to take measures to improve their health condition.

II. Health Conditions among Tribes

Health is a prerequisite for human development and it is an essential component for the well-being of mankind. Health problems of any tribal community are influenced by different factors such as social, economical and political. Factors like lack of safe drinking water, bad sanitary conditions, difficult terrain, malnutrition, poor maternal and child health services, poverty, illiteracy and superstition have been caused for unhealthy condition of tribes. The diseases like anaemia, upper respiratory problem, malaria; gastrointestinal disorders like acute diarrhoea, Intestinal protozoan; micro nutrient deficiency and skin infection diseases are common among tribes. Most of these diseases can be prevented by providing health awareness, highly nutritious food and timely medical facilities

Objective of the Study

- To understand the origin of Iruliga tribe and to realize the health condition of Iruliga tribe of Mysore and Ramanagara districts.

Methodology

Present study has been carried out in Mysore and Ramanagara districts of Karnataka state. The structured interview schedules have been used to collect the primary data by using the purposive sampling technique. Similarly, relevant literature is collected from secondary sources such as journals, books, encyclopedias, gazetteers, reports, and different websites as well.

III. Background of The Iruliga Tribe

Irula tribe is belonging to the Dravidian family, Iruliga means "dark people/darkness" in Kannada, the root word irul, meaning "darkness" in Tamil and Malayalam. Thurston speculated that it either referred to the darkness of the jungles which they inhabited or their dark skin complexion. Iruligas are concentrated in Ramanagara and Mysore districts of Karnataka. Tamil Nadu The Irulas are residing in Krishnagiri, Dharmapuri, Ariyalur, Cuddalore, Coimbatore and Nilgiris. In Kerala, the Irulas are in Palakkad district. Predominant occupation of the Iruliga tribe has been rat, snake catching and collection of honey. They also work as labourers in the agricultural fields during the sowing and harvesting seasons. According to the 2011 Census, the total population of the Iruliga tribe in Karnataka is 11144 and the taluk wise population is as follows:

Taluk Wise Population of Iruliga Tribe In Karnataka

Ramanagara and Mysore Districts						
Sl.No	Name of Taluk	No. of Hamlets	No. of Families	Total Population	No. of Respondents	Percentage
01	Ramanagara	23	718	3148	100	28.58
02	Magadi	11	216	810	50	14.28
03	Channapatna	17	419	1670	50	14.28
04	Kanakapura	34	728	2861	50	14.28
05	Hunusur	06	302	1584	60	17.14
06	Piriyapattana	02	100	460	20	05.72
07	HD Kote	02	110	611	20	05.72
Total		95	2593	11144	350	100.00

Ramanagara district is consisting of four talukas, out of them the highest and lowest number of Iruliga people are living respectively in Kanakapura followed by Magadi taluk. Similarly, in Mysore district Iruligas residing in Hunusuru, Piriyapattana and HD Kote Talukas.

IV. Result Analysis

Good health is essential for socio-economic development of the people. However, health is one of the serious problems among the Iruligas. Some of them are suffering from deadly diseases. Unhygienic living conditions, lack of access to clean water, under nourishment, malnutrition, belief in the evil spirits and superstition attitudes caused for poor health. While catching rats obviously, smoke is blown through their mouths, which leads to severe respiratory and heart problems among Iruligas. Some of them are frequently

affected by T.B., fever, typhoid, cold, skin diseases etc. The other problems reported were leprosy, malaria, jaundice, typhoid, chest pain, back pain, stomach pain etc.

The doctors working in this tribal area are opined that the main diseases prevalent among the Iruliga population are skin diseases such as scabies, tropical ulcer, dysentery trouble and STD of all kinds. Epidemic such as chickenpox, whooping cough and mumps are an annual phenomenon. This shows the poor health, hygiene and sanitation among the Iruligas but also their vulnerability to communicable disease and also the lack of health service facilities.

Source of Treatment for Illness

Sl.No	Particulars of Treatment	No. of Respondents	Percentage
01	Herbs	209	59.72
02	Health Centers	91	26
03	God/Goddess	50	14.28
Total		350	100.00

Above table indicates about the kind of treatment is seeking by Iruliga tribe to overcome illness, about 59 percent respondents are using herbs, 26 percent respondents are visiting health centers running by the government and 14.28 percent respondents approach their kuladevathas (Ethnic God/Goddess) to find remedy for illness. Since Iruligas are living nearby the forest obviously find remedy for their illness with the help of herbs which are available in the forest.

The doctors working in this tribal area are opined that the main diseases prevalent among the Iruliga population are skin diseases such as scabies, tropical ulcer, dysentery trouble and STD of all kinds. Epidemic such as chickenpox, whooping cough and mumps are an annual phenomenon. This shows the poor health, hygiene and sanitation among the Iruligas but also their vulnerability to communicable disease and also the lack of health service facilities.

- It is found that a good proportion among the Iruligas believe that the diseases are caused by evil spirits. Because of their belief in superstition, very often they go to priests and magicians to get rid of health problems.
- Iruliga women are suffering from various diseases because of malnutrition, undernourishment, lack of medical facilities, over burden work and unhygienic living conditions.
- Alcoholism is a very common practice among Iruliga tribe. A good portion of their earnings is spending on alcoholism. As the alcoholism has become part and parcel of their life, it affects their health and also become victims of death too.
- Among Iruligas 80 per cent of the deliveries take place at home with the assistance of traditional tribal mid-wives or an aged woman. Poor nutrition of the mother, unhygienic surroundings and improper child care lead to high infant mortality rate.

Recommendations

- Iruliga tribes need special attention due to their vulnerability in the present situation. Their customary right to land, forest and sources of livelihood must be respected and protected.
- The discriminatory credit policy of the financial institutions is a major deterrent in the participation of Iruliga people in business. Entrepreneurs among STs must be given credit facility on par with other social groups. Further, all steps must be taken by the Government for skill development among the tribal youths to make them employable or self-employed, according to their aspirations.
- Iruligas should be encouraged to use their traditional knowledge to meet their needs by recreating ecosystem and forest-based livelihood.

Conclusion

To some extent, Iruligas are using self-recognized herbal medicines in wide range. Non-tribal communities are also availing these medicinal services from iruligas. Service oriented medicinal practice is persisting for a long time. In this respect, they never urged government to set up hospitals at their hamlets. The matter of great concern is that, the policy of eviction of Iruligas from the forest is not desirable. On the other hand, unless strengthen the socio-economic conditions of them, it is very hard to expect health among poor Iruligas. The paradox of the society is that, big corporations are investing billions of CSR funds for the further promotion of well-to-do people, at the same time organizations which are working for the welfare of tribes have failed to convince the corporations to think over poor indigenous people of the nation and their health.

Reference

1. Ali I. and Das, I. (2003). Tribal Situation in North East India. Studies of Tribes Tribals, Vol.1 (2), 141-148.
2. Ananthakrishna Iyear LK and Nanjundaiah HV (2005) The Mysore Tribe and Castes.
3. Census of India, 2011. Registrar General of Census, GOI, New Delhi.
4. Deb B. J. (Ed.) (2010) Population and Development in North East India, Concept Publishing Company New Delhi.
5. Dubey A. (2009). Poverty and Under-nutrition among Scheduled Tribes in India: A Disaggregated Analysis. IGIDR Proceedings/Project Reports Series,
6. Edgarthurston(1909) Caste and Tribes of South India
7. Khera R. (2008). Starvation Deaths and Primitive Tribal Groups.
- 8 .Mohanty R (2012). Impact of Development Project on the Displaced Tribals: A Case Study of a Development Project in Eastern India.
9. Dr. Mythri KM (2002)Budakattu Kulakasubugalu, Kannada Vishvavidhyala, Hampi.
10. Dr. Mythri KM andDr. Gurulingaiah M (2010) Alakshita Samajashasthra, Kannada Vishwavidhyala, Hampi.

