

## Child Morbidity practices among the Gond tribe of Mandla District of Madhya Pradesh

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### Abstract

**Background:** Tribal are the most marginalised social category in the country and there is little and scattered information on the actual burden and pattern of illnesses they suffer from a higher rate of morbidity. The study was carried out to determine the health and morbidity status among the Gond tribe. Childhood diseases like diarrhoea, acute respiratory infections; Urinary Tract Infections, Malaria and measles are very common in India. The situation is worse among underprivileged population such as tribals, which are living in rural areas.

**Objective:** To study the knowledge and perception of childhood morbidity and treatment of common childhood morbidity.

**Materials and Methods:** The study of 522 household's, which is having a children up to 0-5 years of age were covered in a door to door survey by the investigator. Parents of eligible children were interviewed using a pre-tested questionnaire for socio-demographic details, personal habits, past and current medical history. A cross-sectional study was conducted in two blocks randomly selected villages in Mandla District, Madhya Pradesh, from May 2011 to December 2011. After entry data will be completely cleaned before it is exported to SPSS version 13 & 16 analytical software for analysis.

**Results:** A majority of participants (42.9% & 40.7%) did not visit any government health facility during the past year. Morbidity was noted among 57.1% in Bijadandi and 59.3% in Niwas block household's children. Major causes of morbidity were coded as diarrhoea (50.0% & 74.8%), ARI/whooping cough (32.0% & 63.4%) and fever (43.6% & 32.8%). The government hospitals are located at easy approach, but awareness and lack of trust in the government services are main causes are responsible for 66% less use.

**Conclusion:** It is concluded that prevalence of childhood morbidities were more among the Gond tribe community children. Hence measures should be taken to impart health and nutritional education to mothers.

**Keywords:** Tribal community, morbidity, under- five children, utilisation of Govt. health services

### Introduction

Health is the major pathway to human development, which is the cornerstone for a healthy, wealthy and prosperous life. Health is also a well reflected and self-evident in the proverbial saying "Health is Wealth". There is no magical mechanism, which can bring good health overnight. It is a gradual process, which takes time and hinges on many things. As a multifaceted aspects health has been defined by WHO as "a state of complete physical, mental and social well-being and is not merely the absence of disease or infirmity". The health of an individual or of a community is concerned not only with physical and mental status, but also with social and economic relationship. What is considering a being healthy in one society might not be considered healthy in another society (Majhi, J and Sharma, B V, 2004).

As we all, know tribal population groups of India habitat widely varying geo-climatic conditions and are exposed differently to the various climatic and environmental stresses and strains. All diseases manifest themselves in interaction with the environment. Delineation of

the causative factors behind disease requires in-depth investigations into the socio-cultural and biological milieu of the population groups. It may include diverse factors such as sanitation, hygiene, parasitic load, mating pattern, preferential marital alliances, nutritional pattern, health seeking behavior, genetic markers etc. various factors affecting health and diseases in a particular population group may vary from on group to another (Basu S, 2007).

Children under five years of age constitute approximately 15% of the country's total population and are the most vulnerable section of the society and suffer from highest morbidity. First few years of life is the most crucial period of life as this age is known for accelerated growth and development, warranting regular monitoring (Gupta S. et al., 2012).

Children are backbone of the country and their health is a prime concern. The first few years of life are the most crucial period of life as this age is known for accelerated growth and development; warranting regular monitoring and any adverse influences during this period may result in severe

limitations in their development. (Kaushik Ishore et al., 2015) contributed in study and said that the children under-five years of age are the most vulnerable section of the society and are affected most by various common and easily treatable illnesses. The major diseases affecting this age group are mainly acute respiratory tract infections, diarrheal diseases, anaemia, skin diseases, and ear discharge, etc.

Globally, there is variation in morbidity pattern among under-five children in different countries. In India, The National Family Health Survey-3 (2005-06) showed huge variation in childhood morbidity profile among different states (ARI was noted as a disease of highest prevalence among under-five children) (UNICEF). It can be easily predicted that if this situation prevails, India would be raising a generation which is debilitated and unable to contribute effectively to the productivity of the country.

Many studies had been undertaken in various parts of the country to reveal the magnitude and nature of morbidity profile among under-five children<sup>3-10</sup>. However, findings of the studies indicate geographical differences in nature and extent of the problem highlighting the need for area specific strategies and interventions. The burden of morbidities appears particularly high among rural and indigenous tribal populations who constitute about 8.2% (84.3 million) of total population in India (Planningcommission.org, 2015).

The tribal population of Mandla district is about 57.2% of the total population, Mandla is a tribal dominated district, in the hilly and forest areas of Maikal hill range of the Satpura, in mostly scattered habitation. The district Mandla is situated in the east-central part of Madhya Pradesh. The district lies almost entirely in the catchment of river Narmada & its tributaries. A district with glorious history, Mandla comprise of numerous rivers and endowed with rich forest. The world's famous Tiger Sanctuary, Kanha National Park located in the district, is one of the hottest targets for both the domestic as well as foreign tourists. The extreme length of the district is about 133Kms. From north to south and extreme breadth is 182 Kilometers from east to west, it covers a total area of 8771 Square Kilometer and consists a total population of 10, 53,522. There are 9 blocks 6 Tehsils and 1247 villages in the district. Mandla city was capital of the Gond dynasty who built a palace and a fort to inadequate care has turned into ruins. The town of Mandla is administrative headquarters of the district. It is part of Jabalpur Division. The Mandla is not probably the name of a place, as it means only a district. The original name might have been Mahishmati-Mandla, of Mahesh-Mandla, which has now become simply Mandla. Mandla is one among the 20 most backward district of India.

Literature search necessitates the need for community-based information on morbidity

patterns among five years age of children living in these areas which can be used to assess the overall impact of various ongoing health improvement and disease control programs as well as in planning resource allocations.

### Material and Methods

According to census 2001, the total population of Madhya Pradesh state was 6,03,48,023 persons (7<sup>th</sup> populous state of the country) and out of which 1,22,33,474 were tribal persons. Though only 20.3 percent of its population is tribal population but it's have highest number of tribal person in the country. The two numerically dominated tribes are Gonds and Bhils there are 48 districts in Madhya Pradesh of which the district Mandla is having total populations 8,94,236 and which accounts for about 5,11,798 (57.23%) of its population as scheduled tribe. Gonds were the overwhelming majority among the tribal population of the district. Looking into two higher tribal concentrations of the district the present study has confined among the Gonds of Mandla district to understand the child care practices and the data thus generated will help design any future intervention strategy for the community and will be a strong welfare measure useful for covering a larger section of the tribal population in the district. Since these are multiethnic but Gond dominated villages, assuming availability of 20 households (having children in the age group up to 5 years in a village) at the time of the survey. The study has restricted to two blocks viz., Bijadandi (adjacent to urban areas) and Niwas (away from urban areas). The number of villages to be studied is estimated and its proportionate of the blocks is shown as, if 20 households are to be surveyed in one village than number of villages required to cover a sample of 522 women's interviewers (doing one interview in one household).

A pre designed survey instrument (interview schedule) containing relevant questions on objective pertaining to the field has been canvassed among the Gond women who had surviving children in the age group 0 to 5 years. Care to be taken together information about the youngest child to minimize the error due to recall lapse. The list of Gond households in a village having children in the age group 0-5 years have collected from village level health workers (Anganwari workers) and all the households visited to canvass the schedule. This process has been continued until the desired sample size is achieved. Skipping pattern adopted to save the wastage of time during the survey and smooth interviewing. Some in depth interviews have undertaken among few households' heads of the women interviewed village head, and traditional birth attendant (Dai), village level health workers, traditional medicine man.

To understand the community perception of government health services /posts and felt needs

of the people some Participatory Rural Appraisal (PRA) tools such as focused group discussions (FGDs), matrix ranking and resource mapping will be undertaken with the help of young mothers under 30 years of age and also those above 30 years. Similar exercises have conducted among the fathers too. Data will be entered in **Microsoft excel** Data Based Management file software **2007**. After entry data will be completely cleaned before it is exported to **SPSS version 13 & 16** analytical software for analysis. Both bivariate and multivariate including controlled variable analysis has been adopted. Suitable test of significance and other statistical tests and techniques are adopted as and when required. Focus Group Discussions (FGDs) and in depth interviews in verbatim have been analyzed and to be coded at suitable places to give a qualitative support to the quantitative data and also to light the issues that will be capture by quantitative methods.

Consent was taken before initiating the interview. A pre-tested semi-structured interview schedule was used for interviewing the study subjects. The interview schedule included information on socio-demographic profile, place of delivery, any complications, place of referral, relevant role of ASHA worker too asked. The Rani Durgavati Vishwavidyalaya, Jabalpur research development committee (RDC) approved for the study.

## Results

### Type of families

Distribution of households presents the percentage (**Table. 1**) according to their type. Among Gonds tribe households 63.2 percent (60.1% in Bijadandi and 67.4% in Niwas) of study blocks has the nuclear family and 36.8 percent households (39.9% Bijadandi and 32.6% Niwas) of both block belongs the joint family found in study. It is observed that the tribes has influenced by other cultural societies, so a majorities of household are having nuclear family.

### Household size

Presents percentage distribution of households according to their family size, it is evident from the **table. 2** that 27.2 percent (27.9% Bijadandi and 26.2% Niwas block) of the household have size of 4 persons; nearly 27.4 percent (25.2% Bijadandi and 30.3% Niwas) of household have size 5 persons, while at 20.5 percent (22.6% Bijadandi and 17.6% Niwas) of households have size of 6 persons; and another 15.1 percent (15.3% Bijadandi and 14.9% Niwas) of households have size of 3 persons; some are 7.7 percent (7.0% Bijadandi and 8.6% Niwas) of households have size of 7 persons; here are minimum respectively 1.3 percent (1.3% Bijadandi and 1.4% Niwas) of households have size of 8 persons; or less persons while at 0.6 percent (0.7% Bijadandi and 0.5 % Niwas) of households have size of 9 persons. Only 0.2 percent (0.0% Bijadandi

and 0.5% Niwas) of household have a family size. Here are eight types of family size within both blocks.

### Educational status of household

The percentage of educational status of household of both blocks as per table presents in the Table. 3. A minority of households 30.5 percent households is illiterate (25.9% Bijadandi and 36.7% Niwas). A majority of households are literate in the both blocks of Mandla district. 43.3% of household have primary education (43.9 % Bijadandi and 42.5 % Niwas), 21.3 percent households have middle education (24.3 % Bijadandi and 42.5 % Niwas). A minimal of households have educational status as high school 2.3 percent (3.7 % Bijadandi and 0.5 % Niwas), 1.3 percent households have intermediate (1.0% Bijadandi and 1.8 % Niwas), 0.4 percent of households have graduate (0.3 % Bijadandi and 0.5 % Niwas), only one percent of households are reads and writes status (1.0% Bijadandi and 0.9 % Niwas).

### Main occupation of household

The distribution of main occupation of households according to occupation percentage present in Table 4. A minority of household 5.4 percent (8.3% Bijadandi and 1.4% Niwas) are engaged in agriculture or cultivator work, a majority of households are engaged as agriculture labour work 47.5 percent (45.2% Bijadandi and 50.7% Niwas), 35.6 percent households (29.6% Bijadandi and 43.9% Niwas) are housewife, 9.6 percent of households engaged in labour work (14.6% Bijadandi and 3.2% Niwas). Only 1.3 percent of households are engaged in government services (1.7% Bijadandi and 0.9% Niwas), and 0.4 percent households engaged as a private services (0.7% Bijadandi and 0.0% Niwas).

### Agriculture land per household

Agriculture land holding of the households is classified in to four categories, (i) 1-4 acres; (ii) 5-9 acres; (iii) 10-14 acres, and (iv) 15 acres or above.

Table 5 shows the percentage distribution of land per households according to their land holding. A minority of households 6.5 percent (only 11.3% landless Bijadandi, but not landless in Niwas) are landless and 93.5 percent households (51.2 percent in Bijadandi and 42.3 percent in Niwas block) are having any type of own agriculture land.

### Size of land per household

**Table 6** presents the percentage of land per households which are having a different size of agriculture land. A majority of households 71.9 percent (70.5% Bijadandi and 73.6 % Niwas) are having 1-4 acres agriculture land, 2 percent households (1.9 % Bijadandi and 2.3 % Niwas)

have 10-14 acres agriculture land. Only 0.2 percent households (0.4% Bijadandi block) have 15 acres or above agriculture land.

### Housing structure of household

In the present study houses were classified in three groups; Kachcha, Pakka, and Mixed house. Percentage distribution of houses according to their type is given in table 7. It is clear that the majority of households 88.1 percent (89.7% in Bijadandi and 86% in Niwas) of both blocks have the Kachcha houses, and 1.6 percent households (1.3% Bijadandi and 1.8% Niwas) have Pakka houses, and 10.3 percent households (9.0% Bijadandi and 12.2% Niwas) have mixed houses. A majority of households have kachcha houses and a minority of households has mixed houses, and a minimal percentage of households have the Pakka houses in studied villages of both blocks.

### Household possessions

The living standard of the population, collected information on household ownership of 20 different types of consumer durables or goods and four different means of transportation. Of the items asked about, only a few are owned by a majority of households (58.1% Bijadandi and 78.3% Niwas) have a watch/clock, 15% Bijadandi and 13.1% Niwas had a fan. Minorities of households (3.0% Bijadandi and 5% Niwas) have a radio or transistor; only 1.8 percent households have a tape recorder in Niwas block, 12 percent in Bijadandi and 14 percent in Niwas block have a DVD player, and only 0.3% household have sewing machine in Bijadandi. Various forms of media or communication are still owned by a minority of the households have in both blocks. A minimal of households has black & white televisions (3.0% Bijadandi and 1.8% Niwas), a minority of households (8.0% Bijadandi and 9.5% Niwas) has colour television, and a majority of households (40.5% and 64.7% households) have a mobile telephone in both blocks. In general, households in study areas are much less or not found the likely possess consumer items such as refrigerator and computer. A small proportion of households (1.0% and 1.8%) have possessed a water pump. A minimal 0.9% of household has an owned thresher in Niwas block, and 0.3 percent household have owned a tractor in the Bijadandi block, which is shown in the Table 8.

### Means of transport

Bicycles continue to be most commonly owned means of transport, owned by households (43.7 percent and 56.3 percent households) of Bijadandi and Niwas block. Minority of households (3.7 percent and 3.6 percent households) has owned a motorcycle in both blocks. By contrast, 0.3 percent household of Niwas block have own an animal driven cart as per shown Table 9.

### Number of rooms per household

Numbers of rooms per house reflects the living of standard and socio-economic status of household. Percentage distribution of number of rooms of houses is given in Table. 10. It is clear that the majority of households 71 percent (71.7 percent in Bijadandi and 69.6 percent in Niwas block) have two rooms houses, 22.7 percent households (18.6 percent in Bijadandi and 28.5 percent in Niwas block) has triple rooms house, five percent households (7.9 percent in Bijadandi and 0.9 percent in Niwas block) has single rooms house, and 1.3 percent households (1.6 percent in Bijadandi and 0.9 percent in Niwas block) has four room houses.

### Toilet facilities of household

There is almost have a defecation facility among the households studied. Table .11 shows the situation of toilet facility of households. A majority of household 98 percent (98.3 percent in Bijadandi and 97.7 percent in Niwas block) is using the open field defecation; but a minority of household 1.8 percent (1.7% Bijadandi and 1.8% Niwas block) are using open pit toilets and only single household 0.5% using the self flush toilet in Niwas block.

### Lighting source of household

Table .12 present the household percentage source of lighting. A majority of households have 100 percent (57.7 percent in Bijadandi and 42.3 percent in Niwas block) electricity. The household said that using the kerosene lamp, cooking oil, earthanlamp (*Diya*) at the absence of electricity and petro-max as per need or special occasion like marriage, birth related ceremony etc.

### Fuel commonly used by household

Table .13 presents percentage of the households which are using any type fuel for cooking food. A majority of households 99.4 percent (57% Bijadandi and 42.3% Niwas) are using the wood, dung or coals in both blocks Bijadandi and Niwas, a minority of households 0.4 percent using the LPG for cooking food in Bijadandi block. Only 0.2 percent households using the Kerosene for cooking food in Bijadandi block, but not found the fuel LPG and Kerosene users in Niwas block during the survey. Niwas block have a filling station of LPG of Hindustan Petroleum Corporation Limited at Maneri village, but these are not found any households of LPG users and Kerosene within block.

### Age group of households

The percentage of age group of households presents in Table. 14. A majority of household's has the age group 25-29 years 49.2 percent (53.1% Bijadandi and 43.9% Niwas) and respectively 25.7 percent of the household has the

age group 30-34 years (26.0% Bijadandi and 25.3% Niwas) in both study block, and a single 40 years age group of household only (0.1%) found in the Bijadandi study block. Remaining households have the age groups 20-24years 21.3 percent (17.6% Bijadandi and 26.3% Niwas) and 3.2 percent of

households (2.6% Bijadandi and 4.0% Niwas) have the age group 35-39years in both study block. It is observed that majorities of households are young age groups and had the better exposure in study blocks.

<b>Table. 1 Type of Household</b>			
Type of family	Bijadandi	Niwas	Total
Nuclear family	181(60.1%)	149(67.4%)	330(63.2%)
Joint family	120(39.9%)	72(32.6%)	192(36.8%)
Total	301(100.0%)	221(100.0%)	522(100.0%)
<b>Table. 2 Number of person/size per household</b>			
<b>No. of person/size per household</b>			
2	0(0.0%)	1(0.5%)	1(0.2%)
3	46(15.3%)	33(14.9%)	79(15.1%)
4	84(27.9%)	58(26.2%)	142(27.2%)
5	76(25.2%)	67(30.3%)	143(27.4%)
6	68(22.6%)	39(17.6%)	107(20.5%)
7	21(7.0%)	19(8.6%)	40(7.7%)
8	4(1.3%)	3(1.4%)	7(1.3%)
9	2(0.7%)	1(0.5%)	3(0.6%)
Total	301(100.0%)	221(100.0%)	522(100.0%)
<b>Table. 3 Educational status of household</b>			
<b>Educational status</b>			
Illiterate	78(25.9%)	81(36.7%)	159(30.5%)
Primary	132(43.9%)	94(42.5%)	226(43.3%)
Middle	73(24.3%)	38(17.2%)	111(21.3%)
High School	11(3.7%)	1(0.5%)	12(2.3%)
Intermediate	3(1.0%)	4(1.8%)	7(1.3%)
Graduate	1(0.3%)	1(0.5%)	2(0.4%)
Read/Write	3(1.0%)	2(0.9%)	5(1.0%)
Total	301(100.0%)	221(100.0%)	522(100.0%)
<b>Table. 4 Main Occupation of households</b>			
<b>Occupations</b>			
Cultivator	25(8.3%)	3(1.4%)	28(5.4%)
Agricultural labour	136(45.2%)	112(50.7%)	248(47.5%)
Labour	44(14.6%)	7(3.2%)	51(9.8%)
Govt. Servant	5(1.7%)	2(0.9%)	7(1.3%)
Private Service	2(0.7%)	0(0.0%)	2(0.4%)
House Wife	89(29.6%)	97(43.9%)	185(35.6%)
Total	301(100.0%)	221(100.0%)	522(100.0%)
<b>Table. 5 Agriculture land of Household</b>			
Yes	267(88.7%)	221(100.0%)	488(93.5%)
No	34(11.3%)	0(0.0%)	34(6.5%)
Total	301(100.0%)	221(100.0%)	522(100.0%)
<b>Table. 6 Size of land per Household</b>			
<b>Agriculture Land</b>			
1-4	189(70.5%)	162(73.6%)	351(71.9%)
5-9	73(27.2%)	53(24.1%)	126(25.8%)
10-14	5(1.9%)	5(2.3%)	10(2.0%)
15+	1(0.4%)	0(0.0%)	1(0.2%)
Total	268(55.0%)	220(45.0%)	488(100.0%)
<b>Table. 7 Type of Housing structure of household</b>			
<b>Type of housing structure</b>			
Kachcha house	270(89.7%)	190(86.0%)	460(88.1%)
Pakka house	4(1.3%)	4(1.8%)	8(1.6%)
Mixed house	27(9.0%)	27(12.2%)	54(10.3%)
Total	301(57.7%)	221(42.3%)	522(100.0%)

<b>Table. 8 Household Possessions</b>			
<b>Type of consumer durables</b>			
Fan/Cooler	45(15%)	29(13.1%)	
Radio/Transistor	9(3.0%)	11(5.0%)	
B/W TV	9(3.0%)	4(1.8%)	
CTV	24(8.0%)	21(9.5%)	
Tape recorder	0(0.0%)	4(1.8%)	
DVD player	36(12.0%)	31(14%)	
Swing Machine	1(0.3%)	0(0.0%)	
Mobile	122(40.5%)	143(64.7%)	
Watch	175(58.1%)	173(78.3%)	
Water Pump	4(1.0%)	4(1.8%)	
Thresher	0(0.0%)	2(0.9%)	
<b>Table. 9 Means of Transport</b>			
Bicycle	104(43.7%)	134(56.3%)	
Motor cycle	11(3.7%)	8(3.6%)	
Animal Drawn Cart	0(0%)	1(0.3%)	
Tractor	1(0.3%)	0(0%)	
<b>Table. 10 Number of rooms per houses</b>			
<b>No of Rooms per Houses</b>			
Single room	24(7.9%)	2(0.9%)	26(5.0%)
Double room	216(71.7%)	154(69.6%)	370(71.0%)
Triple room	56(18.6%)	63(28.5%)	119(22.7%)
Four room	5(1.6%)	2(0.9%)	7(1.3%)
Total	301(57.7%)	221(42.3%)	522(100.0%)
<b>Table. 11 Toilet facility of households</b>			
<b>Type of toilet facility</b>			
Self flush toilet	0(0.0%)	1(0.5%)	1(0.2%)
Open pit toilet	5(1.7%)	4(1.8%)	9(1.8%)
Open defecation	296(98.3%)	216(97.7%)	512(98.0%)
Total	301(57.7%)	221(42.3%)	522(100.0%)
<b>Table. 12 Source of lighting of household</b>			
<b>Source of Lighting of household</b>			
Electricity	301(57.7%)	221(42.3%)	522(100.0%)
Total	301(57.7%)	221(42.3%)	522(100.0%)
<b>Table. 13 Fuel commonly use by household</b>			
<b>Commonly use of Fuel</b>			
Wood/Dung/Coal	298(57.0%)	221(42.3%)	519(99.4%)
Kerosene	1(0.3%)	0(0.0%)	1(0.2%)
LPG	2(0.6%)	0(0.0%)	2(0.4%)
Total	301(57.7%)	221(42.3%)	522(100.0%)
<b>Table. 14 Age group of households</b>			
<b>Age group of Households</b>			
15-19	1(0.3%)	1(0.5%)	2(0.4%)
19-24	53(17.6%)	58(26.3%)	111(21.3%)
25-29	160(53.2%)	97(43.9%)	257(49.2%)
30-34	78(26.0%)	56(25.3%)	134(25.7%)
35-39	8(2.6%)	9(4.0%)	17(3.2%)
40+	1(0.3%)	0(0.0%)	1(0.2%)
Total	301(100.0%)	221(100.0%)	522(100.0%)

**Complications of children**

**Table 3.1** presents the percentage of household's children which are having any complication during one year preceding the survey. A majority of household's children 58.0 percent (57.1% Bijadandi and 59.3% in Niwas) of both blocks has the complication within one year of preceding the survey found in the study and minorities of household's children near about 42.0

percent (42.9% in Bijadandi and 40.7% in Niwas) of study blocks were healthy and not found any kind of complications in study. Illness perception on the one hand and treatment choice on the other are interdependent. Rake (1961:205) observes among the Subanum of Mindano: Diagnosis-the decision of what name to apply to an instance of being sick is a critical cognitive step to illness by the Subanum. Thus, discourse on the native

perception regarding illness is a necessity for understanding folk therapeutic behaviour. Based on their earlier experiences with illness, different people of different societies have different conception of health and illness. What is considered as being healthy in one society might not be considered healthy in another society (Majhi & Sharma, 2004).

#### Block wise status of suffering children

Table 3.2 presents percentage of households children which are suffering from any kind of complication within one year carried out the survey of both study blocks. Fifty percent household's children of Bijadandi block and 74.8 percent of Niwas block suffered from the diarrheal disease, 44.2 percent and 32.8 percent household's children were suffered from fever. Thirty two percent and 63.4 percent household children suffered from the ARI/whooping cough, 18.0 percent and 13.7 percent household's children suffered from scabies/skin disease found in both study blocks of Bijadandi and Niwas. Further, the 4.1 percent and 1.5 percent household's children suffered from injuries found in the study blocks and only single household's child was suffered from the typhoid found in the study block Bijadandi. But, a minimal household's children 2.3 percent found in Bijadandi block was suffered from

other kinds of illness in the study. The respondent of study blocks has multiple responses regarding sickness of their children was that the children face one or more common illness problems during one year preceding carried out the survey.

#### Main health care provider

Table 3.3 shows availability, preferred and actual practice related to treatment of fever and other type disease of children in both studied blocks. A majority of household's children were taking treatment in the government hospitals (26.9% in Bijadandi and 42.5% in Niwas), Private hospitals treatment (12.3% in Bijadandi and 4.5% in Niwas), A majority of households (25.2% Bijadandi and 24% Niwas) of both blocks took the treatment of children to Registered Medical Practitioners (RMPs). Use of traditional medicine based on the knowledge and experiences of mothers or elderly women of family or experienced and practicing women with in their communities are also (12.3% in Bijadandi and 5% in Niwas) taken by the households found in the both study blocks. A minimal of households children (0.3% Bijadandi and 0.9% Niwas) were took the treatment to traditional healers, further, the household's of children (0.3% in Bijadandi and 0.9% in Niwas) took the treatment to Unregistered Medical Practitioners (URMPs) found in the study.

<b>Table 3.1 Child suffering from any complications</b>			
<b>Block wise children suffering from complications</b>			
Yes	172(57.1%)	131(59.3%)	303(58.0%)
No	129(42.9%)	90(40.7%)	219(42.0%)
Total	301(100.0%)	221(100.0%)	522(100.0%)

<b>Table 3.2 Multiple response of households suffering children status</b>		
	Bijadandi Block	Niwas Block
Malaria/fever	76(44.2%)	43(32.8%)
Scabies/Skin	31(18.0%)	18(13.7%)
ARI /Whooping	55(32.0%)	83(63.4%)
Diarrhoea	86(50.0%)	98(74.8%)
Injury	7(4.1%)	2(1.5%)
Typhoid	1(0.6%)	0(0.0%)
Other illness	4(2.3%)	0(0.0%)

<b>Table 3.3 Main Health care Provider</b>		
Type of provider	Bijadandi Block	Niwas Block
Govt. Hospital	81(26.9%)	94(42.5%)
Private Hospital	37(12.3%)	10(4.5%)
RMP	76(25.2%)	53(24.0%)
URMP	1(0.3%)	2(0.9%)
Traditional Healers	1(0.3%)	2(0.9%)
Home remedies	37(12.3%)	11(5.0%)

#### Discussion

Access to basic amenities, such as proper housing, safe drinking water and sanitation, and clean cooking fuel, is not only an important measure of the socioeconomic status of the household but is also fundamental to the health of its members. NFHS-3 provides information on several household characteristics that affect living conditions. In this section, household access to

water and sanitation facilities is discussed first, followed by a discussion of other household characteristics including type of housing and fuel used for cooking. Information on household characteristics is based on questions answered by the respondents of the Household Questionnaire and, in the case of the type of housing, interviewer observations (NFHS-3, 2005-06).

A majority of households living in nuclear families, it consists of both couple and their unmarried children. These families are found among the Khasi, Juang, Santhal and Bhuinya. Similarly also joint family, it is composed of closely related kins or any two or more nuclear families. It may be matrilineal or patrilineal. This type of families is found among several tribes of India. But it is quite common among the Paragon and Santhals (Mondal P).

Majorities of households are literate 69.5%, the educational attainment of a society's population is an important indicator of the society's stock of human capital and its level of socioeconomic development. Education also enhances the ability of individuals to achieve desired demographic and health goals. In this section, differentials in educational attainment of women and men are discussed by selected background characteristics.

Almost households are engaged in different type of occupation, the ability of a country's economy to provide gainful employment to its population is an important aspect of the country's level of development. Paid employment of women, in particular, has been recognized as important for achieving the goal of population stabilization in India (Ministry of Health and Family Welfare, 2000). However, the empowering effects of employment for women in particular are likely to depend on their occupation, the continuity of their workforce participation, and whether they earn income.

Understanding the morbidity status of household's children has far-reaching implication for the better development of future generations. In this study, morbid conditions in the form of common illnesses were found among 303 households children (58.0%), which was quite less and high as compared to the studies showing illness in 41.4% and 72.6% of children respectively. The reason might be the improving health services and their utilization has increased over past few years. Hence, the present study was conducted to assess the morbidity status of these children. This improvement may be attributed to programmes like Integrated Childhood Development Scheme (ICDS) and the increase in utilization of health services (Shamanewadi A.N. & Nagaraj K., 2015).

The leading causes of morbidity among all the children were diarrhoeal diseases (50.0% & 74.8%), followed by acute respiratory infections (32.0% & 63.4%) and fever (44.2% & 32.8%). Communicable diseases like acute respiratory tract infections and acute diarrhoeal diseases were a common cause (Ukey UU & Chitre DS, 2012). Such higher proportion of diarrhoea in the study area might be due to lack of clean wholesome drinking water and also absence of hygienic practices amongst the vast majority of the houses of the study areas.

Responsibility of this situation can be attributed to both providers of health services (generally out sider-their attitude, behavior, commitment etc.) and tribal group themselves-their life style i.e. custom, practices and above all their compulsions on which they hardly have any control. Life-style cultural practices including subsistence, diets, occupation, habits ceremonially / ritualistic customs, other cultural practices and environment, influences the susceptibility to certain diseases (Basu S, 2007).

The health problems encountered by the tribal in Madhya Pradesh seem to be common in all the tribal populations in different parts of the country. Though the exact estimates and prevalence rate have not been worked out, solutions to these problems would emerge only through adopting low-cost technologies and providing basic amenities to the poor tribal community.

The aspects of average utilisation health services and easily available of treatment through Registered Medical Practitioners (RMPs) are common in both study blocks to avail modern medical treatment. In the present study, a changing attitude has been observed and found in the tribal community for availing the services from Government health agencies like the sub-centers and Primary Health Centers the preference earlier being the traditional practitioners.

Available health facilities and trained technical manpower were found grossly adequate to cater to the needs of the tribal populations and uses the Govt. health services (26.9% Bijadandi and 42.5% in Niwas) of the both study blocks of Mandla district (as per data shown on table 3.3).

## Conclusion

The present study concludes that ARI/whooping cough and Diarrhoea are still common illness among children below 6 years or under-5 years of age. Community should be educated to utilize the programmes like Integrated Child Development Scheme, which are started to improve the health of children. It is concluded that need of increasing awareness among tribal communities for utilizing low-cost technologies and improved local need based health infrastructure.

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