Chapter – II

Review of the Literature

The main purpose of this review study is to get a comprehensive and broad knowledge of the study on the tribal health issue which will surely help to pave a solid foundation for the further construction of the chapters of the thesis. This review also will help the researcher to get extensive understanding on the contributions of thoughts and ideas of the previous scholars who studied on tribes in general and particularly on the health problems of tribal in various States of India.

Reviewing literature on Indian downtrodden groups, there are number of studies on tribes and tribal culture, status of tribal women education, unemployment etc. As the present research highlights tribal health problems, literature of the review with respect to their health problems, numbers of studies have been focused on Malnutrition, Mortality rate, Child mortality rate, mental health, reproductive health and et. With the social and economical backwardness Indian tribal are found less aware about modern health care issue. The present Review of Literature provides a thoughtful peep into the researches carried out on tribal communities and the thoughts and findings of noted thinkers and sociologists who have contemplated on their different social, health problems with different angles. The literature review includes pre reviewed articles, relevant, books chapter and books, articles from recognized sources, review of the important researches, authors and their main findings also in order to support the hypothesis of the thesis.

Martin Cherkasy (1949)

Martin Cherkasy has rightly pointed out the need of understanding the causes of the illness. The social background of patient family, his residence, his cloths, his dietary habits and his work etc should be known before diagnosing him. It is also important the way he takes all these issues.

Author made a study from his point of views of individual aims, individual values and cultural values to understand their health problems. He also studied the changes brought about during period of health and diseases. Indian and foreign scholars have made different observations to understand the political role in knowing
the philosophy behind health and diseases. Author is elaborating importance of family and physical atmosphere of the patients.

**Hassan K. A. (1967)**

Hassan has studied interrelation of the factors of health and culture. Similarly he has also studied individual health science, different types of ailments and diseases, relation of patients and doctors etc. Hassan, in his research carried out in rural areas of Uttar Pradesh, finds out that health of tribal people is related with habits, faith and values. Their health was related with behavior, dietary habits, work and deficiencies there in.

**White K. L. (1977)**

The research, recorded his finding about the health facilities prevalent and accessible to the society. Larger sections of the society can hardly come in contact with advanced health facilities. Therefore, the prevalent health system and the health facilities for general people should be improved and reach to the target beneficiaries. Further patients response is also vital in promoting health facilities, White pointed out. He states that people should take their health consciously and improve their daily dietary habits and their daily habits as well. It is found out in an international study that social behavior and other social factors cast their direct impact on the available medical services, observed White, K. L.

**Kuriyan J. (1982)**

The State government had formed Kurian Samiti to evaluate the health programme implemented by Maharashtra government for tribal communities. The findings of the committee record that more than 90 percent earning of these tribal communities are spent on their routine needs. The most of the earning is spent on their food. 67 percent tribal people have calorie deficiency and 24 percent tribal people have protein deficiency. Impure water caused different water borne diseases in tribal areas.

**Ramlingaswami P (1987)**

The researcher has studied the health of 372 women in tribal area of Andhra Pradesh. His findings records only five women had received informal education.
Their knowledge regarding maternal care, child health, TB, Malaria, leprosy was scanty. Due to illiteracy tribal women are unaware about health care.

**Patil Ashok (1993)**

The writer has referred to life style of Korku tribals. Religious values have larger impact on their lives. There educational values have also been influenced due to the religious impact. The worship of different deities is performed at the hands of Parihar.

**Yadav M. S. (1994)**

Author in his book on Health of Tribal communities has studied different aspects of health of the tribal people. Larger parts of Mirzapur district in Uttar Pradesh is tribal area. The researcher has studied the problems of those tribes. The findings of the research state that the development schemes launched for the development of tribal people could not succeed. As tribal people are living in acute poverty. They are also ignorant of the modern science and life style. The health schemes implemented for them have no positive results. Tribal people associate cleanliness with their religion and therefore they are not aware about cleanliness and sanitation. They use herbal medicine and magic to get cure of illnesses and diseases. The problem of malnutrition is grossly found in tribal communities due to their superstitions. They associate pregnancy of women with divine powers and further care is left to the destiny. As general treatment of medical officers and employees is not benign, the benefit of these schemes could not reach to the tribal people.

**Mariott, M (1955)**

Mariott made research on tribal communities analyzing the causes why the modern medicine does not reach to the tribal. He pointed out that the spread could not be possible due to the negligence of personal relations, responsibilities, fidelities, powers, respect and benevolence etc. Though the government provides individual services, it is found out that only 10 percent of the tribal population in rural areas takes benefit of these schemes.

**Mandavkar Bhau (1997)**
The writer has analyzed the traditional life of the tribal people, their rituals and customs, arts, religious ideas etc. The tribal communities spread on larger parts could not retain their presence and had to restrict themselves to the forest and remote areas. The tribal communities which were living adjacent with the cities become developed and started urbanized life. The tribal people living in urban areas participated in the process of development while the tribal people living in forest and remote areas are left poor and deprived.

Jadhav Sudam (1999)

According to author pace of change is snail pace in Aandh tribe. They are farmers depended on rain fed agriculture. They could get scanty produce. By 1990, gradual spread of education is evident in Aandh tribes.

Basu Salil (2000)

In this article, the author focuses on the factors which are responsible for determining the health status and health behavior of tribal communities. The result of this study shows that due to poverty, illiteracy, malnutrition, lack of clean and safety drinking water, ignorance towards health and health care practices makes low health status of tribal community.

Kate S. L. (2001)

This paper deals with the health problems of tribal in Maharashtra state. Tribal groups differ from each other in various aspects and largely unaffected by the developmental processes going on in the rest part of Maharashtra state. The obtained of this study are as follows -

1) There is deficiency of essential diet components.

2) Water bourn and communicable diseases are found.

3) Like sickle cell anemia, glucose 6 phosphate dehydrogenase deficiency and thalassaemia are also common.
4) Malaria and tuberculosis still remains in many tribal areas.

5) Sickle cell disorder is mostly confined to socio-economically backwards groups.

Deogaonkar Shailaja and Deogaonkar S. G. (2001)

The book ‘entitled as Adivasi Vishva’ deals with valuable information about tribal life. These downtrodden and backward groups reside in the various states in India and United State of America having different race and dialects. The writer has analyzed the traditional life of the tribal people, their rituals and customs, arts, religious ideas etc. The tribal communities spread on larger parts could not retain their presence and had to restrict themselves to the forest and remote areas. The tribal communities which were living adjacent with the cities become developed and started urbanized life. The tribal people living in urban areas participated in the process of development while the tribal people living in forest and remote areas are left poor and deprived.

Gare Govind (2002)

Gare Govind, in his research on tribal problems and changing relevance, he seriously took up the issue of health of the tribal communities.

He stated some of his important findings are as follows:

Tribal people are poor. They have often to live under Below Poverty Line and hardly could secure enough and timely food for themselves. Therefore it is not possible to expect them to have nutritious food. During rainy seasons, often roads and bridges are blocked. The health officers and Primary Health Centers do not come to village even if an epidemic incurs. They have to silently suffer. One Primary Health Centre is given for population of 30,000 in remote tribal areas. The population is often dispersed and as such Health servants and patients can hardly keep in contact with the Primary Health Centers. It is not a point to say that Navsanjiwan Scheme launched regime has mitigated malnutrition, hunger and spread of diseases. The scheme of Nutritious diet has been the centre of corruption. The teachers at Balwadies (Nurseries) treated tribal children recklessly and given inferior diet to them. There are different facets to the problems of malnutrition in tribal communities. Tribal women
usually found with 70 percent iron deficiencies. The percentage is even higher in women of reproductive age and children. The deficiency could be fatal for women and their infants during their pregnancy periods.

**Bang Abhay el at (2002)**

Paper highlights the government statistics figures on child mortality in Maharashtra state, juxtaposing them against the stud’s own findings. According to authors under reporting of child death is not punished. Tribal families did not report a birth or death.

The findings of study are as follows:

1) Infections of pneumonia and diarrhea increase the child’s death.
2) Malnutrition is the primary cause of child’s death.
3) The socio-cultural distance from health care center makes higher possibility of child’s death.
4) Due to tar road, proper medical help cannot provide on time.
5) Poverty and backwardness increases unhealthy atmosphere.

**Park K. (2002)**

The book points that literacy and health are strongly co-related in India. During 1999, child mortality rate in Kerala was lowest when compared to other states in India. It is because literacy rate of women in Kerala was 87.86% while the average rate of literacy in other states on India was merely 54.16%.

**Shirole Dhairyasheel (2003)**

The writer gives the personally collected information about the Baiga tribal. These tribal are found in Shahadol, Umriya, Khujraho in Madhya Pradesh and Amartek and Raipur of Chhattisgarh. They speak Baigani dialect. According to their beliefs, they are produced by God from a couple. Baiga and Gond are believed to be of a same progeny or race. They are pantheistic and believe in good and bad omens. While going on work, they turned back if a snake crosses them. If they found a only crow taking dip in water, they think that someone will die. They take Sunday and Saturday good for works in the forest, Thursday good for visiting lover and beloved while Friday is held good for rest. They do not marry on Saturday. Baiga men wear a
cap made from Bamboo while women think that they will get heaven if they carve tattoo on the skins. Like other tribal, they make christening ceremony after birth and observe rituals after death.


Adivasi women are very hard working, fearless by nature. They are illiterate and have secondary position in family. They believe on magic, ghosts etc. During illness they use herbal medicines and magic as well. Bhagat performs rituals for them and give them ‘Raksha’. They make an image of clay and worshipped in the name of ghost. The help of the god is sought by chanting his name to drive away ghost. The god is offered sacrifice of cock and wine. There is complete apathy for the education of girls.

When compared to other states in India. It is because literacy rate of women in Kerala was 87.86% while the average rate of literacy in other states on India was merely 54.16%.


In the book entitled Janjatiyo Ka Samajik Artik Utthan. Author examine the socio economic transformation of the Indian tribe Basically tribal economy is traditional having occupation like fishery, haunting, cattle keeping and collection of forest products. According to her, certain social taboos prevented tribal communities form development.

In post independence era, a few educated tribal are found employed with white collar job but the percentage is negligible. Educational backwardness is the main cause for the socio-economic illness of tribal communities.

Chavan Shantaram (2003)

Shantaram Chavan has made his research on the tribal communities in the Melghat, the government schemes for the tribal, their problems and solution to their problems. He evaluated the different tribal development schemes implemented by the government. He derived following findings from his research. The tribal do not know about the development schemes being implemented by the government. Out of 85 development schemes, 46 schemes have not reached to the tribal. The
implementation agency is responsible for this. The tribal communities have been suffering with numerous problems which primarily include lack of agricultural land, scanty income, unemployment, poverty, etc. The process of implementation of development scheme is faulty.

C. R. Bijoy (2003)

Korku prefer to consult the local healer or Bhumka and use their own method of treating diseases and illness. This includes the painful burning of affected parts with hot iron or dhamma, tying threads or drinking water blessed with mantras.


The books entitled as Bhartiya Adivasi covers the details of tribal communities of India. There are various tribal development programmes but tribal communities are unaware because of illiteracy. Basically the tribal are attached to their land having traditional knowledge of cultivation. Some communities are cattle keepers and some are laboures. The author traced the various tribal welfare schemes.


The writer in his book explained the problems faced by Indian tribal communities in pursuit of their development. According to him, their life is free from urban artificiality. There is no haste in their lives. They have their faiths on creative powers in Nature. The tribal people are deprived for free access of the forest due to strict Forest laws. The forest laws have created many problems for the tribal communities. These laws left them deprive of their possible development through forest resources.


According to some of the scholars, Korku people by their physical appearance belong to Dravidian race while other believes them to be sub caste of Munda tribe. They have patriarchal family type.
The priest in the community is termed as Bhumak and Bhagat as Padyal. There is large scale superstition among Korku and they believe on magic. The writer has referred to lifestyle of Korku tribals. Religious values have larger impact on their lives. There educational values have also been influenced due to the religious impact. The worship of different deities is performed at the hands of Parihar.

**Bang Abhay (2004)**

In view to take review of the measures taken up to solve the problems of child mortality caused by malnutrition, Maharashtra government formed Child Mortality review committee headed by Dr Abhay Bang. The committee presented its reports in 2004. It pointed out the need that information received through government machinery should be correct. In 2000, Child mortality rate was 102.7 behind every 1000 children. The committee also gave complete information about severe malnutrition, moderate malnutrition and little malnutrition. Out of the total child deaths, 10 percents deaths are reported due to malnutrition while 23.3 percents deaths occurred due to Pneumonia and dysentery. The important thing is that the committee also divulged on the needful measures on the child mortality.

**Agase C. D. and Karkre Ajay (2004)**

The cross study reveals that the tribal sports persons were superior (in motor fitness) than non tribal sports person. In case of tribal girl report does not show remarkable difference.

Motor fitness is very important factor which affect performance of player during competition.

**Gupta Swagta and Roy Rama Deb (2004)**

The cross sectional case study is done with 129 santhal and 108 non-santal women. The evidence of this study paper indicates that non-santal mothers are more aware and adopt family planning than santhal mothers. Due to the superstitions prejudices, illiteracy, poverty, demand of more children by elder family member, backwardness. Santhal and non santal mothers do not follow adequate health care.

**Lalit Khandre (2004)**
In this seminar paper examines the issues of Korku Adivasis of Melghat region, specifically focus on their pattern of changes, livelihood, health, forest rights. The paper also highlights the issues of rising death of malnutrition in the region and the role of the government machinery and non-government organizations to deal with the situation.

**Shukla Mahesh and Khan Moh Shrif (2004)**

The books reveal the life of khairvar community in Kusmi Vikaskand, Madhy Pradesh India. The author observes that these people due to remoteness, unemployment, unproductively of land are the problems of their life is affected by the superstation believes in magic, consumption of liquor and an intoxicant. Less reproductive activity among Khairwar community is the main problems according to them. Due to illiteracy and awareness they are so for to modern development.

**Yadav Rajiv and Roy J. (2005)**

The analysis of data yields that about 9 percent preschool children were suffered from savoir malnutrition. Patalkot is a hilly area in Madhya Pradesh. It is non ICDS area where health facilities were not appropriate. The survey was conducted in 12 villages and 260 Preschool children of Baharia tribe were considered.

Findings of the survey are as follows –

1) The diet consists of cereals (maiz & kutki) without pulses.

2) Bharias were consumed non iodized salt.

3) Intake of oil, sugar, milk was low.

4) They consumed green leafy negetables roots, tubers in a very low quantity.

As the dilatory pattern is low than recommended dietary allowance results low nutrition all status of among preschool children of Baharia community. It prones them to malnutrition, goiter, scabies and other infectious diseases.

**Roy Krishna (2005)**
The cross sectional study was conducted in Birbhum district of West Bengal. 116 females and 104 male having 18-16 years age are choosing randomly. The present study indicates that older males were more undernourished than their female counterparts. The lack of employment, poor economic condition, excessive alcohol consumption, excess salt intake lack of vegetables and fruits diet prone the Santhal community to no communicable diseases like Blood pressure. In the modern world there is an increase in life style related diseases.

**Mini G. K. and Moli G. K. (2005)**

The data used from National Family Health Survey II, in India on life style indicator such as tobacco, use and alcoholic consumption by the tribal and nontribal group.

The analysis reveals that -

1) Consumption of tobacco in tribe is very high.
2) As compare to tribal men, alcoholic consumption among than tribal women is observed higher with increasing age up to of 64 years.
3) Smoking is high in rural men and urban women.
4) Comparatively unmarried tribal men and women, married people shows higher percentage of tobacco and alcoholic consumption.

There is significant relation between religion and the percentage of tobacco and Alcoholic consumption.

**Mako Neelam and Elizabeth A. M. (2005)**

The study was conducted in Alwar district of Rajasthan. The findings of this study indicate that habits of chewing pan masala or tobacco, smoking and consumption of alcohol is high in tribal population. However there is a lack of enough knowledge and awareness with respect of to diseases which may arose due to additions among this tribe.

**Patil H M, Bhaskar V. V. (2005)**

For this study Survey of Tornamal, Navapur, Dhadgaon, Akkalkuva and Taloda regions of the Nandurbar district were made. This study made report on
medicinal uses of wild plant by these tribal communities. Usually tribal has the knowledge of medicinal use and other uses of plant. Tribal doctor (Vaidu, Bhagat, Pariyar) know the exact preparation of the medicine and its administration to the patients. Tribal community uses this traditional method because plants are available so easily and not expensive.

**Nilakantha Panigrahi, Ranju Sahoo (2005)**

Authors endeavors to illuminate various dimension of health reform policies in India and the impact of various health services provided by KHOJ project with special reference to Infant Mortality Rate of tribal society in Orrisa.

It has been observed that in spite of huge investment the health seeking behavior of a tribal society is largely influenced by customary caring practices and adherence to various traditional coping strategies, which have been evolved long ago. This embedded in definite socio-cultural values, beliefs, system of meaning attached.

**G. N. Mohanty, A. K Maharana (2005)**

Authors threw light on the traditional economy, supernatural beliefs and practices of Saora-a tribal community in Orissa.

Like any other tribe the Saora’s measures health or ill health of a person in terms of food intake and work output. They almost equate health with agony and sorrow. To them health is a boon and ill health is a bane of nature. Consisting of outer physical environment as well as unseen environment comprising of deities spirits, evil forces etc.

**K. K. Mohanti (2005)**

The Didayi is considered as a tribal group found only in Orissa state. The writer sketched the social life of this tribal community.

**J P Rout (2005)**

One major source of foods of tribes comes from what is known shifting cultivation means widening a system of livelihood support dependent upon the age old primitive pre agricultural practice. This paper makes attempt to study the problem of shifting cultivation and impact of tribal society of Orissa.
**Stephans (2005)**

Author gives description of material culture of the Korkus which contain dress, ornaments, food and meals, crops, husbandry and other occupations and their religious beliefs, mythology, magic, beliefs etc.

**Maheshwari Sunil, Bhat Ramesh, Saha Soman. (2005)**

This study paper explores factors affecting the work of environment of health officials in Maharashtra. The district Health officials and Health Schemes Implicators have apathetic connectivity with their department.

The study suggests a need of developing a proper Tribal Plan and strengthens the primary health center with multipal health professional in remote area. It helps to reduce the fustrition among the officials.

**Sharma et al (2006)**

The cross sectional study of the nutritional status was made on 123 Raj Gond tribal community of Central India. Preschool children (boys and girls; aged 1 to 5 years) in the Waratola village of Balaghat district of Madhya Pradesh. Anthropometric nutritional status was assessed by WHO criterion (SD classification) and also NCHS standard using weight for age, height for age, weight for height indices and MUAC. Comparatively, Raj Gond preschool children were nutritionally more wasted than Gond and other nontribal preschool children of Madhya Pradesh.

**Singh Rekha and Palta Aruna (2006)**

The study was carried out Bastar district of Chhattisgarh. 100 Abujhamaria families were selected randomly. Researchers found evidence that, Abujhamarias are non vegetarians, traditional form cultivated, and illiterate group. Abujaha maias tribe consumed most inferior minor millet (Kutki). Alcholal plays a significant role in the social and religious life of Abujhamarias. This tribe does not consume milk at all. Intake of Sugar, Jaggery, Oil, Fats, and Species was nil. Food intake is dependent on availability of food. Alcohol plays a significant role in religious celebrations.

**Shaha Kalyan B and Shaha Uma Chatterjee (2006)**
The study was conducted among Lodha tribal women. A sample of 500 ever married tribal women in the reproductive age i.e. 15 - 49 years of block of West Bengal. The observations indicate that like other tribal, Lodha tribe is also utilized modern health services only in rare and serious case. The postnatal service (42%) and lacting mothers were treated by elderly female family members, Midwifes or local medicine man 16% respondents mention poverty as the main cause of not taking postnatal care. While 12% respondents attributed lack of time.

**Gupta R B (2006)**

The paper draws attention to the status of sickle cell disease which is alarming in Madhya Pradesh. The analysis of data yields certain findings are as follows:

1) The prevalence of Hbs in tribal of Bill, varies from 18 to 33 percent but in scheduled caste it generally varies from 10 to 15 percent.

2) The prevalence of Hbs among Kol tribe is low while Gond, bhumia, Baiga tribes has a high Hbs prevalence.

3) There is least diagnosis and there is urgent need of consoling centers. Madhya Pradesh State government should do plan for prevention and management of the sickle cell diseases.


Author has given history of Korku tribe and studied deeply their social, cultural lives. There has been an inter connection between economical, political, educational, social surroundings with problems of the Korku tribal. The books depict the different welfare schemes of the government and also suggest recommendation necessary for their development.

The book which takes review of the primitive life also explores into the history of these tribes and their present condition. The books informs about korku tribal people’s view towards the various schemes implementing in this region. It also throws light on the conditions of tribes in the Melghat.

**Panda Tribhubana, Padhy Rabindra N. (2007)**
Through the study paper, authors focused light on the staple food of Kandha tribe of Orissa. They consumed rice, maiz kodon and pulses like black gram, Pigeon Pea, Cow Pea etc. these community use many naturally occurring food items such as carnal of mango, tubers, wild flowers and younlings of bamboo. They use these items after boiling.

**Badgujar S B. el at (2008)**

For this study, data were collected by a survey method of elderly from Bhills, Gavits, Kakanis, Valvis, Pawara, Koknas, Mavachis and Vassaves in Nandurbar district of Maharashtra. The result of the study shows that for the oral health care, these tribal communities used traditional medicine which is based on herb which is not expensive. Author stress the documentation of these tribal’s medicinal knowledge of these medicinal plants for oral health care in last scale.

**Singh Rajesh and Singh Pritee (2008)**

For the study purpose out of 300 villages from the Melghat, 10 villages with 300 respondents are selected by using random method. The demographic figure of this study reveals that marriage takes place at the age of 18 to 20 years. Generally delivery takes place at home. The birth rate as well as death rate of children is very high in this tribal area of the Melghat. Lack of importance of supplementary food prone the tribal children to malnutrition. In spite of availability of food, pregnant women and lactic mothers are suffering from malnutrition. They were found to take only corn roti, kodo kutki and few vegetables.

**Kharat G. S. (2008)**

As a cumulative impact of Malnutrition, serious and common diseases, the percent of population increase on decline in the state. Food scarcity along with an availability of pure water in the rainy season cause epidemics. The tribal people leading nature based life believe on the supremacy of Bhagat after the God. They think that diseases, female un-productivity, untimely deaths etc are caused by the anger of either god or ghost. Even today the health service could not reach to the remote tribal areas in the Melghat. Health attitude of the tribal communities are still traditional. The traditional health systems and instruments are used during pregnancy and deliveries of the tribal women. Shobharin, a community nurse usually looked
after the work. She acquired knowledge through experience. The naval ring of the infant is cut with a sharp razor made of Bamboo or iron cutter.

**Varma Subhashchadra (2008)**

The Author traced Social Cultural life of Tharu Community. He observed high fertility and mortality in thru tribal group and attributed it to law level of education and income. There are lack of proper sanitation and potable water. Tharu tribal have lack of knowledge of family planning method and importance of small family size. Tharu community had their own beliefs and concepts of disease and unwary to the modern medical facilities

**Pandy Keya, Pandey Suresh (2008)**

For the study purpose field surveys were conducted in Uttaranchal. The Raji are socially and economically backward community who claim they to be Rajputs and original in habitants of central Himalayas. Generally tribal community have different concept of health, disease and its treatment. This study focuses the herbal medicinal uses by the tribal different disease.

**Kadel Chitralekha, Jain Ashok K. (2008)**

For this study, tribal dominated localities of Madhya Pradesh and Chhattisgarh States are selected. The data of this study shows that 34 plants species are used for the treatment of snake bite in tribal communities of Central India.

**Jagtap S D. el at (2008)**

The ethno botanical surveys were carried out in the Melghat areas of Amravati district. The analyses revealed that tribal communities still practices herbal medicine to cure a various diseases. The main reason for this is lack of modern expensive medications and strong faith and belief in their community traditional healers Bhagat and Pariyal.

**Kulkarni Shaunak (2009)**
Throws light on the origin of tribal and provides valuable information about their lives, food, traditional customs and traditions. Understanding the problems of the tribes separately, he has given valuable recommendation.

Korku tribe founds largely in the Melghat sub division in the Vidarbha. The tribal think themselves to be descendant of Ravan and worship Indrajeet, the son of Ravan. According to others scholars, people of some tribes were brought in Vidarbha during British era for a plantation programmed of which Korku could be one of the tribes.

Korku habitat hamlet by finding fertile plateau and slopes of small mountain. There houses are built on the rectangular foundation of stones. Generally they face north-south direction. They cherish their life style even today.

Singh Anu Kumari (2009)

The development of Schedule Tribes is not generally seen happening through rural development programmes. Government development programmes are often infected with large scale corruption. These programmes could bring fore little improvement in their education and slightest growth in development is seen.

Mehata Prakashchandra (2009)

In the book Adivashi Sanskriti Yevam Prathaye, the writer through light on various tribal communities and their customs, according to marriage religious rituals, birth, death etc. He traced the impact of tradition on the tribal life. According to him tribal’s beliefs in tradition customs, rites are taboo in their real progress.

Ghosh Sudipa, Malik S (2009)

The study paper “Assessment and Administration of Health in tribal community of India” focuses on the general health status of the Santhal tribal population and availability of treatment and aids among Santhal’s areas of West Bengal, India. Ranibandh block has one Block Primary Health Center and four Primary Health Centers. These health centers conduct grass root survey in village almost every month, therefore Santhal community of this block have gained awareness about their health and nutrition.
Ravi Upadhay, Mahendra Singh Choudhary (2009)

Author points out those tribal communities live close to nature. Bhil, Bhilala, Gond and Korku people have acquired knowledge on resources that exist around their habitat in the forest eco-system. These people have unique knowledge on use of different plant parts and their use in cure general ailment.

Aakre B. N. (2009)

Author has made research in Nagpur University on “Impact of Development Schemes on Tribal”, inhabitation in Maharashtra. He has minutely studied the impact of development schemes on lifestyle, cultural life, marriage system, social laws, their faith and other aspects of Gond communities. He has derived following findings. The social development schemes implemented by the government have brought change in the lives of tribal communities. Though the change is not found in educational conditions of the tribal people, to some extent political change is visible. The social development schemes made available the means of transportation, running water, primary health centers, etc. in tribal areas. Though health facility available in tribal areas, they do not believe in modern medicines. They are still under the influence of their traditional superstitions.

Deogaonkar S. G. (2009)

In the book entitled ‘Maharashtratil Nivadak Jati Jamati’, author traced tribal life in India, each community has different social taboo, customs rite religious beliefs, food habits. But the problem of illiteracy, unemployment migration exploitation is still remain same. Like other tribe, Korku are pantheist and their knowledge of planets and star is remarkable. The problem of safe drinking water is one of the many problems they have to face. With abridging of the forest rights, there is increased unemployment among them. They drink Mahua liquor to satisfy their growing hunger which results in diseases, malnutrition and different epidemics.

Snehalata Shrivastav (2009)

Author through lights in her study report that a highly protein deficient diet of Korku and Gond tribes in Central India is one of the reasons of malnutrition in
them. Mostly these tribal people eat only locally available plant based diets which are rich sources of carbohydrates, some minerals and vitamins but no proteins.

**Bhardwaj Shaila, Tungdim Mary Grace (2010)**

A cross sectional study was conducted to study the reproductive health profile of scheduled caste women and scheduled tribe women of Rajasthan. The data was collected from Alwar district including 300 units of scheduled caste & scheduled tribe women findings are as follows -

1) The mean age at girl’s marriage and remarriage in scheduled caste is higher than scheduled tribe.

2) The mean age at first conception is 17.3 + 1.6 in Scheduled Tribe.

3) As compare to scheduled caste, scheduled tribe women has more burden of work even during pregnancy period.

4) The educational level is quite below in scheduled tribe women.

5) Among scheduled caste 17 percent women did not used contraceptive as a method of family planning and among scheduled tribe its percentage is 75.33%. The data shows that scheduled caste women are more aware about their health as compare to scheduled tribe women.

**S.Ignacimuthu, M. Ayyanar (2009)**

Through this study paper author draws conclusion that many traditional medicines are still in common use by kani tribal community in Western Ghats of Tamil Nadu of Tirunelveli hills. Traditional healers in Kani tribe are using 46 types of plants for treatment of injuries and wounds. They prefer their traditional medicine man Vaidhyar in Health care.

**Sonowal C J (2010)**

The study is based on the primary and secondary data collected from the different region of Maharashtra by Survey method. Paper focused on the causes of malnutrition of tribal children. Trial communities believe in the power of prayers and rituals that enables some herbs to act as medicines to heal diseases among them. They
depend on Bhopa, Bhagat, Vaidu, Ozha etc., for tradition treatment. The findings of the study are as follows.

1) Inadequate dietary intake
2) Migration of these tribal communities has shown relation with their nutritional health.
3) The restriction of forest low prone them to starvation.
4) Increasing population brought pressure the havoc in the food components of tribal.

**Gupta Rakhi, Vairale M G. and Wate S R. (2010)**

India is extremely rich in medicinal plant diversity distributed in different geographical and environmental conditions and associated tribal and folk knowledge system. The Indian Materica Medica includes about 2000 drugs of natural origin, almost all of which are derived from different traditional system and folklore practices.

**Das Megha (2010)**

In the Study of Nutritional Status of Korku Tribes in Betul District of Madhya Pradesh, ten villages are selected by random selection method. 1062 male and 903 female were selected by probability proportional to size. These samples were categorized into three groups based on age as 19 to 35 years, 35 to 55 years, and above 55 years. Raw food weightment method was use for detailed study of food intake of samples.

The findings of the study are as follows:

1) In case of korku calorie, proteins, iron, riboflavin, thiamine, ascorbic acid, intake was found very low.

2) Carbohydrate intake was also found comparatively quite lower than recommended dietary allowances values.

3) Compare to korku female calcium and fat intake was higher in korku male.

The diet survey of korku in Betul district showed that only 10 percent korku respondents were aware about the importance of balance diet. Korku do not use
oil in their daily food preparation. They consumed boiled vegetables with chili powder and salt. Most of them take green leafy vegetables occasionally. When there is shortage of food materials, korku consume wild roots and tubers like kolu which is quite poisonous. Because of poverty, korku of this tribal areas do not take leafy vegetables, milk, eggs, oils in their daily diet, even sometimes they can manage a meals only once in a day.

The study data reveals that the most of Korku tribes in Betul district are illiterate and so are unaware of food nutrition and good health. As a result of which they suffer from diseases related to food consumption. Due to poverty and hunger, these tribes are spending their life in pain and grief.

Burange Rajesh (2010)

Burange has done research on the health department’s economical status of the tribal area. He has objectively studied the health problems of Korku, Kolam and some other tribes found in Amravati and Yawatmal district. The main findings of his research are as follow:

Primary Health Centers in Tribal belt have less doctors and staff than actually required. It results adversely on the health on tribal people. Along with the modern treatment at Primary Health centers, tribal people mostly rely on their traditional treatment at the hands of Vaidu. Complete dereliction is seen in taking care of children and infants. Scanty food and lack of proper medicine make these children malnourished. Consequently the percentage of child death is high. In tribal communities early marriages of girls are general phenomena and polygamy is usual practice. These practices put question mark on their equitable existence in the tribal communities. Child and Mother Mortality are usual happening in tribal communities. The government figures on mother and child mortality and malnutrition are dubious. Lack of employment opportunities and exploitation are caused due to the prevalent corruption.

Ugale Yogesh (2010)

Author has put the major problems of tribal in Yawatmal district. He discussed economical, social, cultural and political problems and pointed out the
health problems and related issues of personal hygiene and lack of pure drinking water.

Even today the tribal depend on traditional method of curing their diseases. Tantric or Bhagat performs the health treatment either through magic, herbal medicine. They are pantheist and believe natural forces as supreme. Therefore they largely depend on their tantric and Bhagat.

**Kisten P. Goessling (2010)**

This paper examines the author experience exploring and inquiring into the mental health’s implications of mining and mining induced displacement within several tribal communities in Andhra Pradesh.

**Puri Amit Kaur & Chaturvedi Alka (2011)**

For their study, survey method is accepted. Medical test was conducted on about 3000 tribal children. Korku and Gond are the tribes inhabiting vidarbha region. The data shows that a highly protein deficient diet is one of the reasons of malnutrition of Korku and Gond tribes. The staple food of these tribes is kodon, kutki, devdnan, toor dal and amaranth seeds. Mostly these tribal people consume only locally available plants, roots tubers, bulbs, based diets which are monotonous in nature. They use vegetables after boiling or occasionally frying. They hardly manage two meals in a day whole year, because of poor economical condition. As tribal groups are not purely vegetarian they eat rabbit, frog, deer, pigeon, titer, etc. Tribal’s meal pattern is unplanned and seasonal variations.

Findings of the study show that, instead of hard work for survival, inadequate and unbalanced diet pushes them malnutrition to death.

**Bhangale Shailaja (2011)**

To examines ‘Health Consciousness among Tribal and Rural Population’, the survey of 30 families is done. To study the relation between the environment and nutrias food for health awareness, investigator had selected three tribal and three non tribal villages of Jalgaon district of Maharashtra state.
The villages which are isolated and in interior part of Satpura mountain found low level about nutrias food for health and healthcare awareness while the villages located on national highway, railway, having Primary health center or near to urban areas found more awareness about nutrias food for good health. This study shows that there is close relation between environment and health care awareness in study region.

Deka Sanjay (2011)

This study paper draws attention on the health and nutritional status of the Indian tribe inhabiting in Tripura. As the tribal population is the second largest group of India, have a very cold interest in education. Due to poverty and ignorance, eldest family members in community do not send their children to school but to fetch them field for work. The result of this study indicates a strong influence of socio-economic status and paternal care on the health and nutritional condition of children which showed directly high significant effect on child’s higher education.

Chakma Tapas et al (2011)

The cross sectional study was conducted in tribal areas of Madhya Pradesh 8 villages were selected randomly and four hundred households consisting 434 adolescents. The diet Survey was carried out among the respondents including age between 10 to 18 years old. The study revealed that as compare to rural population, Baiga adolescent have low protein, Calorie diet. They consumed generally grossed deficient in calcium, vitamin A, Vitamin C. Iron fats, and riboflavin. Their meal pattern is based on food items which found in forest. Therefore adolescent of Baiga community (10 to 15 years old) have low weight and height as compared to rural adolescent population in Madhya Pradesh.

Shivaprasad el at (2011)

Through this paper, author points out the overall women’s health among tribal communities in India Tribal women are getting marriage and commence sexual activity at an early age. In many tribal community consanguineous marriages takes place which result in an increased probability of abortion, miscarriage, still births infant and juvenile deaths, neo-natal deaths, mental and physical imperfections. The rate of sexual transmitted in factious disease is very high in tribal community
because they consider premarital sexual practices as a arts of marriage. Rue to heavy workload for living and inadequate dietary components, tribal women prone to malnutrition.

Niswade Abimanyu et al (2011)

Through the study paper, authors draw attention towards the tribal and non-tribal neonatal morbidity and mortality in Central India. The cross sectional study reveals that

1) Neonatal mortality is strongly related to preterm delivery, in both tribal and non tribal.
2) Due to long distance from health center tribal population have inequalities in health care.
3) Unawareness of health care facilities, living in a joint family was associated with higher morbidity.
4) The rate of neonatal sickness and mortality were higher in tribal community than that of rural population.

Sharda S. Gawande (2011)

Author draws an attention on the high malnutrition in children and women in tribal community. Korku mothers are unaware of importance of supplementary food of child. In spite of availability of food, pregnant women and lactic mothers themselves are suffering from malnutrition, due to illiteracy and lack of awareness. They were found to take only corn-roti and vegetables.

Adhau Balkrishna (2012)

The health officers and other employees at the primary Health Centers and sub centers in tribal areas are often absent. Thus no proper treatment and care is taken of the patients causing further deterioration of the health problems. There are various types of health schemes but lack of proper application, funds, and grants of these schemes send back to government.

The government machinery overlooked the health issues of the tribal due to the nexus of local political leaders and officers and employees. The corruption
and the red tapism prevalent in the administration put hindrances in the implementation of Tribal Welfare Schemes.

Child marriage is prevalent in remote tribal areas. No proper care is taken of the pregnant women. The health problems and diseases caused to children like dysentery, pneumonia, and malnutrition are continuously ignored. It reduces immunity of mothers and children and further aggravates the problem of malnutrition in tribal areas.

**Urade B P (2012)**

For this study massive screening programmed was conducted. Several camps were organized during 2005 to 2007 in Maharashtra, Kerala and Orissa State. Generally sickle cell disease is known by its prevalence in African and American origins. In India, sickle cell trait is found where malaria was or is still present recent time. The study data reveals that Pradhan tribal community have highest frequency (23.3%) followed by Gond tribe. But sickle cell disease is completely absent among Mana tribe belonging to Maharashtra State. The frequency of sickle cell trait is higher in southern Indian State followed by Central India.

**Salivkar Sanjay (2012)**

The study data reveals that 73 percent tribal pregnant women do not eat fresh vegetables and fruits due to poor economic condition. The education status of tribal women in the Melghat is very low 78.5 percent respondents were unknown about anemia disease. 75.5 percent tribal women have to work as labour during prenatal periods also therefore they cannot face medicine regularly. The meal pattern of these communities is with lack of proteins and iron results to make more anemic. Maternal malnutrition is quite common among these tribal, women especially those who have many pregnancies to closely spaced. Anemic mother increases the possibility of premature baby with low weight.

**Dewan Renu (2012)**

In the study entitled “stress and mental health of tribal and non tribal female school teacher in Jharkhand, India”. The data was obtained by stratified
random sample method. 400 tribal and non-tribal female school teacher of Ranchi is the study unit. Stress, marital status and ethnicity these three factors are considered to responsible for mental health of a woman.

Following are the findings of study:

1) Marital status does not produce any effect on mental health of school teacher.
2) Stress has also not found any significant effect on mental health of married and unmarried and tribal and non-tribal school teacher.
3) The tribal school teachers have better mental health than non-tribal school teachers.
4) Only ethnicity factor was found to produce effect on mental health of school teachers.

**Prasanta Kumar (2012)**

The study was conducted randomly selected tribal districts of Odisha. Quantitative method was used to select 800 respondents (male, female) from 80 villages in 8 districts.

Finding of the study are as follows.

1) The respondents have weak education background found not sufficient knowledge about reproductive sexual health.
2) 14% respondents because more curious about life.
3) While 11% respondent have more confusion than before adolescent age.
4) It is remarkable that attitude of parents are different for boys and girls in the society.
5) The tribal adolescent in this study areas have substantial less awareness of sexual disease and its preventive measures.

**Das Subal and Bose Kaushik (2012)**

This study found evidence that 50 percent of Indian adults belonging to the Scheduled Tribes are chronically under nourished having Body Mass Index below 18.5. There is a need, that government should play an active role in reducing the rates
of under nutrition among tribal people. The recommendation should include adequate dietary intake having various project to enhance their socio-economic status.

**Manikanta, P (2013)**

Conducted study entitled “A Study on the Health Status of the Tribal Elderly of Andhra Pradesh”, with three tribal groups i.e. Yandis of Nellore district (Andhra Region), Yerukulas of Chittoor District (Rayalaseema Region) and Sugalies tribes of Medak District (Telangana Region). 50 male and 50 female of each tribe i.e. 300 aged (60 years and above 60 years) units are selected by using random selection method. The socio-economic and health aspects were collected with the help of interview schedule. This study found evidence that migration of young tribal population to urban areas; create impression towards modern society and distraction towards joint family and old values of tribal culture. Therefore young populations which are caretaker members in tribal family are reduce day by day. It was also found that there were not sufficient health care facilities near to the tribal’s residence. Due to this the health status of tribal elderly of this region of Andhra Pradesh was very low.

**Jaiswal Ajit (2013)**

The Study paper reveals the health and nutritional status of Bhumia tribe of Madhya Pradesh. For this study 317 male, 299 female and 125 preschool children were selected randomly. The socio-economic condition of Bhumia tribals kept them away from purchasing and eating vegetables and milk. It make high percent of malnutritious tribal pollution.

**Singh Lakhwindar P, Gupta Shas D. (2013)**

This study papers focused on health seaking behaviour of tribal in Rajasthan. It covers four district of southern part of Rajasthan. Bhils, Garasaiansa amd Meenasare the main tribe living thing inthis area.

The study reveals that utilization of health services by these tribal is very low because they have faith in traditional healers (Dhopas) and herbalists. Timing
of clinic, distance of clinic, negligence at government hospitals are hindernce in utilizing government health services.

**Chatterjee Pujasree (2014)**

Social and Economic Status of Tribal Women in India is Therotical study paper based on secondary information. Besides constitutional provisions and various development policies tribal women still have face many challenges. According to author, education will enable them to improve their economic condition which results change in the social status of tribal women.

**Sharma A.K. (2014)**

The study paper entitled as The National Rural Health mission- A critique in which author A. K. Shrma analysis the goles and strategies of N.R.H.M. and states its weaknesses and strengths. The study suggests a need to enlarge the primary health care system in rural and urban areas both.

As Health is essential component for well-being of the humankind and is a prerequisite for human development. “**Health for all by the year 2000**”, here are two decades over since the Indian government declaration regarding of health problems of the tribal, till we find less or no progress towards solution of this problem. It is important and necessary to get the problem supported with scientific evidence involved in implementation of these health schemes. That is to answer the question whether the man-element in society is irresponsible, or the government is inefficient or the tribal community is indifferent towards their health problems. In the health determining facts of any person or group his economical as well as social factor is also important. There is a consensus agreement that the health status of tribal communities is very poor because of their isolation and remoteness. From this point of view ‘sociological study of health problems of korku tribal in the Melghat subdivision’ is studied.