5. Conclusions
CONCLUSIONS

• The population of Siddis has increased by 60.62\% during a span of 10 years, from 1987 to 1996. The present population of Siddis as per 1996 survey is 12,183. There is a marked increase in Christian Siddis (79.9\%) followed closely by Muslim Siddis (73.46\%) and least increase in Hindu Siddis (23.21\%).

• The Nutritional Status of Hindu Siddi children and adults was better than Hindu Non-Siddi children and adults. The Nutritional Status among Muslim Siddi and Non-Siddi children was almost similar. Overall, the nutritional status of Pooled Siddi children and adults appeared to be far better when compared with Pooled Non-Siddi children and adults respectively.

• Hypertension seemed to be almost 5 to 6 times more in Hindu Siddis and Non-Siddis. Overall it is 2 to 3 times more common in pooled Siddis than in pooled Non-Siddis.

• Lice infestation (Pediculosis) was very less among Siddis (0.57\%) as compared with Non-Siddis (21.95\%), probably due to curly nature of the hair in Siddis.

• Scabies, Tinea, Eczema and leprosy were slightly more among the Non-Siddis, which could be due to poor personal hygiene.

• Oral Health Status was Fair to Poor in both the Siddis and Non-Siddis. Caries was less prevalent in Siddis (10.13\%) as compared to Non-Siddis (16.8\%). Generalized attrition and heavy stains were present in Siddis and Non-Siddis due to betel nut Pan chewing habit.
• General Weakness, pain in abdomen and Breathlessness were the common complaints in a higher percentage of Non-Siddis as compared to Siddis, which could be attributed to the poor Nutritional status in Non-Siddis.

• Upper Respiratory Tract infection were less in Siddi Children (5.07%) than in the Non-Siddi Children (10.71%).

• Otitis media was detected among Non-Siddi Children (7.14%) and not in Siddi children.

• Colloid Goitre was found to be more in Hindu Siddis (0.76%) than in Hindu Non-Siddis (0.3%)

• Cataract development seemed to be more in Hindu Non-Siddis (4.91%) than in Hindu Siddis (1.3%)

• The Siddis exhibited a higher frequency of A gene (19%) than B gene (6.01%) ; whereas among Non-Siddis the frequency of A gene was lower (20.77%) than B gene (23.01%)

• The frequency of Rh negative gene was higher in Siddis (27.38%) than Non-Siddis (19.44%)

• The intersex differences for ABO and Rh blood groups among Siddis and Non-Siddis of the three religions were insignificant.

• In terms of ABO and Rh Blood groups all the 3 religions among Siddis and Non-Siddis were found to be homogeneous, except Hindu and Muslim Siddis, where a $\chi^2$ value of 6.1111 at 1 DF was significant at 5% level.
• The normal haemoglobin values were more in Siddi children. Adult Siddi males and females exhibited a higher frequency of Hb values than Non-Siddis. This indicated a higher nutritional status in Siddis.

• Microcytic hypochromic anaemia, Normocytic hypochromic anaemia and Dimorphic anemia (Nutritional anemias ) are more common in Non-Siddis, than the Siddis, which could be due to deficient dietary intake of Iron, Vit B₁₂, Folic acid and Proteins.

• Very high frequency of Eosinophilia observed in Siddis and Non-Siddis, is due to the high frequency of parasitic infestation.

• HbS and HbF are not detected in both Siddis and Non-Siddis

• There is a high frequency of Intestinal Parasitic Infestation in both the Siddis and Non-Siddis leading to Eosinophilia.

• High Hookworm infestation could be the cause for Iron deficiency leading to microcytic hypochronic anaemia in Siddis and Non-Siddis.

• Thus in the present investigation an attempt has been made not only to study the Biological aspects of Siddis, but also an indepth enquiry has been done into the medical and clinical aspects of this ethnic group having African ancestry. An attempt has also been made to compare the biomedical status of Siddis with that of local population living in the same eco system in order to understand, to what extent the Siddis differ in their biological makeup from the Non-Siddis and their adaptation to local milieu.
SUGGESTIONS

- Improving personal hygiene by having bath everyday; washing body with soap; wearing clean clothes i.e. washed with soap. Not using same comb to comb the hair. This will prevent parasitic and fungal diseases like Lice, Scabies and Tinea.

- Oral health status can be improved by proper cleaning of teeth and stopping the habit of betel nut and pan chewing.

- Nutritional anemias due to deficiency of Iron, Vit B12, Folic Acid and Proteins in the diet are seen in Siddis and more so in Non-Siddis. People should be educated by health workers to have food containing all the vitamins and minerals (i.e. balanced diet.)

- High incidence of parasitic infestation is due to lack of proper safe drinking water supply, poor sanitation, no toilet facilities, poor personal hygiene and ignorance. The people should be asked to use toilets and not to go in open fields for passing stools; not to walk barefoot and maintain clean personal hygiene.

- Health Education of the Siddis and Non-Siddis, by Field workers, Anganwadi workers, Non Governmental Organisation and Communication media (Newspapers + Radio + TV) can play a major role in improving their overall health status.