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# Health Status of Particularly Vulnerable Tribal Groups of ITDA KR Puram, India: A Critical Outlook

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***Abstract:*** ***The greatness of India described as a melting pot of races and tribes. In the word of Roy Burman "India is a land of castes and tribes". India has the second largest concentration of tribal population in the world next to Africa in the world. In India, The tribal population of the country, as per 2011 census, is 10.43 core, constituting 8.6 percent of the total population, 89.97 percent of them live in rural areas and 10.03 percent in urban areas. The decadal population growth of the tribal communities from census 2001 to 2011 has been 23.66 percent against the 17.69 percent ofthe entire population. Scheduled Tribes are simple people with exotic customs, traditions and practices because low level of education. The gap in literacy levels of SCs 3 percent and STs 19 percent when compared with that of the General population has to be bridged with special educational schemes to promote the quality of education, imparting life skills through adult literacy etc.,***

***The main schemes implemented by ITDAs include education, minor irrigation, soil conservation, horticulture, fisheries, sericulture, medical and health and provide necessary infrastructure for social support services while economic development. Centrally sponsored schemes are also being implemented to tackle special problems namely, malnutrition, adult literacy and rehabilitation of shifting cultivators.***

***ITDAs are apex organization for development of tribal communities. The present study insists concept of tribal welfare in ITDA, while support to evaluate the educational development schemes of ITDA KR Puram, West Godavari, Andhra Pradesh. In India, tribal communities in general and Particularly Vulnerable Tribal Groups (PVTGs) in particular are considered most vulnerable, marginalized and disadvantaged groups both in terms of socioeconomic, education and health development.***

***They are also more prone to ill-health conditions and diseases.***

***The historical neglect of the tribal groups is considered a major cause behind the marginalization of many tribal communities in India both within colonial regimes and after. As various plans and developmental initiatives implemented, it has not changed the lives of primitive tribes as evident from the existing vulnerability among the PVTGs. On the above background the present paper broadly looks into the health status of scheduled tribes in general and PVTGs of ITDA KR PURAM in particular. It also covers the major determining factors to the increased disease burden and the availability of health care infrastructure facilities in and around the tribal areas in Andhra Pradesh.***

***Keywords: Primary health centre, Tribal communities, diseases, infant mortality rate, maternal mortality rate***

## I. INTRODUCTION

India has bowl of races, as many as 705 different ethnic groups, which are notified as Scheduled Tribes (STs) and out of which 75 indigenous groups have been identified as Particularly Vulnerable Tribal Groups (PVTGs) on the basis of isolated habitation, low level of literacy, pre-agricultural level of technology and stagnating population. In our state has 12 PVTG groups. The primitive tribal groups or particularly vulnerable tribal groups in India are considered vulnerable, marginalised, disadvantaged and backward groups especially socio-economically, educationally and politically. They are also more prone to ill-health conditions and diseases due to poor sanitary conditions. Despite various developmental initiatives, health programmes and huge budget allocated for all round development of PVTGs, it has not percolate the lives of primitive tribal's as evident from the existing vulnerability among the PVTGs.

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Table1.1

| Statement showing the details of literacy rate of all Social Groups and ST population in INDIA( 1961 to 2011) | | | | | | |
|---|---|---|---|---|---|---|
| Year | All Social groups | | | Tribal Community (ST) | | |
| | Male | Female | Total | Male | Female | Total |
| 1961 | 40.40 | 15.35 | 28.30 | 13.83 | 3.16 | 8.53 |
| 1971 | 45.96 | 21.97 | 34.45 | 17.63 | 4.85 | 11.30 |
| 1981 | 56.38 | 29.76 | 43.57 | 24.52 | 8.04 | 16.75 |
| 1991 | 64.13 | 39.29 | 52.21 | 40.65 | 18.19 | 29.60 |
| 2001 | 75.26 | 53.67 | 64.84 | 59.17 | 34.76 | 47.10 |
| 2011 | 80.89 | 64.64 | 72.99 | 68.53 | 49.75 | 58.96 |

Source: Census 2011

Enunciate the table 1.1 depicts trends of total literate rate and respective tribal literacy rate from 1961 to 2011.It can be evidence from the table total literacy rate increased from 28.30 to 72.99 percent, while tribal literacy rate 8.53 to 58.96 percent six decades of Indian population It reveals 157.92 percent and tribal literacy growth rate 591.21 times, it is favourable condition.

Picture-1.1

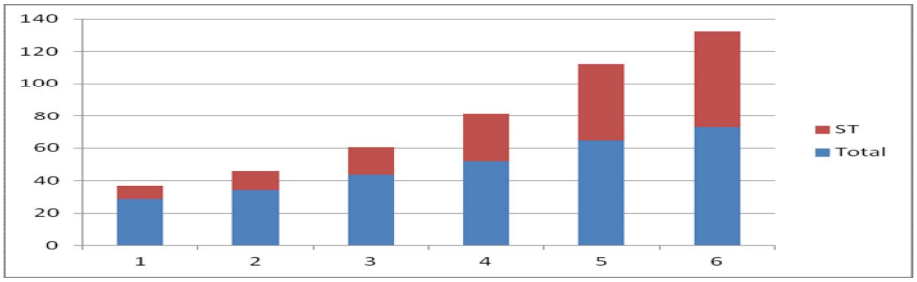



Table1.2

**District Wise Population of Scheduled Tribes of A.P. 2011 census**

| Sl. No | Name of the District | Total Popula-tion | ST Total | ST Male | ST Female | % of Male (ST) Total Population | % of Female (ST) Total Population | % of ST Total Population |
|---|---|---|---|---|---|---|---|---|
| 1 | Srikakulam | 2703114 | 166118 | 81382 | 84736 | 3.01 | 3.13 | 6.15 |
| 2 | Vizianagaram | 2344474 | 235556 | 114687 | 120869 | 4.89 | 5.16 | 10.05 |
| 3 | Visakhapatnam | 4290589 | 618500 | 302905 | 315595 | 7.06 | 7.36 | 14.42 |
| 4 | East Godavari | 5285824 | 297044 | 144548 | 152496 | 2.73 | 2.88 | 5.62 |
| 5 | West Godavari | 3994410 | 133997 | 65439 | 68558 | 1.64 | 1.72 | 3.35 |
| 6 | Krishna | 4517398 | 132464 | 66734 | 65730 | 1.48 | 1.46 | 2.93 |
| 7 | Guntur | 4887813 | 247089 | 125105 | 121984 | 2.56 | 2.50 | 5.06 |
| 8 | Prakasam | 3397448 | 151145 | 76677 | 74468 | 2.26 | 2.19 | 4.45 |
| 9 | SPSR Nellore | 2963557 | 285997 | 145168 | 140829 | 4.90 | 4.75 | 9.65 |
| 10 | YSR Kadapa | 2882469 | 75886 | 38571 | 37315 | 1.34 | 1.29 | 2.63 |
| 11 | Kurnool | 4053463 | 82831 | 42052 | 40779 | 1.04 | 1.01 | 2.04 |
| 12 | Anantapur | 4081148 | 154127 | 78573 | 75554 | 1.93 | 1.85 | 3.78 |
| 13 | Chittoor | 4174064 | 159165 | 79756 | 79409 | 1.91 | 1.90 | 3.81 |
| **ANDHRA PRADESH** | | **49575771** | **2739919** | **1361597** | **1378322** | **2.75** | **2.78** | **5.53** |

*Source: Census of India, 2011*

* Data includes ST popolation of Submergence of Sch.villages of 7 mandals from Khammam district to the A.P. State (as per reorganisation act 2014)

Note: As per Andhra Pradesh Reorganisation Ordinance 2014, 7 Mandals (5 Complete & 2 Partial) of Khammam District are removed from Telangana State and tentatively added to Andhra Pradesh State.

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Table 1.3

| Statement showing the details of PVTGS IN Andhra Pradesh | |
|---|---|
| S.NO | Caste/ Tribal community |
| 1 | *Bodo Gadaba* |
| 2 | *Bondo Poroja* |
| 3 | *Chenchu* |
| 4 | *Dongria Khond* |
| 5 | *Gutob/ Gadaba* |
| 6 | *Khond Poroja* |
| 7 | *Kolam* |
| 8 | *Kondareddis* |
| 9 | *Konda Savaras* |
| 10 | *Kutia Khond* |
| 11 | *Parengi Poroja* |
| 12 | *Thoti* |

Source: census 2011.

## II. REVIEW OF LITERATURE

A brief review is worthwhile in order to highlight what has already been depth studied in the field. In the study focused on tribal health conditions of Andhra Pradesh.

Ramamani (1988) examined the tribal Economy of Donubai panchayat in Srikakulam, and stated that the group between tribals and non tribals exist notwithstanding the fact of introducing protective measures, creativity of new agencies and extention of credit by the institutional financing agencies.

Bapuji. M (1993) in his study "Tribal Development Administration" has given detailed view of tribal scenario in Visakhapatnam district of Andhrapraesh and Government initiative (central &state) to address the issues related to tribal communities. The author has taken a close view of the development performance of ITDAs and the development agencies come out with specific sectoral suggestions for improvement of developmental performance towards serving the people living in remote tribal areas. His Study deeply observed how to improve tribal groups in different fields with the help of establishment of ITDAs.

Swaleha Sindhi (2012) observes evaluation is a process wider than monitoring and its purpose is not only to improve the process of implementation, but also to review the very design of the programme in order to achieve its objectives. It should be carried out through an external agency and all the stakeholders should be associated "Improving the Skills and Productivity of the tribal women. Thus, assessment of these activities would help the trainees to improve and work with perfection. It will lead to better productivity and income of these tribal"s. It reviews vocational and skill based training among the women of several tribal villages in Gujarat.

Amarnath Pashwan(2016) The greatest challenge that the Government of India has been facing since independence is the proper provision of social justice to the scheduled tribe people, by improving their socio-economic conditions. For this, a lot of development programmes has been initiated by the Government. But it has been found out that a very high percentage of ST population lives below the poverty line in Odisha having a very high Infant Mortality Rate and low literacy rate especially among tribal women. Further tribal districts have performed poorly in terms of various indicators of human development vis a vis non-tribal districts of the state. Thus a concrete effort is required on part of state to fill up the holes in different development programmes for tribal so that they can reap its benefit and the gap between tribal and non-tribal in terms of different socio–economic indicators can be narrowed down.

Chinnamanaidu Jammu & GV Chalam (2018) conduct a study on performance evaluation of ICDS in ITDA KR puram west Godavari, which provides nutri food and beverages under several schemes for tribal pregnant ,lacting women and her child such as Balamrutham,GirigoruMuddhalu,1000days care ,Anna Amruth Hastham, KSY, Sabala, IGMSY and Balvadi ect.,

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Doloi IM.Rongpi and Nitish Mondal (2019) the study has successfully reported the possible relationships and estimation of stature from the HL and HB. Similar studies are also recommended for ethnic/population specific equation and/or utilize and validation of equations to estimate the stature from HL and HB

Chinnamanaidu Jammu & GV Chalam (2019) study focused challenges and remedies' of tribal health centers in ITDA KR Puram, West Godavari, Andhra Pradesh. The main problems i.e. Poverty, Technology, competency of staff, single doctor health centers, infrastructure, absenteeism, net work accessibility treatment methods, govt. policies etc, while emphasized remedies Birth waiting rooms,102, 108, Ambulance, diagnostics, Anna sanjeevani Medical stores, NTR vidya seva,Tele medicine, smart PHCs, Medical camps, ASHA,KITs Nutri food etc.

1) *Need of the Study:* The studies mostly concentrated on the socio-economic profile of the Tribal Communities and neglected the functioning of the administrative setup viz., integrated tribal development agency, K.R. Puram, West Godavari District which is implementation agency for all the tribal welfare schemes of both Central and State Governments. Thus, it is a necessary to study the activities of I.T.D.A, K.R.Puram, and W.G, which has been organizing various tribal health schemes for Welfare of PVTG communities.
2) *Statement of the Problem:* Government setup Integrated Tribal Development Agencies throughout India. Recently the Government of Andhra Pradesh, implementation of Tribal sub- plans also to curtail the deviations in the allocated funds for the development of Tribal Communities, the result do not expected by Government.

Scope of the study: The study has identified status of Heath conditions of PVTGs in ITDA KR Puram, West Godavari district of Andhra Pradesh besides Government of India.

### A. *Objectives*

1) To find out the possibilities of socio-economic factors of tribal patients.
2) To create awareness among patients and doctors about local conditions.
3) To evaluate medical assistance schemes implemented by ITDA KR Puram
4) To assesses the budget allotment under Tribal sub plan.
5) To understand the health status of Schedule Tribe in general and PVTGs of ITDA KR Puram.
6) To evaluate the availability of health care infrastructure facilities in and around the primitive tribal areas.
7) To analyse and suggest area specific, tribal specific approaches to strengthen the public health care system and infrastructure.

### B. *Tools Used in the Study*

The study conducted simple quantitative techniques such as percentages, simple and compound growth rates were used for analyzing the data whenever necessary.

### C. *Data and Methodology*

The study is totally based on the secondary data which collected from the published documents, such as census, five year plan documents of Andhra Pradesh; SECC, Statistical abstract of A.P, DE&SSLAP and Annual reports of ITDA KR Puram, West Godavari district of Andhra Pradesh.

### D. *Factors Affecting for backwardness of Tribal Health*

1) Education
2) Tribal Socio -Economic Factors
3) Tribal Aptitude
4) Myths
5) Attitude
6) Ethnic
7) Interior
8) Improper Amenities
9) Lack of Specialists in Hospitals
10) Atmosphere
11) Seasonal effects
12) Food habits

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## III. MATERIALS AND METHODS

The present study is descriptive in nature, both qualitative and quantitative methods have been used to analyze the data. The data sources, by and large are from secondary sources. The secondary data obtained from journals, books and periodicals. The census 2011 data in respect of several demographic indicators and various health reports viz., NFHS-4, Rural Health Statistics in respect of health indicators and existing health care infrastructure in tribal areas have been used.

### *A. Problems and Challenges of PVTGs*

Although medical anthropology made an outstanding achievement in understanding the crux of the tribal health problems and formulating tribal health schemes in ITDA KR Puram. But, still there is a paucity of comprehensive and holistic health research among the tribal populations, especially in primitive or particularly vulnerable tribal groups is the need. These groups are historically much vulnerable as evident from the development parameters like extreme poverty, lower literacy, and health indicators etc., and thus always considered most marginalized section groups compared to the other groups in the society. The primitive tribal groups in Andhra Pradesh vary among themselves in term of socio-cultural compositions, techno-economic and health parameters. Unlike other tribal groups, the PVTGs settled in remote hamlets '*haadi*' or '*hatti*' in hilly, almost inaccessible forest areas where poverty, illiteracy, malnutrition, wide spread of communicable and non-communication diseases, inadequate access to potable drinking water and lack of personal health, hygiene and sanitation issues makes them more vulnerable and susceptible to chronic illnesses and diseases due to poverty with ignorance.

### *B. Factors Influence low Health care Among the PVTGs are*

*1)* Low standard of living due belongs to poorest of the poor.
*2)* Food insecurity.
*3)* High Level of illiteracy and High Drop-out Rates and un enrolled school children.
*4)* High prevalence of malnutrition-stunting and underweight especially among school children
*5)* Lack of purify drinking water
*6)* Poor hygiene and sanitation in living environment
*7)* High prevalence and wide spread of communicable, tropical diseases like malaria, parasites and genetic diseases
*8)* High fertility rates and low institutional delivery cases
*9)* Inadequate health care facilities, lack of infrastructure, personnel, required drug supply, exploitation and discriminatory behavior of health care providers towards tribal health centers.
*10)* Social barriers preventing utilization of health care services, due to un scientific strong believes.
*11)* High levels of unemployment those results in migration.




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*C. Tribal Health Culture*

Health care is the primary necessity of every society and is directly linked with the health of the people. Development of People depends on their good health and it is a new challenge on which further development depends, because health and socially aware people are the nation's most important assets (Dharanaik, et. al., 2008). In most of tribal communities, there is a wealth of folklore associated with health beliefs. Knowledge of folklore of different socio-cultural systems of tribals may have positive impact, which could provide the model for appropriate health and sanitary practices in a given eco-system. The health culture of a community does not change so easily with changes in the access to various health services (Balgir, 2004a).

Health is one of the serious problems among the Konda reddy tribal groups. The commonly reported ailments are malaria, pneumonia, respiratory disorders, diarrhoea and fever, snake and scorpion bites, skin diseases, tuberculosis, depression and psychiatric disorders. These groups have lower levels of antenatal care, institutional deliveries, lower levels of immunization and higher prevalence of reproductive tract infections (RTIs) and Sexually Transmitted Infections (STIs) including HIV/AIDS. While Governments norms for the provision of health care facilities were found to have been met, accessibility continued to be poor. However, Kondareddys their own traditional means of diagnosis and cure. A good number of them fall a pray to such diseases.

*D. Socio-Cultural Determinants of Tribal Health*

Numbers of scholars' studies have tinted socio-cultural issues pose major hurdle in tribal health and health care due to unawareness about health education. It is obvious that the socio-cultural aspects of a tribal community resolve the health promotional habits. Isolated from the mainstream population and culture, their technological, economic, social, political and educational backwardness in comparison to non-tribal as well as tribal people living near to non forest areas, their own belief system among tribal society are some of the major problems for the steady growth of tribal development. The sex-ratio (females per thousand males) reflects the status of socio-cultural, maternal and child health care schemes existing in the population. As per 2011 census, the gender ratio of the ITDA KR PURAM (1010 females per 1000 males) tribal population was 1010 and 1052 respectively which is comparatively higher than the State (968). Literacy is also important, especially for young girls because it had correlations with her decision making and survival of her children. Infant mortality is found to decrease significantly when the mother is educated up to the primary level and above while promote institutional deliveries and special care for risk and high risk pregnant women.

*E. Literacy Rate*

Literacy is one of the significant instruments of social change and development. The level of literacy is undoubtedly one of the most important indicators of social, cultural, economic and health development of any nation especially interior tribal groups. The literacy rate of STs in Andhra Pradesh is a cause for concern, as it has consistently been lower than that of the general population. However, the literacy rate among scheduled tribe 62.1 per cent, while the state average 75.4 per cent in 2011. Even though various schemes like universalization of elementary education, compulsory education, right to education etc., although the drop-out rates have been showing a declining trend amongst scheduled tribes still 13.3 per cent gap is observed compared with the state literacy rate.

Table 1.4

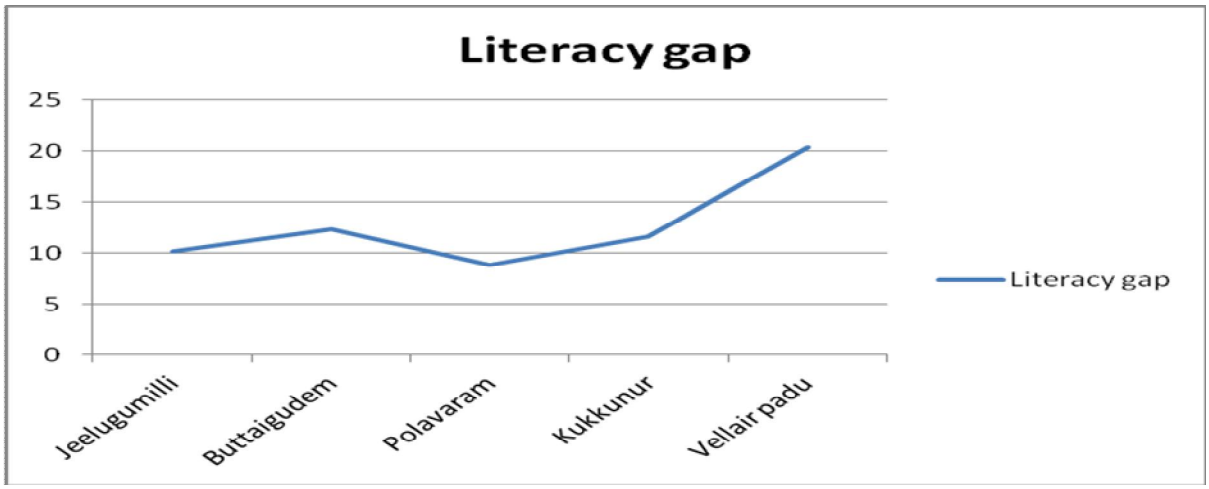
| Statement showing the details of literacy rate of ITDA KR PURAM | | | | |
|---|---|---|---|---|
| Mandal | Literacy rate | Male literacy rate | Female literacy rate | Gap |
| Jeelugumilli | 68.82 | 73.9 | 63.68 | 10.22 |
| Buttaigudem | 69.78 | 76.16 | 63.85 | 12.31 |
| Polavaram | 70.38 | 74.9 | 66.05 | 8.85 |
| Kukkunur | 55.22 | 61.09 | 49.45 | 11.64 |
| Vellair padu | 54.00 | 64.83 | 44.45 | 20.38 |

Source: census 2011

Enunciated the table 1.4 literacy rate both male and female assessed by government of India. It can evidence from the table 68.82 percent,69.78 percent, 70.38 percent of literacy rate registered respective mandals Jellugumilli, Buttaigudem and Polavaram, which literacy rate higher than average literacy rate of ITDA KR Puram, while 55.22 percent and 54 percent of literacy of Kukkunur and Vellairpadu mandals below level of average literacy rate of ITDA. Moreover, highest literacy gap 20.38 in Vellair padu and lowest literacy gap 8.25 Polavaram mandalin ITDA KR Puram.It reveals gender literacy rate unfavorable level, so government has take initiative policy for 100 percent of literacy while minimize literacy gap between male and female especially PVTG communities.

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Picture 1.2




The government should concentrate on quality care for pregnant women and make the benefits available to every woman who reaches a public health care centre. However, nutrition food supply by ICDS should proactively focus on the nutritional inputs of all intended beneficiaries, i.e., children especially undernourished children, pregnant and lactating women and the adolescent girls covered under various schemes.

There is a dire need to PVTGs like infrastructures, eradication poverty, increase literacy rate, ensure quality health care services, enhancing food security, elimination of malnutrition, people's participation and to address plight of tribal communities by understanding the issues meaningfully through holistic approaches to bring change and development of these primitive tribal communities.

*F. Institutional Deliveries*

Usually, PVTGs living un accessible and remote areas with isolate to living society. However, impose several studies impose health education level and amenities also lower than plain tribal groups. Now, agency health and anganwadi centers change environment, those institutions take care for each and every pregnant and lacting women while special care for high risk and risk cases and referred to highly qualified and experience specialist before delivery time. In addition to birth waiting rooms, ambulances, 102, 108 and bike ambulances play key role to promotion of institutional deliveries.

Table 1.5

Statement showing the details of Institutional deliveries of ITDA KR PURAM during 2014-15 to 2016-17

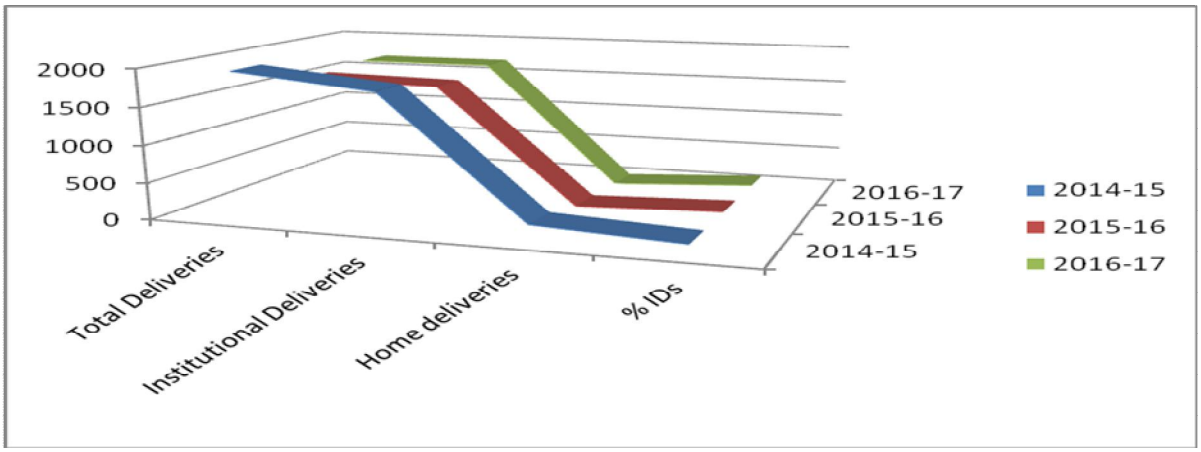
| Year | Total Deliveries | Institutional Deliveries | Home deliveries | % IDs |
|---|---|---|---|---|
| 2014-15 | 1944 | 1761 | 183 | 90.59 |
| 2015-16 | 1635 | 1597 | 38 | 97.68 |
| 2016-17 | 1689 | 1689 | 0 | 100.00 |

Source: SLAP

Enunciated the table 1.5 total deliveries split in to institutional deliveries and home deliveries during the period 2014-15 to 2016-17.it can evidence from the table 183 home deliveries reduced 38 and finally zero home deliveries in ITDA KR Puram in 2014-15 to 2016-17. It can reflect clear picture about declining null of home deliveries, while increase institutional deliveries 90.59 percent, 97.68 percent and achieve 100 percent from 2014-15, 2015-16 and 2017-18.

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Picture 1.3




*G. Health centers in ITDA KR PURAM*

Now days Government of India has implementation of number of schemes for improvement of tribal health, which establishment of sub health, primary health and community health centers for serving interior PVTG tribal communities. However, ITDA KR Puram also strictly maintains all these health institutions.

*H. Still Births*

It is one of the un desired health conditions of human beings. Stillbirth is typically defined as fetal death at or after 20 to 28 weeks of pregnancy (depending on the source). It results in a baby born without signs of life. ... The term is in contrast to miscarriage, which is an early pregnancy loss, and live birth, where the baby is born alive, even if it dies shortly after.

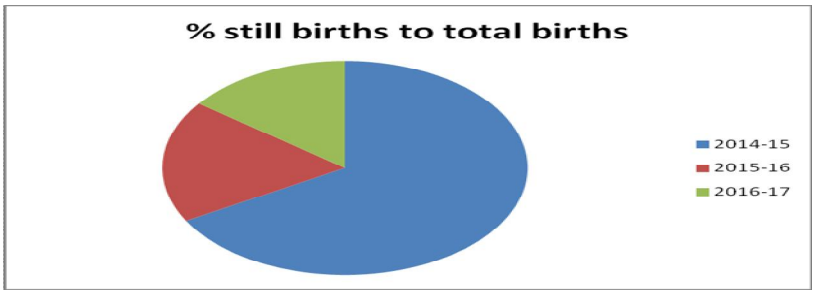
Table 1.6

| Statement showing the details of still Births of ITDA KR PURAM during 2014-15 to 2016-17 | | | | | |
|---|---|---|---|---|---|
| Year | Total Deliveries | Institutional Deliveries | Home deliveries | Still Births | Rate still births to total births (1000) |
| 2014-15 | 1944 | 1761 | 183 | 73.00 | 41.45 |
| 2015-16 | 1635 | 1597 | 38 | 17.00 | 10.64 |
| 2016-17 | 1689 | 1689 | 0 | 14.00 | 8.29 |

Source: SLAP

Depict the table 1.6 Total deliveries, either institutional deliveries or home deliveries which still births indicate low level of health care. It can reflect the table 41.45 percent, 10.64 percent and 8.29 percent of still birth cases, which registered declining trend during the study period in ITDA KR Puram.

Picture 1.4




1) *Immunization:* It is one of the dynamic change for awareness among immunizations infant child and pregnant tribal women for protecting baby from various diseases especially interior agency areas.

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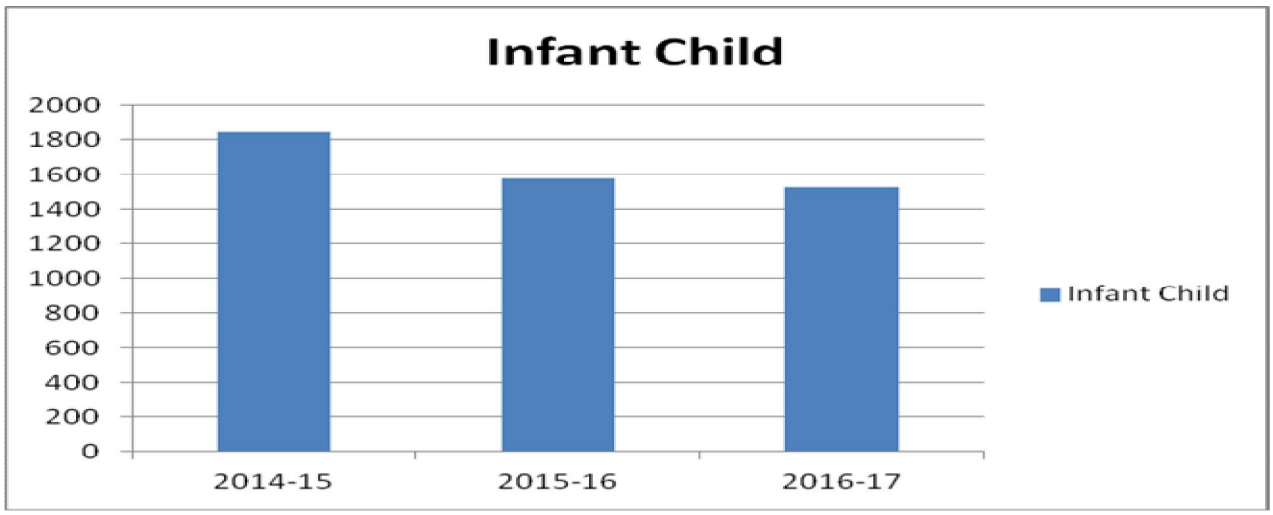
Table -1.7

| Statement showing the details of Immunization of ITDA KR PURAM during 2014-15 to 2016-17 | |
|---|---|
| Year | Infant Child |
| 2014-15 | 1842 |
| 2015-16 | 1576 |
| 2016-17 | 1528 |

Source: SLAP

Enunciate the table 1.7 the details of immunization of infant child in ITDA KR Puram during the period 2014-15 to 2016-17.It can evidence from the table 1842, 1576 and 1528 infant child can do full immunization at tribal health institutions from 2014-15 to 2016-17, which produce the result declining trend of immunization during the study period.

Picture 1.5




2) *Medical Camps:* It is desire for promotion of medical and health conditions of PVTGs in ITDA KR Puram due to expert/ specialist doctors check up patients with super specialist service and medicines with free of cost for poorest of the poor tribal communities.



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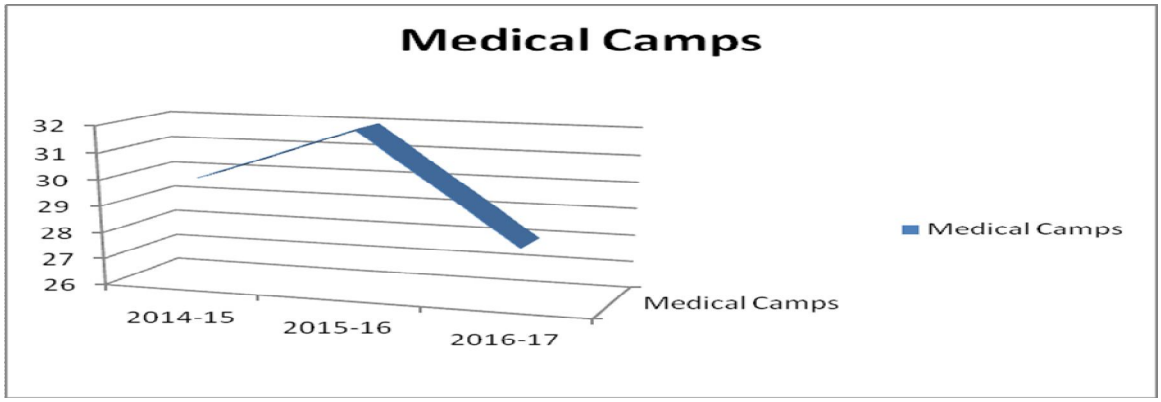
Table 1.8

| Statement showing the details of Medical camps of ITDA KR PURAM during 2014-15 to 2016-17 | |
|---|---|
| Year | Medical Camps |
| 2014-15 | 30 |
| 2015-16 | 32 |
| 2016-17 | 28 |

Source: SLAP

According the table 1.8 predict the details of medical camps in tribal areas of ITDA KR Puram during 2014-15 to 2016-17. It can exhibit the table conduct 30, 32 and 28 number of medical camps in various specializations in remote agency areas. As it indicates, flexible medical camps of five mandals during the study period in ITDA KR Puram.

Picture 1.6




*I. Sterilization*

Sterilization is a procedure that closes or blocks your fallopian tubes so you can't get pregnant. (Your tubes are where eggs and sperm meet. If they can't meet, they can't hook up.) Guys also have a sterilization option—a vasectomy blocks the tubes that carry a man's sperm. It's even safer and more effective than female sterilization. Talk to a health care provider to learn more and be sure to ask about state and federal requirements, like age restrictions and waiting periods.

For men, an incision-based vasectomy takes about 20 minutes. For men, an incision-based vasectomy takes about 20 minutes. For men, an incision-based vasectomy takes about 20 minutes .For women, Laparoscopy, Mini-laparotomy, and Laparotomy are sterilization procedures that require an incision. Because these methods are surgical, they involve anesthesia. Recovery times vary from 1-2 days to a few weeks.

Essure is a procedure for women that do not involve surgery or anesthesia. The fallopian tubes are reached through the vagina, where micro-inserts are placed. These inserts cause scar tissue to grow that blocks the tubes. Recovery is "same-day" and shouldn't impact normal activities, but it takes several months for the scar tissue to form and make this method effective.

Table 1.9

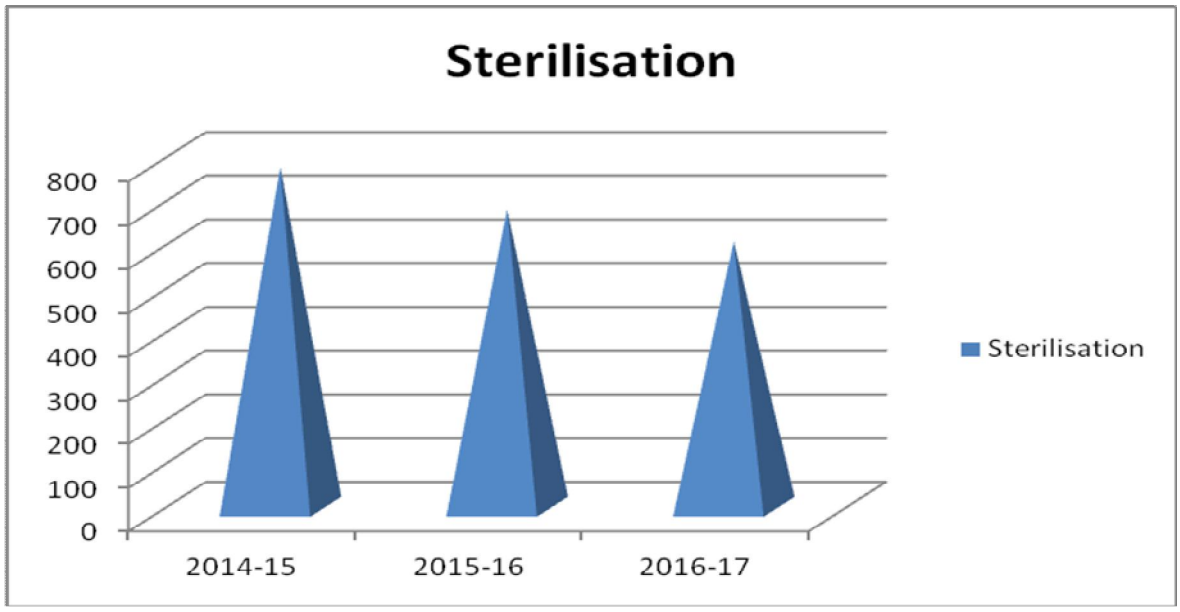
| Statement showing the details of Sterilization of ITDA KR PURAM during 2014-15 to 2016-17 | |
|---|---|
| Year | Sterilization |
| 2014-15 | 777 |
| 2015-16 | 680 |
| 2016-17 | 607 |

Source: SLAP

Table 1.9 represent sterilization cases in ITDA KR Puram during the period 2014-150 to 2016-17. It can trace out the table predict 777, 680 and 607 sterilization cases done by tribal health institutions in 2014-15, 2015-16 and 2016-17, which reflect declining trend of sterilization cases in ITDA KR Puram.

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Picture 1.7




*J. Findings*

*1)* Tribal health and wellness centers achieve 100 percent institutional deliveries.
*2)* Sterilization/ family planning adopted by PVTGs.
*3)* To involve immunization process.
*4)* To change health atmosphere in ITDA KR Puram area.
*5)* To enrich literacy rate this creates health education, especially PVTGs women.
*6)* To eradication of superstations of PVTGs.
*7)* To minimization of still birth rate of tribal communities.
*8)* To enrich amenities and services of tribal health institutions.

*K. Suggestions*

*1)* Most of the tribal health centers staff appointed with punishment mode, which can change the attitude of medical and Para medical staff.
*2)* Medical staff can treat patients with friendly or relative mode need for isolate behavior of PVTGs.
*3)* To provide additional incentives and benefits to serving staff in mountain areas.
*4)* To amend act for each and every medical and Para medical staff minimum period of working in agency areas for promotion of services.
*5)* To strictly followed medical staff living the same village where hospital located accessibility of staff in PVTGs.
*6)* To creates awareness and active involvement of tribal health schemes especially vulnerable communities.
*7)* To enrich medical camps, which arranged full pledged expert doctors and supply medicines free of cost.
*8)* To strengthen bike ambulances stay at interior tribal habitations when emergency required.
*9)* To cope up with the Government should strengthen the gap existed in Public Private Partnership (PPP) model and provide better health care facilities for tribal groups.
*10)* To strengthen ICDS, while co ordination between ICDS and Health departments.
*11)* To display universal preventive methods in regional languages, especially tribal languages.
*12)* To run mobile vehicle creates awareness with short health films at tribal habitations.
*13)* To provide Mobile vehicles for medical treatment and medical kits to girijan patients according to scheduled time.
*14)* To use 100 percent tribe ISSL regularly, it reach ODF in tribal areas.
*15)* To encourage health insurance of tribal communities with concessional premium.

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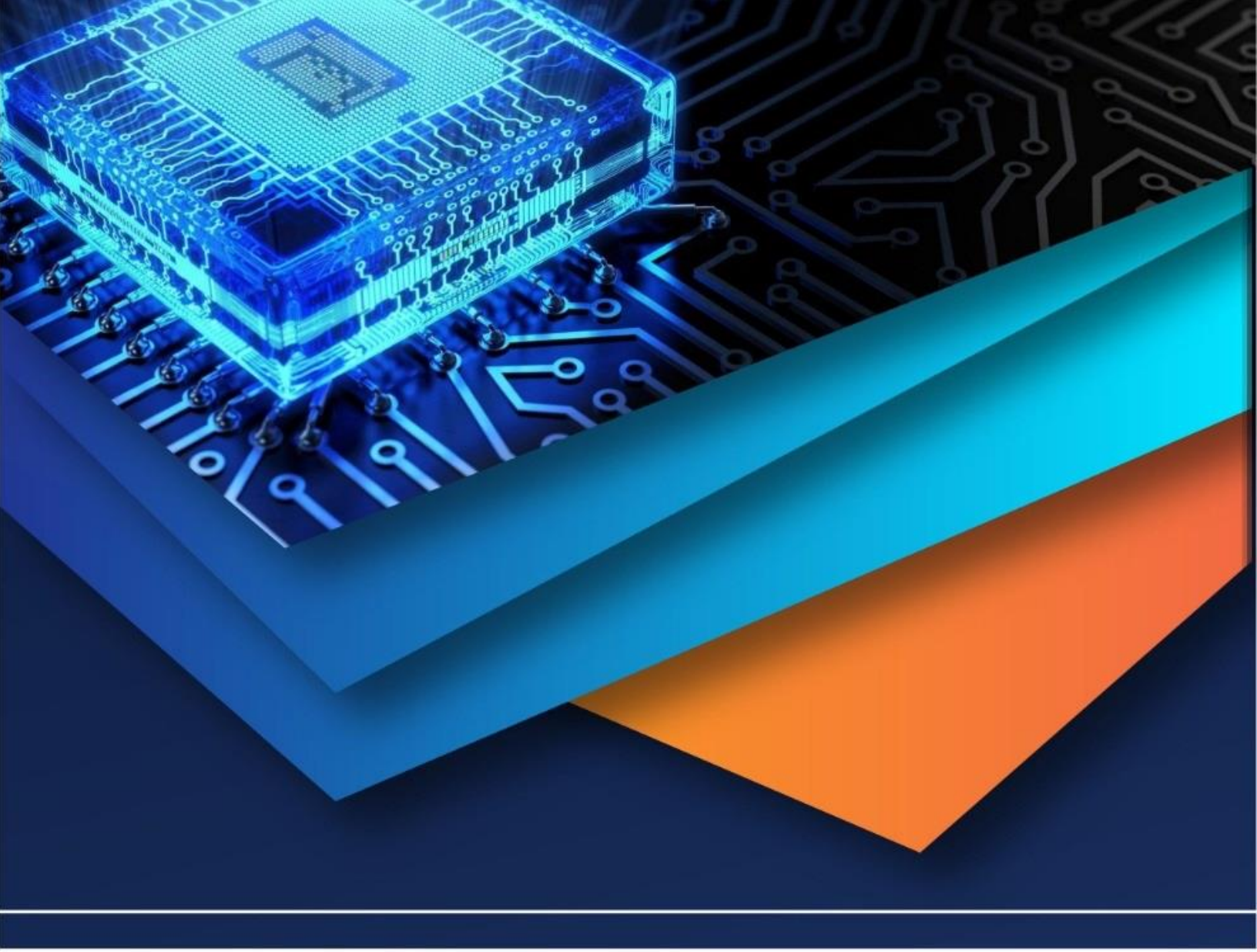
## IV. CONCLUSION

Adivasi or tribal communities in general and particularly vulnerable tribal groups (PVTGs) in particular are socio-economically and politically very backward compared to mainstream population in our country. In ITDA KR Puram, Konda Reddy is the most backward, vulnerable, marginalized and disadvantaged indigenous ethnic groups but higher literacy rate 63.64 percent than 61.11 percent of state. In recent decades, the level of awareness increased among the PVTGs and they have recognized their rights and responding to socio-cultural, health change and development initiatives taken by the Governments which achieve 100 percent institutional deliveries. Innovative, culture sensitive and collaborative approaches would be adopted for meeting the health needs of these groups, which supported by 4$^{th}$ health Survey IMR of tribal child reduced 44 in 2014, 90 at the first survey in 1988 out of 1000 deliveries, indicates improving the quality of life in tribal areas in general and health in particular is important due to persistent disease burden faced by the tribal community. In addition to providing health care service, schooling and awareness would solve most of the health related problems tribal people while enrich to improve their housing, sanitation, employment, access to health care and better road transport facilities ultimately leading to improve the quality health services of tribal communities. The objective of the Government should provide special care for 1000 days care for pregnant women and make the benefits available to every woman who reaches a public health care centre, while nutrition programs of ICDS centre should proactively focus on eradication of malnutrition beneficiaries such as, children, pregnant and lactating women and the adolescent girls of tribal communities monitor by ITDA KR Puram.

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