

THE SALIENT FEATURES OF TRIBAL HEALTH PROBLEMS IN ANDAMAN & NICOBAR ISLANDS

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The Andaman and Nicobar archipelago situated in the Bay of Bengal between 6° and 14° north latitudes and 92° and 94° east longitudes is the homeland of probably the most primitive tribes of the world. Only a smaller fraction of the island's total population constitutes of tribes and distinctively they are divided into two groups i.e. Negrito stock, which includes Great Andamanese, Onge, Jarawa and Sentinelese, and Mongoloid stock which includes Nicobarese and Shompen.

In the changing and diverse demographic scenario these indigenous tribes are at present considered as one of the 'declining population' of the world. They are adversely affected by the impact of modern civilization, And as a result the dynamic and healthy equilibrium between nature and the tribes are being disturbed to such a great extent with the arrival of immigrant non-tribal population that their survival in the islands has almost reached to the threshold point of extinction.

This unfortunate incidence has generated a special attention in respect of tribal health status of the islands which is to be evaluated in the light of future existence of the ancient races. This paper attempts to bring out the salient features of health problems in these tribes.

Great Andamanese

They belong to the Negrito racial stock inhabiting the Strait island, about 60 km north-

east of Port Blair. During the Penal Settlement in 1858 their population was estimated to be about 5000 but now their total number has drastically reduced to only 37. The tribes lead a seminomadic life within their respective territories and, they have responded and adopted favourably to the modern style of living. Due to quick change in food habits and non-availability of green leafy vegetables and other vegetables in the island (as no vegetables are grown in Strait island) they have a poor dietary intake of vitamin A, iron and riboflavin.

Consequently the prevalence of undernutrition and anaemia are high among the children and women respectively. A survey report of health and nutrition reveals that the mean haemoglobin level of Andamanese was estimated to be 9.9 gram% for males and 8.5 gram% for females. Intestinal parasitic load is another contributing factor for undernutrition and anaemia. Infant and child mortality rate among the tribes are alarming and it is primarily due to undernutrition. Few deaths were found to be due to tuberculosis during last two decades. Some of them had syphilis, probably due to sexual relationship with non-tribal outsiders. According to a celebrated academician - "They are perhaps, today, the weakest ethnic community losing heavily in their battle for survival".

Onge

The present strength of the Onge is about 100 and they are now exclusively con

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centrated to the island of Little Andaman. Due to gradual scarcity of animal protein available from the natural resources of forest and sea they are now largely dependent on rice, atta, tea, sugar etc. supplied by the local administration, resulting in a high incidence of protein-energy malnutrition among the Onge children. A study shows that a significant degree of genetic homogeneity i.e. similarity of genes between husband and wife is present among the tribal couple which is closely related to an increased risk of sterility and spontaneous abortion. Helminthic infestations like *Trichuris trichuria* i.e. whipworm and *Ancylostoma duodenale* i.e. hookworm are very frequently found among the Onges and this has been confirmed by examination of their stool samples too. Few of them are proved to be the victim of malaria with enlarged spleen and liver. A number of persons have superficial fungal infection viz. Pityriasis versicolor, characterised by the appearance of buff-coloured patches around neck, chest and back. Most of the men and women smoke and chew tobacco. Onges use different kinds of plant extracts and clay painting which are known to be the most popular traditional folklore medicines of the community.

Shompen

Shompens are mongoloid in origin, confined along the eastern and southern coast of Great Nicobar island. Total number of the community was estimated to be approximately 149 by personal effort of Mr.R.K. Tiwari in 1988. They are relatively the less miserable victim of poor health. But one of the serious concerns relates to sex ratio, threatening the future existence of the community. A statistical report confirms that there was no unmarried female above the age of 15 years but 9.7% of males above the age of 15 were unmarried among the Shompens. It is evident from the fact that they have an imbalanced demographic structure with less number of marriageable females and age difference between spouses is very high. Their overall nutri-

tional status is not so bad as compared to other racial groups. The common ailment from which majority of Shompens suffer is superficial fungal infection of skin and it may be due to lack of regular bathing habit and uncleanness. Apart from this, incidence of malaria is not infrequent amongst them. They also use their own traditional medicines by applying boiled leaves on affected parts.

Nicobarese

They are of mongoloid strain with well built muscular body, distributed in almost all the inhabited islands of Nicobar group and the lion share of tribal population constitutes of them. Out of six species Nicobarese are the only segment who have left the primitive way of living and their assimilation to the main stream of civilization has given a new dimension to their life style. They are educated, cultured and fond of music, sport and dance. They are having the complaints more or less similar to the sufferings of civilised common people like gastrointestinal upset, upper respiratory tract infections, allergic disorders, anaemia, malnutrition, jaundice, malaria etc. Most of the adult men and women are habituated to chew betel leaves and betel nuts. It is for this reason, many of them have spoiled their teeth, deformed their lips and oral cavities. A comprehensive health survey was conducted by the Regional Medical Research Centre, Port Blair and clinically it was observed osteoarthritis of hip and knee were very common among the Nicobarese and it is most probably due to their habit of carrying heavy load.

Jarawa

Jarawas are one of the least known negrito tribe of the world. At present they have been pushed into the Western Coast of South and middle Andaman and their isolation is basically due to hostility towards outside world. They were traditionally known as non-accommodative and their hostility was the outcome

of inter-tribal conflict on violation of territorial boundaries and unfriendly attitude of the outsiders. Total number of Jarawas is about 200 to 500 approximately. Very little has been known so far regarding their socio-cultural life and health status.

Sentinelese

Sentinelese are the inhabitants of north Sentinel island with 100 surviving souls only. They are also not accessible easily to the modern civilization.

The problem of tribal community is a global phenomenon at the socio-economic level and most of the tribes are constantly exposed to the hazards of detribalisation. The consequence is also reflected on their health in terms of variability in genetic make up and alteration in immunological status, making a poor ability of the tribes to face the challenges of biological environment.

Being the host of one of the most ancient races of the world Andaman and Nicobar Islands have a special place in ethnologic map. Local administration and other non-governmental organisations have come forward to extend helping hand and several

measures have been taken for the upliftment of the tribes. But today their problems need to be visualised in a broader and deeper perspective. The attitude towards tribes, at the first hand is to be changed and a constructive approach is urgently required that may follow the "Sons of the Soil" to lead a life according to their own way without keeping them away from Nature's lap.

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In science the credit goes to the man who convinces the world, not to the man to whom the idea first occurs.

Life of Sir William Osler
Vol.II, Chap. 38
