

Health Status of Scheduled Tribes of 3 ITDA Spots of Kurnool District, Andhra Pradesh, India

S Shaista Tabassum, M Ramesh, Jawadul Haq*, Mulla Shamshad



Clinical Research Unit (CCRUM, Ministry of Ayush, Govt of India) Kurnool, Andhra Pradesh, India

ABSTRACT

Tribal populations are often at a heightened risk of under-nutrition due to socio-cultural and environmental factors impacting their food intake and health-seeking behavior. Limited access to nutritious food, inadequate healthcare services, and socio-economic marginalization exacerbate their vulnerability. This study focuses on assessing the health status of the Sugali tribes in 3 ITDA Spots of Kurnool District, Andhra Pradesh, India. The Sugali tribes constitute a significant portion of the tribal population facing various socio-economic challenges, including poverty, illiteracy, and lack of healthcare facilities.

Objectives: The main objective of the study was to evaluate their health status, identify major health issues within the community, and analyze the availability of tribal healthcare facilities in the study area, the top ten diseases of the study area were also mentioned. To conduct the free mobile medical camps and promote the Unani System.

Methodology: The study was carried out in 3 ITDA spots in the Kurnool district i.e. Bugganipalle Thanda, Goriman Konda Thanda, and Gooty Erragudi. The data was collected from the individuals, who attended the free mobile medical camps.

Result: A total of 4507 individuals attended the OPDs of free mobile medical camps of 3 Selected ITDA spots. The top 10 diseases were also listed (Cough /Sual o surfa) Bronchitis, sardi wa zukam (catarrh and Coryza), warm i halaqa (pharyngitis), Humma (fever), Husr/ihtibas al Batn / Qabd (Constipation) were the common health problems of present Study area & the distribution of individuals was made by sex and age group.

Conclusion: The chronic illness is less in the study area. Acute and common infections like Humma (fever), nazla wa zukam (Coryza and catarrh), sual o surfa (cough /Bronchitis) & warm i halaq (Pharyngitis) were commonly seen in 3 ITDA Spots.

Keywords: Sugali, 3ITDA Spots, Thanda, kurnool district, free mobile medical camps, unani medicine, tribal, health care, top 10 diseases.

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Corresponding Author: Jawadul Haq

E-mail Address: drjawad3555@gmail.com

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Introduction

As per the 2001 census data, Andhra Pradesh stands as the 10th most populous state in India, with its tribal population constituting 5.53% of the state's total population and 2.5% of the nation's total Scheduled Tribes population¹. Recognizing health as essential for human productivity and development, the Constitution of the World Health Organization (WHO), formulated and ratified in 1946, defines health as not merely the absence of disease and infirmity but as a state of complete physical, mental, and social well-being. In this context, health is understood as an individual's capacity to adapt and thrive in response to changing life circumstances. Health Care is not only everyone's right but also everyone's responsibility. Andhra Pradesh is the traditional home of 33 tribal groups & most of them are found in habitation in the border areas of North and North East².

Isolated due to poor transportation and communication facilities, tribal communities have long been marginalized educationally, culturally, economically, and socially. This isolation contributes to their discouraging health status,

compounded by low agricultural productivity and inadequate food distribution systems, resulting in poor nutritional levels. Consequently, many face the grim reality of subsistence living, struggling to meet basic needs³.

It is the country with the largest indigenous population in the world. Before British rule, the Tribe exercised self-government in most parts of the country. They ruled themselves outside "unknown borders" and had certain kings influence in various provinces beyond the reach of their ruling ships⁴.

The present study was Conducted in three ITDA spots, namely, Bugganipalle Thanda, Goriman konda Thanda & Gooty Erragudi, in kurnool District of A.P under Tribal Sub Plan (TSP). All the 3 spots consist of the tribal group named Sugali's. Most people live in poverty and suffer from conditions such as illiteracy, lack of health, hunger and malnutrition. The tribe's men are constituent names commonly Called Adivasi, Vanyajati, Vanavasi, pahari and Adivajati, with the arrival of the British, the concept of tribes developed in India⁴.

A Review of literature on Recent Studies of Scheduled tribes:

This literature Contains previous studies on health status, health profile, and transformation of STs in India. Scheduled tribes, especially the primitive tribes, occupy the most disadvantaged position in contemporary India. Their backwardness predominantly stems from prolonged isolation from mainstream society and exploitation by non-tribal groups⁵. Therefore, the present paper is an attempt to know about the health status and most common diseases of the study area. In this regard, there is a need to review the previous studies on the status of Scheduled Tribes.

Rambabu N & Chandrasekar Reddy BK in their article "A study on Analysis of Health Care awareness among tribal women: A study in Kurnool District of A.P" mentioned tribes as indigenous peoples living near forests and have nurtured and protected the biodiversity of their territories. Protected from forests, these tribes eat food available in the forest, both raw and cooked. Flowers and seeds are fried. They also stated that the tribal community remained an essentially Stable Society, unencumbered by the cultural, social, physical, and economic progress of the so-called modern nation. According to them, the health issues need special attention to Indian tribal groups, who have specific health problems that are primarily influenced by their environmental, harsh terrain, and ecologically distinct niches. The main causes of their illness is paranoia, ignorance, poor personal hygiene, and lack of health education⁴.

Dondapati SKS, Keerthinmayee K, in their study "Socio-demographic and health profile of STs of Velugodu, Andhra Pradesh, India," stated that Tribal populations face a heightened risk of undernutrition due to various socio-cultural, socio-economic, and environmental factors that influence their food intake and health-seeking behavior. Additionally, inadequate healthcare facilities and high levels of illiteracy among tribal communities contribute to perpetuating the vicious cycle of undernutrition⁶.

Ruma CK, Kumar R in their article "Health Status of Tribal Women of Bhadradi Kotha gudem district in Telangana" revealed that the poor economic status, illegal liquor production, and limited access to amenities and education, contribute to the escalating triple burden of diseases within tribal communities. Additionally, the highest burden on tribal populations arises from gaps in access to healthcare facilities, inadequate infrastructure, and a scarcity of trained health workers. Authors assert that women, particularly those of reproductive age (15-49), face heightened health challenges such as high-risk pregnancies, anemia, malnutrition, sexually transmitted diseases, and other health-related issues, attributed to insufficient awareness, entrenched cultural beliefs, and practices⁷.

Sukhdan G et al in their study "Nutritional Status of Tribal children in A.P", quoted that the tribes represent separate socio-cultural entities with unique customs, traditions, and marriage practices, often residing in agricultural or pre-agricultural settings. Their close dependency on nature and the prevalence of impoverished economies can significantly impact their nutritional status compared to the general population. Unfortunately, young children in India endure

some of the highest rates of stunting, underweight, and wasting observed globally⁸.

Lal SB in his article "Health Status and Health Practice among the Tribals - A Case Study in Andhra Pradesh" stated that many Banjaras continue to hold the belief that illnesses stem from divine displeasure, spirit intrusion, sorcery, or the malevolent effects of the evil eye. Moreover, tribal communities face unique health challenges influenced by various factors, including their habitat, rugged terrain, ecological diversity, isolation, superstitions, deforestation, and illiteracy. Health issues prevalent in tribal areas encompass malaria, viral fevers, and waterborne communicable diseases, affecting all tribal communities alike².

In his research on "A Study on the Health Status of the Tribal Elderly of Andhra Pradesh," Manikanta P highlighted that the tribal communities of Andhra Pradesh, primarily residing in hilly regions and relying on forest-based livelihoods and agricultural labor, exhibit a distinctive lifestyle. He emphasized that these tribal individuals tend to live longer due to their systematic and traditional dietary habits, contributing to a relatively higher proportion of elderly population within these communities⁹.

Objectives: The objective of the study was to assess the health status and put light on top ten diseases of Selected 3 ITDA Spots & to conduct the free mobile medical camps to promote Unani System. To analyze the major health problems facing by the tribes and review them with recent studies of Scheduled tribes.

Methodology: This is an exploratory study design conducted in Kurnool District, Andhra Pradesh, India. The study was carried out in Buggani Palle Thanda, Goriman Konda Thanda, Gooty Erragudi. The data was collected from OPD of free mobile medical camps conducted from June 2022 to April 2023 of 3 ITDA Spots. Mobile medical camps were conducted thrice a week. A total of 4507 individuals were attended the OPD of 3 spots. Among them maximum of 2908 were of Bugganipalle Thanda, 955 were belonged to Goriman Konda Thanda, and 644 were presented in Gooty Erragudi. The total individuals were categorized as Males, Females, Male Children and Female Child. The top 10 diseases of 3 spots were listed separately and the distribution was made by age and sex group in each spot.

1. Buggani Palle Thanda: A total of 2908 patients attended the OPD of Buggani Palle Thanda. Among them 1316 (45.25%) were males, 1453 (49.96%) were females, 68 (2.33%) were male Children and 71 (2.44%) were female child. Among the total patients the top 10 diseases were listed. The top 10 diseases are again categorized by sex and age group. The top 10 diseases of Buggani Palle Thanda were namely 'Sual o Surfa' (Cough/Bronchitis), Nazla o Zukam (Coryza and Catarrh), Humma (Fever), Warm i Halaq (Pharyngitis), waja al mida (Gastralgia), Balgham Ghayr Tabii (Abnormal Phlegm), Suda Harr (Headache), Duf al Ishtiha (Anorexia), Dhayabitus / Dulabiya (Diabetes Mellitus), Tahajjurwa Salaba al Mafasil (Ankylosing arthritis).

Table No1- Distribution of Patients According to Top 10 Diseases

S No	Top 10 Diseases	No of Patients
1	Sual o Surfa (Cough/Bronchitis)	175
2	Nazla o Zukam (Coryza and Catarrh)	164
3	Humma (Fever)	158
4	Warm i Halaq (Pharyngitis)	116
5	Waja al Mida (Gastralgia)	106
6	Balgham Ghayr Tabii (Abnormal Phlegm)	105
7	Suda Harr (Headache)	93
8	Duf al Ishtiha (Anorexia)	87
9	Dhayabitus/Dulabiya (Diabetes Mellitus)	86
10	Tahajjurwa Salaba al Mafasil (Ankylosing arthritis)	83
Total		1173

Table No 2 -Gender wise Distribution of Patients

SNo	Name of the Disease	Male	Female	Male Child	Female Child	Total
1.	Sual o Surfa (Cough/Bronchitis)	59	69	21	26	175
2.	Nazla o Zukam (Coryza and Catarrh)	65	85	05	09	164
3.	Humma (Fever)	54	51	32	21	158
4.	Warm i Halaq (Pharyngitis)	59	57	00	00	116
5.	Waja al Mida (Gastralgia)	48	57	01	00	106
6.	Balgham Ghayr Tabii (Abnormal Phlegm)	60	43	01	01	105
7.	Suda Harr (Headache)	47	46	00	00	93
8.	Duf al Ishtiha (Anorexia)	41	44	00	02	87
9.	Dhayabitus/Dulabiya (Diabetes Mellitus)	48	38	00	00	86
10.	Tahajjurwa Salaba al Mafasil(Ankylosing arthritis)	40	43	00	00	83
Total		521	533	60	59	1173
Percentages		44.41%	45.43%	5.11%	5.02%	100%

Table No 2 shows that out of the total individuals of top 10 diseases i.e 1173 a maximum of 533(45.43%) were females, 521 (44.41%) were males, 60 (5.11%) were a male child and a minimum of 59 (5.02%) were female child. In gender wise distribution of top 10 diseases, Females were greater than males. The child who attended the OPD were low.

Table No 3: Age wise distribution of patients

SNo	Name of the Disease	11-20 yrs	21-40 yrs	41-60 yrs	61-80 yrs	Total
1	Sual o Surfa (Cough/Bronchitis)	49	63	57	06	175
2	Nazla o Zukam (Coryza and Catarrh)	16	80	61	07	164
3	Humma (Fever)	53	43	54	08	158
4	Warm i Halaq (Pharyngitis)	01	60	46	09	116
5	Waja al Mida (Gastralgia)	03	59	41	03	106
6	Balgham Ghayr Tabii (Abnormal Phlegm)	03	42	51	09	105
7	Suda Harr (Headache)	01	44	46	02	93
8	Duf al Ishtiha (Anorexia)	02	38	38	09	87
9	Dhayabitus/Dulabiya (Diabetes Mellitus)	01	32	39	14	86
10	Tahajjurwa Salaba al Mafasil (Ankylosing arthritis)	01	37	37	08	83
Total		130	498	470	75	1173
Percentages		11.08%	42.45%	40.06%	6.39%	100%

The top 10 diseases were distributed in different age groups in the above table. In Table no.3 we can see that 498 i.e 42.45% individuals, in the age group of 21-40 years were suffered greatly with these diseases, followed by 470 i.e 40.06% in the age group of 41-60 years, 130 i.e. 11.08% in the age group of below 20years and a minimum of 75 i.e 6.39% in the age group of 61-80 years.

2. Goriman Konda Thanda: A total of 955 individuals attended the OPD of Goriman Konda Thanda. Among them 443 (46.38%) were males, 476 (49.84%) were females, 17 (1.7%) were male Children and 19 (1.9%) were female child. Among the total number of screened patients, the top 10 diseases were listed separately and framed in a table below and are again categorized by sex and age group. The top 10 diseases are as follows Humma (Fever), 'Sual o Surfa' (Cough/Bronchitis), Warmi Halaq (Pharyngitis), Nazla o Zukam (Coryza and catarrh), Nabd Qawi (Strong Pulse), Waja al Mida (Gastralgia), Balgham Ghayr Tabii (Abnormal Phlegm), Bawasir (Piles/Haemorrhoids), Tahajjurwa Salaba al Mafasil (Ankylosing arthritis), Waja al Mafasil (Polyarthritis).

Table No1- Distribution of Patients According to Top 10 Diseases

S No	Top 10 Diseases	No of Patients
1	Humma (Fever)	57
2	Sual o Surfa (Cough/Bronchitis)	56
3	Warm i Halaq (Pharyngitis)	42
4	Nazla o Zukam (Coryza and Catarrh)	42
5	Nabd Qawi (Strong Pulse)	36
6	Waja al Mida (Gastralgia)	35
7	Balgham Ghayr Tabii (Abnormal Phlegm)	33
8	Bawasir (Piles/Haemorrhoids)	32
9	Tahajjurwa Salaba al Mafasil (Ankylosing arthritis)	31
10	Waja al Mafasil (Polyarthritis)	28
Total		392

Table No 2 -Gender wise Distribution of Patients

SNo	Name of the Disease	Male	Female	Male Child	Female Child	Total
1.	Humma (Fever)	27	15	06	09	57
2.	Sual o Surfa (Cough/Bronchitis)	18	27	09	02	56
3.	Warm i Halaq (Pharyngitis)	20	22	00	00	42
4.	Nazla o Zukam (Coryza and Catarrh)	19	19	01	03	42
5.	Nabd Qawi (Strong Pulse)	20	15	01	00	36
6.	Waja al Mida (Gastralgia)	14	21	00	00	35
7.	Balgham Ghayr Tabii (Abnormal Phlegm)	19	14	00	00	33
8.	Bawasir (Piles/Haemorrhoids)	16	16	00	00	32
9.	Tahajjurwa Salaba al Mafasil (Ankylosing arthritis)	14	17	00	00	31
10.	Waja al Mafasil (Polyarthritis)	19	09	00	00	28
Total		186	175	17	14	392
Percentages		47.44%	44.64%	4.33%	3.57%	100%

From the above table, it is seen that there were 186 i.e. 47.44% male patients, 175 i.e. 44.64% were females and male child were 17 i.e. 4.33%, 14 were female child i.e. 3.57%.

Table No 3- Age wise distribution of patients

S.No	Name of the Disease	11- 20 yrs.	21-40 yrs.	41-60 yrs.	61-80 yrs.	Total
1.	Humma (Fever)	14	21	20	02	57
2.	Sual o Surfa (Cough/Bronchitis)	11	18	24	03	56
3.	Warm i Halaq (Pharyngitis)	00	24	15	03	42
4.	Nazla o Zukam (Coryza and Catarrh)	06	21	13	02	42
5.	Nabd Qawi (Strong Pulse)	01	17	15	03	36
6.	Waja al Mida (Gastralgia)	00	17	17	01	35
7.	Balgham Ghayr Tabii (Abnormal Phlegm)	00	22	10	01	33
8.	Bawasir (Piles/Haemorrhoids)	00	15	16	01	32
9.	Tahajjurwa Salaba al Mafasil (Ankylosing arthritis)	00	12	13	06	31
10.	Waja al Mafasil (Polyarthritis)	01	11	14	02	28
Total		33	178	157	24	392
Percentages		8.41%	45.40%	40.05%	6.12%	100%

In Goriman Konda Thanda the people of age group between 21-40 are highly affected with these top 10 diseases with percentage of 45.40% (178 individuals), followed by the age group between 41-60 i.e 40.05%, followed by age group below 20years with 8.41% (33individuals), and the people in the age group between 61-80 were less affected i.e only 6.12% (24individuals).

3.Gooty Erragudi: A total of 644 individuals attended the OPD of Gooty Erragudi. Among them 269 (41.77%) were males, 339 (52.63%) were females, 20 (3.10%) were male Child and 16 (2.48%) were female child. The top 10 diseases were separated and the individuals were categorized by sex and age group.

Table No 1- Distribution of Patients According to Top 10 Diseases

S No	Top 10 Diseases	No of Patients
1	Sual o Surfa (Cough/Bronchitis)	53
2	Humma (Fever)	44
3	Nazla o Zukam (Coryza and Catarrh)	32
4	Dhayabitus/Dulabiya (Diabetes Mellitus)	29
5	Tahajjurwa Salaba al Mafasil (Ankylosing arthritis)	28
6	Husr/ihtibasalBatn / Qabd (Constipation)	26
7	Bawasir (Piles/Haemorrhoids)	23
8	Suda Harr (Headache)	23
9	Warm i Halaq (Pharyngitis)	20
10	Daght al dam Qawi (Hypertension)	20
Total		298

Table No 2 -Gender wise Distribution of Patients

SNO	Name of the Disease	Male	Female	Male Child	Female Child	Total
1	Sual o Surfa (Cough/Bronchitis)	20	23	04	06	53
2	Humma (Fever)	17	19	02	06	44
3	Nazla o Zukam (Coryza and Catarrh)	11	17	02	02	32
4	Dhayabitus/Dulabiya (Diabetes Mellitus)	13	16	00	00	29
5	Tahajjurwa Salaba al Mafasil (Ankylosing arthritis)	15	13	00	00	28
6	Husr/ihtibasalBatn / Qabd (Constipation)	07	17	02	00	26
7	Bawasir (Piles/Haemorrhoids)	13	10	00	00	23
8	Suda Harr (Headache)	11	11	01	00	23
9	Warm i Halaq (Pharyngitis)	09	11	00	00	20
10	Daght al dam Qawi (Hypertension)	07	13	00	00	20
Total		123	150	11	14	298
Percentages		41.27%	50.33%	3.69%	4.69%	100%

From the above table it is evident that the top 10 diseases of Gooty Erragudi were maximum in females i.e 150 (50.33%) followed by males i.e 123 (41.27%) and female child, 14 i.e 4.69% followed by a minimum of male child i.e. 11(3.69%).

Table No 3: Age wise distribution of patients

S. No	Name of the Disease	11-20 yrs.	21-40 yrs.	41-60 yrs.	61-80 yrs.	Total
1.	Sual o Surfa (Cough/Bronchitis)	12	19	17	05	53
2.	Humma (Fever)	09	16	17	02	44
3.	Nazla o Zukam (Coryza and Catarrh)	04	15	10	03	32
4.	Dhayabitus/Dulabiya (Diabetes Mellitus)	00	06	14	09	29
5.	Tahajjurwa Salaba al Mafasil (Ankylosing arthritis)	00	14	09	05	28
6.	Husr/ihtibasalBatn / Qabd (Constipation)	02	11	11	02	26
7.	Bawasir (Piles/Haemorrhoids)	02	08	09	04	23
8.	Suda Harr (Headache)	01	08	10	04	23
9.	Warm i Halaq (Pharyngitis)	00	07	11	02	20
10.	Daght al dam Qawi (Hypertension)	00	08	10	02	20
Total		30	112	118	38	298
Percentages		10.06%	37.58%	39.59%	12.75%	100%

In the above table the top 10 diseases were distributed in different age groups. According to the above table, we can see that a maximum of 118 (39.59%) individuals were in the age group of 41-60 years, followed by 112 (37.58%) in the age group of 21-40 years, 38 i.e. 12.75% were in the age group of 61-80years and a minimum of 30 i.e. 10.06% in the age group of below 20years.

Discussion

Article 366 (25) of the Constitution of India defines "Scheduled Tribes" as those communities listed in Article 342. In Andhra Pradesh, tribals constitute 5.7% of the total tribal population of India¹¹.

The problem of lower health status of tribal people is global. The tribal people in India form a heterogeneous group with a high diversity and they have poorer health indicators, greater burden of morbidity, mortality and very limited access to health care services⁷.

These tribes with different cultural, social and economic backgrounds live in vast areas with very different ecological and geographical conditions in different parts of country. Each tribe lives in a different ecosystem, speaks a common dialect, shares cultural homogeneity. India's tribal population speaks 105 different languages and 225 related languages⁴.

The study was conducted in 3ITDA (Integrated Tribal Development Agency) spots namely Buaggani Palle Thanda, Goriman Konda Thanda, Gooty Erragudi, of Kurnool District, Andhra Pradesh, India, from June 2022 to April 2023. The data was collected from the individuals who attended the free Mobile medical camps of 3 ITDA Spots. A total of 4507 Individuals attended the Free Mobile Medical camps of 3 adopted ITDA spots. Out of total population, the top 10 diseases were listed separately of each Thanda and the individuals were again divided into age group and gender wise distribution. Based on that 3 tables were drawn of each ITDA spot, showing the table of Top 10 diseases of each Thanda, a table according to age group, and a table showing gender wise distribution.

The present study revealed that the most common diseases of the tribal people of study area i.e Bugganipalle Thanda, Goriman Konda Thanda, Gooty erragudi are viz., Sual o surfa (Cough/Bronchitis), sardi wa zukam (catarrh and Coryza), warm i halaq (pharyngitis), Humma (fever), Husr/ihtibas al Batn / Qabd (Constipation), Waja al Mida (Gastralgia), Balgham Ghayr Tabii (Abnormal Phlegm), Tahajjurwa Salaba al Mafasil (Ankylosing arthritis), Dhayabitus / Dulabiya (Diabetes Mellitus). There is growing evidence suggesting an early epidemiologic transition occurring in tribal areas, accompanied by a rise in the incidence of non-communicable diseases⁶.

By the present study, it is clear that the top 10 Diseases of 3 ITDA spots are Sual o Surfa (Cough / Bronchitis), Sardi wa zukam (Common cold / Coryza), Humma (Fever), Warm i Halaq (Pharyngitis), Husr/Ihtibas (Constipation), Bawasir (Piles/ Haemorrhoids), Waja al Mida (Gastralgia), Balgham Ghayr Tabii (Abnormal Phlegm), Tahajjurwa Salaba al Mafasil (Ankylosing arthritis), Dhayabitus / Dulabiya (Diabetes Mellitus).

Rural India, particularly its tribal population, bears the heaviest burden on women's health due to significant disparities in accessing healthcare facilities and services, inadequate infrastructure, and a shortage of trained health workers¹². In 3 ITDA spots Females are greatly affected than males and a very minimum of Male and Female child were affected. In the top 10 diseases, the majority of tribals in the 3ITDA spots fall within the age group of 21-40 years, followed by those aged 41-60 years, and then 61-80 years. Among these communities, the Sugali or Chenchu community is predominant. Notably, the Chenchu tribe was officially recognized as one of the primitive tribal groups in 1975 (Government of India, 1985-90)¹³.

Result

The result of the study revealed that the Tribal people have the poor health status & due to their unhealthy & poor habits the incidence of respiratory diseases like cough, bronchitis, pharyngitis, fever and common cold are more at the study area i.e 3ITDA Spots. The prevalence of chronic illness is less among the study area. Acute and common infections like Humma (fever), Sual o Surfa (Cough/bronchitis), Warm i halaq (Pharyngitis) were commonly seen in 3 ITDA spots.

Conclusion: In conclusion, this study aims to enrich our understanding of the health status among the tribes residing in the adopted 3 ITDA spots in Kurnool District, Andhra Pradesh, thereby contributing to the existing body of knowledge in this field. These findings can be used to design and implement effective health care interventions that address the specific needs and challenges faced by this tribal community. Improving the health and well-being of Sugali Tribes is essential for their overall development and integration into the broader societal framework.

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References

- Gadkari N. "Tribal Development Plans (TDP)" - Ministry of Road Transport & Highway (MoRTH), Govt of India. Genetal VK Singh, Armanil. 1,12,15.
- Lal SB. "Health Status & Health Practices among the Tribal: A case study in Andhra Pradesh". J Soc Anthropol. 2006 Dec; 3 (2) : 2 3 3 - 2 3 9 . Available from : <http://www.researchgate.net/publication/333631965>.
- Narayana RK, Dr Madhu BK. "Health status of Scheduled Tribes in Andhra Pradesh - A Case study of Vijayanagaram District in Andhra Pradesh". Int J Creative Res Thoughts (IJCRT). 2018;6(32):632. IJPUB1801102. ISSN: 2320-2882. Available from: <http://www.ijpub.org>.
- Rambabu N, Chandra Sekhar Reddy BK. "A Study on analysis of Health care awareness among Tribal Women: A study in Kurnool District of Andhra Pradesh". J Eng Serv. 2023;14(03). ISSN: 0377-9254. Available from: <http://jespublication.com:300,301>.
- Subbarama RP, Sudhakar C, Uma Mohan CH. "Chenchus and social transformation - A Study of primitive Tribes in Kurnool District of A.P". Anthropologist. 2009;11(3):167-172.

6. Dondapati SKS, Keerthinmayee K. "Socio-demographic and health profile of Scheduled Tribes of Velugodu, Andhra Pradesh, India". Int J Community Med Public Health. 2016 Sep; 3(9): 2615-2620. Available from: <http://www.ijcmph.com>.
7. Ruma CK, Kumar R. "Health Status of Tribal Women of Bhadrakothagudem District in Telangana State". Int J Health Sci Res. 2020 Jan;10(1). ISSN: 2249-9571. Available from: <http://www.ijhsr.org>.
8. Sudhakar G, Chella S, Bhatia P, Rao AR, Rao KP. "Nutritional Status of Tribal Children in Andhra Pradesh". Int J Med Res Health Sci. 2013;3(1). CODEN: 1JMRHS. ISSN: 2319-5886. Available from: <http://www.ijmrhs.com>.
9. Manikanta P. "A Study on the Health Status of the Tribal Elderly of Andhra Pradesh". PARIPEX-INDIAN J Res. 2013 Oct;2(10). ISSN: 2250-1991.
10. India. "The Constitution of India. New Delhi: Govt of India, Ministry of Law Justice"; 1949. Available from: <http://indiacode.nic.in/coiweb/welcome.html>.
11. India. "Statistical Profile of Scheduled Tribes in India". New Delhi: Ministry of Tribal Affairs; 2013. Available from: http://tribal.nic.in/write_read_data/userfiles/file/statics/statistical_profile_of_STs_2013.pdf.
12. National Rural Health Mission Report. "Meeting people's health needs in rural areas: Framework for implementation". Ministry of Health & Family Welfare, Govt of India; 2005-2012.
13. Kodavanti MR, Nagella B, Avula L, Kodala V, Brahman GNV. "Diet and nutritional status of Adolescent Tribal population in 9 states of India". Asia Pac J Clin Nutr. 2006;15(1):64-71.