

Infant Morbidity Patteren in the Tribal District of Dumka, and the Strategies to Surcease It.

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ABSTRACT: Infants are the future pillars of a society whose health and well-being define and decide the future prospects of the nation.

Infant Morbidity pattern specifies the incidence of disease or the rate of illness among the infants who are most vulnerable to ill health due to either or both the two major groups or infectious agents; the parasitic protozoans and helminthes (parasitic worms), or due to deficiency of nutrients in food nourishment. This may lead to full or partial disability, disorders, mental or physical retardness or even death.

The central and the state Governments have no doubt have and are striving hard to reduce the infant morbidity through various health and welfare programs. They have even succeeded in their goal to some extent, but still we have miles to go in this direction.

The major developmental challenges in this sector are reduction of infant mortality rate, improve maternal health, combat HIV/ AIDS, Malaria, acute respiratory diseases, nutrition related disorders and last but not the least to safeguard the expecting mothers and infants from the deadly Corona virus pandemic spread globally as a major threat towards wiping out lakhs of human lives throughout the world. The infants are the ones who are the most vulnerable, as COVID-19; wait to embrace them right in the place of their birth, i.e. at the doorsteps of various health centres, most of which are clueless and overburdened and still deployed to treat COVID-19 patients. It is highly contagious because of its quick mass transmission from one COVID-19 positive person to hundreds other and so on the chain goes unending until the chain is broken by social distancing. With some confirmed cases of COVID-19 patients, the tribal district of Dumka seems to be least prepared to counter it if it reaches the third level of mass transmission.

These challenges depict a wide gap of research which may be result oriented and help to curb infant morbidity in this district. Earlier studies and research in this field provide fragments of information, which is quite meager in comparison

to the huge challenge posed in front of us. Recent policies fall short of the targeted marginalized tribal communities.

This article tries to bridge the result oriented research gap in this backward tribal district. It aims to provide and suggest concrete grass root level strategies that may be beneficial to our policy makers in formulating result oriented targeted strategies to curb infant morbidity at the grassroots level, thus helping them in better panning, execution and effective monitoring of the health and welfare programs regarding the infants of the tribal dominated Dumka district.

Keywords: Infant Morbidity, Incidence, Infectious, Parasitic, Protozoans, Helminthes, Nutrients, Transmission, Targeted.

I. INTRODUCTION:

Dumka district has a child population (0-6 years) of 16.60% comprising of 2, 19,449 children as per the census of India 2011.

The Study of infant morbidity pattern becomes important as, the well-being of children is one of the primary concerns of today's welfare Government. Infants are the future of human resource is any society. When the question of infants in tribal district is concerned, grass root level strategies need to be formulated as the ground reality is entirely different is rural tribal areas from that of urban areas. A steep divide is evident reflecting regional and developmental dualism.

Infant morbidity pattern studies the, incidence of disease rate of illness, and the physical and mental health status of infants and the reasons behind those morbidity reasons. Some of the main morbidity causes are identified as pneumonia, or other acute respiratory infections, childhood diarrhea, jaundice among newborn babies etc. Even more striking feature is that these causes of morbidity can be effectively checked and easily prevented, with better awareness of hygiene, cleanliness and timely pre and anti-natal health checkups and vaccinations. Yet the tribal infants born in remote hamlets are devoid of it and fall

prey to these diseases and either become physically or mentally retarded or even die due to it.

This article identifies the causes of death of or morbidity in children under 5 years of age, the risk factors involved in it, possible preventive methods and if the infants are affected by it, the possible treatment for it. It further suggest strategies towards providing concrete grass root level solutions, which may be fruitful in formulating result oriented targeted strategies to curb infant morbidity, and help our planners and policy makers in better planning, execution and effective monitoring of the health and welfare programs for infants.

II. LITERATURE REVIEW:

Some articles and literature related to the infant morbidity pattern are available but they rarely pinpoint the problems and their possible solutions in the tribal district of Dumka. From the socio-economic point of view regional dualism is quite pronounced in this Santhal Pargana belt which lies to the extreme end of backwardness, in comparison to the advanced states or regions like Kerala. However some literature associated with the current topic are:

1. Development and Morbidity Prevalence in Jharkhand Special Reference to Tribal Population.

Jharkhand Journal of Social Development, Vol-II No. 1&2, 2009; By Vijay Kumar Baraik and Sachidanand Sinha.

The study reveals the picture of a tribal region in Jharkhand-in terms of morbidity types and patterns with various measures to counter them. It highlights some associated factors and inter-relations. The paper deals with the conceptual aspects of data-base, methods and sampling, morbidity profiles, types, regional pattern of morbidity, types and nature of disease prevalence etc.

The morbidity has been measured using morbidity prevalence rates, proportion of ailing populations and disease attack rates.

2. Morbidity pattern and treatment in India Year :2012/ volume : 5/ Issue : 5/ page 458-467 By : Sharda Prasad.

Centre for study of Regional Development, School of Social Sciences, Jawaharlal Nehru University, New Delhi, India.

The study shows the morbidity pattern in India. It analyses the pattern of diseases and availability of health facilities in different regions of India. It also shows that in all religions people are suffering from infectious and parasitic diseases, circulatory, respiratory and other diseases. In terms

of health infrastructure (public and private hospitals), South India is in a leading position, and the North-eastern region is in the worst condition.

3. Factors Associated with Morbidities Among Infants in Three Sub centre Areas of Belgaum District of South India : A Longitudinal Study.

Indian Journal of community Medicine, 2013 July-Sept ; 38(3) : 168-174.

By : Nitin Joseph, VijayaAnaik, Niranjan S Mahantshetti, BhaskaranVnnikrishnan, Mahesh Mallapur and Shashidhar M Kotian.

The study was conducted to search for factors associated with morbidity among infants and to find out their influence on weight gain during infancy. This longitudinal study was undertaken in South India from November 2004 till April 2006. A birth cohort of all children during this period were assessed at enrollment and followed up monthly till they attained 1 year of age. The study found that several factors influenced incidence of morbidity and these morbidities had a negative effect on weight gain. Hence, these factors need to be addressed to promote better child health.

III. METHODOLOGY:

Secondary data from newspapers, government of India health bulletins, reports of National Rural health Mission, and various related websites were compiled and strategies were formulated by observation method and case study, of the rural tribal areas of Dumka District. Available data were scrutinized and compiled in the form of tables, pie-chart.

Profile of Dumka District

The old Santhal Pargana, with it's headquarter at Dumka was broken up to carve four new districts in 1983, viz Dumka district, Godda, Sahibganj and Deoghar. It is presently the sub-capital of Jharkhand state.

Situated at a height of 472 feet above sea level, the district ranks 10th, with an area of 3716.02 sq.km., located at 86^o 16" North Latitude and 87^o 15" East Longitude, with a population of 13,21,442 as per population census 2011, it ranks 11th in the state of Jharkhand.

Tribals like Santhals, Paharias and Lohras make a sizeable chunk of tribal population. Other tribes comprises of asur, Baiga, Banjara, Bathudi, Bedia, Binjhia, Birhor, Birhia, chero, chikBaraik, Gond, Gorait, Ho and Karmali.

The scheduled tribes constitute 43.22% of the district population, and Scheduled castes comprises of 6.02% of the district's population.

Bestowed with enchanting beauty of forests full of flora and fauna, hills, hillocks, waterfalls, rivers, riverines and springs along with lush green valleys and rocky uploads, the district is also rich in mineral resources like coal iron-ore, China-clay, granite and concrete stones, But unfortunately the tribal folk living and owing land full of mineral richness are mostly poor working class marginal cultivators, agricultural labours or workers in mining sector.

Demographic Profile of Dumka District

As per the population census of India-2011, Dumka district has a population of 13, 21,442, out of which 6,68,514 are males and 6,52,928 females. The sex-ratio is 977 females per 1000 males. It has an urban population of meager 6.8% and a hefty 93.2% rural population. Total child population (0-6 years) is 2, 19,449, which is 16.61% of total population.

Administrative Set up of Dumka District

The district possesses only one sub-division, viz, Dumka Sadar over 10 C.D. Blocks and 5 towns. There are a total number of 2925 villages in the district.

Infant Morbidity Pattern in Dumka District

Globally infant morbidity is an area of prime concern, as it is one of the most prominent criteria for socio-economic development of mankind as a whole. Every government, who is concerned with maximization of social welfare, makes all possible efforts to improve the health status of infants, who are the future of the nation. In this direction special emphasis needs to be given to an area like Dumka of Jharkhand state in India, which has a sizable tribal population.

Tribal infants are far behind in the criterion of health indicators in comparison to their urban counterparts in India itself. It reflects a sharp divide in the availability of health infrastructure, and the dualistic nature of provisions of health care between rural and urban areas.

The infant morbidity pattern of Dumka district can be categorized into three broad categories viz:

- (A) Morbidity due to infectious diseases such as Malaria, dysentery, diarrhea, tuberculosis, filariasis, Measles, brain Malaria, jaundice, COVID-19, polio etc.
- (B) Morbidity due to deficiency diseases such as anemia goiter, blindness, rickets, failure to thrive, muscle wasting, stunted growth, kwashiorkor, pallor, scurvy, pellagra, nervous system defects etc.

- (C) Morbidity due to socio-economic factors like illiteracy, superstition, poverty, ignorance, lack of health-care facility child bearing Mothers before their maturity age etc.

The most flamboyant trait is that more than half of these infant morbidity causes are avertable or can be curbed with simple, affordable interventions of the institutional health care infrastructure and conditioning of the existent health care programs such as immunisation, adequate nutrition, safe drinking water, proper hygiene and sanitation facilities, washing hands, cleanliness, and felicitous care by trained health workers when needed.

According to UNICEF, "new mothers and newborns will be greeted by harsh realities, including global containment, measures such as lockdowns and curfews; health centres overwhelmed with response efforts; supply and equipment shortages; and a lack of sufficient skilled birth attendants as health workers, including mid-wives are redeployed to treat COVID-19 patients."

It can rightly be said that a new type of challenge has been thrust upon the society in the form of COVID-19 pandemic. COVID-19 is deadly for infant, even if it is cured, it may be the major cause of respiratory illness and other problems in due course of their age, making them prone and susceptible to ailment or morbidity. Challenge for Dumka district is even greater with more number of ignorant tribal folk who live in remote inaccessible hamlets, and approach the health centres, only when the ailment turns chronic or reaches its advanced stage and unluckily there is little hope of survival in such cases.

The most appalling facsimile of Dumka's poor condition of health care infrastructure is that the morbidity due to malaria is whacking high in the district with 58.62% of total cases of morbidity. A third world nation like Sri Lanka has aptly controlled malaria, but in spite of a mammoth sum of expenditure to curb malaria, its outcome is in negative in reality and on ground. Its actions and results are perhaps more confined to papers and files.

Strategies to surcease Infant Morbidity in Dumka District

Jharkhand state as a whole has been able to bring down the proportion of communicable as well as non-communicable diseases quite significantly, several schemes are running in the state, and immunization scheme is no doubt playing a prominent role in improving both the present and future health corollary of the infant.

But let's not forget that this improvement loses its significance because our condition has improved from worse to bad, and we have miles to go to match the standards of states like Kerala, Maharashtra and Tamil Nadu, which are among the top performing states in maternal and childcare outcomes we have to alter some of our ways of functioning and implementation as well as supervision of health care programs.

Some of the strategies to surcease the infant morbidity in Dumka district may be as follows:

1. Resuscitate Brassbound Health System:

The main concern of infant morbidity is for the tribal folk residing in the remote in assessable areas of Dumka district. Modern medicines can be substituted with the traditional herbs which are easily and abundantly available with the tribal population who live in the lap of nature. The brassbound tribal medicinal advertence can be compiled, scientifically tested, refined and then widely publicised among the rural tribal folk.

Outcomes:

Local herbs have high medicinal value, they are at the easy reach of the tribals, and abundantly available around them. This will serve the twin purposes of making the tribals self-reliant in medicines for minor ailments, and it will also give and impetus to research and development of Ayurvedic medicines, thereby attracting investment in this sector.

2. Outcome Oriented Promotions and Increments at theBureaucratic Level:

The health care system in Dumka needs a thorough cleansing from the angle of work-ethics. The health care programs initiated by the government are no doubt pro-poor and pro-common man, and are very well constructed, but the lacunae lies in implementation and rampant corruption followed by tranquilized approach of the department towards its beneficiaries. Most of the aanganwadis, and sub-centres are in a dilapidated condition and are paper elephants, i.e. mostly boast results on pen and paper and in files, thereby neutralizing the attempt of the government towards social welfare criterion. Cleaning should starts from the roof, i.e. at the top level, and then comes the turn of the ground. But what is seen is the reverse; generally some scapegoat at the ground level is weeded out for any type of corruption.

Outcome:

If promotions and increments at the top bureaucratic level are linked to outcome or result oriented conditions. There will be effective monitoring and implementation of the health care programs.

3. Stress on making the Aanganwadis and sub-health centres factual in functioning:

According to the Times of India report dated March 13, 2016, "80% of Dumka district's aanganwadi centres are non-functional, according to reports submitted to deputy commissioner Rahul Kumar Sinha. This statistic came to light after district officials inspected aanganwadi centres across ten blocks of the district." Conditions have not improved much till now and the condition of sub-health centres is also not encouraging. Proper functioning of aanganwadis and sub-centres can be a significant factor in surceasing the infant morbidity in Dumka district.

Possible Outcomes:

Aanganwadis are a vital source of providing immunisation, providing nutrition to infant. Sub-Health centres also are vital in the rural chain of health infrastructure for the tribal infants residing in remote inaccessible areas. Strengthening the proper functioning of these two major, rural health care units can alone play a very vital role in improving the health status of infants in the rural areas.

4. Amalgamated Action Plan of Neonatal and infant illness:

An amalgamated action plan of neonatal and infant illness should be initiated and the health tracking record of each and every child right from their birth till 5 years should be maintained, so that proper treatment can be meted out to those infants who are having chronic health problems, and the medical expert team can attend them by camping in each and every panchayat at least once in a month.

Possible Outcomes:

There will be a health database of infants in the district, which will help in diagnosing the causes and effects of infant illness and thus help in curbing the morbidity causes, secondly minor ailments will not reach the chronic stage of illness.

5. Effectively controlling the breeding of mosquitoes:

A serious and all-out effort is the prime requirement to control the ever increasing menace of mosquitoes. Among the causes of morbidity in infants, malaria alone figures out to be the largest,

with 58.62% of total cases falling in this category of morbidity among infants. For, this the malaria control department needs to be made more accountable and functional at the practical grass-root level. Further some varieties of fishes and insects which feed upon mosquito larvae need to be cultured in the water bodies like ponds, lakes, and other stagnant water bodies.

Possible Outcomes:

Control of malaria and filariasis alone can cut the infant morbidity to half. If it is carried on a time-bound targeted action plan, the huge resources spent after it may be diverted to other similar causes once the target has been achieved.

6. Both extensive and intensive awareness programme should be initiated for general cleanliness, health and hygiene:

Extensive and intensive training and publicity to create awareness regarding general cleanliness of body, surroundings, and water bodies, importance of safe and clean drinking water, health and sanitation, abstaining from open defaecation etc. should be carried out among rural tribals.

Possible Outcomes:

General cleanliness, washing hands regularly, health and hygiene will not only protect the mothers and infants from being affected by COVID-19, but also protect them from other vector borne diseases and thus curb infant morbidity.

IV. CONCLUSION:

The expostulation of infant morbidity continues in spite of mammoth amounts of funds spent for surceasing the infant morbidity, reflects that there are some fundamental defects in the implementation, monitoring and functioning of the health care ecosystem in the Dumka district. To achieve the until now unachievable target need and honest and all-out effort from the health department as a whole. Last but not the least, a strong will to implement and execute strategies can only come to the rescue of infants of the tribal district of Dumka.

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