RMRCT
UPDATE

Vol. 6, No.1, April 2009

BIANNUAL NEWSLETTER OF
REGIONAL MEDICAL RESEARCH CENTRE FOR TRIBALS
JABALPUR

Editor - in - Chief
Dr. Neeru Singh
Director

Editor
Dr. Kalyan B. Saha
Scientist D

Assistant Editors
Dr. Jyothi T. Bhat
Scientist B

Dr. Ravendra K. Sharma
Scientist B

Photography
Dr. Rakesh C. Mishra
Sr. Artist-cum-Photographer

Inside

Article
Vulnerability to Reproductive Morbidity among the Tribe with Special Focus on Tribal Youth: A Review

Publications

Conference/Workshop/ Meeting attended

Foreign Visits

Promotions/Transfer/ Joining/Retirement

Workshops/Symposium/ Training/Meeting Conducted

Regional Medical Research Centre for Tribals
(Indian Council of Medical Research)
Nagpur Road, Garha
Jabalpur - 482 003
Madhya Pradesh, India
Ph: 0761-2370800/818, Fax: 0761-2672835
Email: rmrctjabalpur@rediffmail.com
www.rmrct.org

Vulnerability to Reproductive Morbidity among the Tribe with Special Focus on Tribal Youth: A Review

Kalyan B. Saha

The tribal youths are also a critical mass less understood in their present complex situation. Due to several factors including Government initiatives, education through Ashram schools, scholarships, etc. coupled with shrinking rural employment, for unskilled workers, reduction in forest related livelihood, etc. have put this group in a precarious situation. Add to this adverse situation, is their exposure to modern livelihood, luxury, entertainment, etc. through T.V. channels, movies and other medias of communication together contribute to increase risk of infection. These youths are supposed to shoulder the future responsibility of the society. Unfortunately these tribal youths, which are most vulnerable to infections of RTI/STI/HIV/AIDS are left almost unattended and is a real concern though unseen.

The disease profile of tribal population indicates that there is rise in the venereal diseases like reproductive tract infection (RTI)/ sexually transmitted infection (STI) among them.[1,2,3] The recent studies in Rajasthan revealed that there is an growing infection of HIV/AIDS among the tribal population. The probable reasons could be that tribals are no more totally isolated as it was defined earlier. Further their liberality to sex coupled with poverty driven livelihood compulsions, expanded network of communications and transport, industrialization and mining activities in tribal areas temporary population migration to the work site, all have contributed to tribal-non tribal contacts/interactions, opportunities for indulgence in sex, sexual exploitation of, tribal female workers- thereby increasing the chance of risk of RTI/STI/HIV/AIDS infection.[4,5,6,7]

It is to be mentioned here that the disease and sickness, prevalent in tribal population, could not get due attention and services, and this situation can be

Statements and opinions expressed in the article are solely of author(s)/ contributor(s). The editors disclaim any responsibility for the accuracy of statement made by the author(s)/contributor(s).

attributed to both providers of health services (in terms of poor health infrastructure, type of social treatment, etc.) and tribal themselves due to their life style such as customs, cultural practices, type and place of occupation, etc. which influences their susceptibility to these diseases. At the same time infections related to reproductive morbidity are neither disclosed to others including medical personnel for being getting stigmatized and discrimination against affected person, social boycott, etc. The situation is further aggravated as the infection is transmitted to the spouse/partners. The sexual contacts among the tribe for any reason goes on secretly and most of the time it does not become a great concern. It is only when the suffering from these venereal diseases becomes unbearable, the tribe approach the local medicine men (traditional healer) or tribal priest as first line of treatment as per their world view most of the diseases are caused by super natural activities (sprits, etc.).[8,9]

Early researches on tribal sexuality of India conducted by Verrier Elwin makes it evident that there was considerable more sexual freedom and less male dominance in sexual and marital relationships amongst tribal communities.[10] It was also made evident that tribal groups had varied sexual practices. Elwin discussed about village dormitories or "Ghotul" (among Muria tribes) in which youth lived and slept together. Muria had a simple, innocent and natural attitude to sex. In the "Ghotul" this was strengthen by the absence of any sence of guilt and the general freedom from external interference. The Murias believed that sexual congress was a good thing, it did you good, it was healthy and beautiful, when performed by the right people at the right time and the right place, it was the happiest and best thing in life. However, Dormitory system which is prevalent and varied from tribe to tribe is being utilized in some cases and is used as brothels.[3] Further exploratory studies are needed to the effect, based on which measures can be initiated to generated awareness. Detail studies were carried out in the past on the tribal customs like the institution of marriage, age at marriage, sexual practices, opportunities made available to youth to mix with opposite sexes such as in "melas", fairs, etc. which vary from tribe to tribe. Fairs/dance festivals were an integral part of the tribal societies in most of the states and these were the situations where they got attracted to each other or the relationship between girls and boys generally developed.[3,11]

Infection of the female genital tract are numerous and widespread. They constitute a large part of low grade morbidity among women, contributing to a continuous and physically draining fatigue.[12] These infections are closely related to in appropriate care or poor hygiene in connection with child birth, abortion or menstruation. They include the sexually transmitted diseases which are most prevalent diseases in the tribal areas. These infections often go untreated as they are difficult to diagnose in women. The consequences of genital tract infections may include infertility. Venereal Disease Research Laboratory (VDRL) test was found to be positive in 17 percent cases of polyandrous Jaunsaris of Chakrata, Dehradun. Out of 17 percent 9.9 percent was found among males and 7.2 percent among females.[2,11] Among the Santhals of Mayurbhanj district, Orissa, 8.9 percent cases of VDRL were observed, out of which 5 percent were females and 3.9 percent were males.[11] The prevalence of STI was also reported to be high in the polyandrous Toda tribal group of Nilgiri hills. While conducting morbidity study among the Khond tribe of Phulbani district, Orissa, syphilis was found among 10 percent of the Desia Khondhs.[13] The presences of sexually transmitted diseases are also reported from some tribal group of Madhya Pradesh, Rajasthan, Mysore, Laccadive and Minicoy island. In another study the reported reproductive tract infection was found to be prevalent among 69 percent of the Lodha tribe of Midnapore district of West Bengal. The study also reveals misconception and wrong practices on different aspects of reproductive health and sexuality.[14]

Exploring employment opportunities enforced by acute poverty, tribes interact with outside people.It may be mentioned that to some extent, these interactions have created space for HIV vulnerability among young tribal. Several causes of vulnerability to tribes to STI have been mentioned. It is found that in the prevalent situation institution of bride price (among the tribes), if the boys from the tribal communities are unable to pay the bride price, then tribal girls are offered in marriage to non-tribes like truckers, contractors, etc. While the unsuspecting tribes consider this union as marriage, those marrying the girls consider this as fun and often leave the girls after the sexual union.[11]

Considering the seriousness of the problem a study on behaviour and vulnerability to reproductive morbidity among the tribal youths was designed at RMRCT (ICMR), Jabalpur. The survey will commence soon among the Sahariyas- a primitive tribe of Madhya Pradesh.



Youth's in Saharia tribe

References

1. Basu S. K. (1992) Health and culture among the underprivileged groups in India, State of India's Health (ed. Alok Mukhopadhyay), Voluntary Health Association of India, pp 175-186.
2. Basu S.K. (1994) Health problems and health care of the tribal population of India, Tribal economy, health and wasteland development. (ed. N. Mahanti), Inter-India Publication, New Delhi, p.137.
3. Patnaik S. M. (2002) Community norms of sexual behaviour- A preliminary study of tribes of Jharkhand, Chhattisgarh and Uttaranchal, Chapter 5, pp 1-9.
4. Do H & F W (M), Govt. of Rajasthan (2003), District strategic plan, Udaipur:7.
5. Bhasin V. (2004) Sexual illness and under utiliza-tion of biomedicine among tribal women of Rajasthan, Anthropologist, 6(1): pp 1-12.
6. Naik, et al., (2005) Rural Indian tribal communities: An emerging high risk group for HIV/AIDS.
7. MAMTA Report (2005) The assessment of vulnerability of rural population to HIV/AIDS, pp 24-25.
8 Mann R.S. (1980) Supernaturalism versus Mundane (Disease culture contact and tribals), Special number of tribe, vol.xii no.2-4, pp 1-15.
9 Almas A. (1999) Health status of tribals of Orissa, Orissa Voluntary Health Association, Bhubaneswar, p. 1.
10 Elwin V. (1947) The Muria and Their Ghotul, Oxford University Press, Bombay.
11 Basu S.K. (1996) Health status of tribal women in India, Status of tribals in India, (ed. A.K.Singh and M.K. Jabbi) Council of Social Development, Har-Anand Publication, pp 67-104.
12 U.N. Report (1984), New York, USA.
13 Swain S., et al., (1990) Morbidity status of the Kondha tribes of the Phulbani (Orissa), Cultural and Environmental Dimentions of Health, (ed. B. Chandhuri) Inter-India Publication, New Delhi, pp 177-191.
14 Saha K. B. (1999) Cultural Pattern and Reproductive Behaviour: A study among the Lodha tribe of West Bengal, Unpublished Ph.D thesis of IIPS, Mumbai.

Acknowledgement

Author acknowledge Dr. R. K. Sharma, Scientist-B, Dr. D. C. Jain, Research Assistant for their suggesions.

Dr. Kalyan B. Saha, Scientist-D, Demography

Publications

1. Anvikar AR, **Rao VG**, Savargaonkar D, Yadav R, Bhondeley MK, Tiwari BK, Karkare A, Luke C, Gadge V, Ukey M, Patel P. 2009. Seroprevalence of sexually transmitted viruses in the tribal population of Central India. International Journal of Infectious Diseases. Vol. 13; 37-39.
2. **Bhat J**, Rao VG, Gopi PG, Yadav R, Selvakumar N, Tiwari BK, Gadge V, Bhondeley MK, Wares D.F. 2009. Prevalence of Pulmonary tuberculosis amongst the tribal population of Madhya Pradesh, central India. International Journal of Epidemiology (Accepted).
3. Diamond-Smith N, **Singh N**, Gupta RK, Dash AP, Thimasaran K, Campbell OM, Chandramohan D. 2009. Estimating the burden of malaria in pregnancy: a case study from rural Madhya Pradesh, India. Malaria Journal. Feb 12; 8:24.
4. **Dolla CK**, Bhat J, Yadav R. 2008. Priorities for Preventing HIV Epidemic in Low Prevalence States in India. Indian Journal for the Practicing Doctor. Vol. 5, No. 3.
5. Jain V, Mc Clintock S, Nagpal AC, Dash AP, Stiles JK, Udhaykumar V, **Singh N**, Lucchi NW. 2009. Macrophage migration inhibitory factor is associated with mortality in cerebral malaria Patients in India. BMC Research Notes. Mar 6; 2:36.
6. Mohamad I. Brooks, **Singh N**, Hamer Davidson H. 2008. Control Measures for Malaria in Pregnancy in India. Indian Journal of Medical Research, 128(3):246-53.
7. **Rao VG**, Anvikar A, Savargaonkar D, Bhat J, Yadav R, Tiwary BK, Abbad A. 2009. Prevalence of STD syndromes in tribal populationof central India. Journal of Epidemiology and community health (Accepted).
8. **Rao VG**, Anvikar A, Savargaonkar D, Bhat J. 2009. Sexually transmitted infections in tribal population of central India. European Journal of Clinical Microbiology & Infectious Diseases (Accepted).
9. **Rao VG**, Gopi PG, Bhat J, Yadav R, Wares DF. 2009. Role of BCG vaccination in Tuberculosis control. Current Science (Accepted).
10. **Sharma RK**, Rani M, Pandey A. 2009. Value of Children in Uttar Pradesh: How Rural Parents See it? Demography India (Accepted).
11. **Singh N**, Dash AP, Krongthong T. 2009. Fighting malaria in Madhya Pradesh (central India): Are we loosing the battle? Malaria Journal (In Press).
12. **Singh N**, Shukla MM, Dash AP, 2009. Control of malaria in central India (Madhya Pardesh): hope or hype? Transitions of the Royal Society of Tropical Medicine and Hygiene . Feb 12;8:24.
13. **Singh N**, Sinha S, Awadhiya SB, Singh MP & Dash AP. 2008. Malaria in pregnancy a neglected disease in India. In. RS Sharma, A Rajanna, M Rajalaxmi (Eds). Recent Advances and Challenges in Reproductive Health Research. New Delhi:ICMR. PP 241-251.
14. **Singh N**. 2009. A new global malaria eradication strategy: implications for malaria research from an Indian perspective. Transitions of the Royal Society of Tropical Medicine and Hygiene (In Press).
15. **Roy J**, Saha KB, Abbad Alpana 2009. Some Aspects of maternal and child Health Care among Khairwars of Madhya Pradesh. Studies in Ethno Medicine (Accepted).

Conference/Workshop/Meeting attended

Dr. Neeru Singh

- Attended workshops on 'Continued Medical Education (CME) on emerging and re-emerging infectious diseases in India' and 'Rapid diagnostic techniques' during 6th-7th November 2008 as a resource person at SMIMS Tadong ,Gangtok, Sikkim.
- Attended workshop on malaria in pregnancy in Raipur on 29th & 30th December 2008.
- Attended a meeting with State health officers In Bhopal on 5th January 2009.
- Attended a meeting with CMO, DMO and other

Health officers Regarding malaria control in Mandla on 9th February 2009.

Dr. Jyothi Bhat

- Attended the workshop for SRL in-charge organized by NACO at National Institute of Biologicals, Noida during 30th March to 3rd April.

Following scientist of the centre have presented papers at the oral session of the International Symposium on Tribal Health held at RMRCT, Jabalpur during 27th February to 1st March 2009.

- **Dr. Neeru Singh**
- **Dr. R. S. Balgir**
- **Dr. V.G. Rao**
- **Dr. T. Chakma**
- **Dr. R.B. Gupta**
- **Dr.K.B. Saha**
- **Dr. Jyothi Bhat**
- **Dr. R. K. Sharma**

Many other scientists and technical staff of the centre presented papers at poster sessions.

Foreign Visits

Dr. Neeru Singh

- Attended Expert meeting on "Pregnancy malaria, Diagnosing infection, Predicting disease" during 13th-14th November 2008 at Merieux conference center, Annecy, France.
- Attended 57th Annual Meeting of the American Society of Tropical Medicine and Hygiene (ASTMH) during 7th-11th December 2008 in New Orleans, Louisiana, USA.

Promotion/Transfer/Joining/Retirement

Promotion

Under five yearly scientist cadre assessment scheme of ICMR three scientists of the centre are promoted to next higher post.

Dr. V.G.Rao, Scientist F

Dr. K.B.Saha, Scientist D

Mr. Gyan Chand Scientist D

- Mr. R. K. Gupta, Section Officer at the centre was promoted to Administrative Officer through DPC on 25thSeptember 2008.

Transfer

Mr. R. K. Gupta Administrative Officer, transferred to CME, Madurai on 10th November 2008.

Joining

Mr. W. H. Venkataseshan transferred from CME, Madurai and joined the centre as Administrative Officer on 24th November 2008.

Retirement

Mr. P. K. Argal, Assistant at the centre voluntarily retired on 2nd January 2009.

Workshops/Symposium/Training/Meeting conducted

Induction training for freshly appointed Laboratory Technicians of ICTC was organized jointly by RMRCT & MPSAC during 9th to 13th February 2009.



Training on External Quality Assurance Scheme for Blood Bank Officers and Technicians was organized jointly by RMRCT & CGSACS on 5th & 6th March and 24th & 25th March 2009.



21st Scientific Advisory committee meeting held on 22nd December 2008.



International Symposium on Tribal Health

On the eve of Silver Jubilee celebration, the centre organized an International Symposium on Tribal Health during 27th February- 1st March 2009. It is a landmark forum that invites delegates not only from India but from different parts of the globe. The symposium marked to be a lively forum for interaction and addressed all major public health problems commonly prevalent among various tribal communities. In the symposium 14 important themes such as malaria, other vector borne diseases,



On the dias : Left to Right -

Dr. Neeru Singh, Prof. R. C. Mahajan, Dr. V. M. Katoch, Shri Jagannath Singh, Dr. G. P. S. Dhillon, Shri M. Rajamani, Shri Sanjeev Datta.

HIV & other viral diseases, tuberculosis, other infectious disease, haemoglobinopathies & allied disorders, non-comminicable diseases, nutritional, fluorosis, reproductive and child health and demography, behaviourial and health seeking studies, indigenous medicines, medical ethics and climate change and health are identified and deliberations are made. There was an overwhelming response from many national and international subject experts from institutes of repute. More than 300 experts, academicians, scientists, researchers, scholars, students, administrative and programme managers and industrial persons participated in this mega scientific event. Besides oral and poster presentations the symposium had provided a platform for versatile plenary sessions and invited lectures on key health issues by some of most eminent scientists. It is of sure that the symposium is Instrumental in bringing tribal health problem particularly in India and its central region at Global level and generated inquisitiveness among the national and international researchers and program managers to collaborate and work in this area for the welfare and development of these underprivileged people.

During this occasion Hon. Minister of Scheduled Caste and Scheduled Tribe of Govt. of Madhya Pradesh, Shri Jagannath Singh, releases on 27th February 2009 the centre's profile entitled,"Tribal Health in Retrospect: Experiences from multidisciplinary research activities at RMRCT" depicting its achievements during last 25 years. It is believed that this document will be very useful for any body working on health particularly on tribal health.

The centre also released the TRIBAL HEALTH BULLETIN Vol. No.12 (1&2),and RMRCT UPDATE Vol.5, No.2, October, 2008 issue from the same dais on 27th February 2009.

The valedictory session of the symposium was graced by the Prof. S.M.Paul Khurana, Vice Chancellor, Rani Durgawati Vishwa Vidyalaya Jabalpur and Dr. K. D. Baghel, Dean, NSCB Medical College Jabalpur. Dr. B. N. Saxena, former Add. Director General, ICMR and Founder Director of the Centre delivered the valedictory speech.



Shri Jagannath Singh,Hon'ble Minister of Scheduled Caste and Scheduled Tribe of Govt. of Madhya Pradesh



Dr. V.M.Katoch, Secretary of Department of Health Research, MoHFW and Director General of ICMR, New Delhi




On the dias left to right –
Dr. Neeru Singh, Dr. K. D. Baghel, Let. Gen. D. Raghunath, Dr. S. M. Paul Khurana, Dr. B. N. Saxena, Prof. R. C. Mahajan, Dr. Dipali Mukherjee

National Science day Celebration

The centre organized the Poster session on the Occasion of National Science Day on 27th February 2009.



Felicitation

On the eve of Foundation day celebration of RMRCT, Jabalpur, the centre felicitated Dr. Vishwa Mohan Katoch, Secretary to the Government of India, Deptt. Of Health Research, Ministry of Health & Family Welfare and Director General of Indian Council of Medical Research, New Delhi, on 27th February 2009. Dr. R. C. Mahajan, S. N. Bose INSA Research Professor & Emiratus Professor PGI Chandigarh, putting Shawl on Dr. Katoch on the occasion.







Decorated Office building and Campus of RMRCT on the eve of Silver Jubilee Celebration