

A Study on The Health Status of Tribal people in Kandhamal district, Odisha

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Abstract:-

Despite remarkable world-wide progress in the field of diagnostics and preventive health care, still there are many group of people living in isolation in the lap of natural surroundings far away from civilization with their traditional values, customs, beliefs and myths intact. Although the census 2011 enumerate the total population of scheduled Tribe at 10, 42, 18,034 persons constitute 8.6 percent of the population of the country the tribal communities in India. The number of individual groups notified as scheduled Tribe is 705. While it is not possible to provide detailed description of the demographic features and socio economic status of each of these tribal groups. The state of Orissa occupies a unique position in the Tribal map of India having 62 scheduled tribes including 13 primitive tribes. Odisha is the one of the most fascinating ethnographic state in India. The district Kandhamal ranked as one of the backward districts amongst 69 identified most backwards district of independent India. Inhabitant here mainly depend on gathering forest product and shifting cultivation throughout the year which is the prime occupation and profession as well.

Beyond their life style, occupation and profession health care has been a major problem and it has been drastically influencing all other socio economic life and livelihood of Kandhas in Kandhamal district. It is basically observed that most of the Tribal people are highly prone to disease caused by mosquito bite, impure water, sanitation, poverty, superstition, illiteracy and so on. The main objective of this research is to find the causes and current health problem of the Kandhas inhabitant of Kandhamal district. The main objectives of the research are to identify the health problem of tribal people in Kandhamal, to assess the health awareness and consciousness of the people on health and hygiene, suggest remedial measure for better health and hygiene.

Keywords: Poverty, Illiteracy, Sanitation, Superstition

I. Introduction:-

The research essentially performed to perceive plausible fitness situation of tribal human beings with reference to KANDHA tribal people. Kandhamal district in habitant of good sized poverty, illiteracy, malnutrition, absence of protected consuming water and sanitary dwelling situation and administrative set-up Kandhamal district. Odisha is one of the most high-quality ethnographic kingdom of India .It has been domestic of sixty two exceptional tribal corporations which Kandha is one of them .Kandha tribe occupies pinnacle role in numerical preponderance .Considering the degree of monetary improvement the kandha are divided into

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various sub section. 2011 census show that kandha constituted 8.6% of the complete populace of India. There have been about 705 tribal team and subgroup agriculture degree of technology, low stage of literacy, stagnant or diminishing populace size, relative seclusion (seclusion) from the essential flow of population, competitively priced and instructional backwardness, severe poverty, living in far off inaccessible hilly terrains, preservation of regular contact with the herbal environment, and unaffected by way of the improvement procedure present process in India. The most image kingdom in Eastern India, occupies a special role in the tribal map of the united states of America having the greatest variety of tribal communities sixty two scheduled tribe communities, erratically allotted in wooded area and hilly areas such as thirteen primitive with a populace of ninety five ninety 756 individuals as per 2011 Census constituting 22.85% of the whole populace of state. The tribal panorama gives a kaleidoscopic mosaic in Odisha with more than a few ethnic, linguistic, cultural, religious, ethical values tradition, folklore styles, meals habits, and genetic strands retaining at a variety of ranges of development-social, cultural and financial life. They often rely on looking and meals gathering and moving cultivation. The district has a region of 8021sq.kms 7.33 lakes of populace as per 2011 census the district bills for 1.15 percentage of the state's territory and shares 1.75 percentage of the country of the population. The density of populace of the district is ninety one per sq .kms. As towards 270 individual per sq.km of the state.it has 2546 village (including 167un-inhabited village) masking 12 block 12 Tahasils and two subdivision. As per 2011 census the time table caste populace is 1.15 lakhs (15.8%) and scheduled tribe populace 3.92 lakhs (53.6%) The literacy proportion of the district covers 64.1 in opposition to 72.9 of the state. Kandhamal district is one of the southern placed districts in Odisha. It lies between eighty three 30' to eighty four 35' longitude and between 19 34 to 20 34' latitude. It is bounded via the Boudh district in north, Gajapati district in south, Nayagarh district in the east and Kalahandi district in the west. The local weather circumstance of the district is usually warm with excessive humidity for the duration of April to May and bloodless in the course of December to January .The monsoon commonly breaks all through the month of June. Average annual rainfall (1427.9 m.m). The Kandhas are essentially farmers rely on agriculture. They exercise each transferring cultivation (dahi) on the hill tops and hill –slopes and plough cultivation (nela) in valleys and low lands .They domesticate on three sorts of land particularly dhipo-upper land (depaketa), Berena (Jodi keta) and sarada ((surda keta), for paddy cultivation and they domesticate kandala (kanga), jununga (judunga), Biri (masngaga), and so on in their hill area.

Generally language is a Speech rule that is observed via a team of persons, whilst a attempt is a crew of human beings who share a frequent language as properly as are believes social structure, vicinity of inhabitancies and lifestyle

The kandha are divided into two linguistic i.e. 'kui''and kuvi'' each belong to Dravidian linguistic household .The kutia kandha spake the 'kui'' language whilst 'kuvi ''is spoken in general in the Jap phase of the Koraput District.

The time period 'tribe' refers to a kind of society and targeted a stage of evolution in human society. As a kind of society the time period enormous a set of attribute feature, and as a stage of evolution it connotes a precise mode of social organization. The English time period 'tribe' come from the Latin tribus, designating a specific sort of social and political corporation exiting in all these societies. The time period refers to the

greatest type of social and political neighborhood with inner sub-division or segment; and there is interior relationship, actual or implied, between kinship and political organization

The agenda tribes account for fifty two percentage of the district populace as per 2001 census. Out of sixty two tribes notified as scheduled tribes in Odisha, as many as 29 tribes are observed in Kandhamal and amongst them Gond, Kandha, Saora, Kandha-Gouda and Kutia Kandha represent the majority. The predominant tribe, 'Kandha' or 'Khonds' pick out themselves as Kuilaku or Kuinga. Although Odiya is spoken in the district, the nearby communities select to communicate in Kui, which apparently does now not have a script. Kandhas can be classified into three subgroups, i.e. Kutia Kandha, Malua Kandha and Desia Kandha with each community being found in distinct geographical locations. Kutia Kandha is predominant in Kotagarh, Tumudibandha, and Belghar area of Baliguda sub-division. The Dongoria or Malua live in high lands of hilly areas of the district and they are less in number and the Desia or Odia Kandhas live in plain areas with the non-tribals.

Community dancing is an integral part of the Kandha society. Some area and community specific dance practices are Dhangeda – Dhangedi, Danda Nata and Singha Badya. Dhangeda–Dhangedi is also known as Loar-Enda dance and is performed by Kutia Kandha. Danda Nata is observed among schedule caste communities of Baliguda sub-division. Some of these forms are facing the threat of extinction due to lack of promotion. Some of the dance forms in the district include: This is in any other case regarded as Loar-Enda dance carried out with the aid of Kutia Kandha. They use silver coin chains, bangles and a musical instrument regarded as Dheka for the performance. **Krahenda**: A searching and warrior dance famous amongst the SC. Drums and flutes are the units that are used. This dance structure is dealing with extinctio. (1)**Singha Badya**: Observed amongst SC humans of Baliguda sub-division. "ASSART" a voluntary organisation, of G. Udaygiri has retained this dance

Form (2.)**Danda Nata**: Usually carried out by way of the Ghasis and other tribes also (SC) of Baliguda, Tikabali, (ST)Khajuripada, Chakapada, Phulbani location in(chaitra masa) summer seasons. The district additionally witnesses quite a few nearby gala's and festivals which are precise to tribal communities. The galas have large significance in the tribal way of existence and they study the activities in organizations as a neighborhood celebration. Some essential fairs consist of Mati Puja in the course of April-May, Kandula Jatra in Baliguda and Rhas Jatra at Kellapada of Phiringia. Danda Nata is discovered in the course of the district and Kendu jatra is discovered by way of Kandhas, Kandhas are additionally acknowledged for wealthy tribal craftsmanship. Craft making clusters encompass shainipadar (Phulbani town), terra cotta and bamboo handicrafts at Sudrukumpa, terra cotta handicrafts at Ratang, cane works at Tumudiband. The divine energy have been recognized by using kutia kandha with a crew of effective deities and spirits which manage and affect the way of lifestyles of humans as properly as the community. All these deities and spirits have their influence. Some deities are held accountable for illness, misfortune and uncommon taking place in the village. They agree with that the sprits stay in native hills, forest, streams and internal the residing and their quantity enlarge through the additions of the lifeless ancestors or via the dying of persons.

Objectives:-

- To identify the health status of tribal people in Kandhamal district.

- To assess the awareness and consciousness of the people on health and hygiene.
- To suggest remedial measure for the better health and hygiene and sanitation practices

II. Discussion

Health Condition in Kandhamal

Tribal dominated indoors district of Orissa commonly have negative health situation .Kandhamal being indoors tribal district, is no exception. The district is characterised by means of excessive incidence of malaria, excessive Infant mortality price (IMR) and terrible get entry to fitness services. Malaria declare massive variety of victims, both at once or via many different fitness issues which are prompted through widespread attacked of malaria. Other Major regularly occurring ailment encompass cholera and tuberculosis. The District Malaria Unit at phulbani has been in operation in the district due to the fact that 1962-63. The District TB Control Centre, phulbani got here in to being in the yr 1968. The giant tribal populace of the district typically practiced regular machine of medication consisting of the usage of medicinal. The fitness offerings amenities have slowly accelerated in the post-independence .period. The main fitness care infrastructure affords the first degree of contact between the populace and fitness care vendors and types the frequent pathway for implementation of all the fitness and household welfare programs. It gives built-in promotive, preventive, healing and rehabilitative offerings to the populace shut to their furnace and domestic .A majority of the fitness care want of the tribal populace are taken care of their by way of the skilled fitness personnel at the fundamental fitness care degree or with the aid of their personal typical indigenous fitness practitioners at village stage .Those requiring specialised care are referred to secondary and tertiary sector. The tribal populace is now not a homogenous one .There are huge variant with regard to training and fitness reputation ,access and utilization of fitness offerings amongst the tribal population .keeping in view that most of the tribal habitation is focused in a ways flung location ,forestland ,hills, and far off villages, and in order to eliminate the imbalances and grant higher fitness care andhousehold welfare offerings to scheduled tribes, the populace insurance norms of institution of rural infrastructure have been relaxed.

Tribal Health problems:-

The tribes in India have wonderful fitness troubles frequently ruled by means of multidimensional elements such as habitat ,different terrains, different ecological niches illiteracy ,poverty isolation, superstitions and deforestation .The tribal human beings in India have their personal lifestyles fashion ,food habits beliefs, traditions and socio-cultural things to do Health and dietary issues of the significant tribal populations are assorted due to the fact of bewildering range in their socio -economic, cultural and ecological putting .The health, vitamin and medico-genetic issues of numerous tribal team have been located to be special and current a bold task for which excellent answer have to be discovered out via planning and evolving applicable lookup studies.

Tribal disorder burden:-

The fitness and diet issues of the good sized tribal populace of India are as various as the tribal team themselves who current a bewildering variety and range in their socio-economic, socio –cultural and ecological setting. Apart from conference ailment which show up due to intervention of disorder inflicting dealers without deal, some different elements additionally effects in unwell fitness amongst the tribals. The tribal human beings stay in shut conjunction to the nature as in contrast to the non –tribes, subsequently the damaging results of local weather trade is a lively as properly as an attainable danger to them.

Mortality in Kandhamal:-

Mortality price suggests the demographic transition and is an indicator of normal fitness popularity of population. Mortality charge in Odisha are commonly excessive than the countrywide averages It is mainly fame of beginning and death, in the district It might also be viewed that in Kandhamal, crude deaths have extended from 4,731 in the yrs. 2000 to 5,272 in 2005. The Civil Registration system (CRS) data suggest an increase in absolute number of live births and still birth and reduction in absolute number of infant deaths. Live birth have increased from 12,746 in 1998 to 14,465 in 2005. Infant death have been declining at a slow rate.

Poor Maternal and Child fitness services:-

Kandhamal district has held on to its pinnacle role in Infant Mortality Rate (IMR) in the kingdom with the contemporary parent standing at 82, 26 greater than the country common .poor female fitness focus and lack maternity care enlarge the baby dying alongside with mother.

Morbidity and Major Disease Burden in Kandhamal:-

Morbidity as an incident of unwell fitness that impacts people's work and social life, is measured in quite a number methods .it is measured as a chance that a randomly chosen man or woman in a populace at some records and place would grow to be significantly sick at some duration of time. National pattern survey (NSS) gives estimates incidence of morbidity as percentage of Ailing individuals (pap) and measured as the variety of men and women reporting disorder at some stage in a 15-day duration per a thousand individuals for some vast age groups.it is many times typical that there is an inverse relation between usual mortality charge and standard incidence of disorder price.

Maternal Nutritional popularity and Child Health:-

Nutrition fame of person and common fitness situation point out the socio-economic circumstance incidence the society. The sample of fitness and vitamin issues of the tribal populace of India is tremendously different Nutrition troubles of quite a number tribal communities placed at more than a few stage of improvement are full of obscurities and very little scientific data on their dietary habits and vitamin fame are handy due to lack of systematic and complete lookup investigations. Malnutrition is a frequent trouble in tribal location has considerably affected the normal physique of the population. Malnutrition decrease the capacity to withstand contamination main to persistent sickness and in the publish weaning duration leads to everlasting intelligence impairment .Good diet is required for the duration of existence and is especially crucial for ladies to proceed to stay in accurate fitness and do every day family work .Nutrition anaemia is a fundamental hassle for ladies in India and extra so in the rural and tribal belt .Maternal malnutrition is predominantly serious fitness

issues amongst the tribal girls specifically for these who have carefully spaced more than one pregnancies. Such fitness situation additionally displays the complicated socio-economic elements that have serious bearing on their fitness. The diet popularity of pregnant ladies is additionally essential for the toddlers probabilities of survival and subsequent boom and development. It without delay influences the reproductive overall performance of the ladies and the delivery weight of their teenagers. Nutrition additionally impacts lactation and breast feeding which are key factors in the fitness of toddlers and younger young people and contributory element in delivery spacing (Panda2015)

Sexually Transmitted Disease:-

Sexually transmitted ailment (STDs) are most universal disorder in the tribal area. VDRL was once determined to be effective in 17.12 percentage case if polyandrous jaunsaris of chakrata, Dehradun, Among the Santals of Mayurbhanj district Odisha 8.90 per cent case of VRDL have been determined. Likewise in many tribal companies a variety of STDs, RTI (reproductive tract infections) are located due to unhealthy practise of intercourse and different beliefs. The practices of polygamy, polyandry and different such practices resulted in STDs. The occurrence HIV/Aids is additionally found amongst a number of tribal team and is extra alarming fitness concern. (Srivatsa 2015)

Lack of Awareness:-

Lack of attention is a primary determinant of their bad fitness status. Poor literacy add to this problem. Boys and female are engaged in labour first-class early in whilst women share the introduced of duty of care offerings at domestic in the absence of mother and father. Most of the women are married after achieving puberty and beget adolescents at a soft age. Inexperienced motherhood is a bane for the infant and mom which is the most important motive for greater price of maternal and toddler mortality. Postnatal care is worse as female after shipping do no longer get enough relaxation which harms health of the mom as nicely as the infant. An vital omitted region is reproductive health. Married girls do now not have manage over their reproductive fitness. They are now not free to figure out about secure and hole in baby bearing. Many female are handicapped visually, listening to impaired and go through from gynaecological disorder, goitre, pyrexia, respiratory problem, gastro-intestinal disorder, rheumatism, water and air borne disease. Heavy bodily labour and lack of diet end result in anaemia which decrease their resistance to disease. frequency of being pregnant and maternal malnutrition affecting the fitness of mom as properly as the infant. The infant is breast fed until it takes strong meals and even thereafter. Lactation is affecting due to flawed nutritious. Large scale felling of timber for building of roads and different infrastructure, distance between the village and wooded area has increased. As a result ladies have to stroll longer distances to accumulate wooded area product inclusive of natural remedy. Lack of time. Physical stamina, monetary and home constraints restrain them to stroll lengthy distances. pretty frequently female opt for to hungry as an alternative than shifting out to wooded area accumulating woodland product if different household member have to ailment. Women in most tribal team I order to keep away from being pregnant observe crude approach of abortion which have an effect on their health some time main to demise. Expectant mom are no longer inoculated towards tetanus. As they stroll barefoot in muddy roads the possibilities of tetanus is excessive. Neither do they take nutritional vitamins, minerals and nutritious meals. Deliveries are achieved at domestic even although essential fitness carrier carriers give an explanation for then about risk concerned in crude technique of shipping.

Complicated cases are referred to the close by health facility however via that time the ladies lose the hazard to live on. Maternal mortality is additionally due to unhygienic and primitive practices of parturition (Pand,2015)

Unhygienic Environment:-

Poor sanitation is a fundamental purpose adversely affecting fitness. Even although in most of the tribal vicinity water is sanitized but the furnish is now not regular, defunct piped water sources are no longer repaired on time and human beings are unaware of gain of easy water. The surroundings is polluted due to defecation and waste disposal in the open, lack of drainage, burning woodland for reclaiming land for cultivation, use of cooking for firewood, cow-shed, goat and sheep –shed, felling of bushes for private use of firewood for cooking, felling of tree for private use etc, firewood and cow dung cake is used for cooking. Their residence lack in air flow due to which the make is now not launch accurate affecting imaginative and prescient and breathing some human beings do no longer have easy their each day use garments. cattle shed in most of the residence are proximate to the principal village room which breed bugs and flies. Sometime vector born sickness are pandemic however human beings accept as true with it to really worth of evil spirit.(Panda,2015)

Health Status of tribes:-

Tribal communities in standard are incredibly sickness prone. Their miserly is compounded by using poverty, literacy, lack of knowledge of reasons of disorder bad sanitation, lack of secure ingesting water and blind beliefs etc. Gajapati district of Odisha fitness sick circumstance. The isolation, remoteness and being mostly unaffected through the improvement growth going in India. 2011 Census Gajapati had populace of 5777,817 of which male and lady had been 282,882 and 294,935 respectively. Odisha Health Strategy 2003 has endorsed for enhancing the fitness reputation of tribal populace by way of lowering mortality. It shows that the tribal humans go through disproportionately from malaria, sexually transmitted disease, tuberculosis, genetic problems like G6PD deficiency, sickle cell phone anaemia as additionally dietary deficiency disease. These are some of the unique fitness troubles attributed to these communities. The toddler mortality charge 84.2; beneath 5 mortality price 126.6; kids beneath weight 55.9; anaemia in teens 79.8; children with acute respiratory contamination 22.4; children with latest diarrhoea 21.1; women with anaemia 64.9 per 1000. An excessive incidence of malnutrition has additionally been suggested in the tribal dominated district of Odisha. Malnutrition by means of Odisha is one of the ten kingdom in usa blanketed below the National Nutrition Monitoring Bureau (NNMB). According to the trendy file of NNMB(2000-2001), Odisha continues to have 2nd perfect degree of below vitamin amongst the ten states.(Balgir,2004)

Communicable Disease:-

The tribal humans in their everyday lifestyles consciously or subconsciously alter the surroundings and ecological elements of their habitat, which in flip expand the threat for communicable disease. The conversation of sickness is based both on the direct contact or the oblique retailers like breathing, sputum, stool, saliva, urine etc. The venereal ailment are communicated thru direct contact and tuberculosis is communicated via oblique contact such as respiratory. Thus, the communicable sickness are these ailment, which omit from contaminated character to a wholesome individual by means of direct or oblique contacts via infectious agents. Sometimes,

viral or bacterial contamination motive loss of life in a massive wide variety and threaten the survival of mankind.

There are quite a few communicable ailment popular amongst the tribals of Odisha. These are : Tuberculosis ,Hepatitis ,sexually Transmitted Disease (STDs) Malaria, Filariasi, Diarrhoea and Dysentery ,jaundice, parasitic plague, viral and fungal infections ,Conjunctivitis, yaws, Scabies, Measles, Leprosy, cough and cold, HIV/AIDS, which is spreading like wild fire, etc. Due to lack of Sanitation and unhygienic dwelling .They regularly turn out to be victims of repeated epidemic of the above stated contagious disease. (Balgir2005)

Non –Communication Disease:-

Lack of desirable fitness education, poverty inaccurate feeding habits and irrational beliefs irritate the fitness and dietary fame of these underprivileged human beings in Kandhamal. it is anticipated that the extend in literacy charge of neighbourhood would decrease morbidity and toddler mortality or in different words, enhance the fitness fame of the neighbourhood as entire .Tribal diets are commonly grossly poor in calcium, nutrition A, diet C ,riboflavin and animal protein. Micronutrient deficiency is intently linked with dietary problems and diarrhoea .Deficiency of fundamental dietary issue leads to malnutrition , protein calorie deficiency and micronutrient deficiencies (like diet A, iron and iodine deficiency).Vitamin A deficiency in the shape of Bitot'sspot, conjunctivalxerosis and night time blindness was once found .Alcoholism is every other fitness mishap in the lives of tribals. (Srivatsa 2015)

Economic Constraints:-

Apart from inflexible cultural quintessential an necessary cause is monetary .Mostly they have subsistence monetary which is characterised by way of easy technology, easy division of labours small scale unit of production like weaving, pottery and no funding of capital .Their Knowledge about farming is most important based totally on journey some of which have been carried over thru successive generations. Due to small land maintaining and crude approach of cultivation yield from land is meagre. Therefore, they complement it with wages earned from working as labours. Availing fitness services, medicinal drug and surgical treatment etc. is costly which they are unable to have enough money with their meagre profits .primary fitness centres positioned in some village do furnish fitness care for free however restriction it to some frequent and virulent disorder .Complicated instances are referred to higher geared up hospitals. Where offerings are pricey geared up hospitals the place provider are high priced .Sometime human beings personal loan or promote their asset to meet the prices however these except property succumb to the disease. Many grew to be bodily and mentally invalid .For such folks lifestyles will become insufferable as they lose their profits turn out to be dependents barring hope of care and assist from the household and community. (Pand 2015)

Drinking Water and Sanitation Facilities:-

Poor get right of entry to protected consuming water and sanitation has been ascertained as an important purpose for diarrhoea and different water borne illnesses in Kandhamal. As per 2001 census, 69.42 percentage rural areas had get right of entry to protected consuming water in opposition to the State common of 72.32 percent. .The Rural Water Supply and Sanitation (RWSS) Department is accountable for assessing the wants of rural human beings for protected consuming water supply, developing preferred infrastructure for protected ingesting water furnish and assembly the wants of the rural human beings as per the State coverage in all

districts along with Kandhamal. The Accelerated Rural Water Supply Scheme (ARWSS) is the major initiative supported by way of the Government of India and applied with the aid of the State Government. In addition, money of Backward Regions Grant Fund (BRGF) and specific schemes such as the Biju Kandhamal O Guajarati Yojana are accessed to make bigger protected sources of consuming water grant in the district. Major sources for protected consuming water grant encompass tube wells, sanitary wells and piped water furnish projects. Only 9.98 percentage households had loos or latrine amenities in the district in opposition to the State common of 14.89 percentage in 2001. In rural areas of Kandhamal and 6.74 percentage had lavatory services in opposition to the State common of 7.71 percent. Total Sanitation Campaign (TSC) has been applied in Kandhamal with a view to create consciousness and promote sanitation services each at character households and neighbourhood levels.

III. CONCLUSION

Tribal people in Kandhamal district are incredibly sickness prone. The number underlying motives are lack of fitness focus and superstition in the Kandha community. Awareness on higher fitness and hygienic meals exercise of tribal human beings will take a remarkable alternate now not solely in their neighbourhood however additionally the society. Focus need to be given through the country authorities in collaboration with district fitness administration in the direction of offering higher fitness services, higher medicine as properly fitness consciousness programme amongst the Kanda tribe in the district. The most frequent sickness in this region is malaria. Other kind of illnesses are water-borne and due to unhygienic situation of the surrounding in which they stay and malnutrition and low consumption of food.

The supply of ingesting water is the hill flow which is now not solely polluted however additionally has excessive content material of graphite inflicting inflammation in the gastrointestinal tract ensuing gastric discomfort, stomach pain, hyper-acidity and constipation. It has been additionally determined that the Kandha humans right here trust in the incidence of benevolent and malevolent spirits, which have an effect on and manipulate their lives. They appease the malevolent spirits that deliver misfortune, ailment and therefore death. In obedience of religious believes deeply rooted in the kandhas always name on their village priest (Jani, Jhankar, Deheri) and additionally gunia who typically does the disorder remedial things to do by way of non-secular believes. Most of the illnesses afflicting the kandhas are maily due to insanitary condition, lack of private hygiene, lack of fitness training and ignorance. The tribal humans are terrible and they can't have the funds for these meals of prosperous nutritious contents which are now not domestically available. It is consequently fundamental to analyse the meals cost of the meals stuff which are regionally handy and popularize such nutritious meals as to supply a balanced weight loss program to the tribals. In different phrases it implies that a via survey which include all the fundamental components, viz (1) medical evaluation (2) eating regimen survey (3) bio-chemical research are integral for the appraisal of the dietary reputation at the root degree of the kandha villages. It is essential to lift out an investigation to discover out what elements are accountable for the fitness of the kandha human beings in the district.

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