



International Journal of Advanced Community Medicine

E-ISSN: 2616-3594

P-ISSN: 2616-3586

IJACM 2018; 1(2): 47-49

Received: 09-03-2018

Accepted: 10-04-2018

Dr. K Sowmyasudha

Assistant Professor.

Department of Community
Medicine, ACSR Government
Medical College, Nellore,
Andhra Pradesh India

Dr. G Krishnababu

Professor & HOD, Department
of Community Medicine.
Rangaraya Medical College,
Kakinada. Andhra Pradesh
India

Dr. K Satyanarayana

PODTT, Kakinada,
Andhra Pradesh India

Case reports on malaria among tribal population in East Godavari district

Dr. K Sowmyasudha, Dr. G Krishnababu and Dr. K Satyanarayana

Abstract

Malaria is an age old disease. In Andhra Pradesh East Godavari District contributes to 5193 cases in 2010¹. Malaria is highly endemic in tribal population where API > 5. East Godavari District was composed with a population of 54, 51,549. Among this tribal population consists 2.5 lacs (2, 56,749). The District consists a total of 103 PHCs, among this 18 were tribal PHCs which are present in 7 Mandals of agency track. Which are under the administrative control of ITDA (Integrated Tribal Development Agency), Rampachodavaram. Most of the agency area is hilly and covered with dense forest. It contributes to 2414 cases during 2010². The report of scientific study on perception of the community about cause, transmission, timely detection, treatment and control of the disease in this district is not readily available. So we made an attempt to document it in the tribal population.

Methodology: As a part of my PG thesis data collection in East Godavari District, some of the interesting case studies were reported from the study participants. This case study tells how they floated in malaria in their life time. Study populations belong to different sub-communities in tribal caste residing East Godavari District. I have collected these case studies in 2013 and it has been five years till today expecting some change in their perception with lot of new intervention measures.

Keywords: Malaria, tribal people, Chekka vaidyam (tree bark medicine), black magic hoodoo

Introduction

A case study 1

E. Janakamma: aged 39 years, w/o P.Babu rao belongs to Koya community. She was educated up to intermediate, by occupation she is an Anganwadi teacher. She is a resident of Zaddangi village from past 20 years and residing in semi-pucca house which contains 2 rooms. She belongs to nuclear family composed with 5 members (she, husband & 3 daughters). Her elder daughter studies degree final year, second daughter intermediate and the younger daughter p.satyaveni 10th class student residing in a hostel in ashram school at singampalli village, Rajavommangi Mandal.

The younger girl was attacked by fever for which she was treated in local hospitals for a couple of days. She also had treatment from P.H.C Rajavommangi. After that she informed to the hostel warden about her fever and did not inform to her parents. From 2009 December onwards she got similar attacks of fever which leads to anemia. In June 2010 she lost her consciousness suddenly. Hostel people shifted her to Rajavommangi P.H.C. and she is examined by the medical officer & referred to G.G.H Kakinada. Her Parents shifted her to G.G.H Kakinada; along with concerned A.N.M. In GGH Kakinada she was diagnosed as Cerebral malaria with severe anemia and in shock for which the death is inevitable. The accompanied A.N.M in spite of knowing about her condition left the place without informing them. The girl expired in G.G.H on 12th July. Till then her parents do not know about her condition. After that they approached to the Right to information act to know the cause of their daughter's death. They got information about the death from them, but it only added to their depression and sorrow. Recently a couple of months ago her second daughter got malaria, where again she needed referral to G.G.H Kakinada. At that time Janakamma refused to take her daughter to G.G.H, keeping in mind of her first experience. The second girl condition also worsened. Her neighbors and community leaders assured her, with the help of them she brought her second daughter to G.G.H. With special care and treatment she was cured from malaria.

Correspondence

Dr. K Sowmyasudha

Assistant Professor.

Department of Community
Medicine, ACSR Government
Medical College, Nellore,
Andhra Pradesh India

A simple disease of malaria which could be detected in initial stages leads to death of the girl.

Case study 2

Kunja.Narayanamma a 39 year old female studied up to 5th class and working as an aaya in Narasapuram P.H.C with a honorarium of 1000 rupees per month. She belongs to a community of konda reddy, her mother tongue is konda basha. She is residing in Narasapuram village in a semi-pucca house and belongs to nuclear type of family with 4 members (herself, her husband, and 2 of her children). She Lost her mother as a result of malaria in her childhood. She was brought up by her grandparents. She had 10 siblings. She lost 6 of her sibling's becos of malaria, who were treated with chekka vaidyam (tree bark) and by traditional healers She got a marriage proposal from kunja.Satya babu Dora. Both of them accepted each other and approached their elders for marriage. They were refused by them, because the person belongs to other caste of konda reddy. She married him against the village heads decision for which she got a punishment. And paid a penalty of 5000 rupees, one goat, 2 kata rice (one kata rice= 7 bags of rice) to the 7 village elders. She got her father's support to do all these formalities. After that her house was burned by them with all her household utensils. She also offered sacrifices to the village Goddess with goat and hen. And she was served food in a single plate (leaf) for 7 days. She distributed coconut and mango chapattis to all the villagers for 7 days. After all these procedures she was accepted to stay in the village. She was suppressed and under sighted by all the villagers. So she left the place.

She repeated all these nonsense to get accepted by her husbands community. The couple got irritated and depressed, so they left both the places and settled in Narasapuram village. They got 2 children. The elder one Died due to malaria. The younger one is deaf and dumb. She adopted 2 of her brother's daughters. She made them to marry in their same community of konda reddy. She lost her lands because of Mallavaram project canal construction. Now she is staying with her deaf and dumb daughter and husband after losing all of her family members due to Malaria.

Case study 3

T. Abbayi a 34 year old man belongs to konda kammari community, residing in Zaddangi village. He had 10th class education and works as a community leader in tribal villages, so he used to roam in and around all the villages and forest to communicate with them. He is residing in semi-pucca house and nuclear family which is surrounded by big hills and forest. He got an attack of fever which he thought it was due to Black magic's, roaming in forest, air and ghost intrusion. So he consumed local chekkavaidyam and bhuthavaidyam and visited a couple of traditional healers, but not decreased. He suffered with the same complaint for nearly one and half year. He landed in coma and he was in coma for 20 days. He shifted to Rampachodavaram treated by general physician who is specifically meant for tribal communicators. He was diagnosed with Cerebral malaria with typhoid and malaria with jaundice. He took treatment for one month, recovered well and backs to his routine work. After this incident he took precautions and personal protective methods very sincerely. He replaced drinking water with mineral water, screened doors and windows, used mosquito coils and

repellents and also had regular IRS to inside of his house walls.

Case study 4

M. Baskaramani a 20 yr old lady belongs to valmiki community from ameenabad village. She is a degree final year student residing in a semi-pucca house along with her parents. She looks ill built and poorly nourished not even weighing 30 kgs. She used to get repeated attacks of malaria with typhoid at least 4 bouts in a year. Recently she had very severe attack of malaria which lasted for one month. For that she visited half a dozen of hospital and doctors for the same. But didn't decrease. First she visited a private hospital in Eleswaram. They gave some injection and i.v fluids for one day, again she went to Zaddangi P.H.C, from there to Rajavommangi G.H, again she is back to Zaddangi P.H.C somehow it decreased. But she lost the chance to Wright her degree final year exams and discontinued the course. After that she got a call from her principal to continue her degree and permitted to Wright exams without attending to the classes. Even though she got many attacks of malaria still she is refusing to practice personal protective measures, use of bed net and IRS. This is an example of educational ignorance.

Case study 5

C. Ganga Devi a 36 years old women from Burugu Banduru village belongs to Koya Dora community. Her husband expired during her antenatal period. After the death of her husband, she did not get any support from her maternal side or from in laws side. She brought up her son with lot of difficulty and financial problems. Her son studied up to intermediate in social welfare hostels. He got appendicitis for which he visited all the hospitals. Finally he visited a private hospital in Rajahmundry and underwent Appendicectomy with the help of loan money obtained from DWCRA (Development of women and children in rural area, a Women development Programme in Andhra Pradesh). After appendicectomy the boy got Severe attack of malaria. And he used to get repeated attacks of malaria at least 3 times in a year along with typhoid fever. Suddenly in one year all the villagers in the village, got malaria with typhoid fever. Some of the expert committee visited the village and opined the reasons behind that are, drinking canal water and forest surrounding. All the villagers were shifted their drinking water from canal water to mineral water. To get mineral water they must travel a distance of 7 kms. The subject in this case is also shifted even though he can't afford for this. For his recent attack of malaria he went into a private hospital in Rajahmundry and advised to take ACT combination therapy in injection form. To get this injection the boy has to travel 25 kms daily. Even though after taking a lot of preventive measure (bed net and IRS) the disease could not be prevented from his house.

Case study 6

A 4 years old male baby(pandu) from Dutcharthi village, Duppalapalem P.H.C area borne to a 49 years old men and 45 years old women. The kinder baby also had one more sibling of 7 years old. The baby developed fever 3 days prior to my visit to their village. The baby was given tablets by church Pastor but didn't decrease. The baby was fed with chicken pulav in a function in the church. Both the children have developed fever after this incident. Their parents were

given chekka mandu (tree bark) for both the kids as treatment. The next day health assistant took smear and confirmed it as malaria and given the treatment course. Also advised to take the baby to P.H.C. the baby condition is worsening so health assistant advised them for immediate referral to G.H Duppulapalem. They started conversation in their local language Kondu and said money is not there with them to go to hospital. Health assistant gave 50 rupees and the church Pastor gave 100 rupees for their transport expenses. They have shifted the baby to Addateegala C.H.C, without visiting the P.H.C. by that time baby became unconscious, soon after starting the treatment in C.H.C baby expired. Parent’s negligence and traditional medicines made the baby to die in this case.

Case study 7

Panchada. Malli babu, a 45 years old male men residing in D. Bhimavaram village, Duppulapalem P.H.C area. He was a resident of Paderu village in Vishakhapatnam District; he left his family members, including his wife and children and settled in D. Bhimavaram village in the search of colored stones in the hills. In this village again he married other women and got 2 children’s. One is 14 years old and another one 4 months old baby. He developed fever and visited local R.M.P doctor which is beside the P.H.C but not to the Medical Officer. His fever didn’t decrease. The health assistant took smear and gave 3 days course of treatment, after confirming the disease malaria. Finally he went into a private hospital in Eleswaram and medicated for 2 days in the hospital with i.v fluids. But it is not decreased, he returned back to his house and consumed chekka mandu (tree bark), very immediately after consumption of it he

expired.

Case study 8

35 years old women named Ratnam from Duppulapalem village, local naatu saara (local liquor) seller developed fever, and it was confirmed by health assistant after taking blood smear. She was given full course of treatment for malaria. But didn’t decrease. She is continuing her selling of liquor but didn’t visit the hospital for treatment. After one week suddenly she collapsed and expired.

In Devipatnam village it always meant for Godavari river floods. This is also a famous historical place; where our great freedom fighter Alluri Seetharamaraju started his agitation from this place. The A.N.M who is working in this P.H.C and her husband got affected with malaria at a time. Self medication with 3 Artemether injections had subsided the attack. Another 2 anganwadi workers in the same village got repeated attacks of malaria for which they diagnosed and had medication. At least 2 bouts in every year they will be attacked by malaria. Another school teacher in the same village said during her childhood the traditional medicines and traditional healers are more. They used to give 7 days’ leaf juices for malaria. In this they will give tulasi plant leaves juice, billa ganneru rasam, bitter guard juice, some bark juice etc for each day. Now the faith on traditional remedies has decreased, and the people turning into allopathic medicines. Education in the cases of A.N.M, Anganwadi teacher & School teacher made the difference to take medication as comparatively to the above cases. The smoke activities are also decreased now people are using net and IRS as preventive measures.

Table 1: Socio-Demographic profile of cases-

S. no	Name	Age (yrs)	Village	Education	Occupation	Type of house	Type of family	Outcome of the case
1.	E. Janakamma	39	zaddangi	intermediate	Anganwadi teacher	Semi-pucca	Nuclear	Younger daughter-died due to malaria. 2 nd - cured from malaria.
2.	Kunja. Narayanamma	39	Narasapuram	5 th class	Aaya in P.H.C	semi-pucca	Nuclear	Mother & 6 siblings died due to malaria 1 st child died due to malaria
3.	T. Abbayi	34	Zaddangi	10 th class	community leader	semi-pucca	Nuclear	Recovered from cerebral malaria
4.	M. Baskaramani	20	valmiki	Degree	-	semi-pucca	Nuclear	Recovered from malaria with typhoid
5.	C. Ganga Devi	36	Burugu Banduru	Illiterate	Labour	semi-pucca	Nuclear	Son-malaria with typhoid, recovered
6.	Male baby (pandu)	4	Dutcharthi	Illiterate	Labour	semi-pucca	Nuclear	Expired due to malaria
7.	Panchada. Malli babu	45	D. Bhimavaram	Illiterate	Labour	semi-pucca	Nuclear	Expired due to malaria
8.	Ratnam	35	Duppulapalem	Illiterate	local liquor seller	semi-pucca	Nuclear	Expired due to malaria

Conclusion

Still it needs to instill awareness and treatment compliance about the disease of malaria in tribal population of East Godavari District. My case studies may be an eye opener to other researchers and also adds to their findings in the research of tribal welfare.

Reference

1. District NVBDCP report on malaria East Godavari District, 2011
2. East Godavari District details obtained from District D.M.H.O office.