"A STUDY ON MORBIDITY PROFILE OF TIBETAN REFUGEES OF CHANDRAGIRI IN THE GANJAM DISTRICT OF ORISSA"

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INTRODUCTION :

With the help of Government of India and State Governments the Tibetan refugees were settled up at different places in India; and Chandragiri situated at a distance of 78 KMs from Berhampur.

The community which has adopted some of the socio-cultural practices of local population and have retained most of their original practices offer an excellent material for the study of effects of different social – cultural–demographic– economic— religious factors on morbidity pattern. Tibetan race, culture, customs, tradition and religion are alien to that of Indian and more so to that of Orissa. This refugee population was available within the reach of resources. The comparative ease of collection of data encouraged to carry out the study so as to obtain valuable informations on morbidity pattern of the community which can be utilised in varied situations in taking up community health work.

The present study was undertaken to obtain an integrated picture of different leading diseases prevalent in the community and recommend measures for their control and eradication,

MATERIAL AND METHODS :

A simple random sample of 30% house-holds with proportional allocation of Tibetan refugees settled at Chandragiri have been selected for study. All the members of the house-hold were included in the study population. Informations on history of sickness for past one year physical examination of individuals and laboratory investigation of diagnostic material where-ever necessary were obtained through the administration of pre-planned, pre-tested questionnaires with the help of community leaders.

Of the 1053 persons in study sample 1012 persons could be covered giving a non-response of 3.8%. The study was carried out During Jan.–Feb., 1983.

OBSERVATIONS AND DISCUSSION :

Out of total 1012 persons; 186 persons gave the history of having suffered from one or more diseases during the previous one year, where as 216 persons were found to be suffering from one or more diseases at the time of survey.

The distribution of morbid persons by age was high in early and late age groups and minimum in the age group of 15–24 years indicating that the disease conditions were much less in young adults (Table I and II).

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Tabe-I. Age and Sex Distribution of Morbid During Past One Year.

Age Group	Persons					
	MALE			FEMALE		
	Total	No. Sick	Prevalence/ Thousand	Total	No. Sick	Prevalence/ Thousand
<50—	77	19	246	58	14	241
5—	109	17	156	95	15	158
15—	65	8	123	62	8	129
25—	68	9	132	63	12	190
35—	74	11	148	47	11	234
45—	81	14	173	61	15	246
55—64	91	16	176	61	17	278
TOTAT	565	94	166	447	92	205

Table-II. Age and Sex Distribution of Morbid Persons at the Time of Survey.

Age Group	MALE			FEMALE		
	Total	No Sick	Prevalence/ Thousand	Total	No. Sick	Prevalence/ Thousand
<50—	77	27	351	58	18	311
5—	109	23	211	95	18	189
15—	65	10	154	62	8	129
25—	68	13	191	63	9	143
35—	74	15	203	47	7	149
45—	81	17	210	61	12	197
55—64	91	24	264	61	15	246
TOTAL	565	129	228	447	87	195

Table III : Diseases Suffered by the Study Population During Past One year and at the time of Survey.

Disease groups	Past one year	At the time of survey
Group—1 : Infective & Parasitic diseases :		
(a) Infective diseases—	135)	46)
(b) Parasitic diseases —	27)	110)
Group—2 : Malignant, benign, lymphatic haemopoietic and unspecified neoplasms	—	—
Group—3 : Endocrinal Nutritional & metabolic diseases	—	20
Group—4, 5, 6 Diseases of blood forming organs Mental disorders Diseases of nervous system eye, ear and mastoid processes	—	—
Group—7 : Rh. fever, hypertensive and heart diseases	2	5
Group—8 : Diseases of respiratory system	33	65
Group—9 : Diseases of the digestive system	9	6
Group—10 : Diseases of urinary system, male genital disorders and diseases of the breast and female genital system	3	1
Group—11 : Diseases of musculo-skeletal system and connective tissues	8	12
Group—12 & 13 : Congenital abnormalities & Certain causes of perinatal morbidity	—	—
Group—14 : Other Symptoms and ill defined conditions	18	15
Group—15 : Other injuries and reactions and fractures, dislocations and sprains	5	—

Table IV :—Leading Diseases by Sex During Past One Year and at the Time of Survey.

Diseases group	During past one year			At the time of survey		
	M	F	Total		F	Total
Group—1 :						
INFECTIVE AND PARASITIC DISEASES	87	75	162	104	52	156
(a) Infective diseases :						
(i) Fever	32	25	57	6	2	8
(ii) Diarrhoea and dysentery	18	20	38	9	3	12
(iii) Tuberculosis	12	4	16	14	5	19
(iv) Whooping cough	1	3	4	1	0	1
(v) Measles	1	3	4	—	—	—
(vi) Chicken-pox	5	1	6	—	—	—
(vii) V. D.	2	2	4	—	—	—
(viii) Leprosy	2	4	6	5	1	6
Total :—	73	62	135	35	11	46
(b) Parasitic diseases :						
(i) Worm infestations	7	5	12	32	16	48
(ii) Scabies	3	7	10	37	25	62
(iii) Amoebiasis and amoebic colitis	4	1	5	—	—	—
Total :—	14	13	27	69	41	110
Group—3 :						
(i) Angular stomatitis and glositis	—	—	—	12	6	18
(ii) Night Blindness	—	—	—	2	0	2
Total :—	—	—	—	14	6	20
Group—3 :						
(i) U.R.T.I.	3	10	13	19	16	35
(ii) Tonsilitis	8	4	12	8	3	11
(iii) Bronchitis	6	2	8	17	2	19
Total :—	17	16	33	44	21	65

The distribution of diseases suffered by the study population as revealed by both recorded history and physical examination showed Group–1 and Group–8 i.e., infective and parasitic diseases as well as diseases of respiratory tract were the most important disease problems in Tibetan community. (Table III & IV). In addition to that physical examination also revealed that nutritional disorders (Group–3) were high which suggested that Tibetans did not pay much attention to these minor ailments and have did not give history of these conditions when enquired for.

On analysis of Groups of diseases it was found that fever, diarrhoea and dysentery, tuberculosis and U. R. T. I. were the leading causes of morbidity whereas history and physical examination at the time of survey revealed that the leading diseases were diarrhoea and dysentery, tuberculosis, scabies, angular stomatitis, U. R. T. I., tonsilitis and bronchitis.

Although 32 persons were found to be suffering from pediculosis heavily, yet no one reported about the same infestation which suggested that the community did not attach any importance to this infestation. Dental diseases and worm infestations were less reported because of the fact that it did not prevent routine work; but G. I. tract infections, fever and respiratory tract infections were quite often remembered and reported as these prevented in performing normal routine work.

Table–V. Leading Causes of Illness by Duration of Sickness During Previous One Year.

Type of Illness	No. of Persons Sick	Total No. of Spalls	Total No. of Days	Average Duration of Sickness	
				Per Person	Per episode
Diarrhoea & dysentery	35	38	281	7.4	8.0
Fever	43	57	385	6.7	8.9
Respiratory diseases excluding tuberculosis	27	33	209	6.3	7.7
Dental diseases	25	25	282	11.3	11.3
Diseases of skin	18	18	213	11.8	11.8
Worm infestations	7	12	237	19.7	33.9
Diseases of eye	12	12	69	5.7	5.7
Diseases of ear	11	11	145	13.2	13.2

The aver ge duration of sickness per episode and per sick person was calculated for leading diseases (Table-V) reported during past one year except for tuberculosis, leprosy and arthritis. The average duration of sickness per episode and per sick person was highest for worm infestation, followed by diseases of ear, skin diseases and dental diseases. Further it was seen that the people suffering from these diseases ordinarily did not seek medical advice till such time when it became unbearable.

The differences in the prevalence of diseases as revealed by recorded history (past one year) and physical examination (at the time of survey) are shown in Table-VI. Although history revealed fever as a leading disease yet it did not come into picture at all in the leading causes of morbidity at the time of survey, but skin disease was the leading cause.

This analysis of ranking orders also showed that the population was ignorant of signs and symptoms of nutritional deficiency diseases and as such were unable to report them though they might have suffered.

The main health problems as identified were diseases due to poor personal hygiene, insanitary housing conditions, unprotected water supply and absence of latrines leading to indiscriminate soil pollution Health educational measures with active community participation are required to bring about a reduction in the prevalence of diseases.

Table VI : Ranking Chart on Morbidity Pattern of Tibetan Refugees.

In Past One Year	Diseases in Rank Order		At the time of Survey
Fever	1	1	Diseases of skin
Diseases of G. I. tract	2	2	Respiratory diseases (Excluding T. B)
Respiratory diseases (Excluding T.B.)	3	3	Worm infestations
Dental diseases	4	4	Dental diseases
Diseases of skin	5	5	Pediculosis
Tuberculosis	6	6	Nutritional disorders
Worm infestations	7	7	Diseases of G. I. tract