

Occupational Health Status of Nicobarese Tribes in Andaman and Nicobar Islands during Covid-19

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Abstract

"Occupational health is an area of work in public health to promote and maintain the highest degree of physical, mental and social well-being of workers in all occupations (WHO)." In India, tribals' basic health care facilities are very low. Lack of awareness of information and infrastructure facilities remains the main reason for backwardness. Moreover, due to covid 19, the whole world suffered from unemployment and job uncertainty which caused psychological stress. Moreover, many people got jobless due to the pandemic outbreak. Mental stress directly or indirectly harms overall health situations.

The study mainly focuses on the health status of Nicobarese tribes who work in government jobs and private working employees because of limited vacancies. Many employees work from home and mostly remain unemployed. The study highlights how occupational work affects health-related issues during pandemic days.

Keywords: Occupational Health Status, Tribal Health, Nicobarese, Covid-19

Introduction

"Occupational health is an area of work in public health to promote and maintain the highest degree of physical, mental and social well-being of workers in all occupations (WHO)." Due to the Covid -19 the whole world suffered from unemployment and job uncertainty which cause psychological stress. Many of the people got jobless due to the pandemic outbreak. Mental stress directly or indirectly harms overall health situations. In India the basic health care facilities of tribals are basically very low. Lack of awareness, information and infrastructure facilities remain the main reason for backwardness. The UN ministry of home affairs has classified 75 indigenous groups of Particularly Vulnerable Tribals Group (PVTG's) as the highest number of tribals found in Orissa. The Andaman Adim Janjati Vikas Samiti (AAJVS) is a registered society that monitors the protection and welfare of (PVTG's). An Integrated Tribal Development Agencies (ITDA) is taking care and welfare of Nicobarese tribes. According to the six scheduled tribes in union territory of Andaman and Nicobar Islands except the Nicobarese tribes the rest of the tribes Great Andamanese, Jarwas, Onge, Shompens and Sentinelese are categorized in (PVTG's) who has been isolated in various islands. Nicobarese tribes are now civilized and work in various departments of government jobs. They work hard and maintain their good state of living. Though the population of these tribes of 27686 (96.97%) and 5896 (20.60%) are out of the Nicobar islands due to unavailability of jobs many youth have migrated to Port Blair capital of A&N Islands to earn their better livelihood. Here the study is based on the empirical study which focuses on the Nicobarese tribes of A&N islands and their occupational health problems during covid -19 pandemic the govt and private employees who worked from home and contrast who remained unemployed.

Statement of the problem

Covid -19 crises have radically changed the way of doing work in office and at home. Here the employees suffer more stress and burden because of the heavy workload given to them. The Nicobarese tribes mostly work as govt employees and also work in private institutions. The government servant gets less burden of work compared to the private job workers. On the other hand the migrant workers working in shops, restaurants, hotels etc. who remained unemployed went back to their native i.e., Nicobar Islands which are highly remote areas where no private job facilities are available. Mostly they suffered from more mental stress, domestic violence, due to impecuniousness. The workers had to do all their household chores and take care of their family and children. Sometimes they get interrupted and disturbed which later cause an effect on their work.

Research question

1. How does the covid 19 impact the socio- economic and behavioral change in the lifestyle?
2. What kind of occupational health problems are faced by respondents?

Past reviews

1. **Lode Goddens, Joroen Luyton (2020)** has studied the challenges and opportunities for occupational health and safety after the covid- 19 lockdown. The second wave can create safe employment and attractive ways for working the can reduce the health impact of recession. Due to the lockdown crises and economic recession which can become a bad situation for the workers of losing jobs and work from home which can create a higher risk. At end the policy level on the valuable insights may be complex in the relationship

between work and health into workable action. In this way it can reduce the toll of an approaching recession.

2. **WHO Interim Guidelines (2020)** has reviewed occupational health and safety for the workers to carry out the duties, rights and responsibilities for health. It has shown how SARS - COV -2 has affected the health workers occupation like Violence, harassment, stigma , workload where Personal Protective Equipments (PPE) measures tries to protect occupational health and safety of the workers .
3. **Diane Godeau et.al., (2021)** has highlight the importance of disabilities and occupational health among the outbreak changes in the world. The socio– economic factor, psychological effects and occupation which has become the highest risk contamination to modify return - to work approach. The cohort study was taken for working age men. The SARS -COV-2 pandemic creates new challenges for occupational health in shifting attention and working during Covid.

Research Gap

Previous studies have mostly focused on the non- tribals of the other countries and the states of India. The articles which have been published are very limited in numbers. None of the studies have been carried out among the tribals of Andaman and Nicobar Islands related to the researchers study area.

Significance of the study

The study mainly focuses on the health status of Nicobarese tribes who worked in government Jobs as well as private working employees working from home and some remained unemployed It throws light on how occupational work affects their health related issues during pandemic days.

Objectives

1. To study the socio- economic background of the tribes.
2. To identify occupational health related problems.
3. To provide suggestive measures.

Methodology

The data is based on both the primary and secondary sources. The data has been collected in the google form in a structured interview schedule from the 30 respondents of Nicobarese tribes, those who work in govt sector, private sector, and unemployed staff and workers related to their occupational health issues. The secondary data were gathered from articles, books, publication journals and Google sites.

Study area

The study has been conducted from Andaman and Nicobar Islands capital of Port Blair from South Andaman district among the Nicobarese tribes. The age composition of the individual is 25-55 years and above. The study was done from (April 24- 30 June 2021) pandemic period.

Interpretation and analyses

Table 1: Gender

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	17	56.7	56.7	56.7

female	13	43.3	43.3	100.0
Total	30	100.0	100.0	

Table 1: The above table shows that the male contribution is more which is 56.7 percentile as compare to the female which is 43.3 percentile.

Table 2: Age Composition

Age	Frequency	Percent	Valid Percent	Cumulative Percent
25-35 years	8	26.7	26.7	26.7
36-45 years	10	33.3	33.3	60.0
46-55 years	10	33.3	33.3	93.3
56years&above	2	6.7	6.7	100.0
Total	30	100.0	100.0	

Table 2: The above table shows the age contribution of the respondents whose age among 25-35 years were 26.7 percentile , 36-45 years and 45-55 years has the same age structure with 33.3 percentile which is the highest among all age group. 25-35 years has 26.7 percentile and 55 years and above with 6.7 percentile were which contributed the least in all age groups.

Table 3:Marital status

Marital status	Frequency	Percent	Valid Percent	Cumulative Percent
Married	16	53.3	53.3	53.3
Unmarried	11	36.7	36.7	90.0
Single parent	3	10.0	10.0	100.0
Total	30	100.0	100.0	

Table 3: The above table shows the marital status contribution of married are highest with 53.3 percentile and secondly leads to the unmarried with 36.7 percentile and the least contributed to the single parents comprises with 10 percentile.

Table 4: Educational status

	Frequency	Percent	Valid Percent	Cumulative Percent
Illiterate	2	6.7	6.7	6.7
Primary	4	13.3	13.3	20.0
Secondary	10	33.3	33.3	53.3
Graduate	5	16.7	16.7	70.0
Post graduate	8	26.7	26.7	96.7
ph D	1	3.3	3.3	100.0
Total	30	100.0	100.0	

Table 4: The above table shows educational status of the respondents was the illiterate contributes 6.7 percentile, Primary education comes up with 13.3 percentile taking to the secondary education 33.3 percentile which was the highest among the respondents. The graduate was only in 16.7 percentile. Coming up with post graduate they were in 26.7 percentile and lastly with PhD degree there was only 1 respondent with the highest degree with 3.3 percentile.

Table 5: Family members

Family members	Frequency	Percent	Valid Percent	Cumulative Percent
1-3 members	3	10.0	10.0	10.0
4-6members	16	53.3	53.3	63.3
7-9members	11	36.7	36.7	100.0
Total	30	100.0	100.0	

Table 5: The above table shows the family members with 1-3 persons in a household was 10 percentile that were least in this family .4-6 members in the family were the highest with 53.3 percentile. Next, comes up with the 7-9 members with 36.7 percentile in the respondents family.

Table 6: Working Position

Working position	Frequency	Percent	Valid Percent	Cumulative Percent
Government Staff Employee	14	46.7	46.7	46.7
Private Staff Employee	16	53.3	53.3	100.0
Total	30	100.0	100.0	

Table 6: The above table shows that the government employees contributed 46.7 percentile and private employees contributed 53.3 percentile which is the highest in work position.

Table 7: Salary distribution

Salary distribution	Frequency	Percent	Valid Percent	Cumulative Percent
Based on working days	2	6.7	6.7	6.7
Full salary paid	17	56.7	56.7	63.3
Half salary paid	4	13.3	13.3	76.7
Unemployed	7	23.3	23.3	100.0
Total	30	100.0	100.0	

Table 7: The above table shows that the salary paid among the working days is 6.7 percentile which is least among the respondents. The full salary is paid to the govt employees which is 56.7 percentile. Half salary is paid to the employees with 13.3 percentile who are engaged in private jobs. And the unemployed workers whose share is 23.3 percentile works in shops, restaurants, hotels etc.

Table 8: monthly income

Monthly income	Frequency	Percent	Valid Percent	Cumulative Percent
less than 10000	1	3.3	4.3	4.3
11000-20000	4	13.3	17.4	21.7
21000-30000	1	3.3	4.3	26.1
31000-40000	9	30.0	39.1	65.2
41000 -50000	8	26.7	34.8	100.0
51000-60000	23	76.7	100.0	
61000& above	7	23.3		
Total	30	100.0		

Table 8: The above table shows that based on monthly income less than 10000 and 21000-30000 were 4.3 percentile among respondents whose earning were least. Contrary, 11000-20000 income earns among the respondents were 17.4 percentile. The 11000 -20000 income earns among the respondents 17.4 percentile where 31000-40000 earns 39.1 percentile. 41000-50000 respondents earn monthly income as 26.7 percentile. The highest contribution is given to the respondents whose earning 51000-60000 were 76.7 percentile and lastly 61000 and above earns the 23.3 percentile.

Table 9: Occupational health symptoms

Occupational health symptoms	Frequency	Percent	Valid Percent	Cumulative Percent
Anxiety/ irritation	2	6.7	8.7	8.7
neck pain/ back pain	7	23.3	30.4	21.7
Sprain problems	3	10.0	13.0	34.8
Sleepless night/ stress	4	13.3	17.4	52.2
Other factors	4	13.3	17.4	69.6
None of the above	3	10.0	13.0	100.0
	23	76.7	100.0	
	7	23.3		
Total	30	100.0		

Table 9: The above table shows that due to the occupational health symptoms among the respondents were 8.7 percentile respondents suffer from anxiety and irritation which is least. The respondents with 13 percentile suffer from neck pain, back pain and also suffer from sprain problems. 30.4 percentile suffers from sleepless night and stress and also the other factors involved 17.4 percentile 13 percentile doesn't suffer from any kind of problems.

Table 10: If unemployed mention the problem faced

Unemployed problem faced	Frequency	Percent	Valid Percent	Cumulative Percent
No alternative jobs	2	6.7	28.6	28.6
Financial crises	2	6.7	28.6	57.1
Unaffordable to Purchase of necessary goods	1	3.3	14.3	71.4
Price inflation	1	3.3	14.3	85.7
Other factors	1	3.3	14.3	100.0
Total	7	23.3	100.0	
	23	76.7		
Total	30	100.0		

Table 10: The above table shows that the unemployed persons they suffered a lot during the pandemic outbreaks 28.6 percentile suffers from the no alternative jobs and financial crises. 14.3 percentile were unable to purchase necessary goods, they mostly suffer from price inflation and other factors which remain 14.3 which was least in percentile.

Findings

- Relating to the gender composition male contribution is more than females which is 56.7 percentile.

- According to the marriage composition married respondent are more which has 53.3 percentile.
- Taking to the age composition were 36-45 years and 46-55 years has the same 33.3 percentile.
- Taking to the educational status the secondary education among respondents which is highest 33.3 percentile who works as private workers in hotels , restaurants , shops etc.
- Taking to the members of the household 4-6 persons are common in every family which has contributed 53.3 percentile.
- Relating to the working position of the employees private employees are more than government employees which contributed 53.3 percentile.
- According to the salary distribution the full paid employees are more with 56.7 percentile those belongs to the government employees.
- Relating to the monthly income 76.7 percentile of the government respondents earns 51000- 60000 salaries.
- Consonance to the occupational health symptoms the respondents mostly suffer from back pain and neck pain which is highest among the respondents 30.4 percentile.
- The respondents who are unemployed mostly suffer from financial crises and because of no alternative jobs has 28.6 percentile which is the highest among all other factors.

Limitations

The study is based on primary data collected from Google docs form due to the Covid -19 Individual surveys could not be possible. The area of the study is limited to the South Andaman District. The composition of age structure was limited to 25- 55 years and above. The research paper is based on working employees of government servants and private company staff working

from home and unemployed workers who remained out of jobs due to pandemics. Due to the slow net connectivity maximum responses are not able to be achieved.

Conclusion and suggestion

Nicobarese tribes are civilized in this modern era that work as govt employees and also work in private institute. The government servant gets less burden of work compared to the private job workers. On the other hand the migrant workers who have been migrated from another islands working in shops, restaurants, hotels etc. who remained unemployed went back to their native i.e., Nicobar Islands which are highly remote areas where no private job facilities are available. Mostly they suffered from more mental stress, domestic violence, due to impecuniousness. The workers had to do all their household chores and take care of their family and children. Sometimes they get interrupted and disturbed which later cause an effect on their work. Working from home cause more burden rather than regular workplace. More work loads are given to them which effect their occupational health symptoms like back pain, sprain, body ache etc. This all cause for taking stress and tension where we have to submit all the reports at time.

The tribes who work as period time basis suffer a lot due to the financial crises where they unable to buy the necessity goods its very difficult to run the family though the standard of living in this islands are very high and this tribes mostly like to be remain in joint family. Hence, the govt administration has to be provided various schemes and programmes so that they can be trained and aware of the corona virus prons and cons because this tribes families mostly who are migrated workers remains in remote arears mostly the old age people are uneducated and lives in Villages far away from cities. They have to access the with essential medical services and thermal screening of the tribal people- like masks, soaps, sanitizers, PPE kits should be provided and financial support also must be given to them so that they can lead a healthy life.

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