

EXPLORING THE SOCIO-EPIDEMIOLOGICAL PROFILE OF SICKLE CELL DISEASE AMONG TRIBAL COMMUNITIES: A COMPREHENSIVE STUDY

Submission Date: May 22, 2023, Accepted Date: May 27, 2023,

Published Date: June 01, 2023

Crossref Doi: <https://doi.org/10.37547/ijmsphr/Volume04Issue06-01>

Dilip Chandekar

Department of Community Medicine, Seth Gordhandas Sunderdas Medical College and King Edward Memorial Hospital, Mumbai, Maharashtra, India

Prashant Kumar Bose

Department of Community Medicine, Grant Government Medical College and Sir Jamshedjee Jeejeebhoy Group of Hospitals, Mumbai, Maharashtra, India

ABSTRACT

Sickle cell disease (SCD) is a major genetic disorder that disproportionately affects tribal communities. However, there is a lack of comprehensive research on the socio-epidemiological profile of SCD within these populations. This study aims to fill this knowledge gap by exploring the socio-epidemiological profile of SCD among tribal communities. Through a comprehensive approach, including surveys, interviews, and medical records analysis, data on the prevalence, risk factors, clinical manifestations, healthcare access, and social impact of SCD will be collected and analysed. The findings of this study will provide valuable insights into the unique challenges faced by tribal populations affected by SCD and will inform the development of targeted interventions and policies to improve their health outcomes.

KEYWORDS

Sickle cell disease, tribal communities, socio-epidemiological profile, prevalence, risk factors, clinical manifestations, healthcare access, social impact.

INTRODUCTION

Sickle cell disease (SCD) is a hereditary blood disorder characterized by abnormal hemoglobin, causing red blood cells to assume a sickle shape. It is a significant public health concern globally, with a high burden in

certain populations, including tribal communities. However, there is a scarcity of comprehensive research on the socio-epidemiological profile of SCD specifically within tribal populations.

Tribal communities often face unique challenges related to healthcare access, socio-economic factors, and cultural practices, which may impact the prevalence, clinical manifestations, and overall management of SCD. Understanding the socio-epidemiological profile of SCD in tribal communities is crucial for developing targeted interventions and policies to improve the health outcomes of affected individuals.

This study aims to explore the socio-epidemiological profile of SCD among tribal communities through a comprehensive approach. By examining the prevalence, risk factors, clinical manifestations, healthcare access, and social impact of SCD within these populations, this study seeks to generate valuable insights into the challenges faced by tribal communities affected by SCD.

METHODS

Study Design:

This study will employ a cross-sectional design to collect data on the socio-epidemiological profile of SCD among tribal communities. Multiple data collection methods will be utilized to gather comprehensive information.

Study Setting:

The study will be conducted in selected tribal communities, considering factors such as geographic representation, cultural diversity, and availability of healthcare facilities. Ethical approvals and permissions will be obtained prior to data collection.

Sample Selection:

A systematic sampling approach will be used to select participants from the targeted tribal communities.

Inclusion criteria will include individuals diagnosed with SCD and belonging to the tribal population under investigation. Sample size calculations will be performed to ensure adequate statistical power.

Data Collection:

- a. **Surveys:** Structured questionnaires will be administered to collect demographic data, socio-economic information, healthcare utilization patterns, and cultural practices related to SCD. These surveys will be conducted in collaboration with community leaders and healthcare professionals.
- b. **Interviews:** In-depth interviews with selected participants will be conducted to explore their experiences, perceptions, and challenges related to SCD management and access to healthcare services. The interviews will be audio-recorded with participants' consent and transcribed for qualitative analysis.
- c. **Medical Records Analysis:** Medical records of individuals diagnosed with SCD will be reviewed to extract clinical data, including age of diagnosis, frequency and severity of complications, treatment history, and utilization of healthcare resources.

Data Analysis:

Quantitative data collected through surveys and medical records analysis will be analyzed using appropriate statistical methods, such as descriptive statistics, chi-square tests, or regression analysis. Qualitative data from interviews will be analyzed thematically to identify key themes and patterns. Integration of quantitative and qualitative findings will provide a comprehensive understanding of the socio-epidemiological profile of SCD among tribal communities.

Ethical Considerations:

This study will adhere to ethical guidelines and ensure participant confidentiality, informed consent, and privacy. Ethical approvals will be obtained from the relevant institutional review boards or ethics committees.

By employing this comprehensive methodology, the study aims to provide valuable insights into the socio-epidemiological profile of SCD among tribal communities, contributing to the development of effective strategies to address the unique challenges faced by these populations.

RESULTS

The results of the study will present a comprehensive analysis of the socio-epidemiological profile of SCD among tribal communities. This section will provide quantitative and qualitative findings derived from the surveys, interviews, and medical records analysis. Key aspects explored may include the prevalence of SCD within tribal populations, identification of risk factors contributing to the disease burden, clinical manifestations and complications experienced by affected individuals, healthcare utilization patterns, access to specialized care and treatment, as well as the social impact of SCD on the affected individuals and their communities.

DISCUSSION

The discussion section will interpret and contextualize the results within the existing literature on SCD and tribal communities. It will highlight the unique challenges faced by tribal populations in managing SCD, such as limited access to healthcare facilities, cultural beliefs and practices affecting treatment-seeking behaviors, and socio-economic factors influencing disease outcomes. The findings will be

compared and contrasted with studies conducted in non-tribal populations, identifying similarities, differences, and potential explanations for observed disparities. The implications of the study results for public health policies, interventions, and future research directions will also be discussed.

CONCLUSION

The conclusion will summarize the main findings of the study and their significance in understanding the socio-epidemiological profile of SCD among tribal communities. It will emphasize the importance of addressing the specific needs and challenges faced by tribal populations affected by SCD, such as improving healthcare access, raising awareness, culturally tailored interventions, and holistic approaches to disease management. The study will conclude by highlighting the potential impact of this research on improving the health outcomes and quality of life for individuals living with SCD within tribal communities. Recommendations for policy-makers, healthcare providers, and stakeholders will be provided, aiming to inform strategies for addressing the socio-epidemiological dimensions of SCD within tribal populations. Additionally, the study may identify areas for future research to further explore and address the gaps in knowledge identified during this comprehensive study.

REFERENCES

1. Katz I, Komatsu R, Low-Beer D, Atun R. Scaling up towards international targets for AIDS, tuberculosis, and malaria: Contribution of global fund-supported programs in 2011-2015. *PLoS One* 2011;6:e17166.
2. Piel FB, Hay SI, Gupta S, Weatherall DJ, Williams TN. Global burden of sickle cell anaemia in children under five, 2010- 2050: Modelling

- based on demographics, excess mortality, and interventions. *PLoS Med* 2013;10:e1001484.
3. Lervolino LG, Baldin PE, Picado SM, Calil KB, Viel AA, Campos LA. Prevalence of sickle cell disease and sickle cell trait in national neonatal screening studies. *Rev Bras Hematol Hemoter* 2011;33:49-54.
4. Kunz JB, Cario H, Grosse R, Jarisch A, Lobitz S, Kulozik AE. The epidemiology of sickle cell disease in Germany following recent large-scale immigration. *Pediatr Blood Cancer* 2017;64:e26550.
5. Weatherall D. The inherited disorders of haemoglobin: An increasingly neglected global health burden. *Indian J Med Res* 2011;134:493-7.
6. Rao VR. Genetics and epidemiology of sickle cell anemia in India. *Indian J Med Sci* 1988;42:218-22.
7. Kaur M, Das GP, Verma IC. Sickle cell trait and disease among tribal communities in Orissa, Madhya Pradesh and Kerala. *Indian J Med Res* 1997;105:111-6.
8. Garg B, Garg N, Prajapati N, Bharambe M, Deshmukh P. Prevalence of sickle cell disorders in rural Wardha. *Indian J Community Med* 2006;31:26.
9. Sandeep SG, Uday WN, Arun YH. Prevalence of sickle cell disorder and anaemia in tribal school students from central India. *Int J Collab Res Intern Med Public Health* 2012;4:1321-9.
10. Daak AA, Elsamani E, Ali EH, Mohamed FA, Abdel- Rahman ME, Elderderly AY, et al. Sickle cell disease in Western Sudan: Genetic epidemiology and predictors of knowledge attitude and practices. *Trop Med Int Health* 2016;21:642-53.
11. El Mouzan MI, Al Salloum AA, Al Herbish AS, Qurachi MM, Al Omar AA. Consanguinity and major genetic disorders in Saudi children: A community-based cross-sectional study. *Ann Saudi Med* 2008;28:169-73.
12. Karadağ G, Güngörmüş Z, Olçar Z. Experiences and problems encountered by families of children with sickle cell anemia. *J Caring Sci* 2018;7:125-9.