

Health Status of Ethnic Community



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Abstract

Health is the key of happiness. Ill health is the burden of life. This review was aimed to find gap of existing studies in order to make foundation of new research on ethnic health. After thorough review of number articles, some gaps have been found.

Introduction

Ethnic community lives diversely in different part of Bangladesh. Their life style is indigenous, distinct and diverse. Nature and forest dependent life style makes them unique area of study. Geographical distribution, shifting cultivation, cultural belief makes them different from rest of the country population. This review focuses on health status of them.

Ethnic health status

Bangladesh is one of the most densely-populated country in the world [1]. Among them 1% are tribal groups because they have distinct and unique languages, cultures, traditions, religions, customs, feeding pattern, health belief etc [2]. But now a days dramatic changes have been occurred in their life style because of rapid internal migration and some of them cope with main stream population [3]. They often face various health challenges. Poverty, isolation and difficult to reach existing health facilities created risky situation to tribal communities. An earlier study found that there are differences exist among ethnic and Bengalis in terms of extent of morbidity and healthcare-seeking behavior [4]. But this article misses qualitative information like their knowledge level and traditional health belief.

A cross-sectional survey was conducted among all the ethnic groups in Eritrea with the WHO STEP wise approach. Prevalence rate of daily smoking was 7.2% with variations among age, sex, religion and regions. The prevalence of diabetes in the tribal population was higher than that of the nontribal population of Bangladesh. They also found that older age, higher central obesity, and higher income were proven significant risk factors of diabetes [5]. Usually we observe that people having

different religious belief or minority, they show different illness behavior and beliefs about illness. Actually, some diseases are more prevalent in certain ethnic groups. As we see that cardiovascular-related illnesses are more prevalent in men from the Indian subcontinent [6]. Large-scale surveys like the Health Survey for England show that black and minority ethnic groups as a whole are more likely to report ill health, and that ill health among black and minority ethnic people starts at a younger age than in the White British. There is more variation in the rates of some diseases by ethnicity than by other socioeconomic factors. However, patterns of ethnic variation in health are extremely diverse, and interlink with many overlapping factors [7].

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