

Tribal Health In Indian Context – Need For An Extensive Policy

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Abstract

The degree of health in a community is a crucial determinant of its well-being. Health is one of the most significant aspects of human growth and development. The world's second-largest tribal population resides in India. One of the most socioeconomically disadvantaged groups is the tribal population. Due to their vulnerability and lack, tribal groups have many difficulties in many different areas, and health is one of the main issues that makes these problems worse. For some time, tribal health has been a topic of continuous debate and thought. The tribal community, which has long been naive and irresponsible, is one of the most neglected and vulnerable groups in the country. Its socioeconomic level, low health, and unhygienic environments make it more vulnerable to disaster and change. This study aims to raise awareness of the various facets of tribal health and the medical resources available in the country's tribal populations. This article also attempts to explain the need for a comprehensive health policy to address the health requirements of the country's indigenous population. It is believed that a comprehensive national health program is required to reduce health problems among the tribal population. To address the country's health issues and its correlations, a comprehensive national policy on tribal health is desperately needed.

Introduction

A community's level of health has a significant impact on its overall well-being. One of the most crucial aspects of human growth and development is thought to be health. A state of physical and mental well-being is referred to as human health. For various people and communities, the term "health" might mean different things. According to Dolfman (1973), the term "health" refers to a state or situation of well-being. Rather than merely emphasizing the physiological processes of the human body, the concept of health was more appropriately linked to mental and moral health and well-being. The absence of sickness, a classical medical concept, was the first and most fundamental idea of health. Physicians and other medical experts accepted this.

The only definition of health was the lack of illness, symptoms, indicators, or issues. This concept of health places more emphasis on illness than on an individual's state of well-being. The idea of health and wellbeing should be centered on an individual's well-being. Health, according to the World Health Organization, is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Stated differently, health encompasses a condition of physical, mental, and social well-being in addition to the absence of sickness. This definition of well-being includes a person's

relationship to their physical, biological, and sociocultural surroundings as well as a condition of harmony and favorability. Physical, mental, and social well-being, as well as the connections among them, are the focal points of the WHO definition of health. All human civilizations must have good health to evolve and flourish. In terms of social, psychological, and bodily elements, it symbolizes an individual's well-being. Another crucial measure of social development is health. A nation is progressing along the correct course of development if it is sufficiently robust and healthy. Health is therefore a requirement and a crucial metric for assessing a nation's overall progress.

Dimensions of Health

There are several tribal people in India who symbolize different types of poverty and economic backwardness. With over 10.2 billion people, India boasts the world's biggest indigenous population. As per the 2011 census, 8.6% of India's tribal population is dispersed around the country and lives in different places. According to the schedule announced under Article 342 of the Indian Constitution, there are over 700 tribes (including overlapping categories in some states and union territories) (Annual Report, Ministry of Tribal Affairs, 2012-13). Due to factors including illiteracy, poor physical conditions, hunger, lack of access to drinking water, and poor personal cleanliness, many tribal people live in mountainous or forested locations where they are more susceptible to illness and, as a result, have worse health than the general population. In general, according to Saha & Saha (2018). One of the most significant and vital aspects of tribal life and lifestyle is tribal health. It is believed that understanding tribal health is crucial to comprehending the indigenous people's way of life.

The health of tribal communities is in a deteriorated situation in contemporary civilisation. Numerous infectious and communicable diseases persist among the native community. The deficiency of awareness and challenges in accessing healthcare services among tribal populations exacerbate health conditions. Tribal populations constitute a diverse group; nonetheless, they share a commonality of poor health, elevated morbidity and death rates, and severely restricted or nonexistent access to healthcare (Report of the Tribal Health Expert Committee of the Ministry of Health and Family Welfare, undated). Health is essential for human development and significantly influences the advancement and prosperity of any community or nation. The socio-political and economic structure of tribal groups significantly influences the present and future health of society and its members. Tribal populations possess a distinct form of socio-political organisation characterised by a robust belief in chiefdoms. Tribal health possesses a distinct yet comprehensible relationship with the environment and its elements. They have a strong belief in supernatural forces that remedy many health issues, while also favouring woods and nature, which have a direct impact on public health. Particularly the female demographic. Women are particularly susceptible to several health risks and exploitation due to their intimate connection with the forest. The extensive deforestation by entrenched interests has increased the distance between settlements and forest regions, compelling tribal women to traverse great distances in search of minor forest items and firewood (Basu, 2000). This exacerbates their suffering and induces numerous health-related issues. Tribal women endure significant repercussions because of inequitable development and progress. Tribal women and children exhibit elevated incidence of health issues due to their biophysical traits and precarious circumstances, rendering them a particularly susceptible demographic among tribal populations. Malnutrition constitutes an ambiguous aspect of tribal health. Research indicates that the incidence of malnutrition is significantly elevated within the tribal community. Malnutrition in children under five years old is observed to be significantly elevated. The recently published NFHS-4 data has

validated the anticipated reality that, despite advancements, malnutrition among Scheduled Tribes remains significantly greater than that of all other groups combined.

The recently published NFHS-4 data has validated the anticipated reality that, despite advancements, malnutrition among Scheduled Tribes remains significantly greater than that of all other groups combined. A survey indicates that 44% of tribal children under five years in India are stunted, 45% are underweight, and 27% are wasted (Shrivastava, 2018). Malnutrition leads to conditions such as endemic goiter, anemia, pellagra, and beriberi. Issues including unsanitary eating practices, water contamination, and starvation impact tribal health (Murthy, 2011).

Health Care facilities

There is an agreement that the health of indigenous populations is significantly inadequate. This health problem is exacerbated by the area's remoteness and inaccessibility, rendering it further complex and perplexing. Most tribal populations in India reside in hilly regions where healthcare facilities and professionals are scarce or nonexistent. The health of a community is determined by the accessibility of its health services and amenities. The tribal healthcare system predominantly relies on the magic-religious healthcare framework. Multiple studies have unequivocally demonstrated that the healthcare system in tribal regions is primarily reliant on traditional health systems, including the magical-religious system. Indigenous populations possess distinct medical and healthcare systems rooted in their understanding of flora and traditional practices, including shamans, who diagnose and treat ailments. Understanding medicinal plants is a potent asset in combating disease. Tribal groups possess health beliefs and practices that establish them as genuine stewards of medicinal plants. The knowledge of medicinal plants is transmitted throughout generations by oral tradition. Their reliance on herbs stems from limited access to healthcare facilities in their villages and a longstanding belief in the efficacy of herbal remedies (Negi & Singh, 2018). Numerous research on ethnomedicine illustrates the reliance and relationship of tribal populations with natural medicinal plants utilized for treating various ailments, from the common cold to malaria (Prasad & Sinha, 2012; Singh, 2008; Reddy, 2011; Rajpramukh, 2012).

The entire Indigenous community exhibits identifiable healthcare challenges. Tribal populations are especially challenging to understand because of their profound connections to the natural environment. Malnutrition is a prevalent affliction among tribal populations. Due to their limited literacy rates and conventional sociocultural behaviors, tribal tribes are particularly vulnerable to famine (Kapoor & Dhall, 2016). Despite the prevalence of undernutrition-related fatalities among these children, only a minor fraction receives media coverage. The indigenous group has faced various hardships over the years, as seen in this situation.

Despite the prevalence of undernutrition-related fatalities among these children, only a minimal fraction receives media coverage. The indigenous group has faced various hardships over the years, as seen in this situation. Tribal populations exhibit substantial poverty rates, with 47 percent in rural regions and 30 percent in urban locales. Nearly fifty percent of tribal households have food insecurity, characterized by protein and calorie consumption that falls 25% to 53% below the recommended dietary guidelines (Arsenault, 2014). Alongside malnutrition and anemia, endemic infectious diseases like malaria, tuberculosis, and diarrheal illnesses are prevalent health concerns in tribal populations (Swaminathan, 2014). The lack of awareness among tribal communities on health care issues is an additional contributing factor.

Health Care Challenges

It is exceedingly difficult to tackle health-related concerns and obstacles without comprehending the fundamental origins and etiology of health issues. Regrettably, indigenous groups have a greater lack of awareness of health-related issues due to their inadequate literacy rates. Historically, the medical community, as opposed to communications experts, developed most health awareness campaigns, necessitating substantial financial investment over prolonged durations to achieve a noticeable effect (The World Bank, 2012). The tribes' inadequate health status may also be ascribed to a deficiency of medical facilities.

Indigenous populations continue to reside in forested mountainous regions, which significantly hampers access to healthcare facilities, while inadequate health infrastructure exacerbates their difficulties. Indigenous populations are significantly impacted by the isolation of their regions, which complicates transportation, resulting in numerous casualties attributed to inadequate emergency transport. A profound cultural barrier exists between tribal communities and non-tribal health practitioners, impacting the entire health system. Indigenous individuals encounter discriminatory conduct from non-indigenous healthcare providers. Consequently, Indigenous populations are marginalized, grappling with survival, and depend on local physicians for medical care, or in isolated regions, on private healthcare institutions. A significant obstacle for native groups in obtaining health services is their inadequate economic condition. The majority of tribal populations reside beneath the poverty threshold, rendering them increasingly susceptible to diseases. Limited income and financial limitations impact the quality and availability of health services people receive. Consequently, they are overlooked and remain in a condition of chronic illness, leading to an increase in mortality rates.

The health and customs of indigenous groups, particularly traditional health systems, are endangered. Traditional and Indigenous knowledge possessed by tribal communities is transforming and is at risk. Consequently, substantial efforts must be undertaken to incorporate aboriginal health, medicine, and habits. Tribal communities are typically hesitant to interact with contemporary society. Consequently, proactive measures must be implemented to integrate them into contemporary lifestyles. Every sector of society and all stakeholders bear the obligation to advance human well-being and health. National tribal health policies must be developed and executed in alignment with the national health policy. They ought to facilitate alterations in individuals' behavior and lifestyle. Subsequent steps must be undertaken to enhance tribal health and execute a complete tribal health program.

1. Problems related to social and economic exclusion and deprivation of traditional knowledge should be addressed through appropriate intervention methods such as systematic and scientific assessment, planned and progressive interventions and policy advocacy, and sustainable resource utilization and mobilization at a wide scale.
2. There must be adequate documentation of local and traditional knowledge and practices related to health, as well as awareness of scientific methods in health care provision.
3. A modern health care system, especially primary health care centers, should be equipped with all modern facilities, and medical personnel in these areas should be appointed in accordance with the minimum standards of the national health policy and regular services should be provided.
4. The magico-religious methods of healthcare should align with contemporary and evidence-based treatment practices. While these magico-religious approaches to healing are widely embraced and favored by tribal communities, they should not be completely eliminated but instead integrated with

a more scientific approach. We cannot completely eradicate their magico-religious traditions; rather, they should be preserved.

5. Because traditional knowledge is relevant to the tribes' health in its own right. In the current world, advanced health care methods are also increasingly important. As a result, a new medical and health system must incorporate and mix old methods with contemporary health care techniques.
6. The awareness campaign and programs should be executed in collaboration with community-based organizations (CBOs) and non-governmental organizations (NGOs) to enhance health care awareness and utilization concurrently.
7. Where there is no health care infrastructure and access to it is impossible, mobile-based outreach programs should be carried out monthly at minimum. The issue of inaccessibility would be resolved in this manner to the degree.
8. To guarantee the bare minimum of health coverage, frontier medical professionals, such as AWWs, ANMs, MPWs, etc., should be provided with at least two-wheeler transport facilities, especially in remote and inaccessible locations with little to no public transportation.
9. here should be widespread implementation of health literacy. in order for the advantages to spread to everyone, including women, children, the elderly, widows, and others. At the local governance level, a thorough strategy plan should be implemented to raise health literacy.
10. Because the tribal community is experiencing an increase in the prevalence of both communicable and non-communicable diseases. As a result, new mobile health camps ought to be planned and incorporated into policy.
11. Given that the tribal community has relatively high levels of child nutrition. In order to address the issue of child malnutrition, Anganwari Centers has to be reinforced. More funding for the Anganwadi facilities would undoubtedly help them address the health concerns of the children, especially the issue of malnutrition.
12. Special health programs ought to be implemented to address a number of issues, including HIV/AIDS, TB, malaria, and other illnesses.
13. At every level of government, more responsive and open governance for tribal health should be encouraged.
14. Because of the medical staff's carelessness and bad behavior, the tribal community has a very hard time getting access to healthcare. Therefore, more medical personnel from the indigenous community itself should be hired to address it. It will close the gap between the tribes and the health care system.

Conclusion

Tribal health is clearly a state continuum. A multitude of governmental and non-governmental organisations are endeavouring to tackle issues pertaining to indigenous health. Innovations are employed to create and deliver health care to the most marginalised individuals in society. The administration is committed to enacting beneficial enhancements. However, unless community members are included in the healthcare development process, the health issues and challenges faced by this group would persist in a condition of stagnation. At each phase of health operations and implementation, the tribal health care system, particularly its indigenous knowledge, must be examined and bolstered. To address health issues and associated phenomena among the tribes, the government should establish a comprehensive national health strategy. Although now underappreciated, tribal medicine and health

possess the capacity to evolve into a more extensive medical system in the future, both in India and worldwide. Enhanced training and development are essential for the restoration and dissemination of the ethnomedical system and health culture among the numerous tribe members, alongside suitable and pragmatic scientific research and development methodologies to broaden the scope of tribal medicine and health.

Thus, the problem and difficulties of tribes and their health-related practices will undoubtedly be addressed by a comprehensive national tribal health strategy. It is necessary to integrate the contemporary scientific medical system with the traditional knowledge of medicine (ethnomedicine) held by the tribe.

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