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TRIBAL HEALTH AND ITS DISPROPORTIONALITY: A STUDY OF THE CURRENT STATUS

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Abstrac*t*
Health and well-being is a matter of concern to all strata of the society. Tribal health is one of the important phases of tribal development that is ignored for years .Trilsals, across the length and breadth of India, are following certain traditional norm related to their well being and illness irrespective of their regions or religions. The present paper aims to trace out the socio economic profile of tribals in India in general and tries to explore the health status of the tribes in India in particular . It also looks into the causes and tries to recommend productive measure on this matter. A systematic review of the literature was done to examine and identifies the factors of tribal health in India.. The core essence of tribal development cannot be achieved without the paying the due attention to their health practices. A range of electronic databases was searched by using Google .Present study is based on the Report of Expert Committee on Tribal Health-" Tribal Health in India Bridging the Gap and a Road Map for Future " which was constituted jointly by the Ministry of Health & Family Welfare and Ministry of Tribal Affairs, Government of India in 2013.The reflections from the analysis show the deprived state of health of the tribals.

Keywords: Tribal population, Tribal Health,

Introduction

Health being a matter of concern ,there have been a number of attempts to define public health. The best known definition of public or community health is that of Winslow who in 1920 described it as the science and the art of preventing disease, prolonging life, and promoting health and efficiency through organized community efforts, the development in the social machinery which will ensure to every individual a standard of living adequate for the maintenance of health (cited in Hanlon, 1963) . In 1998 ,WHO defined health as, "a dynamic state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity" (WHO 1998). Health studies are much more concerned among the Scheduled tribes who constitute a small proportion of the total population of the country and they are marginalized from the society in many respects. There is a constant growth in the tribal population every year .They inhabit the different ecological and geo-climatic conditions of varied regions of the country. Tribes altogether demonstrate the unique and different lifestyle, culture and identity. They are still the more vulnerable population of the country. Provisions made in the Constitution have brought about changes in their position but still they are confronted with a number of challenges. Though Govt. of India has done a lot developmental and welfare schemes and programmes for their upliftment and mainstreaming, yet somehow these groups are still economically and socially weak and prone to risk.

Even after 71 years of independence and 67 years of planning, the health condition of tribal is very pathetic. The various studies and media reports have pointed out the problems of poor infrastructure , development facilities and services. Malnutrition, child and maternal mortality and various diseases are disproportionately high among them. There are numerous contributing factors and causes for the poor health condition of the tribes in India. The inadequate health personnel, inaccessibility to health care, poor health infrastructure, the geographical pattern of their settlement and extremely varied regions ,poverty, illiteracy, lack of awareness about the diseases, lack of safe drinking water, poor sanitation, age-old traditional practices about cure and ailments, irrational belief system are among the few reasons for the poor health status of tribes in the country. While there seems to be a vague consensus amongst policymakers that tribal communities have poor health and restricted access to healthcare, there are still no comprehensive policies that meet this need, and no reliable data about the state of tribal health.

Methodology

The paper is descriptive-analytical in nature and it seeks to synthesize and comprehend the available literature on the health of tribal population in India. It makes use of secondary data from authentic sources for the above purpose.

Discussion

Socio Economic profile of Tribal Population in India

Indian constitution defines Scheduled Tribes (STs, in short) as "tribes, or tribal communities or part of or group within tribal communities which president of India may specify in public notice". According to the Census of India 2011, the tribal population of India is104 million, spread across 705 tribes which constitutes 8.6 percent of the total population of the country. Tribals are constitutionally referred as Anusuchit janjati.They are also known as Adimjati, Vanvasi, Adivasi,and Pahari. In number Madhya Pradesh has the largest ST population followed by Maharashtra, Odisha ,and Rajasthan. However the concentration of tribal population is highest among the North Eastern States. Almost 90 percent of the tribal population of the country live in rural areas. Over 2/3 of tribals are working in primary sector either as cultivators or agricultural labourers.40.6 percent of tribal population live below poverty line. Their access to amenities are also decimal.74.7 percent of tribal people continue to defecate in open. About 41 percent of these populations are illiterate .Nationally only 6.7 percent of ST population above 18 years of age has completed 12 years of education. Based on the NFHS-4 the TFR for ST population is 2.5, indicating decline in fertility rate, Sex ratio among ST is990/1000 males which is better than national average of 933. However Child sex ratio among them has declined from 972 in 2001 to 957 in 2011. They continue to live predominantly in hilly and forest areas. A large portion of scheduled tribes are collectors of forest products, hunter gatherers, shifting cultivators, pastoralist and nomadic herders, and artisans. This reflects an overall gloomy state of affair, except in few, of socio economic profiles of tribal population in India.

Health status of Tribals in India

Tribals of India, though heterogeneous , one commonality is that they have poor health indicators ,greater burden of morbidity and mortality and very limited access to health care services. The life expectancy of ST population isn India is 63.9 years as against 67 years for general population. Alarmingly , 50 percent adolescence tribal girls between ages of 15 and 19 years are underweighted and about 65 percent tribal women in 15 – 49 years age group suffer from anemia. The rate of institutional delivery is lowest among tribals which is 70.1 percent. Cost of institutional delivery ,distance and lack of transport continues to be the main deterents.Post natal care also remain poor. As per NFHS -4 tribal IMR was 44.4and under five IMR was 57.2per 1000live birth. Children with low birth weight ,heavy burden of diseases and consistent low immunization coverage was found among tribal population. However ,early breast feeding practices were best among tribal women .Use of contraceptives among tribal population at all India level are close to the non – STs.

The tribal population in the country faces a triple burden of diseases. While malnutrition and communicable diseases continue to rampant, changing life style have resulted in a rise in non – communicable diseases. Added to this is the third burden of mental illness. The intake of proteins ,calories, and vitamins by tribal people had reduced over years ,across all age groups and for both genders. High level of child and maternal anemia are reported among the tribal population .The prevalence of underweight and stunning is higher among children .Increased malnutrition and child death are reported in tribal pockets. Tribal population bear a disproportionate burden of communicable disease which include Malaria,Tuberculosis,skin infection Sexually transmitted diseases ,HIV, Typoid,Cholera,Diorreol diseases, Hepatitis and Viral Fever.

Tribal people account for about 30 percent of all cases of malaria and as much as 50 percent of mortality associated with it .The prevalence of TB in tribal communities is higher and only small percentage get adequate treatment. The burden of leprosy is also disproportionately high among the tribals. There is an increase in incidence of non – communicable disease too. One out of four tribal adult suffer from hypertension.Prevalance of genetic disorders like Sickle cell diseases and G6PD deficiency are also very high in tribal communities. Tribal people are easy pray to addictive substances .Use of tobacco and alcohol is very high among the tribals.

Access to health services become difficult to the tribals because of huge gap in health infrastructure and resources .Added to this it the problem of poor and restricted road connectivity. Nearly 50 percent of the out patients visit public hospitals and 2/3 of indoor hospitalization are made in government health sevices.But unfortunately here they are usually ill treated. In the case of health care infrastructure , in about half of the states the health

institutions in tribal areas were in deficit in number by 27 to 40 percent as compared to present norms. Studies undertaken by the committee in 18 States and 3 UTs reveals that 11 states have a 27 percent shortfall of Sub – Centers , 7 States have a 40 percent shortfall in PHCs and 10 states have a 40 percent shortfall in PHCs and 10 states with a 31 percent shortfall in CHCs as required per the present norms.

A huge gap in human resources in health centers in tribal areas also exist. The quality of care offered by the existing health personals also remain questionable. Policy measures towards improvement in tribal health have often been limited to relaxation in norms to tribal areas within the existing scheme and targeted implementation of particular scheme in tribal areas. .The National health policy of 2002 provided for the state governments to tailor implementation of strategies according to the need in tribal areas. However state level intervention that are adapted to tribal setting are very few. Tribal sub plans(TSP) was initiated because benefits of general plan did not fully reached tribal communities, but the Ministry of tribal affairs itself does not have information on the TSP allocation for the states or allocation to health made under tribal sub plan. Due to the accounting jugglery it is usually not possible to access how much was actually spent in tribal areas particularly on health.

Causes of Present Health Status of Tribals in India

The paucity of public health infrastructure and facilities is the seed to the poor tribal health profile in India. Proper implementation strategies and proper utilization of fund according to the tribal need are not done. Lack of transparent accounting on tribal health is a serious drawback. Currently available health facilities are run by people who are not fully qualified and have no sensitive health functionaries to the tribal people. They are not treated with due respect and dignity..The quality of care offered by the existing health personals also remains questionable due to lack of motivation and understanding. The gap in human resources in health centers in tribal areas can be attributed to reasons such as limited scope for professional intraction,or growth, a feeling of social and professional isolation ,weak human resource policy, poor working condition and environment in government health institution and limited social infrastructure. The potential of human resource is also not trained and utilized by the health system. Though various measures have tried to overcome these shortages, the problem persists. Moreover tribal societies have remained away from scientific knowledge about cause of diseases or ways to prevent and treat them. Awareness of good health practice continues to be poor.

Suggestions for handling the challenges in tribal health

It is the constitutional and moral responsibility of the government and of the society to do justice to these vulnerable segment of the population .Autonomy of the tribal people need to be protected, it should be ensured that health care planned for tribal is appropriate to their need and protect their cultural identity. Access to health care is of paramount importance ,which means that infrastructure ,human resource and service delivery should be near as possible .Moreover quality and quantity of health care must be adequate. Empowerment of tribals can go long way in matter of health care. By knowledge transfer and training ,development of local and community based human resources, delegation of medical roles and skill and local leadership development the health profile of tribals in the country can be improved. If instead of introducing bonds for compulsory rural services ,any sort of fair increment in salary or service will be a better measure to bridge the gap in health human resource in tribal areas. Restructuring and strengthening of public health care system in accordance with the needs and aspiration of tribal communities with their full participation should be highest priority of the government.

Conclusion

The health status of tribals have significantly improved over the past years. And yet it is worst as compared to other social groups.It was found that healthcare services in tribal areas ,apart from being deficit in numbers, quality and resources suffer from major design problem of inappropriateness to tribal society and lack of participation. Tribal health therefore reveals that more than seven decades after independence and despite many constitutional provisions to safe guard their interest ,the tribal population continues to suffer dispropertionality from healthcare access and quality . Public health system including infrastructure, human resource and governance in tribal area remain inadequate .Therefore it should receive the first and highest attention. There is need for more urgent action.

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