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SOCIAL AND HEALTH CHALLENGES OF TRIBAL POPULATION IN INDIA

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Abstract
In Sociology, a tribe is a group of people who live together, and share the same language, culture, and history; they share a community with common values and a common ancestor. According to the 2011 census of India, the scheduled tribes (ST) population in India is 104 million (8.6 percent of the total population). The majority of the population is living an underprivileged life with vulnerability to potential health issues. Health is an important determinant of the well-being of any community and WHO defines health as a complete state of physical, mental, and social well-being and not just the absence of mere diseases. Among the tribal community genetic diseases like Sickle cell anaemia, and enzyme deficiency and infectious diseases like malaria, dysentery, and tuberculosis are most common. Apart from physical health issues, tribal people also suffer from mental health concerns due to multiple reasons. Usually people ignore mental health, but it needs utmost importance just like physical health. The primarily affected category among the group is women and studies found that lack of sanitation and awareness, poverty, malnutrition, nutrient deficiency and anaemia is very profound among tribal women. The shortage of public health centres with a smaller number of staffs are an important reason behind the health distress. Also, they are marginalized and excluded from the mainstream of the society. The paper highlights the social and health issues of tribal population and the support services delivered in India.

Keywords: Tribes, Social Issues, Marginalization, Health Concerns, Support Programs.

Introduction

Tribals are the indigenous populations and they are referred as ‘Adivasis’, but for affirmative purposes they are official designated as ‘Scheduled Tribes’ (ST). India is home to second largest tribal populace after Africa (Mutalik, 2019). According to the 2011 census, highest tribal population is found in Madhya Pradesh (21.1 per cent). Even after 77 years India has gained independence, the condition of tribals are still underprivileged. They suffer from poor health and poverty. The differences between tribal people and city dwellers in terms of health are glaring (Basu, 1994). Numerous health concerns affect tribal people, including malaria, anaemia, starvation, and newborn and maternal mortality. High rates of poverty, illiteracy, smoking, and drinking, as well as harsh and remote living conditions and little access to healthcare, all contribute to their vulnerability (Shah, 2003). There are currently 705 distinct Scheduled Tribes in the nation. In rural areas, around 90% of the tribal people resides. In 169 districts, the ST population makes up more than 20% of the total population, and in 809 blocks, the ST population makes up more than 50% of the total population. The tribal communities of India are dispersed over a wide area and have limited access to basic medical supplies. As a result, it is shown that tribal people have remained on the periphery, suffering from poor health, unmet needs, and a low provider to population ratio. Poor tribal health results in India are ascribed to a number of reasons, including habitat, challenging terrain, biologically varied niches, illiteracy, poverty, isolation, superstition, and deforestation (Tribal Health | National Health Systems Resource Centre, n.d.). Studies has proved that the health outcomes of tribal people are poor than their non-tribal counterparts

(Haddad et.al., 2012). Thus, the health indices vary differently between tribals and non-tribal groups and it is called 'Health divide'.

Health concerns among Tribals in India

Communicable Diseases

- Skin Infections – According to the Global Burden of Disease Study, the fourth most common source of non-fatal disease burden is skin diseases, which rank 18 out of the top 20 diseases in terms of Disease Adjusted Life Years (DALYs) (Hay et. al, 2014). About 2% of the DALYs attributed to diseases around the world were caused by skin conditions (Karimkhani et. al, 2017) . Additionally, skin conditions heighten clinical depression, anxiety, and suicide ideation (Dalgard et. al, 2015). Studies conducted among tribals in India have proved that most of the tribals suffers from serious skin infections like skin lesions or skin nodules. A neglected tropical illness called leishmaniasis is reportedly common in tribal areas. The disease is caused by the bite of infected female phlebotomine sandflies, a protozoan parasitise. The leishmaniasis spreads into a fully blown disease due to malnutrition (WHO, 2023). Another major skin disease among tribals is Scabies. Prevalence of scabies is more in children among the general tribal population. Scabies is caused by tiny burrowing mite called Sarcoptes scabiei and it causes severe itching where the mite burrows. Scabies can spread from one person to another and as the tribals are living closely and crowded, the infection spreads easily (Professional, n.d.). The other major skin disease among the tribals is Dermatophytosis. It has been confirmed that dermatophyte infections have multiplied over the past few years in India (Bishnoi et. al, 2018). The disease's presentation, severity, responsiveness to treatment, and relapse rate have also changed (Verma & Madhu, 2017). T. rubrum has been identified in investigations from India as the most frequent cause of dermatophytosis (Gupta et. al, 2014). According to studies, these shifting patterns of the disease and response may be due to the rise of Trichophyton mentagrophytes as the main pathogenic organism and significant terbinafine resistance (Noronha et. al, 2016). However, the causes might possibly be more numerous, including the population's low socioeconomic position, the illogical use of antifungal medications, topical steroid use, and other factors (Singh et. al, 2018).

- Pulmonary Tuberculosis (PTB) – Tuberculosis is a major health problem and the studies has proved that the prevalence of TB among tribals is very high. The Revised National TB Control Programme (RNTCP) was established by the Indian government in 1997 to lessen the high TB burden in the nation7. By executing particular tribal action plans, the RNTCP introduced tailored pro-poor measures for TB control. There are no national estimates of the TB burden for the tribal population because the National Sample Survey for Tuberculosis, conducted between 1955 and 1958, excluded tribal populations (Chakraborty, 2004). But Kerala is the only state in India that is reportedly the state with lowest tuberculosis patients and the state is aiming to reach 'Zero TB' by 2025. The study conducted by Nair and Thomas (2023), has pointed out that the awareness of tuberculosis among the tribal population is found satisfactory but their in-depth knowledge on how the TB is caused, spread, treatment are not substantial and the knowledge deficit can pose challenges (Nair et al., 2023). Medical camps are properly being conducted in Kerala to eliminate TB.

- Malaria - Tribal population in India is mostly residing in areas which are remote and difficult to reach due to typical geographical situations usually due to forest, hills, valleys and perennial streams. High levels of malaria transmission have been observed in tribal communities as a

result of the diversity of malaria parasite and vector species, favourable climatic conditions for the growth and multiplication of the parasite and vector, as well as a highly susceptible human population. Numerous highland streams and their tributaries cut through the tribal communities, supporting year-round mosquito breeding. The main issues in the tribal areas are the rain, water logging, and rise in pooling. Additionally, ethnic communities favour seeking therapy from quacks or spiritual healers who are not properly trained or certified. Malaria continues to be one of the most significant causes of disease and death in the majority of the tribal-dominated regions of India due to a lack of a proper health care system and poor spray coverage. The study conducted by Tripathi et al in 2023 revealed that between 2000 and 2020, the incidence and mortality of malaria in tribally dominant regions decreased at an average yearly rate of 4.3%, which is consistent with the enormous strides made in malaria control at the national level during this time. India is on track to meet the target of 3.3 of the Sustainable Development Goals as a result of the significant decline in malaria incidence and mortality in the area with a predominance of tribal populations. However, it is crucial to keep up the momentum of advancement in malaria control given how the pandemic is affecting service delivery, monitoring, and reporting, including efforts to control the disease (Tripathi et al, 2023).

- Leprosy - Leprosy is communicated through intimate and prolonged contact with the patient. The disease, which is brought on by mycobacterium leprae and manifests in the skin, mucous membranes, and nerves, is greatly influenced by unsanitary settings. The sensitivity of communication to infectious diseases is increased by poor food and nutrition. In addition, poor personal and household hygiene and congested living conditions are contributing causes to this type of illness (Balgir, 2004). According to an independent analysis of government data, tribal populations are experiencing a far slower reduction in leprosy cases than non-tribal populations. The percentage of new leprosy patients that belong to the Adivasi category has alarmingly increased from 13.3% in 2009 to 18.8% in 2017 (Kurian, 2019). Only 8.6% of India's overall population is classified as tribal. However, it was shown that 18.5% of newly diagnosed leprosy cases were among the tribal population, "revealing a disproportionate burden of leprosy among the tribal population" (Bang, 2018). Together, the reports revealed that approximately half of the newly diagnosed leprosy cases in areas like Odisha, Madhya Pradesh, Maharashtra, West Bengal, and Jharkhand belonged to the tribal and/or Dalit populations (Anand, 2021). If the goal of eliminating leprosy is to be realized, it is crucial to treat the leprosy condition in the tribal population with appropriate methods that are tailored to the practicalities of tribal people's life. In the endemic areas, mobile units with the required clinical expertise must be deployed (Sharma et al, 2022).

Non-Communicable Diseases

- Malnutrition - Malnutrition is technically characterized as an inadequacy or an excessive intake of nutrients, it is also an unbalanced intake of vital nutrient elements or poor usage of unition sources. About 40 per cent of tribal children under five years of age in India are stunted, and 16 per cent of them are severely stunted. The major reason behind malnutrition put forward by various studies are the tribal households depend on homegrown foods and nearby forests for 50 per cent of their daily requirement of food and the percentage adequacy for fats and micronutrients was below 60 per cent of the recommended daily allowance (Biswas et al, 2022). In tribal or rural communities, as well as among those who were moving from a rural to an urban environment, malnourishment was noted. The Adivasi, a group of tribal people still

reliant on fishing and agriculture, were once thought to be the nation's poorest. They are noted for living in densely populated places, adhering to a communal lifestyle that is in tune with the environment, and possessing an unmistakable culture, unique rituals, traditions, and beliefs that are straightforward, non-acquisitive, and basic in character (Grimes et al, 2011).

- Anaemia - Anaemia is a condition in which the haemoglobin level is below normal and insufficient to meet physiologic needs. Iron deficiency anaemia, a significant indicator of poor health condition, is largely caused by poor eating habits. Children and women are at increased risk of developing iron deficiency anaemia because of their increased demand for iron during growth and puberty. According to the studies conducted by National Institute of Health found that the majority (89%) of the tribal women had anemia in which 62% and 11% of tribal women had moderate and severe anemia, respectively.

- Hypertension - Non-communicable diseases are the most important causes of mortality and morbidity in India. Risk factors for noncommunicable diseases (NCDs) are increasing and is frequently associated with the adoption of contemporary lifestyles. Hypertension is an important worldwide public-health challenge and it is accountable for 7% of Disability Adjusted Life Years (DALY) loss, and by the end of 2025 about 29% of world's population is likely to suffer from hypertension. Tribal population constitute about 8% of the total population in India.

- Depression - WHO defined "Health is a state of Complete Physical, Mental, Social and Spiritual well-being and not merely the absence of disease or infirmity". For a variety of factors, indigenous populations are more susceptible to mental health problems. Rapid social change has a negative impact on people's habits, beliefs, and communal living. Ali (2019) found that A total of 780 male students, 5.12% of the tribal students were having emotional symptoms, 9.61% of the tribal students were having conduct problems, 4.23% of the pupil's reported hyperactivity, while 1.41 percent of the indigenous students had serious peer issues.

- Liver cirrhosis due to excessive drinking of country made alcohol, chronic respiratory diseases due to excessive smoking, oral cancer (due to regular betel nut chewing), iodine deficiency (goitre), avitaminosis, etc.

Social Exclusion

Tribals in India are the marginalized groups, and are excluded from the mainstream of the society. It is believed that the idea of social exclusion encompasses a fairly broad spectrum of social and economic issues. Poverty alone is not a grave issue but social exclusion is a clear violation of fundamental human rights. Social disadvantage and exclusion from mainstream society, often known as social exclusion (or marginalization), is a phenomenon that occurs when a minority or subgroup is marginalized. Keeping social groupings outside the centres of power and wealth is also referred to as social exclusion and discrimination. Social exclusion violates human dignity, denies marginalized people their basic human rights, and fuels socioeconomic disparity and instability (Kumari, 2017). On the basis of caste, class, gender, people with disabilities, ethnicity, age, location, and other factors, different social groups are excluded. They are shut out of opportunity, development's results, freedom of movement, resources, political citizenship, and social inclusion. Such a social order is promoted by those who support and uphold the status quo. In turn, the social groups who are excluded internalize the values, customs, and institutions that support and uphold such a social order. Institutional changes

and administrative advocacy: enhancing the effectiveness of the health sector's service delivery systems, understanding of both general and specific programs for education, mobilization of the tribal group to defend their rights are some of the measures to be taken from the government to wipe away the social exclusion towards tribal community.

Support Programs for Tribals in India

The major responsibility for guaranteeing the availability of healthcare facilities, including access to healthcare facilities in tribally dominated areas, rests with the individual State Governments because "Public Health and Hospital" is a state topic. To strengthen the public healthcare services through NHM, the States/UTs are given technical and financial support by the Ministry of Health and Family Welfare of the Government of India. The National Health Mission (NHM) is a centrally sponsored program that aims to provide everyone with access to fair, accessible, and high-quality health care services that are accountable and sensitive to the requirements of their patients. The National Health Mission (NHM) includes the National Urban Health Mission (NUHM) and its two Sub-Missions. Health System Strengthening in Rural and Urban Areas, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases are the key programmatic components. According to the demands stated by the States in their Programme Implementation Plans (PIPs), the National Health Mission (NHM) provides financial and technical support to States/UTs to strengthen their health care systems, including setting up/upgrading public health facilities and augmenting health human resource on a contractual basis for provision of equitable, affordable healthcare to all of its citizens, especially the weak and vulnerable inhabitants of the tribal areas.

The following are some relaxations that are encouraged by NHM to improve healthcare for tribal beneficiaries

- Ayushman Bharat - As part of Ayushman Bharat, the government of India's flagship program, Health and Wellness Centres (HWCs) are created by transforming Sub-Health Centres (SHCs) and Primary Health Centres (PHCs) to provide twelve packages of Comprehensive Primary Health Care (CPHC), which includes universal, free, and close-to-the-community preventive, promotive, curative, palliative, and rehabilitative services. Up till February 6th, 2022, more than 90109 HWCs had been operationalized throughout the current fiscal year. 15041 of them are spread throughout 177 tribal areas.
- There are less restrictions on placing healthcare facilities in vulnerable locations. In contrast to the population standards of 5,000, 30,000, and 1,20,000 for the establishment of SHC, PHC, and CHC, the standards are, respectively, 3,000, 20,000, and 80,000 in vulnerable locations including remote, tribal, desert, and difficult-to-reach areas.
- Under NHM, States/UTs have the freedom to use Mobile Medical Units (MMUs) to deliver a variety of health care services, particularly to people who live in rural, inaccessible, unserved, and underserved areas, in accordance with the needs that their individual States/UTs have recognized.
- The National Free Drugs Service Initiative and the National Free Diagnostic Service Initiative have been implemented to reduce out-of-pocket expenses for health care. According to the essential medicine lists for the various levels of institutions, all medical facilities, especially those in vulnerable locations, receive an appropriate supply of medications. A special emphasis

is placed on making sure that the availability of medications in medical facilities in vulnerable areas is never interrupted.

- The ASHA program's criteria call for hiring ASHAs in hilly, tribal, and challenging locations at the household level. As a result, ASHAs have been implemented at the habitation level, which is far less than the national standard of one ASHA for every 1,000 people.
- The Indian government is helping states implement the National Ambulance Services program under NHM to provide free transportation for sick people to medical facilities. States are free to put these ambulances at lower population centres or in accordance with time-to-care strategies to ensure that everyone can quickly access them.
- In addition, all districts with a majority of tribal members and a composite health index that is lower than the state average have been designated as High Priority Districts (HPDs), and these districts get more funding per resident under the NHM than the other districts in the State. These districts receive more money per resident, have more intensive monitoring and supporting supervision, and are urged to use cutting-edge methods to deal with their unique health issues.
- The National Health Mission uses various mechanisms, including as "contracting in" and "contracting out," to encourage States to adopt flexible rules for hiring specialists for public health institutions. NHM offers the workers the following honoraria and incentives to ensure service delivery in rural and remote areas of the nation:
    - Payment of honoraria to gynaecologists with training in emergency obstetric care (E-MOC), paediatricians, and anaesthetists with training in life-saving anaesthesia techniques (LSAS) for performing C sections.
    - Hard Area allowances and special packages are offered to entice medical personnel, particularly officers and experts, to tough and distant locations.
    - Rewards, such as specific rewards for physicians, rewards for an ANM who ensures prompt ANC checkups and records, rewards for carrying out Adolescent Reproductive and Sexual Health (ARSH) activities, etc.
    - States are now able to use flexible hiring practices like "You quote, we pay" to provide customizable salaries to entice specialists.
- Non-monetary incentives have also been implemented under NHM, such as preferential admission to post-graduate programs for staff serving in challenging locations and improved lodging options in remote areas.

Conclusion

Tribal are the most marginalized social category in the country and there is little and scattered information on the actual burden and pattern of illnesses and exclusion they suffer from. One of India's most vulnerable groups is the Scheduled Tribes. In practically every health indicator, this population is in peril. One of the main means of support for people is subsistence farming. Social position and economic disparity have a long history of injustice and disregard. Additionally, they have a poor awareness of a healthy lifestyle. It is difficult to provide the essential health care since, according to traditional belief systems, illiteracy causes a number of other social and health issues (Biswas et al, 2022). They are the most exploited, neglected, and particularly susceptible to illnesses that have high rates of morbidity, death, and malnutrition. There is a need to develop psychosocial care program for tribals to promote the positive social, physical, psychological and emotional wellbeing. A healthy citizen contributes to the development of a country, and thus can create an egalitarian society.

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