



TRIBAL HEALTH CARE PROBLEMS IN INDIA: AN OVERVIEW

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ABSTRACT

Health is a prerequisite for human development and in an essential component for the welding of the making. The common beliefs, customs, practices related to health and disease in turn influence the health of the human beings. Health can be regarded as a state of mental, social and economic wellbeing and not the mere absence of disease. Health is a function, not only of medical care, but also of the overall integrated development of society-cultural, economic, Educational, social and political. Therefore to have sound health, the other depending factors are also to be looked into deposited remarkable world-wide progress in the field of diagnostic and curative and preventive health, still there are people living in isolation in natural and unpolluted surroundings for way from civilization with their traditional value customs, beliefs and myth intact. There are commonly known as "tribals" it is fascinating that tribal in India constitute 1104:28 million as per 2011 census which is about 8.61% of the total population of India.

Introduction:

Health is a prerequisite for human development and is an essential component for the wellbeing of the mankind. The common beliefs, customs, practices related to health and disease in turn influence the health of the human beings. Health can be regarded as a state of mental, social and economic wellbeing and not the mere absence of dis-ease. Health is a function, not only of medical care, but also of the overall integrated development of society - cultural, economic, educational, social and political. Therefore to have sound health, the other depending factors are also to be looked into.

Despite remarkable world-wide progress in the field of diagnostics and curative and preventive health, still there are people living in isolation in natural and unpolluted surroundings far away from civilization with their traditional values, customs, beliefs and myth intact. They are commonly known as "**tribals**", It is fascinating that tribals in India constitute 104.28 million, as per 2011 census which is about 8.61% of the total population of India. There are some communities among tribals who have been designated as '**primitive**' based on pre-agricultural level of technology, low level of literacy, stagnant or diminishing population size, relative seclusion (isolation) from the main stream of population, economic and educational backwardness, extreme poverty, dwelling in remote inaccessible hilly terrains, maintenance of constant touch with the natural environment, and unaffected by the developmental process undergoing in India. If general health of an average non-tribal Indian is inferior to the Western and even many Asian counterparts, the health of an average Indian tribal is found to be much poorer compared to the non-tribal counterpart. The health status of tribal populations is very poor and worst of primitive



tribes because of their isolation, remoteness and being largely unaffected by the developmental process going on in India.

Tribal Health Culture:

The culture of community determines the health behaviour of the community in general and individual members in particular. The health behaviour of the individual is closely linked to the way he or she perceives various health problems; what they actually mean to him or her, on the one hand, and on the other his or her access to various relevant institutions. Since the beginning of the civilization, mankind has always been able to find some medicines in the nature. The early healing treatments were derived from the surrounding environment of the human, who were forest dwellers. They made use of plants, animals and other substances naturally available to them to treat illness. Complex health care system of the simple societies evolved based on deep observation of the nature and environment.

The medical system in simple societies is structured on the lines of herbal and psychometric treatment. The healing practices include a touch of mysticism, supernatural and magic, resulting specific magic-religious rites etc. Faith healing has always been a part of the traditional treatment in the Tribal Health Care System, which can be equated with rapport or confidence building in the modern treatment procedure. In most of tribal communities, there is folklore associated with health beliefs. The health culture of a community does not change so easily with changes in the access to various health services. Hence, it is required to change the health services to conform to health culture of tribal communities for optimal utilization of health services.

Studies by anthropologists indicate that traditional medicines do exist and persist even though the health consumer has now access to western medicine. There is a need to scientifically study the traditional tribal medicine and healing systems and combine them with modern allopathic system so as to make it available and affordable for the poor tribal population.

Tribal Health Problems

The tribes in India have distinct health problems, mainly governed by multidimensional factors such as habitat, difficult terrains, varied ecological niches, illiteracy, poverty, isolation, superstitions and deforestation. The tribal people in India have their own life styles, food habits, beliefs, traditions and socio-cultural activities. Health and nutritional problems of the vast tribal populations are varied because of bewildering diversity in their socio-economic, cultural and ecological settings.

The health, nutrition and medico-genetic problems of diverse tribal groups have been found to be unique and present a formidable challenge for which appropriate solutions have to be found out by planning and evolving relevant research studies.



1. Disease burden among the tribals;

The health and nutrition problems of the vast tribal population of India are as varied as the tribal groups themselves who present a bewildering diversity and variety in their socioeconomic, socio-cultural and ecological settings. Apart from conventional diseases which occur due to intervention of disease causing agents directly, some other factors also results in ill health among the tribals. The tribal people live in close conjunction to the nature as compared to the non-tribes, hence the adverse effects of climate change is an active as well as a potential threat to them.

2. Communicable diseases

The people in their daily life consciously or subconsciously modify the environment and ecological aspects of their habitat, which in turn increase the risk for communicable diseases. The communication of diseases is dependent either on the direct contact or on the indirect agents like breathing, sputum, stool, saliva, urine, etc.

There are several communicable diseases prevalent among the tribals of India. These are: Tuberculosis, Hepatitis, Sexually Transmitted Diseases (STDs), Malaria, Filariasis, Diarrhoea and Dysentery, Jaundice, Parasitic infestation, Viral and Fungal infections, Conjunctivitis, Yaws, Scabies, Measles, Leprosy, Cough and Cold, HIV/ AIDS, which is spreading like wild fire, etc. due to lack of sanitation and unhygienic living. They frequently become victims of repeated epidemics of the above mentioned contagious diseases. Poor diet and nutrition enhances susceptibility of communication to infectious diseases. Besides, lack of personal and domestic hygiene, overcrowded living are also the causative factors responsible for this kind of diseases. Malaria is emerging as the major public health problem in almost all tribes of India. Local outbreaks due to malaria are of frequent occurrence, and the morbidity and mortality associated with the disease is alarming.

Tribal

1. There are several challenges for policy makers, planners, administrators, implemented, doctors, social workers and nongovernmental organizations (NGOs) for the amelioration of tribal communities. Some of the suggestions are listed here for the alleviation of tribal suffering and reduce health problems.

A mass awareness and preventive programme about common prevalent diseases should be launched at weekly markets in tribal areas with increased interaction of Health Workers with the participation of local population.

2. Mass screening for genetically transmitted diseases such as hemoglobino-pathies, b-thalassemia syndrome, G6PD deficiency, haemophilia, colour blindness, etc. should be continued at an interval of certain period for carrier detection among the high risk tribal communities.



A Mini Hospital or Health Unit (including a qualified Doctor, Alaboratory Technician, a Pharmacist and a Staff Nurse with required medicines and laboratory testing set up, etc.) in a Mobile Van should be set up which will cater to the health needs of the tribal community preferably in the weekly tribal market.

3. Localized research should be directed towards the easily or cheaply available food items, which could provide necessary nutrients with change of dietary practice to the vulnerable families and segments of the society.

Local agricultural produce should be marketed by the tribal cooperative societies rather than individually for the better profit without involving the intermediary agents. Services of anthropologists are indispensable for such monitoring.

4. Efforts should be made to involve local tribals with economic incentives, traditional dais, traditional healers in the health and family welfare delivery system after giving them proper training. Preventive approach like immunization, anti-infection measures and various other prophylactic aspects should be given more importance.

Managerial skills and controlling power of the doctor to coordinate various activities and maintenance of infrastructures including vehicles and procurement of equipment's, medicines, vaccines, etc, on regular basis are highly desirable.

5. An integrated health services would be operated on a teamwork basis by division of labour so that the greatest possible use of professional skills could be made.

Maintenance of registry of common prevalent diseases will be an added advantage for future course of action and effective mobilization of health care machinery of the district, state or the region.

Constraints and bottlenecks of the existing health and family welfare delivery system should be identified, specifying clearly the infrastructure required, strategies to be developed which are in consonance with the felt needs of the local tribal population.

6. **Non-communicable disease**

Lack of proper health education, poverty, faulty feeding habits and irrational beliefs aggravate the health and nutritional status of these underprivileged people in India. It is expected that the increase in literacy rate of a community would reduce morbidity and child mortality or in other words, improve the health status of the community as a whole. Tribal diets are generally grossly deficient in calcium, vitamin A, vitamin C, riboflavin and animal protein. Micronutrient deficiency is closely linked with nutritional disorders and diarrhoea. Deficiency of essential dietary components leads to malnutrition, protein calorie deficiency and micronutrient deficiencies (like vit A, iron and iodine deficiency). Vitamin



A deficiency in the form of Bitot's spot, conjunctival xerosis and night blindness was observed. Alcoholism is another health mishap in the lives of tribals.

7. **Women Health**

Women health among tribals is a grossly neglected concept. Almost all tribal women follow unhygienic practices as far their maternal health is concerned. Nutritional anaemia is a major problem for women in India and more so in the rural and tribal belt. This is particularly serious in view of the fact that both rural and tribal women have heavy workload and anaemia has profound effect on psychological and physical health. Maternal malnutrition is quite common among the tribal women especially those who have many pregnancies too closely spaced. Child bearing imposes additional health needs and problems on women - physically, psychologically and socially.

The chief causes of maternal mortality were found to be unhygienic and primitive practices for parturition. Some crude birth practices were found to exist in various tribal groups like Kharias, Gonds, Santals, KutiaKhondhs, Santa Is Jaunsaris, Kharias, etc. The habit of taking alcohol during pregnancy has been found to be usual in tribal women and almost all of them are observed to continue their regular activities including hard labour during advanced pregnancy. As far as child care is concerned, both rural and tribal illiterate mothers are observed to breastfeed their babies. But, most of them adopt harmful practices like discarding of colostrum, giving prelacteal feeds, delayed initiation of breast-feeding and delayed introduction of complementary feeds. Vaccination and immunization of Infants and children have been inadequate among tribal groups. In addition, extremes of magic-religious beliefs and taboos tend to aggravate the problems.

8. **Generic Disorders**

Hereditary hematological and genetically disorders especially sickle cell disease, G6PD deficiency, hemoglobinopathies and allied hemolytic disorders are important public health problems and occur in high frequencies among different tribal groups and scheduled caste population. These result in a high degree of morbidity and mortality due to haemolysis in vulnerable population. About 13 lakh G-6-P D deficient are present in tribal population. Prevalence rate up to 40 per cent of sickle cell trait has been reported in some tribes i.e. Adiyani, Irula, Paniyan, Gonds.

Sickle cell gene is widely prevalent among the tribal population in India. These have been investigated in over 100 tribal population spread over different parts of the country. The prevalence rate varies widely (0.5 to 45%) among different tribes. Interestingly this gene is restricted amongst the tribes of central, western, southern and eastern India and is conspicuously totally absent in north-east India. There are many primitive tribes who have been identified to be in high-risk group.



9. Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are most prevalent disease in the tribal areas. VDRL was found to be positive in 17.12 per cent cases of polyandrous Jaunsaris of Chakrata, Dehradun. Among the Santals of Mayurbhanj district, Orissa, 8.90 per cent cases of VDRL were observed. Likewise in many tribal groups various STDs, RTI (Reproductive tract infections) are observed due to unhealthy practices of sex and other beliefs. The practices of polygamy, polyandry and other such practices resulted in STDs. The prevalence HIV/AIDS is also observed among various tribal groups and is more alarming health concern.

Conclusion:

Health is a prerequisite for human development and is an essential component for the well being of the mankind the culture of community determinants the health behavior of the community in general and individual members in particular the tribes in India have distinct health problems mainly governed by multidimensional factors in the society the health and nutrition problems of thetribal population of India there are several communicable diseases prevalent among the tribal's of India women health among tribals is a grossly neglected concept in the society hereditary and Genetically health problems in the society. Sexually transmitted diseases are most prevalent diseases in the tribal areas in India.

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