

Vulnerability Of Health Among Indian Tribes

Abdul Shareef¹ & Dr.KM. Ashifa^{2*}

¹ Ph.D. Scholar, Centre for Applied Research, The Gandhigram Rural Institute, Tamil Nadu, India.
Email: pattuparasharee@gmail.com

² Asst. Professor in Social Work, Faculty of Health Science, Istanbul Gelisim University, Turkey.
Email: ashifakattur@gmail.com/ akariveliparambil@gelisim.edu.tr

Abstract-

In India, over 104 million people belong to the tribal community. They are over 705 different communities with divergent socio-cultural and way of life having distinctive features in Indian society. There are various constitutional measures for the protection and development of the tribal communities as ages, even though their conditions are still in jeopardy. Poverty and deprived health conditions have been making their life more fragile. There are many studies traced out revealing health conditions among the tribal people in India. In this article, the author focuses on certain interrelating factors like gender, education, poverty, the status of health, nutrition, food consumption, knowledge about diseases, alcoholism and tobacco usage, unemployment and health schemes as major determining factors of the health of tribes in India. The study has primarily aimed to describe the health condition of tribes in India and to check the major factors that determine the health of tribes in India. The study is descriptive in nature and data has taken from available secondary sources.

Keywords: vulnerability, health, Indian tribes

Introduction

Tribals are the indigenous people of Indian land. Their life and livelihood are almost centred around the forest and its products. As per the census 2011, there are 104 million tribals. They live in fragile condition (Ministry T. A., 2013; Mishra, 2016). According to the Constitution of India, Article 366 (25) refers to them as Scheduled Tribes (ST). Those who are scheduled following the article 342 of the constitution, referring to the Lokur Committee, a community has to be identified as scheduled tribes is based on Indication of primary traits; distinctive culture; shyness of contact with the community at large; geographical isolation; and backwardness (Ambagudia, J., 2011). The constitution of India provides special status to tribal people and have many measures to protect their right. Since long time tribal people are living in a very poor health condition, their basic needs are remaining as unmet especially their health and health care. Their health care activities have incorporated with rural health care works. However, their issues and problems were not similar to other community. Their problems were unique based on their social system, their living environment and their culture where they have been living. Until the root cause of the real problems has addressed, their living status will remain the same (Ministry H. A., 2013; Jagga, 1996).

Review of Literature

According to the World Health Organization (WHO), Health is a state of Complete Physical, mental, and social wellbeing and not merely the absence of diseases or infirmity. So the health status of every community is determining by the consciousness of the people and the relating factors like socio-economic, cultural, educational, demographic and political factors. And the health-seeking attitude which associated by their, myth, traditions, customs related practices associated with health and diseases (Balgir, R. S., 2004). The conditions of tribes in India is jeopardy due to the communicable, non-communicable disease and genetic disorders become a burden for them. Based on the 2011 Census, Statistics has been fascinating with numbers about 10.43 crore people are indigenous in

India as 705 communities among them, 75 groups are called primitives tribes. They have undergone with pre agriculture level technologies, shrinking population size, low-level literacy rate, isolation from mainstream society, backwardness, habituated at inaccessible hilly areas, extreme poverty, deeply associated with the natural environment and the development process enduring in India has not affected them. They are considering the descendants of aboriginals in Indian populations (Balgir, R. S., 2006). Therefore, health and health care is the most important feature for all human beings tribes are not apart from it. Health should meet the need of every people at the same time health cannot be imposed from outside against the people' will and cannot be disseminated from the particular community. As per human right, ensuring the provisions for equal opportunity to all for health and wellbeing. Human development report mentioning about who has left behind, certain groups in every society sorrow several disadvantages, the report emphasizing the importance what society has to do for the advancement of every human particularly for Indigenous people (UNDP., 2018). Sustainable development agenda 2030; is an action plan for people, planet and prosperity. It also strongly mentioned about the importance of health, good health and wellbeing for people also, have to ensure no one left behind (United Nations., 2015).

Methodology

This study is aiming to discuss the health condition of Indian tribes. It discusses the determining factors of the health status of the tribes in India. It will give an insight into the real status of tribal health and health care India and insight to which area they have marginalized and lacking behind. It may help to achieve the ultimate aim of human development and to ensure the universal sustainable development goal; health and wellbeing for all. This study has conducted with the objectives, to describe the health condition of tribes in India; and to check the major factors, which determine the health of tribes in India. The descriptive method has adopted for this particular study. Secondary data has illustrated for the particular study. It has taken from different sources like Census India Reports, NFHS Report and Planning Commission Report etc.

Result and Discussion

By the data, it has been expressing a clear picture of the Indian scenario about the status of Indian tribes. According to Census report 1961, the population of scheduled tribes was 3.1 million and when it has reached 2011 census report shows that the population of the scheduled tribes has reached 104.3 million. As a parallel to the general population growth tribal populations also increasing as remarkable level in India, their proportion has reached 6.9 percentage to 8.6 percentage against the general population. Constitution of India safeguards and many social welfare programmes are being a catalyst for their growth rate in India. Rural-urban ratio the population of scheduled tribes are very high in the rural area. Both rural and urban area the number of males are slightly high than females. It is an important factor of the vulnerability of scheduled tribal women in India.

Education is a key determining factor for all kind of development in our society, especially health. Education works as a key catalyst for all awareness programmes and development activities in our society. During the census report 1961, the educational status of the scheduled tribe has 8.53 percentage and it has reached 58.96 percentage by 2011 census report. Up to the 1991 census report, the difference has been increasing after that 2001 and 2011 report shows that the gap has been getting reducing. Even though 41 per cent of the scheduled tribe has been lacking behind for educational status in India. It will not be a pleasant picture for a nation like India when we are rushing with the developmental activities and to our dream become a developed country.

Poverty is a social demolition in every society and it has a multidimensional aspect in every society. Until to tackle all the dimensions of the poverty the ultimate eradication of the poverty will remain. According to the planning commission report 2011, the percentage of the scheduled tribes below the poverty line has very high when compared to the other community of the population in India. It has 33.3 percentage in the urban area and in a rural area it has very high, it has 47.3 percentage. The level of poverty among the scheduled tribes has very high compared to the other category of the community in India. It shows the poverty-related vulnerability always high in the rural community and tribes it even worst.

There is a proverb says Health is wealth, but in the case of the scheduled tribe's health condition has very pathetic. Data says that, in a rural area, high-level infant mortality (49.6 %), high-level neonatal mortality (36.8%), high-level post-natal mortality (12.7%), high-level child mortality (12.1%) and under-five mortality high (61.1%) among the scheduled tribes in India. The same conditions having among the scheduled tribes of the urban area. There are many contributing factors for this pathetic health condition of them. Accessibility and approachability to their habitat and territory, their special cultural practices and traditions. The taboos and beliefs rooted among them also become an immense hurdle to the health welfare programmes and development.

Among the scheduled tribe children nutritional status has very poor. Their height for age 19.7 percentage have severely low and 43.8 percentage have a low level. Weight for the height of the children 10.3 percentage have severely low, 27.4 percentage have a low level and 2.0 percentage have obesity. Weight for the age of them has 16.1 percentage severely low, 45.3 percentage low level and 0.5 percentage having over nutrition. Compared to other community scheduled tribe children have been facing nutritional issues. Nutritional programmes, awareness and educations, it has to reach into the root level; the data revealed that still, India has been lacking this area.

Nutritional status of the adults has been giving an insight into the health conditions of schedules tribes. Among the scheduled tribal women, 31.7 per cent of the people have total thin, 18.3 percentage has mildly thin and 13.4 percentage has severely thin. Overweight or obese of the women has 10.0 percentage, 8.1 percentage has overweight and 1.9 percentage has obese. Among the tribal men, 25.2 per cent of them are total thin, 16.0 per cent of them have mildly thin and 9.1 per cent of them have severely thin. Obese or overweight of the tribal men have 9.8 percentage, 8.5 percentage has overweight and 1.3 percentage has obese. The status making a clarity most of the adult men and women have been facing the problem with under nutritional status. Nutrition-related issues would affect the life of schedules tribes in multidimensional aspect. The essential food consumption rate among the scheduled tribes has very less both men and women, especially among women. That also contributing as a major reason for less nutritional status of the tribes.

Among the scheduled tribes, compared to other community the habit of using tobacco or kind of tobacco product has very high and the usage of alcohol very high among both men and women. 16.9 percentage of the women have using kind of tobaccos and 56.8 percentage of the men also using the same. 6.5 percentage of the women have used alcohol and 41.3 percentage of the men has using the same. The usage of tobacco and alcohol always would be the reason for many health issues. Compared to other community their knowledge about HIV/AIDS has been less. Compared to other community the health insurance scheme has reached more into scheduled tribes even though a very high amount of the people still standing out to get the benefit of the insurance schemes.

The unemployment rate of the scheduled tribes has very high both rural and urban settings. Better employment and financial stability always an important contributing factor to good health. However, the amount of the scheduled tribes the educational status and the rate of the employment among them according to their educational status is very low. That is making an alarming condition among them.

Suggestions and Implications

Health is an important parameter for human development. Better health and wellbeing is the universal envisaging concept for human development and wellbeing of humankind worldwide. Keeping apart a particular community the universal concept of development will not be possible at all, especially by excluding the most disadvantaged people in the world, the tribes. That is the importance of inclusive development programmes and it has been envisioning concept no one left behind. Almost 90 per cent of the tribes are lives in rural areas of the country. They are living predominantly in forest and hilly areas of the country. Their hamlets are scattered and living in low density of the populations. Therefore, any development plan should be carried out considering these geographical conditions.

Compared to the general population, the educational status of the scheduled tribes has very low. The recent scenario there is a positive implication of education among the tribe. Even though it is an important factor to give more stress to education. The general education system should be more inclusive and must consider their tribal culture.

Government has to take considerable measurement to increase the literacy rate among the tribes. Increase enrolment rate, decrease the dropout rate and holistic programmes for educational development must ensure like nobody as illiterate. Education is the key factor, which determines the health and wellbeing of the human being.

Poverty is the most important factor for their deprived conditions in society. Most of the tribes are under the poverty line. The unemployment rate among them is very high, both together making their life double jeopardy. Employment generating programmes and poverty eradication programmes for them must be implemented. It should be need-based then only it could provide envisaged result in society. Once poverty eradicated among them it will be easy for them to access better health.

Tribes in India is a heterogeneous group but in the case of the poor health condition, they always show homogeneity. They always facing the burden of morbidity and mortality and less access to health care services. Their traditional practices, lack of awareness and taboos have been making their condition more pathetic. Government has to ensure better health services and its availability into them. They need to get better awareness about the nutritional programmes and the importance of nutrition for health, then only it would be possible to eradicate child and maternal mortality among them and nutritional deficiency among them. They also need better awareness programmes regarding nutrition, health and welfare programmes, then only possible to eradicate taboos rooted in their culture.

Government has to ensure awareness programmes regarding diseases like HIV/AIDS, Tuberculosis, Anemia, Mental health programmes, programmes regarding Alcohol and Tobacco usage. Government has to ensure the measures to overcome the thread to health care seeking among tribes and improve health care infrastructure, Sub-centers, PHCs, CHCs and human resources has to be ensured like better working conditions, better professionals and better human resource policies etc.

Conclusion

This an article with a purpose to gather prevailing knowledge regarding the health conditions of tribes in the Indian situation. It has envisaged predicting their conditions based on available data and helps to provide a holistic picture of tribal health in India. These have estimated that tribal health scenario demands more care, protections and programmes and policies with futuristic perspective. Some suggestions have envisaged to the betterment of the Indian tribes for their health and wellbeing. Enhance relevant policies, programmes, create a supportive environment, promote developmental activities and research with the collaborative of Government and NGOs will help to contribute betterment of health among Indian Tribes.

References

- 1) Ambagudia, Jagannath. "Scheduled tribes and the politics of inclusion in India." *Asian Social Work and Policy Review* 5.1 (2011): 33-43.
- 2) Ashifa KM.(2020). Reproductive health status of Irula tribal women in India
a. *International Journal of Pharmaceutical Research*, 12(4), 2973-2977
- 3) Ashifa K.M (2020). Effect of Sustenance Abuse on Physical Health of Adolescents. *European Journal of Molecular and Clinical Medicine*, 7(2), 3155-3160
- 4) Ashifa K. M (2020) Physical Health Hazards of Schizophrenia Patients. *Systematic Reviews in Pharmacy*, 11 (12).
- 5) Balgir, R. S. (1997). Khonds-Health status. *Encyclopedia of Dravidian Tribes. Trivandrum: The International School of Dravidian Linguistics*, 21-29.
- 6) Balgir, R. S. (2000). Human genetics, health and tribal development in Orissa. *Environment, Health and Development: Anthropological Perspective. Dash Sharma P. Ed. Ranchi: SC Roy Institute of Anthropological Studies*, 87-104.
- 7) Balgir, R. S. (2004, December). Dimensions of rural tribal health, nutritional status of Kondh tribe and tribal welfare in Orissa: a biotechnological approach. In *Proceedings of the UGC Sponsored National Conference on Human Health and Nutrition: A Biotechnological Approach (Lead Lecture)* (pp. 47-57).

- 8) Balgir, R. S. (2006, October). Tribal health problems, disease burden and ameliorative challenges in tribal communities with special emphasis on tribes of Orissa. In *Proceedings of National Symposium on "Tribal Health" 19th-20th October* (pp. 161-176).
- 9) HaseenaV., A., & Post (2016). Degradation in Health Status of Tribal Women in Kerala with Reference to Attappady Tribal Block.