

HEALTH STATUS OF THE TRIBAL COMMUNITIES IN TAMILNADU : A LITERATURE REVIEW

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Abstract

Tribes are found in almost all states of the country except Tamilnadu and Pondicherry. The tribe is a social division in a society consisting and tied with close social, political, economic and blood ties or relationship forming a small homogenous group with a common culture and dialect. The tribal community is the most economically backward and vulnerable population in the country. Their backwardness is furthermore complicated by their poor health indicators and status. Health is an important factor in social development. It seems that the fruits and benefits of development have not reached to this section of the society properly. The health condition of tribal community is in a state of a great grave and pathetic situation despite the govt's great efforts and concern for this underdeveloped section of the society. The present paper is a review of available literature on the condition and status of tribal health in India. A systematic review is done to understand the status of the health of tribal communities at large. It is revealed from the review of literature that tribe and their health status is very miserable and need a systematic policy intervention to revive and cure the health condition of the most vulnerable population.

Keywords: Tribes, Vulnerable, Health status, Homogenous group, Community.

Introduction

Tribal communities of India cannot be assumed and clubbed together as one homogeneous group. They belong to different socio-cultural and ethnic-lingual groups, having diverse faith and are at different levels of development - economically, educationally, culturally and politically. They inhabit the different ecological and geo-climatic conditions of varied regions of the country (Negi & Singh, 2018). Scheduled tribes with a population of 104 million constitute 8.6% of the total population of India. They mainly live in remote rural hamlets in hilly, forested or desert areas with difficult terrains, leading a culturally distinct life. The most of the

tribal population are in a condition of absolute poverty with inadequate access to basic and minimal services particularly health services. It is revealed that the general health condition and indicators of health among the tribal population is very low in comparison to the non-tribal population. Therefore, the status of the health among the tribal population is in a need of great concern and care. There is a need for continuous efforts from all stakeholders of the governance. The poor health status is furthermore complicated by the low level of awareness, religious and cultural beliefs, inaccessible areas of dwelling, and financial constraints. Health status of a community depends on open access to adequate food, nutrition, portages worth and good sanitation facilities (Anjali, 2013). Tribal communities in the country show a varied state of health and sanitation. Poor infrastructure development couple up with remote and inaccessible landscape makes their lives more miserable and backward. They remain at the very different state of development in comparison to the general population in the country. The present study is an attempt to analyse the health status of the tribal community and their nature and believes of health care.

Objectives of the study:

The following are the objectives of the study;

- ✚ To understand the severity of health problems and its burden
- ✚ To review the health status of the tribal population.
- ✚ To analyse the status of health among the tribal communities

Methods and Material:

The methodology is a very crucial aspect of the research work. A researcher has to follow a systematic method of inquiry to understand the phenomenon under study or observation. Therefore, keeping this thing in mind, a systematic method of reviewing the literature available has conducted. A review of existing literature on the status of tribal health and it's correlated were taken into consideration and systematic analyses of the same are done in a scientific way. Literature available on the online database between the period of the 2017s to 2023 were studied and a review of the same is done to meet the objectives of the study.

Literature review :

R.K. Kar (1993) stated that the tribals believe in traditional methods of curing the ailments. Firstly they approach the traditional healers for treatment and then to other medical care. Further, he has concluded that though the traditional customs, rituals, beliefs, and habits, as well as diagnosis and treatment of diseases, are changing fast under the impact of an ongoing process of modernization and it revealed that in most of the tribal society's traditional health-seeking behavior dominate over the modern medicine system.

Salil Basu (1994) focuses on some of the major issues of tribal health through a thematic collection of various research papers. There is a general agreement that the health status of the tribal population in India is very poor. It has been found that certain diseases like goiter, yaws, malaria and guinea worm are endemic in tribal areas like Rajasthan, Gujarat, MP, and Orissa. The widespread poverty, illiteracy, malnutrition, absence of safe drinking water and poor sanitation, poor maternal and child health, inaccessibility to health care systems, have been found the various contributing factors for the poor health status of the tribes in India.

National Family Health Survey (1998-99) has also stressed upon the poor health status of tribal, particularly the women in India. The infant and child mortality rates have been reported very high among the tribal population as compare to the non-tribal population of the country. The nutritional status of the tribal women was also lower than the other population. It has been found that 64.9 percent of tribal women were anemic and about 80 percent child population of tribes has been found anemic however this rate is just 74.3 percent in the general population. It has been also noted that there is a lack of antenatal and postnatal care among the tribal population.

K. Sujata Rao (1998) in her study of in Andhra Pradesh observed that poverty along with several factors like lack of access to right food, iron, protein and micronutrients deficiency are the major cause of poor health of the tribal people. Maternal Mortality Rate (MMR) is eight per 1000 as against four per 1000 for the state. Infant Mortality Rate (IMR) 120- 150 per 1000 compared to 72 per 1000 for the state. Lack of accommodation, poor infrastructure, large scale

absenteeism and vacancies, poorly trained and unskilled manpower, is thus the reason for poor health care services, which in turn leading to the poor health of the tribals in the region.

Salil Basu (2000) observed that tribal is the strong believers of the supernatural therapy for the cure of diseases. The unsanitary condition, lack of personal hygiene and health education are the main causes of ill health. The high rate of maternal and child mortality is due to the primitive practices of parturition. The consumption of iron, vitamins, calcium during the pregnancy is poor which leads to poor health and even sometimes death of the women and child both. Vaccination and immunization of infants and children have been inadequate among the tribal groups. In addition, extremes in magico- religious beliefs and taboos tend to deteriorate the problems. Genetic disorders particularly sickle-cell diseases and sexually transmitted diseases are quite prevalent among the majority of tribal groups. Indian Council of Medical Research (2002) in his bulletin focused on the health status of primitive tribes in Orissa. It is found that majority of the Bondo, Didayi, Kondha, and Juanga the primitive tribes of Orissa has different grades of anemia. Apart from anemia, certain others respiratory infections/diseases including upper respiratory tract infection were more common among this diverse population (16.6 percent in Didayi, 14.9 percent in Bondo, 113.6 percent in Kondha and percent in Juanga) and also account for high infant mortality rate due to poor vaccination and other facilities. 12.7 percent of Bondo, 13.2 percent of Didayi, 10.4 percent Kondha and 12.6 percent of Juanga (0-6 years) and 10.9 percent Bondo, 11.6 percent Didayi, 12.2 percent Kondha and 6.9 percent Juanga of adult population are suffering from acute diarrhea along with some micro and macro-nutrients deficiency, some skin and intestinal infection and hereditary hematological disorders especially sickle cell anemia G6PD are very highly prevalent among these tribal groups. Lack of safe drinking water, poor sanitation, unhygienic environment, and poor health infrastructure were the main reasons for the poor health status of primitive tribes.

Rajiv Yadav and J. Roy (2005) in their study on the nutritional status of Children of Bharia tribe(Madhya Pradesh) have found that Bharia tribal people consume only cereals but they didn't consume pulses. The intake of leafy vegetables and other vegetables in a meal is very low. Their diet was also deficient in nutrients like calories, proteins, iron, and folic acid and other essential requirements. The presence of deficiency disease Goiter was very

high (45 percent). This situation among the preschool children is 11.4 percent and among the female is almost 54 percent. The prevalence of malnutrition among this primitive tribe is account for their poor dietary habits and lack of resources in the region.

K. Mallikharjuna Rao et al. (2006) explain the dietary habits of the Sahariya Tribes of Rajasthan, the dietary habits which include cereals, millets, milk, pulses, jaggery etc. are being consumed in less amount compared with recommended dietary intakes (RDI). The intake of protein, iron, calcium, and thiamin are comparable to the recommended level, while other nutrients such as vitamin A, Riboflavin, fat, vitamin C, and folic acid are below the average intake. It was revealed that the nutritional intake of Sahariya tribe comparatively good to the other drought-affected areas. Though the study presents a good picture of the nutritional status of the Sahariya, on the other side, some nutritional deficiency disorders can be found among them. About 4 percent of the infant was found to be emaciated, while an equal proportion had conjunctival xerosis. The study further reveals that the major cause of neonatal death prematurity, while the death of adults is mainly due to infectious disease.

Tapas Chakma et al. (2006) study on the seven different primitive tribal groups of Madhya Pradesh and Chhattisgarh, have shown that due to being primitive in nature and practicing the primitive or traditional methods for healing the diseases, the prevalence of diseases such as sickle cell, diarrhea, thalassemia, G6PD deficiency, nutritional disorders, skin diseases etc are very high. They found that the prevalence of these diseases varies with the dietary habits and socio-economic background of the tribe. The prevalence of sickle cell disease among the Bhaiga tribe has the highest (22 percent) followed by Abhujhmaria (17 percent), and Bharia (13.7percent). The sickle cell anemia was absent among Hill Korba, Birhor, Kamar and Sahariya tribal population. Thalassemia was commonly noticed among Kamar (7 percent), Sahariya (8.7 percent) and Hill Korba (10 percent) while Thalassaemia was completely absent among the Bharia, Bhaiga, and Abhujhmaria. Among various infections, the acute respiratory infections were commonly found among all tribe in all regions.

Salil Basu (2007) examined the pattern of mortality and morbidity among the tribes of India. The causative factors for the widespread of the diseases are the poor hygiene, parasitic load, matting pattern, preferential matting alliances, health-seeking behavior, nutritional pattern etc.

The various communicable diseases like TB, Leprosy, Malaria, Yaws etc. are prevalent among the tribal population. The sexually transmitted diseases particularly infection of female genital tract is quite widespread. Malnutrition and anemia are also highly prevalent. There are certain other diseases like fluorosis and genetic disorders can be seen among the tribal. Due to a poor health condition and health-seeking behavior infant and the maternal mortality rate is also found to be very high among the tribes.

Veena Bhasin (2007) has given a detailed account of the health status of tribes in Rajasthan. The author has found that the culture plays a very significant role in diseases and health among the tribes in Rajasthan. Traditional health practices and knowledge are deployed in the home remedies, ill- health treatment, and beliefs. They seek medical benefits from traditional health practitioner (Bhopa, Devala) and traditional herbalists (Jaankar/Jaangar). This study further reveals that long distances of health care systems and poor communication facilities led people to seek home treatment except for a few tribes. Tribes of Rajasthan usually consume liquor and narcotics. The most likely aftermath of this is bronchial irritation, loss of lives due to accidents and possible cognitive disorders. Infant and child mortality rates have been found very high. While studying the health status of women, it has been found that women are more vulnerable to diseases. They are not aware of sexual infection and related diseases. Though some of them could identify the problems like irritation in sex organs, yellowish-white secretion, and swelling of thigh and uterus their knowledge of transmission of diseases was very low. This has been found that most of the tribes believe in the spirit intervention of diseases.

N. Arlappa et al. (2008) write in their article about the diet and nutritional status of elderly tribes in India. The Tribal particularly elderly are, in general, the most disadvantaged groups. The dietary intake of the elderly has been found below the recommended dietary intake (RDI). The mean consumption of all foods other than cereals and millets were low among males and green leafy vegetables among the women were below the recommended intake. Regarding the nutritional status, this study reveals that the prevalence of Chronic Energy Deficiency (CED) among the females was higher (65.4 percent) compared to males (61.8 percent) and it also varies with the socio-economic condition of the dwellers. Similarly, the overweight/obesity was relatively high among the females compared with males. It has also been observed the prevalence of severe anemia, riboflavin deficiency and dental caries among the elderly.

Udai Pratap Singh (2008) emphasized the health status of tribes of North-East India. It depicts the health care systems of Karbi, Khasi, Jaintia and Rabha tribes. The study reveals that the mortality rate is quite high among Khasis and Karbis compared with the other tribes. The cause of the high mortality rate is due to injuries, TB, malaria, and accidents. The problem of anemia and malnourishment has been equally found among all tribes. It has been also found that most of the tribes have a belief that measles, chickenpox, snake bite, typhoid, anemia, tetanus, etc. are the consequences of anger and wrath of the goddess i.e. Badi Mata, Sitla Mata, Spirit Tejajee respectively. Although tribes prefer to medical treatment it has been found that the self treatment in the mode of magic, spirit, herbal and ayurvedic is also high. This study further reveals that the majority of the tribes were not aware of the RCH and having less information about family planning. Although the use of condom, oral pills, contraceptives and safe period were very high, yet nearly two-thirds of the population was using contraceptives.

Sanjoy Deka (2011) in his article describes the health and nutritional status of tribes in Tripura. The author reported a higher rate of mortality among children in Tripura state in the region of Dhalai and South district. The health conditions of the tribes in the region is still unsatisfactory. The maternal mortality rate is also high among the tribals groups. In case of childcare, mothers are found to be using breastfeeding methods in most of the time but harmful practices such as abandoning colostrum, pre-lacteal feeding, delayed initiation of breastfeeding etc. are seen among the women. Vaccination and immunization are also in insufficient proportion. Genetic disorder and sexually transmitted disease such as HIV/AIDS are also in the picture but there are very few cases of AIDS are recorded in the tribes of Tripura. Although the level of malnutrition is lower than the country average yet, anthropometric indices show a high level of malnutrition in the state. The author also finds about the lack of health care facilities among the tribes of the region which makes them more vulnerable. As a result of the poor health condition of the tribes, the drop out rate is also high among the tribes.

P. Manikanta (2013) focuses on the health status of tribal elderly of Andhra. It shows that the 80+ aged category was found to be having more health complication (61.2 percent) followed by 70-79 age category (52.4 percent) and 60-69 age category (39.4 percent) respectively. The study further reveals that the main illness related to aged people was knee pain (39 percent) cold (0.3 percent), Blood Pressure (9.7 percent), Asthma (1.7

percent), Sugar/Diabetes (1.3 percent) and Digestion (1.3 percent). The poor health of elderly is due to the lack of caretakers, lack of sufficient health care facilities, migration of their children to urban areas, poor economic conditions and the beliefs that the failing of health is a normal occurrence of life.

Saha et al. (2016) while discussing the health status of the tribal population argued that health and social conditions of tribal communities are in a state of less advanced. The authors have mentioned the National Family Health Survey where infant and the maternal mortality rate is higher in the case of tribal population and it is highly alarming. Similarly, the nutritional status of children is also in a bad condition. The efforts of Govt. to reduce the health problem to the minimal level and mainstreaming them to the development programmes through planned development intervention are not uniformly accepted and acknowledged. In the case of institutional delivery, it was reported that the Bhil community in Madhya Pradesh is of maximum percentile compared to Bhaiga tribal population. Which reflect that tribal communities also prefer the institutional delivery in place of delivery at home. The authors have suggested having tribal centric development programmes which will enhance the development of the tribal population.

Sarkar (2016) during the study of health status and nutritional aspect of tribal women in Godam Line Village of Darjeeling District, West Bengal finds the presence of high rate of illness and diseases among the respondents. The most common being diarrhea (50%), cough and cold (50%) and dysentery (50%). The disease like hypertension, vision problems and arthritis are also commonly found among them. The author also mentions the problems of lack of health care facilities in the region resulting in the number of cases goes unattended and remains untreated. It is also found that during pregnancy women consumes some fruits and health drink.

De (2017) views tribal suffered from inadequate food consumption resulting in poor health condition. They have less calorie intake and become more nourished. They suffer from a number of diseases like diarrhea, filarial, malaria, TB, anemia, and others. PHCs are nor located in the proper area due to which tribal women have to face a lot of problems.it is further compounded by the lack of proper health personnel and facilities. There is also a lack of awareness about the HIV/AIDS among the tribal population especially women folks. There is also a variation in the access and utilization of health services at large among the women. Because of unawareness

about health and hygiene, tribal women face problems related to reproductive tract infection. Early marriages also result in some medical emergency and unbalanced health conditions.

Conclusion

The health status of the tribal community is a very interesting facet of their lifestyle and also a reflection of their routine activities of the living pattern. Since tribes are residing in dense forest or hilly terrain which further makes them inaccessible. And the very access to health care services is denied. It is cleared from the above discussion that most of the studies were carried out to examine the prevalence of various diseases i.e. communicable and non-communicable, among the tribal people dwelling in different parts of the country and to find out the very root cause of it. Tribal health is in the state of transition. The situation is somewhat changed yet the conditions and the extent of the diseases prevalent among the tribal population is at an alarming state. Tribal communities are a very staunch believer of traditional method for curing the diseases and they strictly follow them. Their close affiliation and relationship with nature and its superpower nature has a long lasting impression on their day to day activities especially related to health and illness. Their way of life and nature of socio- political affinity make them more vulnerable and easy to prey of any diseases. The health status of tribes particularly that more vulnerable among the vulnerable i.e. women, children and elderly population need special care and treatment. The very state of unawareness about the means and methods of the modern health care system makes them further weak and susceptible to change. Therefore it is suggested to improve health literacy among the tribes. It is felt that tribal health needs a policy level intervention at the states and the national level. The affirmative changes can be seen if a systematic intervention at all level of governance and operation is made possible. The traditional ways of treatment particularly through the medicinal plants needs to be encouraged and documented the same for sustainability.

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