International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2022): 7.942

Health Condition of the Tribal Peoples in India: A Survey of the Literature

Satrughan Behera

Research Scholar, Central University of South Bihar, Gaya, India
Email: *satrughanbehera1995[at]gmail.com*

Abstract: ***Tribal populations in India face several health challenges due to poverty, lack of access to healthcare facilities, and poor living conditions. This systematic review aims to provide an overview of the existing literature on the health conditions of tribal communities in India. The study searched multiple databases and identified 25 relevant studies that met the inclusion criteria and the research conducted and published between 2000 and 2021 was examined in this study. A comprehensive review is conducted to comprehend the general state of the indigenous community's health. It is revealed from the review of the literature that the health condition of the tribal society is in a very pitifulposition and required new healthcare policies and strategies to enhance the health of India's tribal population.***

Keywords: Tribal, Health Condition, Systematic Review, India

1. Introduction

Tribal people in India are recognized as one of the most marginalized and disadvantaged groups. They come from various socio - cultural, ethnic, and linguistic groupings, practice a variety of religions, and are at various stages of political, cultural, educational, and economic development. They occupy a variety of geographically and ecologically different regions around the nation (Negi & Singh, 2018). India is home to over 104 million tribal people, constituting about 8.6% of the total population (Narain, 2019). They primarily lived culturally unique lives in isolated rural hamlets in hilly, wooded, or desert regions with challenging terrain. The majority of the indigenous people are in abject poverty and have poor access to even the most basic amenities, most notably health services. When compared to the non - tribal population, the tribal population's general health status and health indicators are shown to be quite poor (Singh and Negi, 2019). Thus, there is a huge need for concern and care for the health of the tribal community. Continuous efforts are required from all governance stakeholders. The lack of knowledge, cultural and religious beliefs, the inaccessible living conditions, and the budgetary constraints only serve to exacerbate the poor state of health. A community's health depends on free access to sufficient food, nourishment, portages, and excellent sanitation facilities (Anjali, 2013). The country's tribal communities display a variety of health and sanitary conditions (Jana and Bhowmick, 2020). Their lives become more wretched and backward as a result of poor infrastructural development combined with an isolated and inhospitable nature. In comparison to the rest of the country's population, they continue to be at a radically distinct stage of development. The aim of the study is to provide an overview of the existing literature on the health conditions of tribal communities in India.

2. Material and Methods

The research works approach is a key component. To comprehend the phenomenon under study or observation, a researcher must use a methodical approach to inquiry. The state of tribal health and its correlations were examined in the literature already in existence, and systematic studies of the same were conducted in a scientific manner. To accomplish the goals of the study, literature from 2000 to 2021 was accessible via different Internet databases like Google Scholar, Academia, and PubMed and the search terms used in these databases were Tribal health, Tribal health status, and Tribal health condition.

3. Literature Survey

The tribal people are strong supporters of adopting mystical healing to treat ailments. The three main causes of illness are unhygienic living conditions, a lack of health knowledge, and poor personal cleanliness. The outdated methods of parturition are to blame for the high percentage of mother and infant mortality. Poor iron, vitamin, and calcium intake during pregnancy results in ill health and, in severe cases, the death of both the mother and the unborn child. Infant and child immunization and vaccination rates among the tribal communities have been insufficient. Moreover, taboos and intense magic - or religious beliefs have a tendency to make matters worse. In the majority of tribal communities, genetic abnormalities, especially sickle - cell disorders, and sexually transmitted infections are fairly common (Basu, 2000).

The health of the aboriginal tribes of Orissa was the main subject of the Indian Council of Medical Research's (2003) bulletin. The prehistoric Orissa tribes of Bondo, Didayi, Kondha, and Juanga are observed to have varying degrees of anemia. In addition to anemia, certain other respiratory infections, and diseases, such as upper respiratory tract infections, were more prevalent among this diversified population (113.6 in Kondha, 16.6 in Didayi, 14.9% in Bondo, and juang). These tribes also contribute to the high infant mortality rate because of inadequate immunization coverage and other facilities. In addition to some inadequacies in micro - and macronutrients, skin infections, hereditary disorders, especially sickle cell anaemia. And the 12.7 percent of Bondo, 13.2 percent of Didayi, 12.2 percent

of Kondha, 11.6 percent of Didayi 10.4 percent of Kondha, 10.9 percent of Bondo, and 6.9 percent of Juanga struggle with severe diarrhoea in adults. G6PD is incredibly common in certain tribal groups. The main causes of the primitive tribes' poor health status included a lack of clean water to drink, poor sanitation, an unhealthy environment, and inadequate health infrastructure.

Jana and Bhowmick (2003) have investigated the impact of rural sanitation programs on the health of the tribal population in the Midnapore district of West Bengal. They point out that lack of access to safe drinking water, inadequate sanitation, and poor hygiene practices are major public health concerns that can lead to waterborne diseases, diarrhoea, and other illnesses. They also note that tribal populations in India often face challenges in accessing sanitation facilities due to their remote location and cultural practices. They found that there was a significant association between the use of sanitation facilities and the incidence of waterborne diseases. Households that used improved sanitation facilities had a lower incidence of diarrhoea compared to households that did not use such facilities. The study also found that there was a positive association between community participation in sanitation programs and the use of improved sanitation facilities.

Paul (2005) has also highlighted that the tribal population in India faces a number of challenges related to health and development, which are rooted in socio - cultural factors such as their traditional beliefs, customs, and practices. The author argues that tribal communities have unique cultural beliefs and practices that can impact their health behaviors and outcomes. For example, some tribal communities in India may practice traditional healing methods, which can be effective in treating certain illnesses but may also prevent individuals from seeking modern healthcare services. The author also notes that traditional gender roles and social hierarchies within tribal communities can limit women's access to healthcare and education.

Yadav and Roy (2005) discovered that the Bharia tribal people solely consume grains and don't consume pulses in their investigation into the dietary health of youngsters from the Bharia tribe (Madhya Pradesh). Leafy vegetables and other vegetables are rarely consumed with meals. Also lacking in vital elements, such as calories, proteins, iron, and folic acid, was their diet. Goiter, a deficiency condition, was quite prevalent (45 percent).11.4 percent of preschoolers and nearly 54 percent of females experience this condition. Due to their poor eating habits and scarcity of resources in the area, this primitive tribe frequently suffers from malnutrition.

According to Rao et al. (2006), the Sahariya Tribes of Rajasthan have dietary practices that include consuming fewer amounts of cereals, millets, milk, pulses, jaggery, and other foods than is advised for healthy nutritional intake (RDI). While other vitamins and minerals like riboflavin, fat, vitamin C, folic acid, vitamin A, and riboflavin are consumed at levels below the norm, protein, iron, calcium, and thiamin intakes are comparable to the required levels. The nutritional consumption of the Sahariya tribe was found to be comparable to other drought - affected locations. Despite the fact that the study provides a clear picture of the nutritional state of the Sahariya, various nutritional deficiency illnesses have been identified in this population. An identical percentage of the infant developed conjunctival xerosis and was reported to be 4% underweight. The study goes on to show that while infectious diseases are mostly to blame for adult deaths, prematurity is the leading cause of neonatal death.

According to a study by Tapas Chakma et al. (2006) on seven different primitive tribal groups in Madhya Pradesh and Chhattisgarh, the frequency of ailments like sickle cell anaemia, diarrhoea, thalassemia, G6PD deficiency, dietary issues, and skin conditions and others is very high because these groups are primitive in nature and use traditional or primitive methods for curing illnesses. They discovered that the socioeconomic status of the tribe and its dietary practices have an impact on the occurrence of certain diseases. The Bhaiga tribe has the greatest prevalence of sickle cell disease (22%) followed by the Abhujhmaria (17%) and Bharia tribes (13.7 percent). The indigenous populations of the Hill Korba, Birhor, Kamar, and Sahariya were free of sickle cell anemia. While thalassemia was virtually absent in the Bharia, Bhaiga, and Abhujhmaria, it was frequently observed in Kamar (7%) Sahariya (8.7%), and Hill Korba (10%). Acute respiratory infections were among the most prevalent infections among all tribes in all areas.

Basu (2007) looked studied the mortality and morbidity patterns among the Indian tribes. Poor cleanliness, parasite burden, preferred matting associations, health - seeking behavior, nutritional pattern, and other factors all contribute to the spread of diseases. The tribal population is prone to numerous contagious illnesses such as TB, leprosy, malaria, yaws, etc. It is very common for female genital tract infections, in particular, to be caused by sexually transmitted illnesses. Anemia and undernutrition are both very common. Other illnesses including fluorosis and genetic problems can be seen in indigenous people. The neonatal and maternal mortality rates are also particularly high among the tribes as a result of poor health and health - seeking habits.

A thorough description of the health situation of the tribes of Rajasthan is provided by Veena Bhasin (2007). The author has discovered that among the tribes in Rajasthan, culture has a substantial impact on both health and disease. Home cures, illness treatment, and beliefs all draw on traditional medical knowledge and practises. They consult traditional physicians (Bhopa, Devala) and traditional herbalists (Jaankar/Jaangar) for medical advice. This study also shows that, with the exception of a few tribes, people sought home treatment due to great distances between health care systems and inadequate communication facilities. Rajasthani tribes frequently use alcohol and illegal drugs. The most likely effects include bronchial irritation, fatal accident losses, and potential cognitive impairment. The rates of infant and child mortality are exceedingly high. Women are more susceptible to diseases; it has been shown via research on the health state of women. They are ignorant of sexually transmitted infections and other disorders. Although some of them could recognize issues like sex organ discomfort, yellowish - white

discharge, and swelling of the thigh and uterus, their understanding of disease transmission was relatively limited. It has been discovered that the majority of tribes think that diseases can be cured by spirits.

In their article from 2008, Arlappa et al. discuss the diet and nutritional state of senior Indian tribes. Particularly the elderly people are more marginalized among the tribes. Nutritional intake for the elderly has been found to be below the recommended daily intake (RDI). Men's average food intake was low overall, with the exception of grains and millets, whereas the mean intake of green leafy vegetables was low among women. In terms of nutritional status, this study shows that Chronic Energy Deficiency (CED) is more common in women (65.4%) than in men (61.8%) and that it also varies depending on the socioeconomic status of the population. In a similar vein, women were more likely than men to be overweight or obese. Also, it has been shown that among the elderly, severe anemia, riboflavin insufficiency, and tooth cavities are common.

The state of the tribes in North - East India's health was highlighted by Singh (2008). The health care systems of the tribes of the Karbi, Khasi, Jayantia, and Rabha are portrayed. According to the study, Khasis and Karbis have a higher mortality rate than other tribes. Injury - related deaths, TB, malaria, and accidents are the main causes of the high mortality rate. All tribes have experienced the issue of anemia and malnutrition. It has also been discovered that the majority of tribes believe that goddesses Badi Mata, Sitla Mata, and Spirit Tejajee's wrath and anger are to blame for diseases like measles, chickenpox, snake bite, typhoid, anaemia, tetanus, etc. Whilst research has shown that self - treatment using magic, spirits, herbs, and ayurveda is also popular among tribes, they do prefer medical care. This study also demonstrates that the majority of the tribes had little to no knowledge of family planning and were unaware of the RCH. About two - thirds of the population used contraceptives despite the fact that the usage of condoms, oral tablets, contraceptives, and safe periods was relatively high.
Suresh and Priyamvada (2009) the Indian tribal women are facing very serious health problems. The most significant indication of social, cultural, and health growth in indigenous societies is seen to be literacy levels. The majority tribal women are living in very pathetic condition due to poor socioeconomic status in Andhra Pradesh. Lack of education failed to hammer in them the basic understanding of health care practices.

The health and nutritional status of the tribes of Tripura are described by Deka (2011) in his paper. The region of Dhalai and the South district in Tripura state was found to have a higher prevalence of child death, according to the author. Tribal members in the area continue to have unsatisfactory health. The tribal communities also have a high prevalence of maternal mortality. Mothers are typically found to nurse their children, although detrimental behaviors including skipping colostrum, pre - lacteal feeding, delaying the start of breastfeeding, etc. are common among women. Moreover, there is not enough emphasis on vaccination and immunization. The tribes of Tripura have reported very few cases of AIDS, despite the fact that genetic disorders and sexually transmitted diseases like HIV/AIDS are also present. Anthropometric indices indicate a significant level of malnutrition in the state, despite the fact that it is still lower than the national average. The author also discovers that the region's tribes lack access to health care, which increases their vulnerability. The dropout rate is also high among the tribes as a result of their poor general health.

Manikanta (2013) has focused on the health scenario of the tribal people in the Indian state of Aruna Pradesh. This study shows that above the age group of 80+ was found to have the highest rate of health complications (61.2%), followed by the 70 - 79 age group (52.4%) and the 60 - 69 age group (39.4%), respectively. The study also showed that the most common illnesses i. e., knee pain (39 percent), cold (0.3 percent), blood pressure (9.7 percent), asthma (1.7 percent), diabetes (1.3 percent), and digestion (1.3 percent) were affecting the older individuals (1.3 percent). The poor health of the elderly is a result of a shortage of carers, inadequate medical facilities, the migration of their children to metropolitan regions, bad economic situations, and the misconception that health problems are a normal part of aging.

Islary (2014) reported that tribal health must be considered in light of the social, cultural, and economic structure as well as the geophysical setting, the people's religious convictions, and their customs. Tribal communities' health - seeking behaviours have been impacted by the emergence of pluralism in the health care system in society. It was discovered that tribal women's health - seeking behaviour, especially behaviour during pregnancy, was directly correlated with their socioeconomic and educational status.

Saha et. al. (2016) made the case that tribal communities' social and physical conditions are less developed when considering the health status of the tribal population. According to the National Family Health Survey, baby and maternal death rates are higher among tribal populations, which is extremely concerning. In a similar vein, children's nutritional state is likewise subpar. The government's efforts to minimize the health issue and mainstream it into development programs through planned development intervention are not always well received and acknowledged. According to reports, the Madhya Pradesh Bhil community has the highest percentile of institutional deliveries when compared to the Bhaiga tribal population. which shows that tribal communities also favour institutional birth over birth at home. The authors propose implementing tribal - focused development initiatives that will promote the growth of the tribal population.

At Godam Line village in the Darjeeling district of West Bengal, Sarkar (2016) conducted a study on the nutritional status and health status of tribal women. She discovered a significant prevalence of illnesses and diseases among the respondents. The three most frequent ones are dysentery (50%) and cough and cold (50%) respectively. They frequently have diseases like arthritis, eye issues, and hypertension. The absence of medical services in the area, which results in a large number of instances going untreated,

is another issue brought up by the author. Also, it has been discovered that pregnant women consume some fruits and healthy beverages.

De (2017) viewpoints tribes experienced ill health as a result of insufficient food consumption. They consume fewer calories and gain more nutrition. They are afflicted with numerous illnesses, including anemia, diarrhea, filariasis, malaria, and TB. Tribal women have numerous issues because PHCs are not situated in the ideal location. The lack of adequate medical staff and facilities makes it much worse. Also, there is a dearth of knowledge about HIV/AIDS among the indigenous community, particularly among women. Also, there are differences in how women generally obtain and use health services. Tribal women experience issues with reproductive tract infections as a result of their lack of knowledge about hygiene and health. Early marriages can also lead to some health imbalances and medical emergencies.

Negi and Singh (2019) studied tribal health in India. Any community's well - being is significantly influenced by its health. Health condition is compounded by indigenous people's lack of knowledge and their inability to seek healthcare services. They also argued that a comprehensive health policy for tribal communities should focus on improving access to healthcare services, addressing socio - economic determinants of health, and engaging with traditional healers and community leaders to promote culturally appropriate healthcare practices.

Narain (2019) studied the health of tribal populations in India. India's population, especially those who are Scheduled Tribes (ST), is changing in terms of its demographics, socioeconomic standing, and state of health. According to the National Family Health Survey 4 (NFHS - 4) (2015 - 2016), the under - 5 mortality among the tribal population was 57.2 per 1000 live births compared to 38.5 among others. The tribal population primarily inhabits rural and remote areas and is among society's most vulnerable and marginalized sections. In terms of a number of social, health, and developmental metrics, they lag below all other social categories. In India, the risk of newborn death is 19% higher for children born into ST families.

Singh and Negi (2019) described the health status of the tribal communities in India. Malnutrition, inability to access health care systems, lack of access to adequate drinking water, poor sanitation, poverty, illiteracy, and malnutrition, are the different important variables that have been discovered in the poor health status of the tribes in India. The general health condition and indicators of health among the tribal population are very low in comparison to the nontribal population.

According to Ashifa (2021), the health of India's tribal population is significantly influenced by a number of variables, including gender, education, poverty, health status, nutrition, food consumption, disease awareness, alcohol and tobacco usage, unemployment, and health programmes. The tribal community in India comprises approximately 104 million people. Compared to other societies, designated tribes have higher access to the health insurance programme. The threat to tribal members' access to healthcare must be addressed by the government. In India, there are about 705 different ethnic groups, each having a unique sociocultural way of life. All types of societal growth, especially in the area of health, are significantly influenced by education.

4. Conclusion

The tribal community's health status is a fascinating aspect of their way of life and a reflection of their regular activities and way of life. Tribes are even more difficult to reach since they live in areas of hills or dense forests. And even access to medical services is restricted. The aforementioned discussion makes it evident that the majority of research was conducted to investigate the effect of a variety of diseases, both communicable and non - communicable, to identify the underlying causes of diseases that affect tribal people that live in different parts of the nation. Tribal health is going through an evolution right now. Although the situation has changed significantly, the severity of the diseases afflicting the indigenous people has reached frightening levels. Tribal cultures have a strong commitment to and strict adherence to traditional methods of disease treatment. Their deep ties to nature and its superpowers have a lasting impact on how they live their daily lives, particularly in terms of health and illness. They are more susceptible to all ailments because of their style of life and sociopolitical affinities. Tribes' health conditions, particularly those of the most vulnerable, such as women, children, and old people, require special attention and care. They are already weak and changeable due to their ignorance of the means and procedures of the contemporary healthcare system. Hence, it is recommended that health literacy among the tribes be improved. Tribal health is seen to require policy - level action at the state and federal levels. If a systematic intervention at every level of governance and operation is made possible, positive changes can be observed. To ensure their sustainability, traditional medical practices, particularly those utilizing medicinal plants, must be supported and documented.

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