

A closer look: Tribal women's health in India

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Abstract: *Though the tribal population consists only 8.6% of Indian population but approx 10.4 crores of India's people belong to Scheduled Tribes. Young tribal girls enter the 'reproductive age' as the victims of undernourishment and anemia and face greater health hazards for early marriage, regular pregnancy, home deliveries along with sexually transmitted diseases. Poor social status of tribal women is responsible for the late treatment. Conservative attitude of the male dominated society towards pregnancy invites poor quality medical treatment, nourishment and care to the pregnant tribal women or tribal mothers. Previous efforts to bring health care to the poor tribal women through outreach camps and mobile health units have not achieved the desired health development goals among the tribal women. In the remote tribal areas, the exact number of health workers is absent, life-saving drugs with routine immunization is insufficient and health service providing vehicles are regularly unavailable due to several issues. So, the pregnant tribal women or sick women from remote tribal areas can not avail the advantages of institutional deliveries or emergency medical aids for want of available and affordable transportation. Besides lack of trained doctors, nurses along with paramedical staffs in the tribal areas has made the health status of the tribal women, children and adolescent the worst and beyond description.*

Keywords: *routine immunization, undernourishment, reproductive age, outreach camps, mobile health units, institutional deliveries.*

1. INTRODUCTION:

It is an admitted reality that India consisting of 8.6% tribal population is finding it difficult to bridge the massive gap which exists from the very beginning between tribal women and non-tribal women concerned with health status as well as health care. Tribal population, mainly tribal women generally suffer from triple burden of major diseases; they can be defined as contagious diseases, non-contagious diseases, malnutrition, poor mental health and addictions which have complicated the entire tribal women health sector. A committee was formed by the Central Government of India on tribal health to address the health challenges faced by tribal communities. This committee has issued some recommendations too. It aims at narrowing the existing health disparities among tribal people with a specific focus on tribal women by 2027. The proposed solution includes creation of a separate tribal health care system along with strong governance and financing. The present situation of tribal health care delivery system and future plans have been analyzed and summarized. The true fact is that establishment of more health facilities is not sufficient to address the health challenges of tribal population especially the women. Proper improvement lies in deploying trained health personnel and fostering initiatives and cooperation from local tribal youth. Different provinces must promptly assess the health needs and priorities of their tribal populations. Effective well planned public health strategies should be established soon to strengthen a concrete health care foundation for tribal women.

2. METHODS:

This paper is composed with the help of knowledge and information gathered from relevant research papers and many more common exposures.

3. ANALYSIS AND DISCUSSION:

The tribal population, being a significant part of the country's poorest section, has made a notable leap in the economic sector. Though there's a noticeable decline in tribal poverty by over a third between 1983 and 2005, but the fact is that almost half of Scheduled Tribes are still suffering from economic distress due to

lower incomes. The Rajasthan boasts largest tribal population in country, constituting over approx 12% of the state's residents.

We know that tribal groups, especially the women face substantial unmet need of health care. But proper health care delivery system remains overshadowed for them in rural areas. So it's urgent to initiate a unique national rural healthcare pattern along with required infrastructure for their cultural, environmental and socio-economic contexts respectively. It's a ground reality that the educational, occupational and health status of tribal women is comparatively poor than tribal males and the general female population in India. If we examine the overall nutritional status of tribal women, it is revealed that 70.4% of them are underweight, 13.2% are overweight, and 2.97% suffer from obesity which directly impacts their body health. Recent surveys show that 75.8% of tribal women are diagnosed with chronic illnesses. 35% of them are experiencing general health complications and 80% are severely suffering the constraints in accessing proper health care services. The major prevalent health issues among Indian tribal women are malnutrition, malaria, poor family planning, addiction, mental disorders etc. Besides child mortality and maternal health problems, sickle cell anemia, animal bites etc are crucial barriers too. Geographical isolation is a major challenge that prevents tribal people from accessing Government provided health care services. It is an admitted reality that tribal people specially the tribal women are not integrated into the national mainstream of health along with socio-economic developmental activities. Their geographically isolated habitant often hinder them to achieve the government provided free health services regarding institutional deliveries, routine immunizations of newborn babies and pregnant women or the health related services of 0-5 years children from the local adjacent ICDS Centers. Moreover, their conservative health believes and orthodox cultural practices often make them inactive about the symptoms of water-borne diseases, use of safe drinking water and intake of minimum proper diet on the regular basis. This health related habits of the tribal women have been creating adverse impact on their health and health oriented behavior.

4. FINDINGS:

Recent studies indicate that the tribal women step behind overall national health averages, with a total fertility rate of 2.5%, only 15% of them are able to complete ANC visits. There is an alarming rate of under 5 mortality. Besides they are also prevalent to tuberculosis, malaria and leprosy. Tribal women suffer a lot from low literacy rate, primitive occupations and extreme poverty. Despite special constitutional status, their overall health status remains unsatisfactory. A comparative analysis reveals that Malaria cases are disproportionately high among Indian tribes and tribal women and children are prevalent to intestinal helminthiasis. The tribal children having full immunization coverage is only 56% and under 5 years Mortality Rate among tribal children is alarming 57.2%. 8.6% of tribal women constitute 35% of all cases of Malaria. Side by side, among 703 suspected cases of TB regarding tribal women is exposed 256 cases as positive TB. Only 11% Pulmonary TB among tribal women adopt positive TB treatment on the regular basis. The proportion of new Leprosy cases among the tribal women is found as 18.5% in India. The percentage of underweight tribal children is 42% and 77% tribal women are generally anemic. Almost, 50% tribal women are having BMI less than 18.5% and about 65% tribal women between 15-49 years age suffer from Anemia. Thus, recent health scenario of Indian Tribal Women can be assessed. Illiterate tribal women may lack proper knowledge of health and hygiene, including information about accurate nutrition, vaccination schedules and preventive healthcare measures. Such knowledge gap may result in suboptimal healthcare for their children and may lead to increased vulnerability to several health complications.

5. MAJOR PROBLEMS FACED BY TRIBAL WOMEN:

We can see a significant gender disparity among tribal population in India. We find only 972 tribal females for every 1000 tribal males. It is found that 47.3% and 33.3% tribal women fall under Below Poverty Line (BPL) category in rural and urban areas. This major economic distress leads to major health challenges among tribal women. There remains a need for projected interventions along with infrastructural development. An important point is that there has been a declined rate in breast feeding duration for tribal children ranging from 1.3 to 1.9 months. It increases the malnutrition among them due to such lack of breast milk consumption. Though there is a declined rate in infant mortality, under-5 mortality and neonatal mortality among tribal population, extensive focus and initiatives are needed to improve tribal women and children

health. It's true that the availability of health care facilities does not indicate good health status of people from a particular area if they don't utilize these facilities.

Malnutrition is the most common health problem among the tribal women. There are some communicable diseases such as Tuberculosis, Malaria and STD those are considered as major public health problems. Some tribal women are also at high risk for sickle cell anemia. Generally, tribal women died are seen to be deficient in protein, iron, iodine and vitamins. A comparative analysis of the nutritional status of tribal women and non-tribal women will justify this health related reality: Malnutrition in tribal children-54.5%, general population-33.7%; Anemia in tribal women-68.5%, general population-51.3%; Underweight among tribal women-46.6%, general population-29.4% and Vitamin A deficiency among tribal women-30%, general population-18.5%.

According to the NFHS-3 survey, 47% of tribal women of India are having chronic energy deficiency (CED) compared to 35% than the general population of India. The most common diseases or health problems found among tribal women are Respiratory Tract Infection and Diarrhea Disorders. 21% of tribal children suffer from at least two rounds of diarrhea every year and 22% suffer from at least two attacks of respiratory infection. Tribal women constitute approximately 25% of Malaria cases in India. Intestinal Helminthiasis is quite common among tribal children and women. Skin infection such as Tinea and Scabies are seen among tribal women due to poor personal hygiene. Sexually Transmitted Diseases are relatively more common (7.2%) among the tribal women. Sickle Cell Trait prevalence varies from 0.5%-45% among the tribal women that is 10% in India's context. It is quite common among the tribals of Central and Southern India. The prevalence of oral diseases especially Cancer is prevalent among 44.9% tribal males and 24% among tribal females in India.

The major health problems and complications of Indian tribal people especially the tribal women are Non-availability of health staffs in Primary Health Centers (PHCs) in tribal areas, non-availability of essential drugs and equipments, vacancy of paramedical workers, lack of proper building facilities, residential long distance from health centers, scattered rural population and increased poor communication etc. Different financial constraints can disturb access to adequate nutritious food, housing, and essential prenatal resources, which affects the overall health of pregnant women and their unborn children. Women illiteracy may be associated with limited knowledge of family planning and maternal health. This affects high fertility rates and short birth intervals. It increases the risk of maternal and child health complications.

6. RECOMMENDATIONS:

An innovative approach is required to improve health status of Indian tribal women so that they can access to health care and raise the quality of their health status.

- **Enhancing Awareness and Education:** Awareness generation is the initial step for betterment of health status of Indian tribal women. It includes implementation of public health care programmes, providing information about already existing government sponsored health services, offering education on basic health practices etc. A serious emphasis should be given on proper water preservation methods, promoting hand washing, regular prenatal health checkups, immunization and institutional deliveries for tribal women.
- **Health Services for Remote Populations:** Establishing mobile medical camps in remote tribal areas may enhance outreach programmes and can significantly impact the health status of tribal women. Such mobile clinics may ensure quality health service delivery to tribal women if those are equipped with expert medical personnel, available drugs, diagnostic facilities and vehicles.
- **Solution for transportation issues:** It is of emergent need to address the challenges of transportation faced by pregnant tribal women to access institutional health care services. Providing them with essential emergency transportations is a true need.
- **Health Workers from Tribal Communities:** Engagement of tribal health workers could serve as a strong positive link between tribal women and healthcare services. It would be easier for tribal health workers to explain doctor's prescription, available health schemes, health charts and provide counseling on preventive health cares and tribal women feel free to communicate them.

- Capacity Building for Health workers: Healthcare providers need regular capacity building and training to deliver high-quality health services to tribal women. Their skill and knowledge up gradation is really essential.

7. SUMMARY:

The availability of healthcare facilities may guarantee good health for tribal women if those facilities are utilized properly. Recent surveys revealed that only 6% of tribal women access allopathic treatments while only 49% rely on traditional folk medicine provided by local practitioners. A major number of tribal women (21.2%) are not serious about their illness and believes in home remedies. It's found that the preference for religious and magical practices to combat supernatural forces is quite common among Indian tribal women. Such orthodox social nature till now indicates a huge gap between availability and accessibility of modern quality healthcare including allopathic treatments in tribal areas.

So, the gap is not only to the availability of modern and quality health care provided by Government and Non-Government end but also to develop the behavior change model in the tribal dominated areas to motivate them to use quality Indian system of medicine with allopathic treatment. The Government of India formed an Expert Committee on Tribal Health in 2013. This Committee was jointly established by the Ministry of Tribal Affairs and the Ministry of Health and Family Welfare. The aim is to address the serious health concerns of tribal populations. There remains a need for projected interventions along with infrastructural development. An important point is that there has been a declined rate in breast feeding duration for tribal children ranging from 1.3 to 1.9 months. It increases the malnutrition among them due to such lack of breast milk consumption. Though there is a declined rate in infant mortality, under-5 mortality and neonatal mortality among tribal population, extensive focus and initiatives are needed to improve tribal women and children health. The importance of cultural competence among healthcare providers should be analyzed well when serving tribal women, considering their specific communication styles, traditional thoughts, and cultural sensitivity in healthcare delivery. Collaborative efforts of government agencies, NGOs, and local community leaders are vital for implementing sustainable initiatives to break the cycle of illiteracy and its associated health challenges.

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