"HEALTH AND HEALTHCARE SERVICES AMONG TRIBAL COMMUNITIES IN INDIA – A LITERATURE REVIEW"

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Abstract

This paper aims to review various research studies conducted in India regarding the access and quality of healthcare made available to tribal communities in the country. Health, along with education, is rightly considered to be one of the basic entitlements of any citizen. However, the tribal communities in India due various factors such as geographical location, cultural barriers, lack of awareness and affordability are unable to access quality health care despite the many programmes and schemes of the government. Hence, it has become a major cause of concern. It is in this context that the present paper has conducted a comprehensive review of literature pertaining to the research conducted so far so in order to build a case for the need for research in this area and also to delineate scope for further research.

Keywords: Health, Healthcare, Tribal Communities in India.

INTRODUCTION

Dr. Martin Luther King, Jr. once remarked, "Of all the forms of inequality, injustice in health is the most shocking and inhumane". Despite India's impressive economic performance after the introduction of economic reforms in the 1990s, progress in advancing the health status of Indians has been slow and uneven. Article 47 of the Constitution of India states that "the State shall regard raising the level of nutrition and standard of living of its people and improvement in public health among its primary duties". However, large inequities in health and access to health services continue to persist and have even widened across states, between rural and urban areas, and within communities. Especially the tribal communities in India have been facing inequities in the availability, utilization and affordability of health services due to systemic, socio-economic and cultural factors.

The present paper is a review of available literature on the health and health care services among tribal communities in India. Review is done to understand the health status of tribals, availability of and barriers to health care services and also to understand the scope for further research. It is revealed from the review of literature that there is a great need for research regarding the availability and accessibility of quality healthcare services for the tribal communities in India. This is because the systemic and cultural barriers for most of these communities continue to exist. Spatial distance, cultural diversity and educational backwardness among the tribal communities necessitate community-wise studies.

India's poor tribal people have far worse health indicators than the general population. Most tribal people live in remote rural hamlets in hilly, forested or desert areas where illiteracy, trying physical environments, malnutrition, inadequate access to potable water, and lack of personal hygiene and sanitation make them more vulnerable to disease (The World Bank, 2012).

Tribal populations are among the poorest and most marginalized groups in India and face extreme levels of health deprivation. They fall behind the national average on several vital public health indicators, with women and children being the most vulnerable. Tribal communities have been unable to fully accrue the benefits of various tribal health schemes and policies due to specific systemic and socio-economic barriers. UNICEF findings suggest that more than half of all maternal deaths in India occur in tribal and Dalit communities. Across the continuum of care, tribal women have poorer access to adequate maternal and child health (MCH) services than their counterparts elsewhere in India (Dasra's Report 2016).

In spite of the efforts of the government, these Tribal areas continue to suffer from poor maternal and child health services and ineffective coverage under national health and nutrition programmes. Research and data available through surveys have found that infrastructure like Sub-Centres, Community Health Centres (CHCs), Public Health Centres (PHCs) and others are less than required in the tribal areas (Ministry of Tribal Affairs, 2013)

As per the figures pertaining to the Rural Health Infrastructure in Tribal Areas, published by Ministry of Health and Family Welfare in Annual Report 2017-18, there are 28,200 Sub Centres

(SCs), 4024 Primary Health Centres (PHCs) and 1028 Community Health Centres (CHCs) in position as on 31st March, 2017. The number of existing Sub Centres has increased by 242, PHCs by 67 and CHCs by 30 in 2017 over 2015. At all India level, there is a shortfall of 6503 SCs, 1240 PHCs and 273 CHCs in tribal areas as on 31st March 2017. In Karnataka there is a shortfall of 822 SCs, 107 PHCs and 35 CHCs in Karnataka (Rural Health Statistics, 2017, M/o health & Family Welfare). Further, there is a shortfall of 26 Doctors at Primary Health Centres (PHCs) in Tribal Areas in Karnataka as on 31st March, 2017.

EFFECTIVENESS OF HEALTH POLICIES AND PROGRAMMES IN INDIA

Sujata Rao (1998) in her article "Health Care Services in Tribal Areas of Andhra Pradesh: a Public Policy Perspective" describes the health status of the tribals living in scheduled area of Andhra Pradesh. She also critically examines the recent steps taken by the state government for providing better health care services in tribal areas. She finds that the conventional and bureaucratized approach of the government towards providing healthcare facilities has been highly ineffective. Hence, she argues that the strategies to reduce morbidities and mortalities among tribals would need to contain specific directions for establishing interconnectivity between income, food security, female literacy and good health right down to the PHC level.

Ramani and Mavalankar (2005) in their article, "Health system in India – Opportunities and Challenges for Improvements" opined that, Indian health system is at critical point. They stressed the need for building healthcare facilities that are responsive to community needs particularly for the poor.

Sinddu, Keshava and Revankar (2012) have studied the status and infrastructure of the health sector in Karnataka. They have observed that health status of India is not satisfactory compared to other developing countries. The health expenditure in India is very low. In Gulbarga and Belgaum districts of Karnataka status of healthcare and infrastructure is very poor. They have stressed that health programmes have to be properly implemented for providing quality infrastructure and services.

Volume I of the Document of 12th Five Year Plan prepared by the Planning Commission (2013) affirmed health as a critical dimension of human capability. It stated that at the beginning of 12th Five Year Plan less than half of inpatient health care capacity of the country was in the public sector and that majority of the population relied on private health care provision which often imposed a heavy financial burden on the poor. Hence it asserted that, ideally, public health care system must be expanded to address the health needs of vast majority of citizens.

Neelmani Jagsawal (2015) has analyzed data about rural health system in India collected through secondary sources. She points out that health system in rural areas is in awful state due to gap in existing policy and infrastructure. The treatment and medicines in government hospital are of poor quality. There is a lack of standard healthcare infrastructure and adequate manpower. Hence, she argues that there is a need to revive the present rural healthcare system.

Manoj Mohanan, Katherine Hay and Nachiket Mor (2016) have analyzed the quality of health care in India. Their study found that the quality of health care at the system level requires a focus on governance issues, including improvement of public sector management, building institutional capacity, and promoting a culture of data-driven policies. They advocate for evidence-based approaches to improve the quality of health care and health outcomes in India.

Report of the Expert Committee on Tribal Health (2018) is the comprehensive report on tribal health in India. It gives clear picture about present status of health and healthcare in tribal areas, causes of gap and also gives suggestion for the future to fill this. It states that there is a prevalence of malnutrition, malaria, tuberculosis, cancer, hypertension and diabetes among tribal population. Tribal people mainly depend on public care when they seek external health care. However, these health services are not appropriate and are poor in quality. The Committee has recommended to the Ministry of Health and Family Welfare as well as to the Ministry of Tribal Affairs for developing policies and programmes for providing preventive, promotive, curative and rehabilitative services in health subcenters in tribal areas.

HEALTH STATUS OF TRIBAL COMMUNITIES

Balgir (2011) in his study attempted to assess genetic disease burden, nutrition and determinants of tribal health care among the four tribals namely, Bhatra, Gond, Kondh and Paraja of Orissa residing adjacent to the bordering districts of Chattisgarh. He has found that tribals in Chattisgarh are more prone to biomedical health problems. He opined that there is a need of establishment of appropriate, acceptable, accessible and affordable and locality specific, tribe specific and need based health care system to achieve the true goal of health for all in India.

Manish Mishra (2012) in his article titled "Health Status and Diseases in Tribal Dominated Villages of Central India" analysed the perception of Gond Tribes of Pathai Panchayat of Sahpur Development Block of Betul district in Madya Pradesh about health and disease, and their traditional and indigenous health management practices. He has found that tribals' dependence on their traditional healing practices have decreased and their dependence on modern health and disease management institutions have increased over the years.

Raveendra Naik (2012) in his thesis titled "Health Status and Rights to Health among the Tribals in Andhra Pradesh'' states that health condition of tribals is very poor due to many factors like lack of personal hygiene, poor sanitation, poor health services, and lack of health education.

Gautam Kumar Kshtriya (2014) in their study examined the changing perspectives of health among tribes of India in the context of increasing life style diseases in India. He has pointed out that there is under-nutrition and malnutrition among Indian tribes. Tribals are becoming vulnerable to various metabolic risk factors which are related to their dietary profile and physical activity.

Yogesh Jain et al (2015) in their research assessed the burden and pattern of diseases among tribals especially Particularly Vulnerable Tribal Groups (PVTGs) who came to community health programme organized in the tribals areas of Chhattisgarh and Madhya Pradesh States of India. They found that tribals suffer from communicable diseases like tuberculosis, malaria, leprosy, sickle cell disease, diabetes mellitus and severe hypertension. They have opined that as

there is substantial disease burden among tribals there is need for universal health coverage for them.

Anup Kumar Kapoor and Meenal Dhall (2016) in their article titled "Poverty, Malnutrition and Biological Dynamics among Tribes of India" have pointed out that socio-cultural and economic change among tribal groups along with life style medications can cause health problems like obesity, diabetes and hypertension. They opine that it is very necessary to identify reorganize and reallocate resources based on needs of the tribal groups.

Arun Kumar et al (2016) assessed the epidemiology of diabetes burden in tribes of India through narrative review of the available literature. They stated that tribal populations are vulnerable to diabetes, obesity and hypertension due to adoption of new lifestyles. There is a need of efforts from various stakeholder agencies to prevent and control diabetes and other non-communicable diseases (NCDs) among tribals. They have also highlighted that the problem of diabetes in tribal areas can be prevented and controlled by filling the gaps in awareness levels, further surveys, operational research or other data.

Mahesh R. (2016) in his article "Tribal's Health Status: A Case Study in Chamaraja Nagar District" stated that tribals in India have their own beliefs and practices about healthcare. He found that magicoreligious practices are prevalent in their indigenous methods of treatment.

Kankana De (2017) in her article titled "Health Awareness among Tribes of Rural India" have presented the results of their study based on direct interviews with 200 tribal adolescents. She has found that majority of rural tribal people are suffering from skin disease, sexually transmitted infection, reproductive tract infections, diahorrea, TB and leprosy but they do not have proper knowledge about nature and cause of several diseases.

Suneethi Margaret Dey, Nagarathna D.V and Mathews Jude (2017) conducted a cross-sectional study to assess the prevalence of periodontitis among 400 Koraga tribals in the age group of 20-55years living in Mangalore Taluk. They used convenient sampling technique for the study. They found that Koraga tribals have a poor oral hygiene and periodontal status due to lack of

awareness, non availability of treatment facilities, inappropriate oral hygiene practices, inadequate dental health resources and poor socio-economic status.

Sujit Kumar Yadav and K.S.Sengar (2017) assessed the prevalence of psychosocial problems of tribal school going adolescents in Gumla district of Jharkhand. It was a cross sectional descriptive study. Samples were selected from four schools of Gumla district. Schools were selected by using simple random (lottlery method) method. The findings of the study pointed out that tribal adolescents are having emotional and behavioural problems. Hence, they suggest that psycho-social care programmmes has to be established for adolescents to promote positive, physical, psychosocial and emotional well being suitable to their culture.

AVAILABILITY OF AND ACCESS TO HEALTHCARE SERVICES AMONG TRIBAL COMMUNITIES

Mahapatro and Kala (2000) in their article "Health Seeking Behavior in a Tribal Setting" have presented the results of the study conducted in six tribal villages of Nabrongpur district, Orissa. Bhattara is the prominent tribal group of these villages. The findings of the study pointed out that 49% of the women depend on traditional method of treatment. The main causes for not seeking Govt / private health care services are long distance to PHC and non availability of doctors.

Reena Shah and Daniele Belange (2011) in their article have provided an in-depth analysis of the utilization of maternal health care services by tribal women in India, particularly in the Northeast and Central regions of the country and also compared the utility patterns of maternal health care services by scheduled tribe women form different areas in India. They opine that family welfare and health care services in tribal areas has to be properly implemented. Further they state that there is a need of continued investment in education with a special emphasis on tribal areas in order to reduce maternal, infant and child mortality.

Sikder (2012) has analyzed the access to benefit of the health and medical service provided by the Department of Health and Family Welfare, Government of West Bengal and also private institutions in the state. The study was conducted in Fuldanga village of Birbhum District. The households of different sections like OBC, SC and STs were included in the study. The findings

of the study pointed out that majority of the households are deprived of public health services. He advocates implementation of community-based health insurance benefits.

Jacob Islary (2014) in his article "Health and Health Seeking Behavior among Tribal Communities in India: A Socio-cultural Perspective" opined that health seeking behavior among tribal groups was affected by degree of autonomy, lack of awareness and education, external environment, and personal predisposition.

Powale (2015) in his research paper titled "A study of the Health Care Services in Tribal Area" assessed the public health services available in Kinwat tribal block in the Maharastra state by using both primary and secondary data. He found that the tribal people of this block are not getting quality health services due to scarcity of health services and lack of effective implementation of health services.

Adhikari et al (2016) in their article have examined the factors associated with the utilization of antenatal care services among women in four states including Rajasthan, Odisha, Chhattisgarh and Madhya Pradesh. The study findings pointed out that the utilization of antenatal care among Scheduled Tribe Women across four states was very poor and there is a need of Reproductive and Child Health programmmes to mobilize tribal women to register early with healthcare facility and also create awareness among family members towards the need for utilization of complete ANC at the health facility.

Krupasindh Nayak and Debaki Naik (2017) in their study explored the indigenous knowledge related to medicinal practices among the Santal community of Mayurbhanj district of Odisha. The study was conducted using combination of quantitative and qualitative methods and techniques. They found that tribals of the Mayurbhanj district are still practicing their traditional medicine to cure the diseases. The health care services are still poor and need to be strengthened in order to achieve the goal of health for all in the country.

BARRIERS TO HEALTHCARE SERVICES AMONG TRIBAL COMMUNITIES

Bala and Thirusevakumar (2009) explored the problems in delivering public health services to the tribal population of India. They opined that government has established Primary Health Centres and Sub-centrers in tribal areas but still healthcare is not available to majority of the tribals due to lack of accessibility to health facilities, non-availability of health staff in the health centres, lack of equality of services and also traditional practices and superstitious beliefs have blocked health care delivery to the tribals.

Shrivastava, Shrivastava and Ramasamy (2013) in their article opined that the population norms for establishment of primary health centres and sub-centres is for every 20,000 and 3,000 population respectively but health care is not available to the majority of the tribals due to multiple factors like lack of accessibility to health facilities, non-availability of health staff in the health centres, poor quality of services offered, lack of transport and communication facilities, traditional practices and superstitions, poverty and financial constraints, logistics barriers from the health care providers side, long waiting hours at the health center and timings of the facilities. All these factors in multiple ways have obstructed accessibility of health care services.

Mishra, Kusuma and Babu (2014) in their research article analyzed the barriers to public health services among migrant tribal community in Bhabaneshwar of Eastern India. Both qualitative and quantitative research techniques were adopted in the study. Researchers have opined that to improve health and health care access, there is a need of comprehensive migrant sensitive health care system.

Sumirtha, Veenapani and Umakant (2017) in their article studied the patterns and determinants / impediments to utilization of healthcare services and financing among Particularly Vulnerable Tribal Groups (PVTGs) in Gudalur block of Nilgiri district of Tamilnadu. Researchers have incorporated mixed method approach and samples were selected through two stage stratified random sampling method. The findings of the study highlighted that the utilization of healthcare facilities among tribal groups is low due to cultural barriers, non availability of services, financial constraints, accessibility and long waiting hours in these units.

A significant gap highlighted in the report of the Expert Committee on Tribal Health is the lack of healthcare professionals that are available to work with tribal communities. Healthcare professionals view postings in tribal areas as a 'punishment' of sorts, and are hesitant to go, much less stay, there.

NEED AND SCOPE FOR RESEARCH IN THE CONTEXT OF SOCIAL WORK PRACTICE

Mohindra and Labonte (2010) in their research article have stated that health and human development indicators of tribes of India fall behind the national averages. The findings of their article emphasize the need for providing inventions that are relatively low cost, demonstrate rapid results and can be easily administered. They opine that there is need of research studies which assess comprehensive health intervention for scheduled tribes.

Further, there have been a very limited number of studies reported on the health status of the tribal communities in Karnataka. Studies carried out so far have also been extremely limited to only a handful of tribes like the Jenu Kuruba, Koraga, Iruliga, HakkiPakki and Siddis. With only a few reports available on the prevalence of various communicable and non communicable diseases in these tribal communities, it is difficult for the Government and Social Workers to devise strategies to combat these health problems. Existing literature ranges from studies on tracing the genetic origin and relatedness of some of the tribes to the assessment of availability of health care facility and their utilization, and to study of anaemia and hypertension among the tribes, their nutritional status, lifestyle disorders, and oral hygiene (Roy Subarna et al, 2015).

Review of literature shows that there is a great need for research regarding the availability and accessibility of quality healthcare services for the tribal communities in India. This is because the systemic and cultural barriers for most of these communities continue to exist. Spatial distance, cultural diversity and educational backwardness among the tribal communities necessitate community-wise studies.

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