

# DEMOGRAPHIC AND HEALTH STATUS OF SCHEDULED TRIBES IN INDIA

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*Abstract : Health is a prerequisite for human development and in an essential component for the welding of the making. The common beliefs, customs, practices related to health and disease in turn influence the health of the human beings. Health can be regarded as a state of mental, social and economic wellbeing and not the mere absence of disease. Health is a function, not only of medical care, but also of the overall integrated development of society-cultural, economic, Educational, social and political. Therefore, to have sound health, the other depending factors are also to be looked into deposited remarkable world-wide progress in the field of diagnostic and curative and preventive health, still there are people living in isolation in natural and unpolluted surroundings for way from civilization with their traditional value customs, beliefs and myth intact. There are commonly known as "tribals" it is fascinating that tribal in India constitute 1104:28 million as per 2011 census which is about 8.61% of the total population of India.*

**IndexTerms - Health, Disease.**

## INTRODUCTION

Tribal communities in India mainly consist of forest dwellers who have accumulated a rich knowledge on the uses of various forests and forest products over the centuries. According to Article 342 of the Indian Constitution, the Scheduled Tribes are the tribes or tribal communities or part of or groups within these tribes and tribal communities which have been declared as such by the President through a public notification. India possesses a total of 427 tribal communities, of these more than 130 major tribal communities live in North East India, which is comprised of the 8 states Meghalaya, Mizoram, Manipur, Tripura, Sikkim, Assam, Nagaland and Arunachal Pradesh. The major tribal communities of the North East India have been categorized into sub-tribes and if these sub-tribes are taken into account the total number of tribal groups reach up to 300. Tribal groups constitute about 8.6 % of the total population in India (Indian Government Census, 2011). According to government statistics, tribes can be found in approximately 461 communities with almost 92 % of them residing in rural areas, mostly in remote underserved forest regions with little or no basic civic amenities like transport, roads, markets, health care, safe drinking water or sanitation. Tribal communities therefore lag behind other communities with respect to attainment of income, education, health and other requisites for good community nutrition. Of the 86 million tribals who are 8.2 percent of the population, 80 percent live in the Middle India belt of Andhra Pradesh, Orissa, Jharkhand, Chhattisgarh, Madhya Pradesh, Northern Maharashtra and Southern Gujarat. Around 12 percent or 10.2 million live in the Northeast. The rest are spread over the remaining States. Scheduled tribes are distributed throughout the country except Pondicherry, Haryana, Punjab, Chandigarh, and Delhi.

### Definition of Health

The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity." It is well recognized that health is not the exclusive domain of medical science because every culture, irrespective of its simplicity and complexity, has its own beliefs and practices concerning diseases. No culture works with a meaningless approach in its treatment of diseases. Every culture evolves its own system of medicine in order to treat diseases in its own way. Thus, treatment of disease may vary from group to group. To understand health and health related problems in a proper perspective, it is very important to consider the socio-cultural issues, economic dimensions and environmental aspects. This is more relevant in the context of tribal people, particularly living in the rural areas.

### Definition of Tribe

The Indian Constitution, and laws made under it, recognize the special status of tribal communities. While sociologists and social anthropologists have debated the defining characteristics of a tribe, the Constitution recognizes that tribal communities

need and deserve special protections and that the politico-administrative establishment must act to ensure that such protections are extended to tribal communities. Accordingly, the device of scheduling has been adopted to enable identification of tribal communities and tribal areas that are to come within this dispensation.

It is necessary to examine the early origins of the concept of 'tribe' and its transformation in various historical and political contexts, specifically during the colonial period in the Indian sub-continent. In the Roman context, the term 'tribe' was used to refer to a state of barbarism, but also to indicate a tributary relationship between a group and the imperial State, with whom gifts and tributes were exchanged. Tribe, therefore, referred to a particular relationship between Centre and periphery, which was equally applicable to the tribal relationship with the Mughal Empire in India. One of the other early meanings of tribe was also that of a group claiming common ancestry. Later, the idea of the tribe as people living in 'primitive' conditions became dominant. The reference to a particular relationship with the State was pushed to the background by an emphasis on the tribe as an autochthonous, homogeneous whole – an independent, self-contained unit.

In India, the local equivalent of the term 'tribe' is often assumed to be 'jana' or 'communities of people' based on the usage of the term in ancient Buddhist and pyranic texts. In this conception, the term jana was used in opposition to the term jati to indicate that these communities were outside the jati or hierarchical caste system of social organization. This view, however, was not universally accepted, since other scholars point out that the categories of jana and jati do not neatly overlap with that of tribe and caste respectively in the present context.

### OBJECTIVES OF THE STUDY

The following objectives are

1. To identify the health problems of the scheduled tribes in India.
2. To know the demographic details of the scheduled tribes in India.

### METHODOLOGY

The study of health status of Tribal women in India is based in secondary method of data collection from various books, newspapers, government publication report etc.

### STATEMENT OF THE PROBLEM

The economic problems need special attention in the context of tribal communities of India. Available research studies point out that the tribal population has distinctive health. Insanitary conditions, ignorance, ST population continue to carry burdens of „diseases of the poor“, namely under nutrition and infection diseases. They are dominated, exploited and controlled by the mainstream. The tribes in India have poor infrastructure facilities, the problems related to various aspects of tribal people in India viz. social, economic, educational, health, religion, an, law and order situation, self-centered tendency and so on, and they got meager facilities from the Government as the government schemes normally designed for the average district or village, which is not a reality where tribes are concerned.

### THE HEALTH PROBLEMS OF THE SCHEDULED TRIBES IN INDIA

The National Health Policy, 1983 accords high priority to extending organized services to those residing in the tribal, hilly and backward areas as well as to the detection and treatment of endemic diseases affecting tribals, yet they continue to be one of the fragile population, mainly due to their poor health and disease management. Tribal health is one of the important areas for action in the health sector. The major contributors to the increased disease risk amongst tribal communities include- (i) poverty and consequent under nutrition; (ii) poor environmental sanitation, poor hygiene and lack of safe drinking water leading to increased morbidity from water and vector-borne infections; (iii) lack of access to health care facilities resulting in the increased severity and duration of illnesses; (iv) social barriers and taboos preventing utilization of available health care services; (v) vulnerability to specific diseases like G-6 PD deficiency, yaws and other endemic diseases like malaria etc. Also, the tribal population, being heterogeneous, there are wide variations in their health status, access to and utilization of health services.

## **DISEASE BURDEN AMONG THE TRIBALS;**

The health and nutrition problems of the vast tribal population of India are as varied as the tribal groups themselves who present a bewildering diversity and variety in their socioeconomic, socio-cultural and ecological settings. Apart from conventional diseases which occur due to intervention of disease causing agents directly, some other factors also result in ill health among the tribals. The tribal people live in close conjunction to the nature as compared to the non-tribes, hence the adverse effects of climate change is an active as well as a potential threat to them.

### **Communicable diseases**

The people in their daily life consciously or subconsciously modify the environment and ecological aspects of their habitat, which in turn increase the risk for communicable diseases. The communication of diseases is dependent either on the direct contact or on the indirect agents like breathing, sputum, stool, saliva, urine, etc. There are several communicable diseases prevalent among the tribals of India. These are: Tuberculosis, Hepatitis, Sexually Transmitted Diseases (STDs), Malaria, Filariasis, Diarrhoea and Dysentery, Jaundice, Parasitic infestation, Viral and Fungal infections, Conjunctivitis, Yaws, Scabies, Measles, Leprosy, Cough and Cold, HIV/ AIDS, which is spreading like wild fire, etc. due to lack of sanitation and unhygienic living. They frequently become victims of repeated epidemics of the above mentioned contagious diseases. Poor diet and nutrition enhances susceptibility of communication to infectious diseases. Besides, lack of personal and domestic hygiene, overcrowded living are also the causative factors responsible for this kind of diseases. Malaria is emerging as the major public health problem in almost all tribes of India. Local outbreaks due to malaria are of frequent occurrence, and the morbidity and mortality associated with the disease is alarming.

### **Non-communicable disease**

Lack of proper health education, poverty, faulty feeding habits and irrational beliefs aggravate the health and nutritional status of these underprivileged people in India. It is expected that the increase in literacy rate of a community would reduce morbidity and child mortality or in other words, improve the health status of the community as a whole. Tribal diets are generally grossly deficient in calcium, vitamin A, vitamin C, riboflavin and animal protein. Micronutrient deficiency is closely linked with nutritional disorders and diarrhea. Deficiency of essential dietary components leads to malnutrition, protein calorie deficiency and micronutrient deficiencies (like vit A, iron and iodine deficiency). Vitamin A deficiency in the form of Bitot's spot, conjunctival xerosis and night blindness was observed. Alcoholism is another health mishap in the lives of tribals.

### **Genetic Disorders**

Hereditary hematological and genetically disorders especially sickle cell disease, G6PD deficiency, hemoglobinopathies and allied hemolytic disorders are important public health problems and occur in high frequencies among different tribal groups and scheduled caste population. These result in a high degree of morbidity and mortality due to haemolysis in vulnerable population. About 13 lakh G-6-P D deficient are present in tribal population. Prevalence rate up to 40 per cent of sickle cell trait has been reported in some tribes i.e. Adiyani, Irula, Paniyan, Gonds. Sickle cell gene is widely prevalent among the tribal population in India. These have been investigated in over 100 tribal population spread over different parts of the country. The prevalence rate varies widely (0.5 to 45%) among different tribes. Interestingly this gene is restricted amongst the tribes of central, western, southern and eastern India and is conspicuously totally absent in north-east India. There are many primitive tribes who have been identified to be in high risk group.

### **Sexually Transmitted Diseases**

Sexually transmitted diseases (STDs) are most prevalent disease in the tribal areas. VDRL was found to be positive in 17.12 per cent cases of polyandrous Jaunsaris of Chakrata, Dehradun. Among the Santals of Mayurbhanj district, Orissa, 8.90 per cent cases of VDRL were observed. Likewise, in many tribal groups various STDs, RTI (Reproductive tract infections) are observed due to unhealthy practices of sex and other beliefs. The practices of polygamy, polyandry and other such practices resulted in STDs. The prevalence HIV/AIDS is also observed among various tribal groups and is more alarming health concern.

### SCHEDULED TRIBES IN INDIA

Scheduled Tribes (STs) are indigenous, have their own distinctive culture, are geographically isolated and are low in socio-economic conditions. For centuries, the tribal groups have remained outside the realm of the general development process due to their habitation in forests and hilly tracts. After independence, Government of India has scheduled the tribal groups in the Constitution and provided special provisions for their welfare and developments in the case of ST communities across the States in India and 75 of the STs are most backward and are termed as Primitive Tribal Groups. Most of the tribal areas are hilly, inaccessible undulating plateau lands in the forest areas of the country resulting in the bypassing of general developmental programmes. Due to this, infrastructure and development facilities in tribal areas for education, roads, healthcare, communication, drinking water, sanitation etc. Lagged behind compared to other area which has India being the second largest tribal dominated area after Africa is one of the most fascinating Nations of world from anthropological point of view. The total tribal populations of India, is 8.6 per cent (census of India, 2011). As many as 550 tribal communities are residing in India, of whom 75 are declared as primitive tribal groups who are spread across the country. The tribal population is identified as the aboriginal inhabitants of our country. They are seen in almost every State of India. For centuries, they have been living a simple life based on the natural environment and have developed cultural patterns congenial to their physical and social environment. References of such tribal groups are found even in the literature on the ancient period, right from the Ramayana and the Mahabharata period.

#### Trends in Growth of Tribal Population in India and Tamilnadu

| Sl. No. | Year | Percentage to Total Population |           | Decadal Growth Rate |           |
|---------|------|--------------------------------|-----------|---------------------|-----------|
|         |      | India                          | Tamilnadu | India               | Tamilnadu |
| 1       | 1951 | 5.29                           | 4.89      | 41.19               | 36.52     |
| 2       | 1961 | 6.86                           | 6.52      | 33.84               | 33.33     |
| 3       | 1971 | 6.94                           | 6.63      | 24.80               | 22.54     |
| 4       | 1981 | 7.83                           | 7.46      | 24.69               | 23.88     |
| 5       | 1991 | 8.08                           | 7.84      | 23.79               | 22.56     |
| 6       | 2001 | 8.20                           | 7.93      | 22.07               | 22.84     |
| 7       | 2011 | 8.60                           | 7.12      | 23.70               | 22.56     |

Source: Census of India from 1951 to 2011, Government of India.

### CONCLUSION

It is evident from the above discussions that tribal populations are affected by various social, economic and developmental constraints that potentially expose them to high rates of malnutrition and health problems which is correlated with the lower percentage of higher education of the community. The tribal of India are heterogeneous. Although scheduled tribes are accorded special status under the fifth/sixth schedules of the Indian Constitution, their status on the whole, especially their health still remains unsatisfactory. Hence, the methods to tackle their health problems should not only be multi-fold, but also specific to the individual groups as feasible as possible.

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