



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

“Tribal Development in India: Issues and Challenges”

Dr. Bhavna Sood

Asst Prof/HoD, Post Graduate Department of Sociology

Mehr Chand Mahajan DAV College for Women

Sector -36 A, Chandigarh

Pin – 160036

Abstract

India had walked the difficult road to independence but we are yet to be free from our attitude towards gender, caste, minorities- tribals and other social ills. The government's tribal development policies and NGO's interventions are not being rooted in the realities of tribal conditions. There is no dearth of tribal development plans that were launched in India in the last 70 years with an expenditure of thousands of crores of rupees, still the plight of the tribal community has not improved. Is that the authorities are not aware of the ground realities? The key issues concerning the development of tribals are related to poverty, health and land. In India according to the Census 2011, 8.6% of the total population of the country belong to the tribal community. Minerals are the backbone of the economic growth of a country and are in abundance here. Unfortunately, the minerals, forests and tribals are to a greater degree concentrated in the same geographical area. Land alienation and displacement besides forced migration of tribes is a serious issue. The objective of the paper was to focus on health issues of the tribals and would shed light on the remedies if any could be sought on the part of governmental.

Methodology: This paper is exploratory and descriptive in nature. Secondary sources of data is used from books, articles, journals, etc to understand the distribution of tribal population in India and how their health is getting impacted from development projects, natural resource management and mining.

Keywords: Development Projects, Natural Resources, Mining and Governmental policies.

Introduction

The tribal population is found in almost all parts of the world, but are known by different names, eg in US they are called Red Indians, in Australia as Aborigines, in European countries as Gypsies, in Africa and Asian countries as Tribals. India has the second largest tribal population after that of African continent. *Adivasi* is the collective term for the Tribes of India. They are an integral part of Indian civilization with a rich cultural heritage. They are notable for their adaptation to the physical environment. Animism forms an important part of the belief system of the tribals. Etymologically, the term tribal derives from the word *Tribuz*. In fact it is believed that India derived its name- Bharat from the mighty Bharat tribe. The Constitution of India has recognized tribal communities in India under 'Schedule 5' of the constitution. Hence the tribes recognized by the Constitution are known as 'Scheduled Tribes.' There are around 645 distinct tribes in India. Census 2011 which accounts for 8.6% of the total population of the country. The Scheduled Tribes in India form the largest proportion of the total population in Lakshadweep and Mizoram followed by Nagaland and Meghalaya.

Words like Tribe and Tribal have become very important concepts in recent social sciences and social change. Almost every 13th Indian is a tribal (Ameri, 2019). The major tribes are: the Bhils, the Gonds, the Santhals, the Minas, the Oraons, the Mundas and the Khonds. Most tribes are concentrated in heavily forested areas that combine inaccessibility with limited political or economic significance. Historically, the economy of most tribes was subsistence agriculture or hunting and gathering. Government policies on forest reserves have affected tribal people profoundly.

Definition: Tribal communities of India cannot be clubbed together as one homogeneous group. They belong to different ethno-lingual groups, having diverse faith and are at varied /different levels of development - economically, educationally and culturally. It can be defined as “An endogamous group with an ethnic identity; who have retained their traditional & cultural identity; who have distinctive language or dialect of their own; they are economically backward and live in seclusion governed by their own social norm and largely having a self-contained economy”

The essential **Characteristics** of these communities are:-

- Primitive Traits
- Geographical isolation
- Distinct culture
- Shy of contact with community at large.
- Economically backward

Classification

- *Food gatherers and hunters.* Eg: Jenukurubas of Karnataka, Rajis of Uttar Pradesh, Chenchus of Hyderabad, Kadars of Cochi, Jarwa and the Andamanese of Andaman islands.
- *Shifting cultivators/ Jhum.* Eg: Nagas of Assam, Khasis of Meghalaya, Korwa of Bihar, Saora of Orissa.
- *Settled agriculturists.* Eg: Mundas
- *Artisans .* Eg: Kota of Nilgiri hills
- *Pastoralists and cattle herders.* Eg: Todas of Nilgiris, Bakerwal and Gaddi in Himachal Pradesh.
- *Folk artists.* Eg : Pradhans of Madhya pradesh
- *Wage labourer.* Eg: Santhals of Bihar
- *Acculturated layer:* They have travelled farthest from their original habitat (civilised). Eg : Minas
- *Settled schedule tribe agriculturists:* They have come quite some way from their original habitat. Eg: Santal
- *Third category:* Those who have hardly shifted from their original habitat. Eg: Khasis
- *Fourth category:* Those encysted in their original habitat. Eg: Kadars

A number of constitutional and juridical safeguards for Adivasi have been made. In India the tribal communities are the least educationally developed (Verma, 2002). In Lok Sabha, there is a reservation of seats for Scheduled Tribes. The National Commission for Scheduled Tribes (NCST) was established in 2003. In this paper we focussed on the health of the tribals.

Indicators:

The health status of a population measures the quality of life of the people contributing to the productivity of the population, longevity, well-being of children and the aged population. Health status is multidimensional in nature and can be seen through both – *outcome and input indicators.* (Duraisamy, 2011)

The *Outcome measures* include:

- *Mortality* measures- including life expectancy at birth, crude death rate, mortality rate, child mortality, etc
- *Morbidity* reflects illness, pain and sufferings of the people
- *Nutritional* indicator includes anthropometric measure includes (body mass index, height-for-age, weight for height, mid arm circumference), dietary and food intake assessment

The *Input indicators* include:

- Health infrastructure which indicate access to health (hospitals/dispensaries, clinics, beds, drugs) and Health manpower (doctors, nurse, staff)
- Health Expenditure in relation to income (public/private expenditure)

A Better Quality of Life:

The World health Organization defines health as a complete state of physical, mental, social and spiritual well-being and not merely an absence of disease. Adivasis in India are struggling to make both ends meet. Displaced from their natural forest habitats, their economic, social and psychological poverty is steadily increasing. It is in this sense that we must look at tribal health. Tribals in different parts of India are those “untouched by civilization.” It must be stressed that these people generally enjoy a healthy lifestyle with work and rest linked to seasonal cycles. They have a balanced diet accessed through agriculture, hunting and food gathering. Their concept of health is more functional rather than biomedical-that as long as a person can do normal routing work. Cause of illness is attributed to ‘spirits’. Healing is done through a herbal preparation. But this scenario is changing owing to urbanization and globalization (Ameri, 2019).

Current Issues: The United Nations Declaration on the Rights of Indigenous People (tribal populations) refers specifically to the right to health (articles 21, 23, 24 and 29), with particular attention to the needs of indigenous elders, women, youth, children and persons with disabilities. It states that indigenous people have the right to be actively involved in developing and determining their health programmes, the right to their traditional medicines, maintain their health practices, and the equal right to the enjoyment of the highest attainable standard of physical and mental health. Tribal communities face the ‘triple burden’ of disease. Apart from high rates of malnutrition and communicable diseases (TB, leprosy, HIV etc), the advent of rapid urbanisation, and changing lifestyles and environment, has led to a rise in non-communicable diseases as well (cancer, diabetes, and hypertension). These are both in addition to the burden of mental illness and subsequent addiction.

Development induced Displacement- Removal and relocation is a major issue for many indigenous people.

Deforestation in tropical regions is another problem as forest provides food and home to many tribals.

Valuable mineral resources found in native lands is also causing problems for tribals.

Problems

- Decadal Growth rate is higher than that of the total population.
- Girls marrying below 18 years is up to 60%.
- 43% of tribal pregnant women do not receive any antenatal check-up, 38% do not receive any Tetanus toxoid injections and only 51% do not receive Iron and Folic acid tablets.
- 81% tribal pregnant women deliver at home, 44% of all deliveries are attended by TBA and 32% by other untrained persons. Only 5% are attended by health care professionals.
- Unmet need for family planning 15.4%
- 42% of currently married women have any reproductive health problem
- Only 26% of children receive all vaccines.

The Tribal Health issues- includes:

- Communicable diseases, Malnutrition and Non-communicable diseases including mental illness
- Animal and snake bites and violent conflicts
- Worse socio-economic determinants especially in housing, education, and sanitation
- Difficult natural conditions arising out of geographic terrains
- Poor quality and inappropriate health care services
- Constraints in the availability of health human resource at all levels
- Lack of Funds or allocated funds not utilized properly
- Lack of data for evaluation and monitoring of schemes and their impact

- Political dis-empowerment of tribal people from individual to the national level.
- Lack of participation from tribal people in planning, priority setting and execution.

Despite the high dependence of tribals on the public health care system. It continues to be characterized by low quality, low output, and low outcome delivery system, often targeting wrong priorities. It is necessary to restructure and strengthen the public health care system in accordance with the needs and aspirations of the tribal communities, with their full participation.

Why Tribal Health suffers, due to:

- **Lack of awareness of health issues** - Without awareness of health issues, most tribal populations tend to fall ill more frequently and wait too long before seeking medical help
- **Lack of health facilities in remote rural areas** - Past efforts to bring health care to the poor through outreach camps and mobile health units have not had the desired impact.
- **Lack of emergency transportation**
- **Discriminatory behavior by health care providers**
- **Financial constraints** - As most rural tribal populations live below the poverty line,

To improve tribal populations' access to health care and raise the quality of service provided, a number of initiatives need to be taken

- **Raising Awareness of Health Issues**
- **Bringing Health Services to Remote Populations**
- **Providing Emergency Transportation for Expectant Mothers**
- **Employing Health Workers from Tribal Communities**
- **Changing the Behavior of Health Care Providers**
- **Providing Financial Support**

Development Projects

- A portal for direct selling has been launched by TRIFED (Tribal Cooperative Marketing Development Federation of India Limited). In addition, TRIFED has tied up with "snapdeal.com". MFPs namely (i) Tendu Leaves (ii) Bamboo (iii) Mahua seed (iv) Sal Leaf (v) Sal Seed (vi) Lac (vii) Chironjee (viii) Wild Honey (ix) Myrobalan (x) Tamarind (xi) Gums (Gum Karaya) and (xii) Karanj. The Ministry's agency, TRIFED has hosted 'MFPNET', a web-based portal through which current price of MFPs can be known across important Mandis of different States.
- The Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006 is a landmark legislation to recognize the pre-existing rights of tribals
- In order to achieve comprehensive development of tribals, Vanbandhu Kalyan Yojana (VKY) is being implemented by the Ministry of Tribal Affairs which focuses on convergence of different schemes of development.

Initiatives taken by the Ministry of Tribal Affairs in relation to Health and Nutrition aspect of Scheduled Tribes are: During 2014-15, budgetary support of Rs.3850 Crores has been made for various plan schemes of the Ministry

a. *Sickle Cell Anemia*: To eradicate Sickle Cell Anemia, health check-up followed by issue of Health cards of students of tribal department schools/ hostels to identify sickle cell trait (HbAS) (SCT) cases has been undertaken. Parents are to be made aware of the problems and its prevention methods. Health ministry has been requested to include Sickle Cell test for all population groups in malariaprone areas.

b. *Malaria*: The vector-borne diseases such as malaria have a huge and disproportionate adverse impact on the tribal population. Composite fish culture for controlling mosquito population and also to provide protein supplement to the people has been advocated and supported.

c. *Traditional Corps and Food*: Growing and consumption of minor millets, kitchen garden for green leafy vegetable are encouraged in the project approvals to address nutritional issues

d. *Tribal Medicines and Practices*: Documentation of Tribal Medicines and practices through Tribal Research Institutes has been initiated. Efforts to mainstream tribal medicines and validated practices for effective health service delivery for Tribal people has been started.

National policy

Realising that the Nehruvian Panchasheel was long on generalities and short on specifics, the Government of India formed a Ministry of Tribal Affairs for the first time in October 1999 to accelerate tribal development. The National Policy recognises that a majority of Scheduled Tribes continue to live below the poverty line, have poor literacy rates, suffer from malnutrition, disease and are vulnerable to displacement. It also acknowledges that Scheduled Tribes in general are repositories of indigenous knowledge and wisdom in certain aspects. The National Policy aims at addressing each of these problems in a concrete way. It also lists out measures to be taken to preserve and promote tribals' cultural heritage. The National Policy for Tribals proposes that the existing Tribal Research Institutes located in different States shall be further strengthened for carrying out purposeful research and evaluation studies and work towards the preservation of the rich tribal cultural heritage. It also envisages the establishment of a national-level research institution.

Conclusion:

A relatively limited data set available on the health conditions and disease profile of the tribal groups across the country shows that the diseases affecting tribal population vary from area to area, depending on the environmental and social conditions and cultural practices prevalent in each area. It is necessary to restructure and strengthen the public health care system in accordance with the needs and aspirations of the tribal communities, with their full participation. Participation of the tribal people in the formulation of policy making and program implementation is required to bring about a change in their lives. India must strengthen the mechanisms of natural resource management that is people-centric and sustainable to ensure economic and social stability.

References:

Ameri, A (2019) Tribal Communities and Social Change, Book Shores, Pitampura, Delhi.

Dash, L N (2011) Health and India's Development Challenge, Regal Publications.

Duraisamy, M and P (2011) "Investigating in Health: A Review of Measurement, Theory and Indian Evidence" article in the book titled Health and Development the Millennium Perspectives edited by K Gangadharan, Rawat Publications. pp 79-94.

Verma, R C (2002) Indian Tribes Through the Ages, Director, Publications Division, Ministry of Information and Broadcasting, Government of India, Patiala House, New Delhi.

<https://en.wikipedia.org/wiki/Adivasi>

<https://nhsrindia.org/practice-areas/kmd/tribal-health>

<https://www.worldbank.org/en/news/feature/2012/02/28/improving-health-services-for-tribal-populations>

http://nhm.gov.in/nhm_components/tribal_report/Executive_Summary.pdf

<https://www.clearias.com/major-tribes-in-india/#:~:text=Jharkhand%3A%20Birhors%2C%20Bhumij%2C%20Gonds,%2C%20Meda%2C%20Naikda%2C%20Soligaru.>

