

Tribal Health



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Framework

- Introduction
- Geographical distribution of tribes
- Classification of tribes
- Health problems of tribal population
- Health policies and programmes
- Role of NGOs

Tribal community

Definition:

“Tribal communities are those communities which have **primitive traits, distinctive culture, geographical isolation, shyness of contact** with the community at large, and **backwardness**”

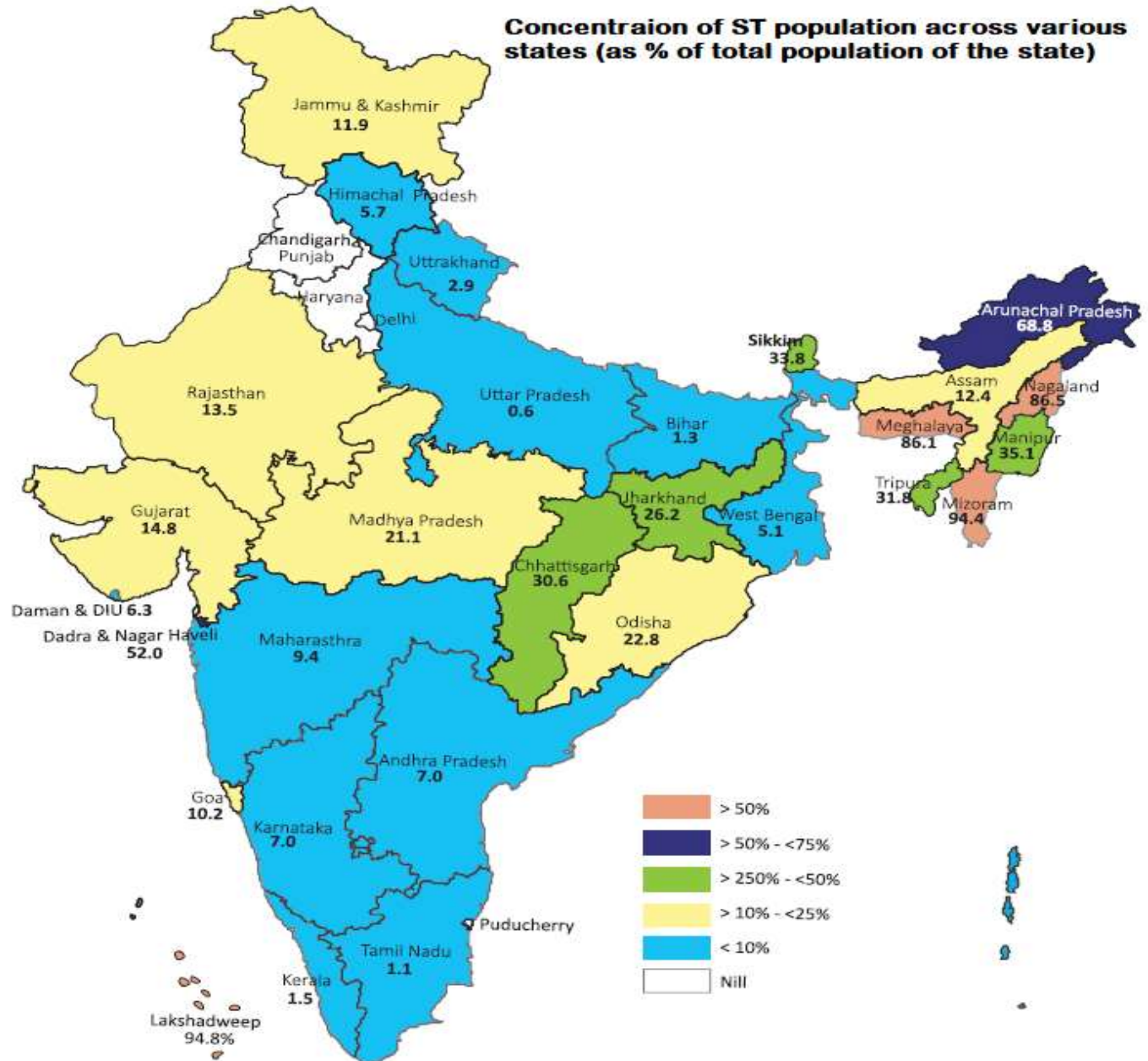
Characteristics - Tribal community

- An endogamous group → **ethnic identity**
- Retained their traditional & cultural identity
- Distinctive language or dialect of their own
- Economically backward
- Live in seclusion → governed by their own social norm
- Self contained economy

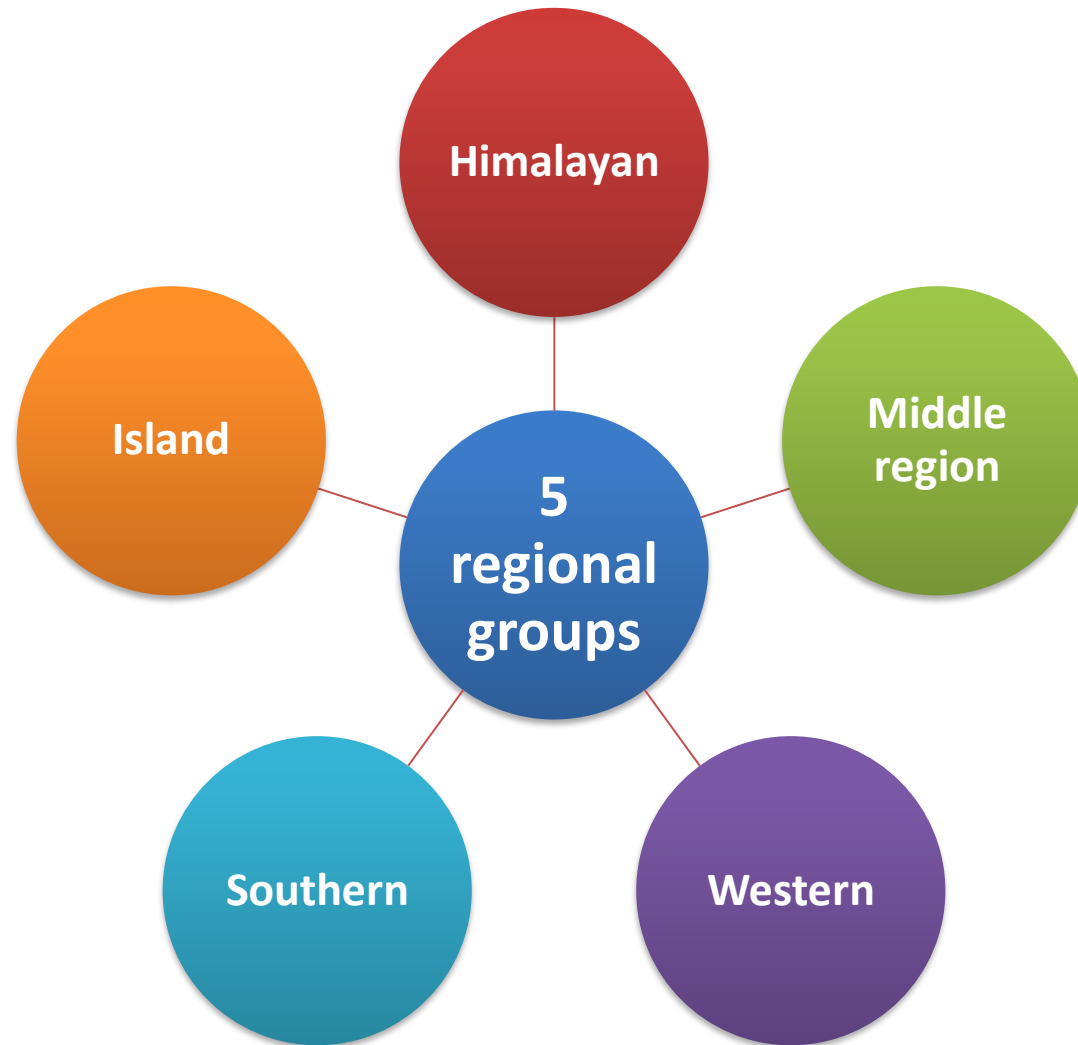
Geographic distribution

- **India - 104 million**
- **Tribes - 705**
- It accounts to **8.6 % of population**
- **15 %** of Country's total land area
- Mostly in 2 geographical areas

Geographic distribution



Categorization



Tribe

- The tribes were greatly **dependent on the forest** for their daily needs, including food, shelter, instruments, medicine, and even clothing

Classification

1. Forest hunting
2. Hill cultivators
3. Plain agriculture
4. Simple artisan
5. Pastoral and cattle herder
6. Folk-artist
7. Agriculture and non-agriculture
8. Skilled, white collar job and traders

Different types of Tribes



Health status indicators

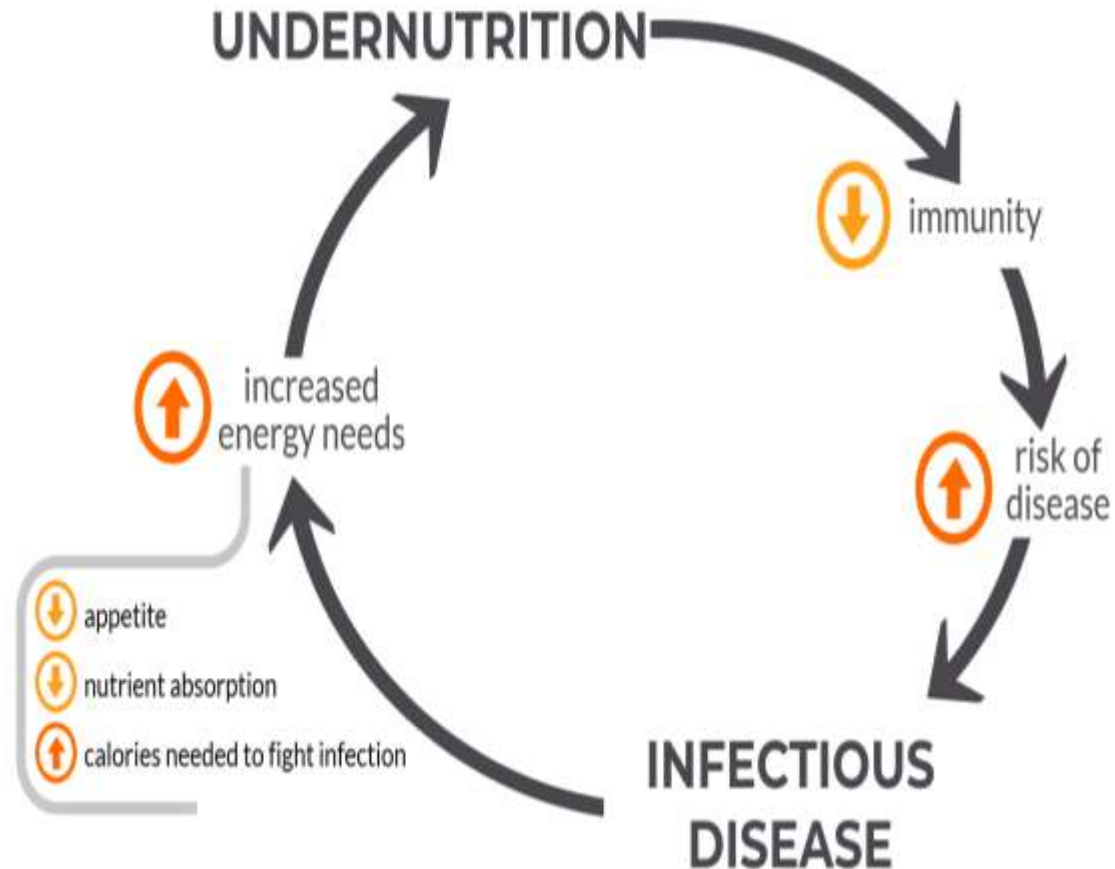
Health indicators	Scheduled Tribe	India
IMR	44.4	40.7
NMR	31.3	29.5
U5MR	57.2	49.7
All basic immunization	55.8%	62%
TFR	2.48	2.18
Life expectancy at birth (years)	60	68
Life expectancy (years)	63.7	67

Health problems

“Son of soil”

Nutritional disorders:

- Undernutrition (Adults and children)
- Anemia
- Malnutrition → infection



Communicable diseases

1. TB, Leprosy
2. Malaria
3. HIV
4. STD
5. Filariasis
6. Hepatitis
7. Skin infections

Non-Communicable diseases

1. Hypertension
2. DM
3. Cancers
4. Overweight, obesity
5. Substance abuse

Commonly seen diseases

- Sickle cell anaemia
- G6PD deficiency
- Thalassaemia
- Animals encounter, burns
- Inaccessibility to safe drinking water & sanitation

MCH indicators

Indicator	Scheduled Tribe	India
Registered pregnancy	83.8	85.3
ANC → Skilled health care provider	72.9	79.3
Received 2 TT Injections	79	83
Took 100 IFA tablets	26.3	30.3
Institutional delivery	68	78.9
Deliveries → SBA	71.5	81.4
LBW- Prevalence	20.5	18.2
ARI- Prevalence	2.2	2.7
Diarrhoea - Prevalence	8.1	9.2
Fever - Prevalence	10.6	12.9
ICDS utilization	63.8	53.6
Contraceptive use	49.4	53.5
Most common contraception	Female sterilization	Female sterilization

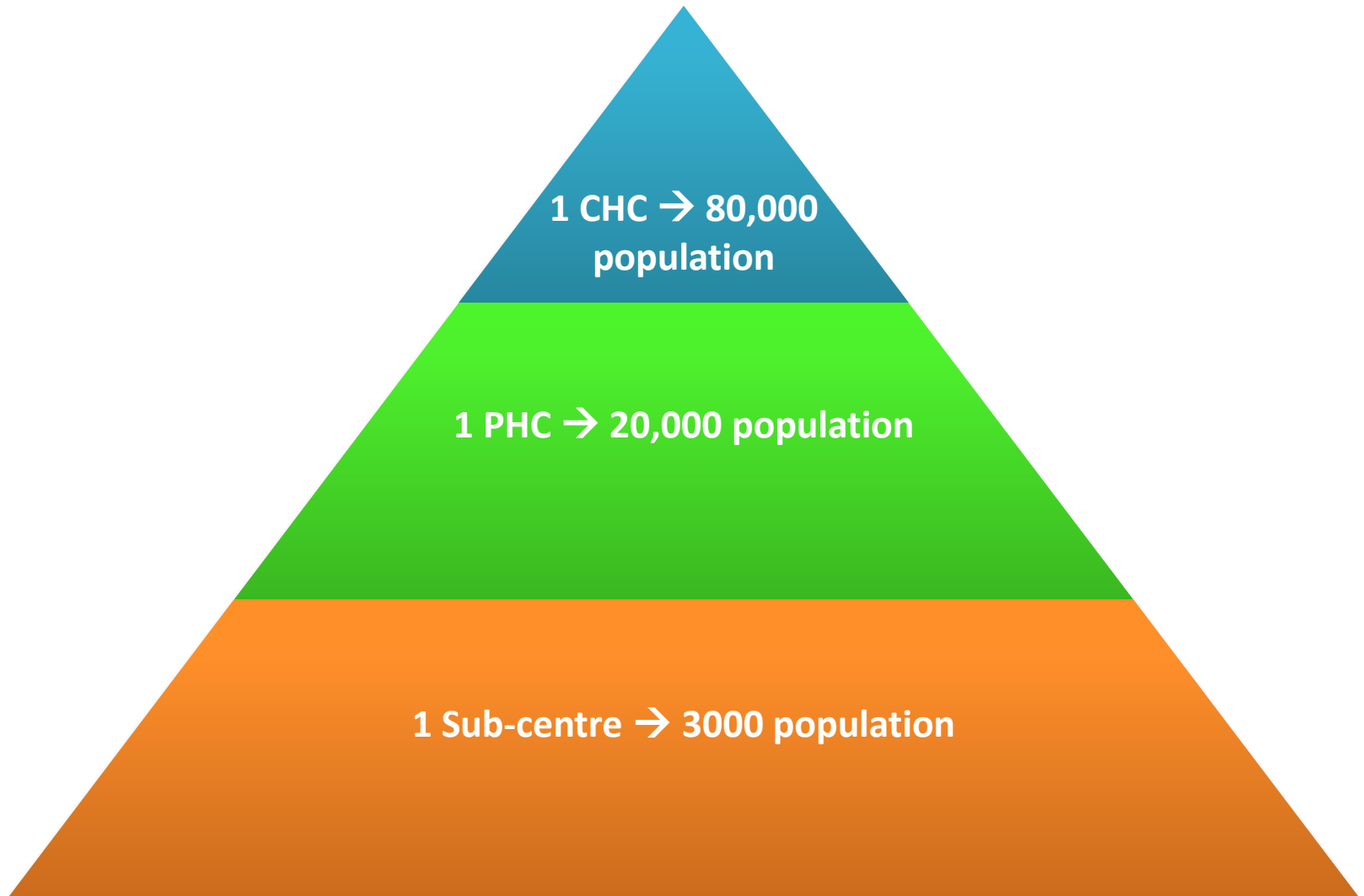
Health problems

1. Poverty, low literacy rate, poor nutritional status among women
2. Lack of integration → with other health programs
3. IEC activities not tuned to the tribal beliefs and practices
4. Weak monitoring and supervision systems
5. Unmet need for family planning
6. Vaccines → not received

Facilities under NHM

1. Health care infrastructure
2. Health Human Resource (HHR)

Health care infrastructure



HHR

1. Health care provider → local tribe
2. Training → local tribe people
3. Specialists → closer to the community
4. ASHA → expanded work
5. Bridge courses
6. Dedicated Medical colleges in Tribal districts

Policies and programmes

1952

- Nehruvian Panchsheel → guiding principles

1989

- Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act

2006

- Traditional forest Dwellers Act

1997-2002

- Targeting “Primitive tribal groups” (vulnerable & nomads)

Nehruvian Panchsheel

PANCHSHEEL PRINCIPLES

OF

MUTUAL CO-EXISTENCE DISCUSSED UPON HERE

1. MUTUAL RESPECT FOR EACH OTHER'S TERRITORIAL INTEGRITY AND SOVEREIGNTY.
2. MUTUAL NON-INTERFERENCE IN EACH OTHER'S INTERNAL AFFAIRS.
3. EQUAL AND MUTUAL BENEFIT WORKING RELATIONSHIP
4. MUTUAL NON-AGGRESSION
5. PEACEFUL CO-EXISTENCE

APRIL 28TH 1954

RCH programme

Goal

- To **improve the health status** of the tribal community

Objectives

- **Assess the unmet needs** of RCH services in different tribal areas and different tribes
- **Improve service coverage, accessibility, acceptability and its utilization**
- Promote **community participation** and **inter-sectoral coordination**

Strategies to improve health care

- Identifying the objectives
- Strengthen the health infrastructure
- Promote community participation
- Involvement of NGOs
- Development of human resource

Ministry of Tribal Affairs (MoTA)

- Constituted in October 1999
- It is the **Nodal Ministry** for the overall policy, planning and coordination of programmes for development of STs.

Objective:

- **Focused attention** on → Integrated socio-economic development of the most under-privileged sections of the Indian society

Programmes for development of STs

- **Social security and social insurance**
- Tribal Welfare
- Promotion and development of voluntary efforts on tribal welfare
- Scholarship to students belonging to such tribes

National Commission for Scheduled Tribes

- The statutory National Commission for Scheduled Castes and Scheduled Tribes came into being consequent upon passing of the Constitution (65th Amendment) Act, 1990

National Commission for Scheduled Tribes

1. **Health guide** should be made available for each village
2. **Providing incentives** to doctors and paramedical staff
3. Provision of **safe drinking water**
4. **Creation of awareness** regarding family planning .
5. Provision of **basic laboratory facility** in sub-centre
6. **Training** of local ST girls and boys as MPHWS
7. CHCs should be **equipped with operation theatres**
8. Arrangement for at least **one ambulance** in CHCs
9. Anti-snake venom and anti-rabies vaccine

Role of NGOs

- The National Health Policy emphasised the role of NGOs in **two vital areas** of tribal health i.e.,
 1. Primary health care
 2. Population stabilization
- These are funded by the government under the grants-in aid provision.

NGOs in India

TRIBAL HOSPITAL

TRIBAL HOSPITAL, Seetangi



மலைவாழ் மக்கள் மருத்துவமனை, சீட்டிங்





Thank you