



## Tribal Health in India

**For Prelims:** Tribal communities, Article 342, Tribal Health

**For Mains:** Healthcare challenges faced by tribal communities, Impact of infrastructure and workforce constraints on healthcare access

### Why in News?

Recently, the healthcare challenges faced by **tribal communities in India** have come into focus. Despite India's remarkable achievements, such as emerging as the **world's 5<sup>th</sup>-largest economy** and its contribution to the **global vaccination drive**, tribal communities continue to experience significant healthcare disparities.

- As India celebrates its accomplishments at **India@75**, it is crucial to address the urgent need for equitable **healthcare access for tribal communities**.

### What is the Status of Tribal Communities in India?

#### ▪ Demographic Status:

- Tribal communities in India constitute a significant portion of the country's population, accounting for **approximately 8.9%**.
  - Out of the total Schedule Tribe population, approximately 2.6 million (2.5%) belong to **"Particularly Vulnerable Tribal Groups" (PVTGs)** known as the **"Primitive Tribes"** - the most disadvantaged of all the Schedule Tribe communities.
- They are spread across various states, with higher concentrations in states like **Madhya Pradesh, Maharashtra, Odisha, Chhattisgarh, Rajasthan**, the NER states and the Andaman & Nicobar Islands.

#### ▪ Cultural Status:

- Tribal communities in India have their own rich and diverse culture, language, and traditions.
- They have a **sybiotic relationship with nature** and depend on forests and hills for their livelihood.
  - They have their own beliefs, practices, and preferences regarding health, education, religion, and governance.

#### ▪ Related Constitutional and Statutory Provisions:

- Certain tribal communities in India are recognized as **Scheduled Tribes (STs)** under **Article 342 of the Constitution of India**.
  - They are entitled to special provisions and safeguards for their social, economic, educational, and political development.
- Their interests are safeguarded by various laws and policies such as the **5<sup>th</sup> and 6<sup>th</sup> Scheduled areas, Forest Rights Act 2006**, and the **PESA Act 1996**.
- They also have representation in the **Parliament** and **State Legislatures through reserved seats**.
  - **Draupadi Murmu** is India's first tribal **President**.

### ▪ **Developmental Status:**

- Tribal communities in India face multiple challenges and disadvantages in terms of **poverty, illiteracy, malnutrition, health, employment, infrastructure, and human rights**.
  - They lag behind the **national average on various indicators** of human development such as income, education, health, sanitation, and gender equality.
  - They also face **discrimination, exploitation, displacement, and violence from non-tribal people and institutions**. They have limited access to resources and opportunities for their empowerment and participation.

## What are the Main Tribal Health Issues?

### ▪ **Malnutrition:**

- Tribal people don't get enough food or the right kind of food to stay healthy. They suffer from **hunger, stunting, wasting, anemia, and lack of vitamins** and minerals.

### ▪ **Communicable Diseases:**

- Tribal people are more likely to catch infectious diseases such as [malaria](#), [tuberculosis](#), [leprosy](#), [HIV/AIDS](#), [diarrhoea](#), **respiratory infections, and diseases spread by insects or animals due to several factors like** poor sanitation and hygiene, and limited access to healthcare.

### ▪ **Non-Communicable Diseases:**

- Tribal people are also at risk of getting chronic diseases such as **diabetes, hypertension, cardiovascular diseases, cancer, and mental disorders**.
  - According to a study, about 13% of tribal adults have diabetes and 25% have high blood pressure.

### ▪ **Addictions:**

- The above-mentioned diseases can be caused by factors such as tobacco use, alcohol consumption, and substance abuse.
- More than 72% tribal men 15-54 years of age use tobacco and more than 50% consume alcohol against 56% and 30% non-tribal men, respectively.

## What are the Challenges in Tribal Health?

### ▪ **Lack of Infrastructure:**

- Inadequate **healthcare facilities and infrastructure** in tribal areas.
- Insufficient access to **clean water and sanitation facilities**.

### ▪ **Shortage of Medical Professionals:**

- **Limited presence of doctors, nurses, and healthcare professionals** in tribal regions.
- Difficulty in **attracting and retaining skilled healthcare personnel** in remote areas.
- Imbalance in the distribution of healthcare professionals, with a **concentration in urban areas**.

### ▪ **Connectivity and Geographic Barriers:**

- **Remote locations** and difficult terrain hinder access to healthcare services.
- Lack of proper roads, **transportation facilities, and communication networks**.
- Challenges in reaching tribal communities during emergencies and providing timely medical assistance.

### ▪ **Affordability and Financial Constraints:**

- Limited financial resources and **low-income levels among tribal communities**.
- Inability to afford healthcare expenses, including medical treatments, medicines, and diagnostics.
- **Lack of awareness** about available **healthcare schemes and insurance options**.

### ▪ **Cultural Sensitivities and Language Barriers:**

- Unique **cultural practices and beliefs that impact healthcare-seeking behavior**.
- **Language barriers** between healthcare providers and tribal communities, leading to miscommunication and inadequate care.
- Lack of culturally sensitive healthcare services that respect tribal customs and traditions.

### ▪ **Limited Access to Essential Services:**

- Insufficient availability of essential healthcare services, such as **maternal and child health, immunization, and preventive care**.

- Inadequate access to specialized care, diagnostic facilities, and emergency medical services.
- Limited awareness about health issues, preventive measures, and healthcare rights among tribal communities.
- **Inadequate Funding and Resource Allocation:**
  - **Limited allocation of funds for healthcare in tribal areas.**
  - Insufficient investment in healthcare infrastructure, equipment, and technology.
  - Lack of dedicated funding for addressing tribal health challenges and implementing targeted interventions.

## What is the GoI's Report on Tribal Health in India?

- **In 2018**, an expert committee, constituted jointly by the Ministry of Health and Family Welfare and Ministry of Tribal Affairs released the [first comprehensive report on Tribal Health in India](#).
- **Recommendations of the Report:**
  - Implement **Universal Health Assurance under the National Health Policy (2017)** in tribal areas.
  - Utilize **Aarogya Mitra**, trained **local tribal youth**, and [ASHA workers](#) for primary care in tribal communities with support from the gramsabha.
  - Provide financial protection through **government medical insurance schemes** for secondary and tertiary care.
  - Introduce **ST Health Cards for tribal people** living outside scheduled areas to facilitate access to benefits at any healthcare institution.
  - Implement a **Tribal Malaria Action Plan in tribal-dominated districts** under the National Health Mission.
  - Strengthen **Home-Based Newborn and Child Care (HBNCC) programs** to reduce infant and child mortality.
  - Enhance food security and strengthen [Integrated Child Development Services \(ICDS\)](#) to **address malnutrition**.
  - Publish a state of tribal health report every three years and establish a Tribal Health Index (THI) to monitor tribal health.
  - Establish a **National Tribal Health Council as an apex body**, along with Tribal Health Directorate and Tribal Health Research Cell, at both central and state levels.

## Way Forward

- Addressing the **disparity in health-seeking behavior** and **health-care delivery among tribal populations**.
- Recognizing and acknowledging the services provided by **traditional healers** in tribal communities.
- Empowering tribal communities through **health literacy programs** to enable them to make informed decisions about their health.
- Implementing **targeted recruitment and retention strategies** to attract healthcare professionals to tribal regions. And Investing in the **development of road networks, transportation facilities, and communication** networks to enhance connectivity.

## UPSC Civil Services Examination Previous Year Question (PYQ)

### Prelims

**Q1. Every year, a month long ecologically important campaign/festival is held during which certain communities/tribes plant saplings of fruit-bearing trees. Which of the following are such communities/ tribes? (2014)**

**(a) Bhutia and Lepcha**

- (b) Gond and Korku
- (c) Irula and Toda
- (d) Sahariya and Agariya

**Ans: (b)**

**Q2. The provisions in Fifth Schedule and Sixth Schedule in the Constitution of India are made in order to (2015)**

- (a) protect the interests of Scheduled Tribes
- (b) determine the boundaries between States
- (c) determine the powers, authority and responsibilities of Panchayats
- (d) protect the interests of all the border States

**Ans: (a)**

**Q3. Under which Schedule of the Constitution of India can the transfer of tribal land to private parties for mining be declared null and void? (2019)**

- (a) Third Schedule
- (b) Fifth Schedule
- (c) Ninth Schedule
- (d) Twelfth Schedule

**Ans: (b)**

**Q4. If a particular area is brought under the Fifth Schedule of the Constitution of India, which one of the following statements best reflects the consequence of it? (2022)**

- (a) This would prevent the transfer of land of tribal people to non-tribal people.
- (b) This would create a local self-governing body in that area.
- (c) This would convert that area into a Union Territory.
- (d) The State having such areas would be declared a Special Category State.

**Ans: (a)**

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### **Mains**

**Q.** What are the two major legal initiatives by the State since Independence addressing discrimination against Scheduled Tribes (STs)? **(2017)**

**Source: IE**