PROBLEMS OF TRIBAL HEALTH-
ISSUES AND CONCERNS

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ABSTRACT

This article attempts to look at various dimensions of problems of tribals in India with health being in focus. Mental health of tribals is a least explored area of study. The physical health of tribes is subject to their environmental conditions. Tribes see disease as a result of the ire of supernatural spirits. The tribes do not trust the qualified medical professionals when faced with a health problem. They resort to faith healing practices and appeasement of evil spirits through unqualified quacks.

Keywords*- Mental health, supernatural spirits, medical professionals, faith healing, evil spirits.*

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INTRODUCTION

Human life is precious and good health is needed for the continuance of this life. Just as food, water and housing are three basic needs of life, Good health is also becoming a need in modern day society. Without good health, good life is not possible in a country and a society. In a fast paced world dynamics. The definition of good health is changing with each passing day.Good health is an important indicator of the effective state policies of a nation.

The survival and continuance of human society depends upon the health and well being of its members. Since ancient times it has been theendeavour of the society to seek ways of eradication of illness and human suffering. The traditional Indian society has a different set of values, and it defines health, illness and treatment patterns in a manner which has an element of traditionality in it. In India the art of healing has developed to maturity in the form of the Ayurvedic system. This system of medicine has been practised in India from time immemorial.It has obtained the sanction of religiuos scriptures. The basic concern of the society for the welfare of the individual has resulted in different systems of tribal healing like witchcraft, sorcery to the nature medicine.

VARIOUS DIMENSIONS OF TRIBAL PROBLEMS IN INDIA

i) *Indebtedness-*

The chronic indebtedness has been and still is, probably the most difficult problem facing almost the entire tribal population of India. The chronic indebtedness of the tribals is certainly due to rampant poverty and a deficit economy. Reliable ethnographic evidence proves that the tribal people were certainly not that much handicapped in their struggle for living a carefree life when their places of habitation were isolated and devoid of middlemen and contractors. They were living in self-sufficient economic conditions. Forest wealth was at their disposal to sustain themselves. But unfortunately when their abodes were thrown open as a result of economic development all around, they found themselves completely ill-equipped to enjoy the fruits of development.

Outsiders, the so-called civilized people, exploited their vulnerability in the absence of any concerted efforts on the part of administration. With the passage of time, their plight continued to worsen and they have been reduced to the position in which we find them today.

Indebtedness among the Indian tribes does not have only economic dimensions but social and psychological too. For a large number, happiness and peace desert them, for others it makes the entire system impervious (unaffected) to hope. In many areas it leads to bondedness due to the debt descending from father to son and even to the successive generations.

Following are some of the important reasons of indebtedness common to almost all the affected groups-

i) Loss of tribal rights over land and forests;

ii) Poor and primitive mode of agriculture resulting in deficit supply of food grains

iii) Ignorance

iv) Expenditure beyond their means due to extravagant spending on marriage, deaths, fairs and festivals;

v) Fatalist attitude and locally oriented worldview

vi) Adherence to panchayat decisions regarding fines for fear of excommunication.

"No programme of economic development is likely to have any impact on the tribal economy unless vigorous measures are taken to rescue the tribal from the clutches of the moneylender".

(Planning Commission's Report of the Study Team on Tribal Development Programme)

Apart from borrowing in cash a system of borrowing in kind is also in vogue in many parts of the country especially in Maharashtra and Tripura. In

Maharashtra, this system is known by the name of Palemod. Under this system, the needy tribals take seed on loans at the time of sowing and return thrice or even four times the original quantity at the time of harvest. Grain taken for consumption during this period or any time during the year is also returned at this rate. Thus during the harvesting season a major portion of the crop and sometimes the whole crop is surrendered to the moneylender. Likewise in Tripura, a system called "dadan" is prevalent. The creditor purchases the crop in advance at very low rates.

Role of Moneylender

The modus operandi of the traditional moneylender is very simple and convenient to the tribal debtors. They are the man on the spot and ever present on the scene. Whenever a tribal needs money for whatever reason, he has to walk a few furlongs or less to reach the moneylender's house where he is always welcome day in and day out. The moneylender provides him money without any condition, sureties, guarantees and guarantors since an average tribal has very little to offer in the way of movable or immovable property. All that he has is his honest desire to fulfill his loan obligations out of his earnings and some land that he may possess. The only formality which a debtor has to do is to affix his thumb impression on a blank piece of paper or under a draft which he cannot read.

Other sources of credit like cooperative credit societies established by various state governments are found to be situated at far off places from the tribal habitat. He has to encounter a number of formalities, cumbersome procedures and documents. Besides, security and guarantor are also needed to fulfill various provisions of credit disbursement. Normally there is a time lag of at least a couple of months between the date of application and date of disbursement of loan. The unscrupulous (immoral) officials demand their share. All these hurdles apart, the government sponsored credit societies advance loans for only productive purposes like improvement in cultivation, purchase of implements, soil conservation etc., but the poor tribal needs loans for

consumption and subsistence, to fulfill various social and ritual obligations. The moneylender places no conditions and offers a loan for any purpose.

The personal human contact which the moneylender maintains with his debtor is also a significant factor. He speaks the tribal language, knows the entire family history and background and circumstances leading to the debtor's need of money. Significantly, he accepts the repayment of the loan in any form- in cash or in kind.

Consequences of Indebtedness

i) Loss of freedom and the consequent utilization of their labor power by the creditor

ii) Alienation of land and its acquisition by the creditor.

iii) Sale of girls and prostitution and

iv) Chronic venereal diseases.

ii) Land Alienation

The tribals have great emotional attachment with their lands. Agriculture is the only source of livelihood which most of them have known for centuries.

Among the major causes for land alienation, chronic shortage of cash has been enemy number one of the poor tribals ever since they came into contact with the civilized world and its monetary institutions. The tribal people are always in need of cash for various purposes like marriages, fairs and festivals, clothing, liquor and a host of needs of everyday life. Due to poor and inadequate yield and uneconomic agriculture they have also to purchase food grains from the market. Thus their chronic indebtedness to the neighboring shopkeepers and moneylenders becomes the primary factor in land alienation. The omnipresent moneylender posing as godfather and savior of the tribals is ever ready to advance loan to them without demanding any guarantee and for whatsoever purpose. The only thing a tribal has to do is to affix his thumb impression on a blank paper or against a draft in a language the illiterate tribal is unable to decipher. Sometimes, the loan may be extended on oral commitment.

iii) Shifting Cultivation

Shifting Cultivation is an age-old institution among the Indian tribes. This in principle means cultivating a plot of land for a temporary period and then leaving it fallow. It consists of clearing the forest slopes, burning the fallen trees and bushes, and broadcasting the seed in the ash covered soil. The rest is left to nature. The operation actually started just before summer season when the trees and bushes fell and were allowed to be dried by the scorching sun during the first half of summer. In the second half, they are set on fire and are allowed to burn to ashes. On the ashes produced by the burning of these trees and bushes, seeds are sown at the onset of the rainy season. No other operations are required and the crop is reaped when it is ripe after rains. The sowing on the plot may be done for one and the crop is reaped when it is ripe after rains. The sowing on the plot may be done for one or more seasons but not beyond this. After that, fertility of the soil is exhausted and the plot is allowed to remain fallow. Another plot of land is cleared and the agricultural operations are transferred to it. Meanwhile trees and bushes continue to grow on the original plot and in a few years time it regains part of its original appearance.

This type of cultivation is known by different regional names in India-It is called Jhum among the tribes of Assam, Meghalaya, Tripura, Mizoram and Arunachal Pradesh; Bewar or Dahiya in Madhya Pradesh; Podu in Andhra Pradesh; Koman or Bringa in north Orissa.

Shifting Cultivation has always been an eyesore to the forest department. They are dead against it on the ground that it is ruinous and wasteful, dries up spring in the hills, causes soil erosion, destroys valuable forest, affects rainfall and deprives the people of the benefits of forest and forest produce.[5]

iv) Problematic attitude of tribals towards education

Formal education has not been necessary for the members of tribal societies to discharge their social obligations. Since most of the tribal people are living in abject poverty under subsistence economy, it is not easy for most

of them to send their children to schools thus losing two healthy hands in their struggle for survival.

Verrier Elwin (1963) very appropriately sums up the situation in the following way

"For a tribal family, to send its grown up girl or boy to school, is essentially a matter of economics; and entails dislocation in the traditional pattern of division of labor..many parents cannot just afford to send their children to school."

Poor economy of the tribal societies is a great hindrance to successful education. Almost all tribes-whether food gatherers, hunters, fishermen, shifting cultivators or settled agriculturists lack enough food to maintain the family for the whole year. Education therefore is a luxury to them which they can hardly afford. Each school going child in a tribal family is an economic unit and contributes to the family income. If the child is taken away from his normal economic work to attend school, the family is deprived of the little income which brings. Instead, the parents have to feed the child out of their earnings which further reduces the economic stability of the family. According to the present education system any economic benefit a tribal child can bring to his family will be only after ten or fifteen years of schooling. The parents have neither the patience nor the foresight to wait for such a long period.[6]

v) Industrialisation and Urbanization

Abject poverty and ruthless exploitation have been the plight of tribals everywhere and the Indian tribals are no exception. Ironically the regions where our tribal people live are some of the richest in terms of natural bounties. They not only hold vast forest wealth but also contain endless deposits of minerals. With the advent of independence, numerous measures were taken to exploit them for raw materials and large power and irrigation projects. Rourkela, Bhilai, Ranchi Bailadella, Hirakud etc. are some of the milestones on the economic and industrial map of modern India.

Natural corollary of this development should have been the economic upliftment of the concerned tribal population. But this did not happen. They were deprived of their lands under statutory conditions and were paid a meager amount in cash as compensation which they frittered away in drinking and celebrating tribal ritual. Most of them become landless and moneyless in the process. In the initial stages a good number of tribals got employment in unskilled jobs but once the construction work came to an end they found themselves useless for skilled and semi-skilled jobs. Being unskilled and untrained for any technical job and having no place to go back to, they settled on the fringes and peripheries of these vast industrial empires as "rejects."

In their traditional agrarian economy, the family was functioning more or less as the unit of labor. In the factories, however, it is the individual who is wanted. From the membership of a closed society he is being induced to accommodate himself in a universal pattern of cosmopolitan society without education, equipment and resources. There is a crisis of identity.

It is a matter of concern that though tribal people usually live close to nature and in and around healthy surroundings of natural environment and they apparently appear to be normally healthy persons but majority of them need health care of one kind or the other on the account of abject poverty, malnutrition, lack of safe drinking water, poor environment, sanitation and hygienic condition etc.

Lack of awareness and socio-cultural barriers and apathy to available health services in whatever form and extent these are also causes adversely on the health status of the tribal people. In wake of opening of tribal areas, highways and changes occurring on account of industrialisation, modernisation and communication facilities, health problems and diseases affect the tribal people. Endemics viz. Malaria, vulnerability to diseases like deficiency of G6PD, venereal diseases and AIDS are not untouched in the pockets of tribal populations all over the country. However, lack of safe drinking water and malnutrition are two well-

recognised major health hazards. It is rather difficult to establish that tribals have a satisfactory dietary pattern in view of deficiency of calcium, vitamin A, vitamin C, riboflavin and animal protein is usually found in their diets. Malnutrition and undernutrition are common observations in case of primitive tribal groups who largely depend upon food either gathered or cultivated by them using simple methods. Instances of such precarious conditions are known in the country from one region or the other region or the other in a similar pattern. The nutritional status of tribal women directly influences their reproductive performances and infant's health status is crucial for their survival, growth and development.[7]

It is a rather accepted fact that considering the vast area of spread of these people that too in sporadic and scattered manner, shortage of medical personnels and qualified medical and paramedical personnel remain far away from being sufficient besides an unwilling approach of the professional qualified medical personnel to serve in the remote tribal areas. Logistically they may be right on their own stand since the minimum supporting system in terms of infrastructure to have some minimum basic standard of life from the viewpoint of these qualified medical personnel remain totally absent or quite inadequate.

As a proactive approach to the issue of tribal health the importance of health medicines including herbal medicines have been recognised. Many tribal communities have built up a good reserve of health and medical knowledge using psychosomatic treatment as well as herbal medicines collected from the forests on the basis of a deep rooted knowledge about the use of each part of the plant.

It is a common finding of many anthropological studies that in interior areas the tribal people hesitate to come forward to accept medical treatment and prefer their own system of diagnosis and cure including herbal medicines on one side and faith healing on the other. Many of the tribal people are carried away by the notion that diseases are caused by evil spirits or on account of violation of social code of conduct in terms of taboo. In such situations more often than not the tribal people prefer their own witch doctor, shamans and faith healers etc. and

surrendering to the western medicine system remains only the last resort for these people.

Lack of awareness and positive approach towards the western medicine system is also a major hindrance in the way of curing the ailments which aggravate from simple to chronic in nature.

The health and medical problems of the tribal people cannot be overcome merely by providing all necessary facilities, be it supply of medicine, establishing primary health centers and hospitals, flocking of qualified medical personnels and paramedical forces. In order to win over the crisis of tribal health and nutritional deficiencies the effort is to be too prompt while on one side the facilities are important on the other necessary awareness raising confidence building and raising trust level is equally significant while extending the medical facilities, already existing knowledge of ayurveda, siddha way of treatment should not lose sight of as it has been helping the people in their simple way of lifestyle, albeit under limited conditions has proved its worth more than desired level of expectation.

General sense with regard to tribal health portrays a common picture that tribals suffer from many chronic diseases of which vector and water borne diseases take a heavier toll than any other disease. Contaminated water is also a source for intestinal and skin diseases. Diarrhea, dysentery, cholera are some common diseases needing attention on medical accounts to keep the tribals away from these diseases.

Similarly on the nutritional side, deficiency of certain minerals and other elements is also taking the tribal populations within their clutches. It is a common knowledge that iodine deficiency causing goiter is widely spread in the Himalayan ranges and terai areas. G6PD syndrome and a variety of fevers among the tribes of Gujarat, Madhya Pradesh and parts of Rajasthan have become common knowledge. At least six types of fevers relating to malaria have been reported in a study conducted by Center for Social Studies,Surat.

Intensification of nutritional deficiency resulting in tuberculosis and deficiency based diseases among expectant and lactating mothers in the tribal population poses another constant worry. Intense of venereal diseases has attained heights in certain Himalayan dwelling tribes in Himachal Pradesh, Uttaranchal and in the north-eastern states; besides, tribes living in plains in Madhya Pradesh, Bihar, Orissa and Andhra Pradesh. Recent instances of AIDS can also not be ruled out especially for the tribes living along the roadside settlements on highways connecting one state to another. Some studies done in the tribal health sector have indicated that diseases like goiter, yaws and cholera were endemic in tribal pockets. Occurrence of tapeworm and Guinea worm in some tribal areas has aggravated the situation. Sickle cell disease among the Adiyan tribes of Kerala as reported by Basu, 1991 (cited from Naidu, T.S. 2002) and other physical anthropologists like Negi, Shastri, Gulati and others have similar stories about tribal health to tell.

There is a good understanding among the anthropologists about the healthy nexus and co-existence of tribals with the nature for the tribes living in the healthy natural surroundings like that of Andaman and Nicobar Islands; and often arguments have been put forward in favor of good standard of tribal health from these illustrations. However, on account of nutritional status of these tribes, the Regional Medical Research Center (ICMR), Port Blair has carried out studies among Great Andamanese, Onges and Shompens. These studies based on diet survey, nutritional anthropometry survey, clinical examination, measurement of Hb concentration and stool examination have revealed that the intake of green leafy vegetables, other vegetables, milk and milk products are much less than the respective recommended dietary allowances (RDA).

Their daily consumption of fats and pulses is two to four times more than RDA. Average consumption per Consumption Unit (CU) of all the nutrients except Iron, Vitamin A and Vitamin C are above the recommended levels and that malnutrition is common among the tribal children. 57% of Great Andamanese

children, aged 6 years and less, have moderate to severe degree of malnutrition, making the prevalence of undernourishment among pre-school children 85.6%. On the other hand, 85% of the Onges children in this age group have mild to moderate degree of malnutrition and 10% have severe degree of malnutrition and 10% have severe degree of malnutrition, making the prevalence of undernourishment among pre-school children 95%.

Anemia is very common among all the three tribes. 94% Great Andamanese, 86.6% Onges and 85.5% Shompens are found anemic as per WHO definition of anemia (Rao et al., 2002).

A study done by Dave et al in Panch Mahal, Gujrat to assess nutritional status of tribal children revealed that more than 83% children suffered from malnutrition (cited from Patnakar, M., 1994).

Mental Health Problems in Tribes

In general, the tribes, which are geographically isolated in desert, hills, and forest regions or on islands, may be able to retain their traditional cultures and religions longer. In fact, those tribes, which apparently are in the process of the transition from hunting and gathering to sedentary agriculture, usually as low-status labourers, find their ancient religious forms in decay and their places filled by practices of Hinduism, Christianity, Islam or Buddhism, and thus face constant psychosocial stress as a result of this changing identification.

The tribals are not immune to psychiatric illness, as once believed because of their being away from the stresses of the modern society. Mental illness can affect anyone, since the general stresses of life would be faced by any society or culture. In case of the tribal, the additional continuing stress of being considered an odd or alien community in a rapidly changing modern society which is also encroaching upon one's habitat along with the general stresses of day to day life associated with various developmental, constitutional and genetic factors would make a tribal more prone to a psychiatric illness.

There has not been much investigation into the mental problems of the Indian tribe. Carstairs (1958) was one of the earliest psychiatrists to have shown interest in psychiatric problems in his epidemiological studies in the rural areas of Rajasthan. Later Carstairs and Kapur (1976), Nandi et al. (1977, 1980) have done some pioneering work on the area.

Nandi et al. (1980), in his extensive work, found a prevalence rate of 20 per 1000 of psychiatric disorders in two tribal communities (Munda and Lodha) in 28 villages scattered over two districts of the state of West Bengal. In this study, 2263 subjects were assessed, who belonged to 506 families. Two more community groups, Brahmins and Scheduled Castes were also assessed in the study.

The prevalence of psychiatric morbidity was higher in both the Brahmins (11%) and the Scheduled Castes (7%), as compared to the tribal population (2%). In the tribals, depression was the commonest psychiatric illness with a prevalence of 11 per 1000 followed by hysteria (3 per 1000), phobia (2.1 per 1000), schizophrenia (1.3 per 1000) and mania (0.4 per 1000).

The study also found epilepsy and mental subnormality in 2.5 and 4.7 per 1000 of the population respectively. Of the various tribal families, 11 % had one or more affected members. Depression was the commonest psychiatric illness in all the three community groups studied, and was twice more common in females than in males in tribal population and the Brahmins, the difference not significant in the Scheduled Castes.

Interestingly, anxiety states (generalized anxiety disorder and panic disorder) and obsessions were not seen in the tribal populations. Similarly, no cases of culture bound syndrome were found. In fact in one of the earlier studies on tribal population in Ghana, Field (1960) also did not find any cases of obsessions. Probably, the diseases of superego conflict (obsessions) are likely to be rare in tribal culture (Wintrob&Wittkower, 1966).

In the study by Nandi et al. (1980). obsessions in the Brahmin community, more so in women, a community which has a traditionally high moral and ethical standard, ingrained in the personality structure of its members. Though the total prevalence of psychiatric morbidity in the tribal community was lower than that in the Scheduled Castes and the Brahmins, prevalence of schizophrenia in the tribal was not much different from that in Scheduled Castes (1.3 and 1.7 per 1000 respectively). The figure was much higher at 7.2 per 1000 in the Brahmins.[7]

As regards to the socio-economic status, the prevalence of psychiatric morbidity including psychotic disorders was higher in the upper socio-economic class. The socio-economic factors like better farm power, better housing and occupation were associated with higher mental morbidity.

The Basic Problem

The normal health of the tribal people cannot be said to be very bad but their condition often becomes chronic after repeated infections. Besides, the fundamental question that arises in this context is how much of the modern amenities in public health are percolating down to the tribal strata of Indian society.

The tribals suffer from many chronic diseases but the most prevalent taking heavy toll of them are water-borne. This is mainly due to the very poor drinking water supply. Even when it is available in plenty, it is mostly dirty and contaminated and consequently the tribals are easily susceptible to intestinal and skin diseases. Diarrhea, dysentery, cholera, guinea worm, tapeworm, etc., are often the results of this situation.

Tribal health maintenance system is attached with a lot of complexity intertwined with socio-cultural beliefs and practices. Sachchidanand (1994) sees the field of tribal health aspects as a cultural concept as well as a part of social structure and organization which is continuously changing and adapting itself to the changes in wider society. Chaudhary (1994) and Lewis (1958) believe that the study of tribal health should be with reference to their distinctive notions

regarding different aspects of diseases, health, food, anatomy and faiths as well as in the process of interaction with the modern world.

Tribal concepts of health, disease, treatment, life and death are as varied as their culture (Mazumdar, 1933; Basu, A. 1990; Basu S.K. 1994).

Accordingly, the tribal society is guided by traditionally laid down customs and every member of the society is expected to conform to it. In tribal context the fate of individuals and the community at large depends on their relationship with unseen forces which intervene in human affairs. If men offend them, the mystical power is punished by sickness, death or other natural calamities (Chaudhari, 1967, Ratlam, 1955).

Disease is caused by the bad spirits and the spirits are bad either because one has not properly propitiated them or one has disturbed them (Hira Lal, 1925; Bharati, B.S. 1993).

Thus to a tribal mind, the real enemies of human health and prosperity are the gods and the dead (Sinha and Banerjee 2004). The usual theory of disease in tribal society is that it is caused by the breach of some taboo or by hostile spirits, the ghosts of the dead. Sickness is the routine punishment for every lapse and crime meted out to them by the spirits. Accordingly, they have taboos and prayers.

As a matter of fact, disease to a tribal mind is like another phenomenon of the natural world, multifaceted and essentially incomprehensible in the sense that no single theory will cover all the known facts perfectly (Ramesh Chandra, 2004).

Deficiency of certain minerals and other elements is also one of the reasons for the diseases. In the Himalayan ranges there is goiter, a disease of the thyroid gland due to iodine deficiency.

The incidence of venereal diseases is also high among the tribals of certain parts of Himachal Pradesh, Himalayan Uttar Pradesh, Madhya Pradesh, Bihar, Orissa and Andhra Pradesh. Tuberculosis which is intensified by nutritional

deficiency is also common in many tribes. Besides, most of the tribal people have not yet developed an immunity and when they come in contact with new diseases they fall an easy prey to them. According to Dhebar Commission, one of the diseases of which the tribal is mortally afraid is yaws which occurs in the northern region of the Agency Area in Andhra Pradesh, southern Orissa, Chanda district of Maharashtra and Bastar district of Madhya Pradesh.

Hansen's disease, as leprosy is now called, is common throughout India and has not spared the tribal people. It is extremely bad in the Agency Area in Andhra Pradesh, in Kikir Hills in Assam, Bankura and Purulia districts of West Bengal, Santhal Parganas of Bihar, from Mayurbhanj upto Puri in Orissa. Scabies, ringworm, smallpox and anemia are also common.

Addiction to liquor

Another very important problem concerning health in the tribal areas is the addiction of the tribals to spirituous and highly intoxicating liquors and drinks. The indigenous liquor is prepared by fermentation of the rice, millets and other grains.

This is the traditional liquor of the tribals which is prepared within the four walls of the home and consumed by all the family members. The second variety is the distilled liquor which the license holders from the government sell. It is really an intoxicant and carries little food value.

The poor tribals, in most cases, are coerced to discontinue the preparation of home-made liquor and made to purchase the distilled liquor from the contractors. After making them addicts of this variety of liquor they are made to part with the property or enter into exploitative bargains. The only practical solution is the banishment of liquor contractors and the harmful liquor from the tribal areas so that they may be left free to brew their own liquor and fulfill one of their important nutritional and cultural needs by themselves.

Drug addiction **-** is another serious health problem with several tribes. Singhpo tribe of Arunachal Pradesh is a case in point. From 40,000 about 150 years ago, the Singhpos have been reduced to around 1,000.

Though recurring wars, disease and malnutrition have played a role, deadly addiction to opium is the chief culprit for their fast dwindling population. It is said that opium has diminished the tribe's fertility, increased the death rate and contributed to the vicious circle of poverty.

Health touches every part of our lives. It is by no means a question of curing diseases or preventing them. The right to health means not only the right to be free from disease, it also means physical, emotional and mental well being.

In developing countries where a large number of people are suffering from the consequences of underdevelopment, women and their children are the hardest hit by poverty, famine, squalid living conditions, disease and lack of healthcare.

India has among the lowest life expectancies in the world. 75% of all diseases in India are due to malnutrition, contaminated water and non-immunisations. Of the 23 million children born every year, 2.5 million people die within the first three years. Of the rest, one out of 10 suffers from malnutrition. Women from infancy to adulthood are the worst victims of this assault of malnutrition as a part of social discrimination. As the ones who bear and nurture children, women have different and additional health needs to those of men.

Issues which are fundamental to women and their healthcare are: Nutrition, sanitation, infections, stress, overwork, work hazards, drugs, pregnancy and childbirth and sexual harassment.

All these aspects are rooted in the fact that women are regarded as second class citizens whose roles are diminished and downgraded in nearly all societies. Women are and always have been providers of healthcare yet they have little or no control over the shaping of health services, research, the environment or the work they do.

The health status of tribal women is found to be lower than that of Indian women in general on most of these aspects. Gaps in knowledge regarding the health of tribal women have been identified and a plan of action has been suggested for improving their health.[8]

The tribal population groups form 7.95% of the total population of India. About 67.76 million persons have been enumerated in the country (excluding Jammu and Kashmir) as members of the Scheduled Tribes (1991 census).

These tribal groups inhabit widely varying ecological and geo-climatic conditions (hilly, forest, tarai, desert, coastal regions etc.) in different concentrations throughout the country and are distinct biological isolates with characteristic cultural and socio-economic background. Tribal groups are homogeneous, culturally firm, have developed strong magico-religious healthcare systems and they wish to survive and live in their own style.[9]

There have been a number of studies on the tribes, their culture and the impact of acculturation on the tribal society. There have also been studies on the status of women relating to their socio-cultural problems, their economic rights, their participation in management, their access to employment, food, health, etc. But these issues have not been properly focused in relation to the tribal women.

There are only a few studies on the status of tribal women in India (K. Mann, 1987; J.P. Singh, N.N. Vyas and R.S. Mann, 1988; A Chauhan, 1990). Thus the study of tribal women cannot be ignored. It becomes important because the problems of tribal women differ from a particular area to another owing to their geographical location, historical background and the processes of social change (A. Chauhan, 1990). For this, there is a need for proper understanding of their problems specific to time and place so that relevant development programmes can be made and implemented. There is a greater need for undertaking a region-specific study of the status and role of tribal women which alone can throw up data that will make planning for their welfare more meaningful and effective (K.S. Singh, 1988).

The status of a woman in a society is a significant reflection of the level of social justice in that society. Women's status is often described in terms of their level of income, employment, education, health and fertility as well as the roles they play within the family, the community and society (Ghosh, 1987).

Health is a function, not only of medical care but of the overall integrated development of society-cultural, economic, education, social and political. Each of these aspects has a deep influence on health which in turn influences all these aspects. Hence, it is not possible to raise the health status and quality of life of people unless such efforts are integrated with the wider effort to bring about the overall transformation of a society. Good health and good society go together (Basu, 1992). This is possible only when supportive services such as nutrition, environment and education reach a higher level.

The common beliefs, customs and practices connected with health and disease have been found to be intimately related to the treatment of disease. It is necessary to make a holistic view of all the cultural dimensions of the health of a community.

In most of the tribal communities, there is a wealth of folklore related to health. Documentation of this folklore available in different socio-cultural systems may be very rewarding and could provide a model for appropriate health and sanitary practices in a given ecosystem. Maternal and child care is an important aspect of health seeking behavior which is largely neglected among the tribal groups (Basu et al., 1990). Health and treatment are closely interrelated with the environment, particularly the forest ecology. Many tribal groups use different parts of a plant not only for the treatment of diseases, but for population control as well (Chaudhari, 1990).

There exists a definite nexus between forests and nutrition. It has been noted by many that tribals living in remote areas have a better overall status and eat a more balanced diet than tribals living in less remote, forest free areas. The mode of utilization of available natural resources often determines the long term impact on health. [10]

References:

1. Hasnain, Nadeem,(1991) *Tribal India*. Palaka Prakashan, New Delhi (P. 186-189)
2. Rajshree, Nandita, January (2007) *Empowerment of Tribal Women in Chattisgarh: A Sociological Study*, (P. 246-249)
3. Mukherjee, B.M Mollick, Farhad, (2012)*Tribal People of Central India; Problems and Prospects*, K.K. Publications,New Delhi.
4. Hasnain, Nadeem, (1991) Tribal India, Palaka Prakashan,New Delhi (P. 178-182)
5. Hasnain, Nadeem, (1991) Tribal India. Palaka Prakashan,New Delhi (P. 196-202)
6. Hasnain, Nadeem, (1991) Tribal India. New Delhi: Palaka Prakashan, (P. 205-208)
7. Kalla, A.K., Joshi, P.C.,(2004)Tribal Health and Medicines. : Concept Publishing Company, New Delhi (P. 409)
8. Rajshree, Nandita, (2007) *Empowerment of Tribal Women in Chattisgarh: A Sociological Study*, P. 247 (Unpublished Dissertation)
9. Rajshree, Nandita, (2007) *Empowerment of Tribal Women in Chattisgarh: A Sociological Study,* P. 247-248, (Unpublished Dissertation)
10. Rajshree, Nandita, (2007) *Empowerment of Tribal Women in Chattisgarh: A Sociological Study,* P. 250 (Unpublished Dissertation)
11. Kalla, A.K., Joshi, P.C.,(2004) *Tribal Health and Medicines.* : Concept Publishing Company,New Delhi.

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