Healthcare Challenges

Dr H Sudarshan
Dr Tanya Seshadri

The United Nation's State of the World's Indigenous Peoples Report states that "for indigenous peoples, health is equivalent to the harmonious co-existence of human beings with nature, with themselves and with others, aimed at integral well-being, in spiritual, individual, and social wholeness and tranquillity." It goes on to declare that when it comes to appropriate health systems for the indigenous context, "models of healthcare must take into account the indigenous concept of health and preserve and strengthen indigenous health systems as a strategy to increase access and coverage of health care. This will demand the establishment of clear mechanisms of cooperation among relevant healthcare personnel, communities, traditional healers, policy makers, and government officials in order to ensure that the human resources respond to the epidemiological profile and socio-cultural context of indigenous communities." However globally, most health systems struggle at different degrees to reach adequate and appropriate healthcare to their indigenous people.

In India, region to region, one tribal community to another, we recognise challenges both in terms of reaching care, and in moving beyond disease-centred healthcare to integrated approaches to health and development of the tribal people.

While the distinct socio-cultural-political context of each tribe dictates a focused understanding on their health status and planning for appropriate health services, in India, little data is available to allow such reflection. The main sources for health data for tribal people in India are the demographic health surveys conducted periodically by the government. However, their methodologies do not allow for reliable estimates or disaggregation at the local levels. The routine health information systems of the government also do not capture the tribal identity of those interacting with government health services and so, while much detailed data on services utilisation and programme implementation are available, they do not allow for disaggregation of data based on tribal status, and thereby the various health problems and health system deficiencies in reaching tribal people remains hidden for many years till the census or national survey reveals the significant gaps. Research among tribal populations in India are often limited to cross-sectional surveys focusing on specific diseases like malaria on pregnancy and related outcomes, and seldom focus on the

World No Tobacco Day awareness programme

Dr H Sudarshan is a recipient of the Padma Shri award and has been associated with the health, education, and welfare of tribal people for over four decades in Karnataka, Arunachal Pradesh, and West Bengal while also contributing to various state- and national-level expert committees/task forces on tribal health. Email: drhsudarshan@gmail.com
Dr Tanya Seshadri is a community health practitioner and researcher in the field of tribal health and is also Adjunct Faculty at the Institute of Public Health, Bengaluru. Email: tanya.seshadri@gmail.com

Mobile clinics in remote tribal hamlet

larger socio-political issues that underlie the poor reach and access to health services for many tribal people. Much of the neglect of tribal health could be attributed to the paucity of available and accurate information at the hamlet or tribal population levels. This in turn leads to lack of understanding and responsiveness of local health systems to tribal-specific health problems.

Currently, the efforts of gathering and visualising information on tribal health is undertaken by large government taskforces like the Tribal Health Report published by the expert committee in 2018, or through local civil society initiatives focusing on a particular condition or an event/landscape. These snapshots often do not provide a comprehensive assessment of the situation on ground and generally do not attempt to answer the 'why' or 'how' questions related to the health of tribal people in a particular region or landscape.

The most significant limitation is that the different conversations on health seldom acknowledge the impact of various critical social determinants of health and the people's struggle with forest rights that impact these determinants significantly. A tribal family that does not yet have legitimate ownership over ancestrally cultivated and owned lands, lives in a state of perpetual food and livelihood insecurity, possibly prioritising child health and education lesser than more pressing daily living needs. These stark living conditions and chronic lifelong stress hardly reflect in conventional measures of morbidity and mortality; they affect the family's utilisation and the way they engage with health services, even if these services are available and geographically accessible. Unfortunately, assessments of many key social determinants by health researchers are few.

Research among tribal populations in India are often limited to cross-sectional surveys. Mental health illnesses and substance abuse are poorly studied in these communities; the latter is emerging to be a serious social concern in many tribal communities across the country, and seldom focus on the larger socio-political issues that underlie the poor reach and access to health services for many tribal people.

Health Status

Despite decades of focus on reproductive and child health across the country, there still remains severe deficiencies for access to antenatal, delivery and postnatal services across all tribal communities irrespective of the region they belong to. While the programmatic outputs still remain poorer for other communities, in most areas these programmes are not adapted to local geographical or socio-cultural contexts, thereby worsening utilisation and quality of services provided. A uniform family welfare approach across the country prevents adaptation to family welfare needs of Particularly Vulnerable Tribal Groups (PVTG) and other tribal communities; restrictions currently apply for some groups hindering their reproductive rights, while others are in need of infertility care and/or safe abortion services. Appropriate treatment for childhood illnesses in tribal children is poor when compared to their non-tribal counterparts; infant mortalities and under-five mortalities are higher among tribal children in most States. Very little information exists on how to deliver adolescent reproductive and sexual health in tribal areas.

Tribal nutritional intake varies from one region to another; sub-optimal protein, calorie and micronutrient intake is a problem in several tribal communities. Prevalence of undernutrition among school children is generally poorer than non-tribal counterparts. Anaemia and other nutritional deficiency disorders are higher among tribal women and children, contributing to adverse pregnancy outcomes and increased vulnerability of tribal children. Food security schemes have lesser coverage and poor quality in most tribal areas (cf. ICDS).

Incidences of infectious diseases such as malaria are more frequent and have higher morbidity and mortality in most tribal areas. Malaria takes a higher toll in these areas than elsewhere; access to awareness material, preventive measures and appropriate treatment is lacking. Prevalence of HIV/AIDS is comparatively higher in the northeast Indian tribal areas. Disease surveillance and epidemiological data on infectious diseases are inadequate. Focus on infectious diseases control in tribal areas has not been accompanied by a systematic approach to Non-Communicable Diseases (NCDs) in tribal areas; very few organisations work on NCDs' care. Certain tribal communities are reported to have significantly high prevalence of NCDs (such as hypertension among tribes of Assam working in tea-gardens); the epidemiological features of these conditions among tribal communities appear to be different from other areas.

Mental health illnesses and substance abuse are poorly studied in these communities; the latter is emerging to be a serious social concern in many tribal communities across the country.

Environmental health is a neglected area in general but in these communities, it is a key social determinant of health. Tribal areas are undergoing rapid transition due to pressures of mining, resource extraction and often adverse impacts of other policies (cf. Forest conservation laws); however tribal health systems are not prepared to deal with health problems arising out of such transitions. Relatively, rare hereditary and genetic diseases are prevalent in higher proportions among tribal communities (cf. Haemoglobinopathies); however health services in tribal areas lack specific programmes and guidelines to organise care and referral for these conditions.

Tribal nutritional intake varies from one region to another; sub-optimal protein, calorie and micronutrient intake is a problem in several tribal communities. Prevalence of undernutrition among school children is generally poorer than non-tribal counterparts.

Health Systems

A health system lens as advocated by the World Health Organization helps us provide an understanding of the health system in terms of financing, resource utilisation, and governance, but we recognise that even this is insufficient. We believe that there is a need to explore the inter-linkages of health with other dimensions of human development like education, land tenure, and empowerment, and that these can no longer be neglected particularly in relation with tribal communities across India. Hence, in order to address some of the challenges in health, we need to acknowledge and address the underlying reasons that influence the wider social determinants.

Poor governance in tribal districts accounts for various deficiencies in delivery of health programmes, schemes and services. Tribal health services are severely underfinanced and need higher allocations to improve equitable growth; uniform per capita across tribal and non-tribal areas contributes to poor performance. There is a disproportionate shortage of health workers in tribal areas; moreover, tribal representation in the health workforce is considerably inadequate, further hampering adaptation and implementation of health programmes in these areas. Restrictive norms and guidelines hinder health worker retention and performance in tribal areas. Shortages in healthcare infrastructure and equipment as well as poor access and quality of health services are widespread in the tribal areas. Rich traditional health knowledge exists in tribal communities, however the health systems do not harness the potential of positive traditional health practices. At the same time, specific interventions are needed in some areas to curb adverse cultural practices. Several social determinants severely affect tribal health such as geographical isolation, migration, displacement and armed conflict requiring targeted approaches.

On the other hand, research on tribal health is fragmented while disaggregated data on health services' performance, utilisation and coverage are not available. Comprehensive information on tribal health is deficient across all levels be it at district, state or national levels. Tribal health has no special or additional focus in the overall national and State health plans thereby it finds no explicit focus in the corresponding policies and programmes.

Civil society and non-profit NGOs play a key role in delivering services in several tribal areas, and often advocating for tribal specific issues. Typically, these organisations utilise a community-based programme or a facility-based charitable service model to strengthen the health and welfare of the tribal people in a particular geographical region.

Need for a Special Focus

The term Scheduled Tribes (STs) is a broad category that has over 700 communities with wide differences in

Community meetings for Covid-19 awareness

Street plays for Covid-19 vaccination in tribal hamlets

genetic, ethnic, cultural and social differences between them. While this categorisation is useful for identifying the group for affirmative action, it does not help to recognise the differences in approaches needed to reach the different tribal people and the significant differences in health outcomes from one tribe to another, from one geographical region to the other. However, despite all these differences, the health indicators in nearly every State for its ST people, lags significantly behind the other people of the State.

The persistent poor health outcomes of tribal people, their particular socio-economic and political scenario and decades of marginalisation from the social, economic, political and cultural mainstream, necessitate a special approach towards our tribal people, especially their health. Such a focus needs to emerge from the grassroots, meaning that districts and local bodies at block levels ought to be sensitised to the need for inclusive processes with respect to tribal health (or for that matter in education, governance or any other public policy-making initiatives). A national level synthesis of tribal health can only highlight recurring themes and gaps in tribal health, and identify few areas or region-specific problems to be taken up in national and state policies. However, the diversity of landscapes and socio-political environment within which tribal people live, necessitates the need for inclusive governance and local-level planning and sensitisation at the level of health centres and local governments at district levels and below. Clubbing these communities in the lowest economic quintile and expecting larger economic reforms to adequately cater to their needs and problems does not suffice.

The historical behaviour of these communities and their close relationship with the environment in addition, allowed for a few distinct health problems to appear that need special attention. From genetic diseases like haemoglobinopathies to insect/animal-related bites or injuries, many of these communities need screening and care beyond what the local public services are equipped to provide. As seen, the challenges faced by these communities are far beyond the availability of health services. The need of the hour is to go beyond describing problems in health services, and focusing on collaborative partnerships with civil society and community-based organisations to customise and implement local health reforms in partnership with the communities. ❑