

Health and Mortality Status of Scheduled Tribes in India

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Abstract: *The Scheduled Tribes and Castes (STs and SCs) are the two most disadvantaged social groups in India. Tribals are one of the most exploited and deprived sections of the Indian society. The majority of them are afflicted with poverty, malnutrition and illiteracy. Widespread malnutrition exposes these children to infection and infectious diseases, resulting in high mortality among them. In the post-Independence period, while the Constitution protected the rights of the Scheduled Tribes and accorded them reservation in the legislature, educational institutions and government jobs, other 'development' activities, such as the construction of large dams or the sale of timber, led to the further marginalization of some tribes. The low capabilities of the poor individuals (low nutritional status, lack of awareness, marginal living and hazardous working conditions), coupled with poor access to health services and lack of money compels them to face more health related shocks. When a poor or socially vulnerable person becomes ill or injured, the entire household can become trapped in a downward spiral of lost income and high health care costs. The cascading effects may include diverting time from generating an income or from schooling to care for the sick; they may also force the sale of assets required for livelihoods. This paper addresses the health and mortality status of scheduled tribes in India.*

Key Words: *Malnutrition, vulnerable, Morbidity.*

I. Introduction

Health status is an important index of economic growth and development. The status of health of a given population has positively or negatively influenced nation's economic growth. Despite rapid strides in socio-economic development, health and education, the widening economic, regional and gender disparities are posing challenges for the health sector. (Das, 2012)

Low agricultural production and lack of an appropriate food distribution system are the reasons for low levels of the nutritional status. In addition to the low agricultural production, the nutritional status of the population is to be viewed as the problem of poor quality of food intake due to low literacy and lack of awareness. Shortage of food and nutrient inadequacies leads to ill-health of the tribal people.

The relationship between health and poverty works in both directions. Low nutrition makes the poor highly susceptible to disease. In addition, low income leads to poor living conditions and sanitation facilities. These in turn increase the vulnerability of the household. The wage earner in the family remains unemployable for longer periods owing to frequent and prolonged illness. Increased vulnerability to disease may also compel distress sale of assets, leading to indebtedness. As a result, productivity and income are further reduced. It is fascinating that tribals in India constitute 104.28 million, as per 2011 census which is about 8.61% of the total population of India.

Although the government has provided for the establishment of Primary Health Centres (PHCs) in tribal areas for every 20,000 population and sub-centres for every 3,000 population, quality healthcare is not available to the majority of tribals. Posts of doctors and paramedicals are often vacant. Additionally, the non-availability of essential drugs and equipment, inadequate infrastructure, difficult terrain and constraints of distance and time (one Auxiliary Nurse Midwife is responsible for 15-20 scattered villages), and the lack of transport and communication facilities further hinder healthcare delivery.

A study by Singh and Rajyalaxmi(1993), status of tribal women in terms of their demography, health, education and employment have been discussed. Since independence, various protections have been given to the tribal

population by the Constitution of India. The study highlighted some aspects of tribal work; tribal women work equally with their male counterparts with lower pay, sexual exploitation. Tribal women don't have property rights, they have lower literacy rate than scheduled caste and general population. Tribal women are not healthy and suffer from malnutrition and various diseases. The study highlighted the need to improve the status of tribal girl, to bring about change in the status of tribal woman.

II. Demography of the Indian Scheduled Tribes

The tribal population of the country, as per 2011 census, is 10.43 crore, constituting 8.6% of the total population. 89.97% of them live in rural areas and 10.03% in urban areas. The decadal population growth of the tribal's from Census 2001 to 2011 has been 23.66% against the 17.69% of the entire population. The sex ratio for the overall population is 940 females per 1000 males and that of Scheduled Tribes 990 females per thousand males. Literacy Rate increased by 11.86 percentage points from 2001 to 2011 for STs and 8.15 percentage points for total population during the same period. Literacy Rate has however, all along been lower both for males and females STs as compared to SCs and Total Population.

The infant mortality (62.1; NFHS 2005-06), under 5 mortality (95.7; NFHS 2005-06) and % of children under weight (55.9) in respect of STs is higher than that of the overall population as well as of other disadvantaged socio-economic groups.

III. Methodology

This is a theoretical research paper, where secondary information produced by different authors and researchers has been used. For obtaining necessary information, various books, journals as well as websites have been explored by the researcher which has been mentioned in the reference section and data have been used from NFHS-3 and NFHS-4.

IV. Review of Literature

In the demographic literature, age at marriage has long been regarded as one of the proximate determinants of fertility (Davis and Blake, 1956). Age of marriage affects the fertility of tribal women and thus the reproductive health behavior in tribals differs from non-tribals. Some tribals consider children as their assets which lead to high fertility. Having children, especially male children, improves a women's status in society. Because of this belief 93 per cent of them have more children and thus face moderate to severe anemia and 33 per cent show evidence of varying degrees of Vitamin A deficiency (Sharma et al.1990). Maternal and childcare is an important aspect of health seeking behavior, which is largely neglected among the tribal groups (Basu et al.1990).

In the all states of India, the diet taken by tribals does not contain adequate amount of nutrient content. During pregnancy, malnourishment can increase. Beliefs and practices during pregnancy in much of India tend to encourage 'eating down', that is, reducing women's already meagre average daily food intake and discouraging the intake of nutritional food (Nag, 1994; Ramachandran, 1989).

The health facilities of remote tribal areas in India was found to be poor, a large number of positions lay vacant, the availability of drugs was inadequate, and vehicles frequently broke down because of poor maintenance. Even where brick-and mortar health facilities were set up, they were often insufficiently equipped with drugs and medical supplies and faced a shortage of trained doctors, nurses and paramedical staff (WHO, 2012).

The study found that women attending antenatal services were not screened either for anemia or for high blood pressure or proteinuria to detect the risk of eclampsia (Indian Council for Medical Research, 1987). The tribal people are eager to access, for instance terminal methods of family planning and other modern services. However, due to lack of these facilities, they are deprived of these valuable services which they really need (Saha, 2003)

Tribal communities in general and primitive tribal group in particular are highly disease prone. Also they do not have required access to basic health facilities. They are most exploited neglected and highly vulnerable to diseases with high degree of malnutrition, morbidity and mortality (Balgir 2004) The chief causes of high maternal mortality rate are found to be poor nutritional status, low haemoglobin (anaemia) unhygienic and primitive practices .Average calorie as well as protein consumption is found below the recommended level for pregnant as well as the lactating women.

A study by Miahra (2005) using the National Family Health Survey (NFHS-2) found that in almost all the states of India, tribal households had a higher incidence of child hood stunting (52.3%). Nagda(2004) reported anaemia prevalence of more than 80 percent among tribal children.

V. Results

The data presented from NFHS surveys and available published literature showed that though the health outcomes and access to health slightly improved for all social groups, marginal positions of certain group of people continue to be a factor that reproduces and widens disparities, especially in the context of tribes. As a result, there is a substantial gap in terms of health status and access to health services existing for these social groups.

Table-1: Percentage of child mortality based upon IMR, U-5 Mortality and Neonatal Mortality

Indicators	NFHS3 Rural	NFHS 4 Rural
Child Mortality		
IMR		
Scheduled Caste	70	49.6
Scheduled Tribe	63.9	47.3
Other Backward Classes	61.1	46
Other	55.7	38.2
U-5 Mortality		
Scheduled Caste	94.7	61.1
Scheduled Tribe	99.8	61.3
Other Backward Classes	78.7	55.9
Other	68.2	45.4
Neonatal Mortality		
Scheduled Caste	49.6	36.8
Scheduled Tribe	40.9	33.4
Other Backward Classes	42.1	33.4
Other	38.1	27.7

Source: National Family Health Survey (NFHS-3) 2005-06 & National Family Health Survey (NFHS-4) 2015-16.

Table-2: Nutritional Status of Children: Percentage based upon Height –for –age, Weight-for-height, Weight-for-age, Vaccinations, Anemia and advice received regarding ARI, Fever and Diarrhoea

Indicators	General	Scheduled Caste	Scheduled Tribe	Other Backward Classes
Prevalence of underweight among U-5 children				
Height-for-age				
% below -2SD	31.2	42.8	43.8	38.7
% below -3SD	11.9	19.0	19.7	16.4
Weight-for-height				
% below -2SD	19	21.2	27.4	20.5
% below -3SD	6.5	7.5	10.3	7.2
weight-age-age				
% below -2SD	28.8	39.1	45.3	35.5
% below -3SD	7.8	12.6	16.1	10.7
Child Vaccinations				

All age vaccinations	64.5	63.2	55.8	61.9
All age appropriate vaccinations	28.3	28.8	23.4	27.4
Any anemia	53.9	60.5	63.1	58.6
Advice or treatment was sought from a health facility or provider(%) for ARI(U-5)	80.2	78.6	70.5	78.5
Advice or treatment was sought from a health facility or provider(%) for fever(U-5)	74.1	74.6	67	73.4
Percentage of children with diarrhoea(U-5)	8.4	9.6	8.1	9.6

Source: National Family Health Survey (NFHS-4) 2015-16.

Table-3: Reproductive and Child Health

Indicators	General	Scheduled Caste	Scheduled Tribe	Other Backward Classes
Total fertility rate	1.93	2.26	2.48	2.22
Percentage of women age 15-19 who have had a live birth	5.0	5.7	7.6	4.4
Percentage of pregnancies that were registered	86.6	86.7	83.8	84.4
Received two or more TT injections	85.5	82.4	79	82.8
Took IFA for 100 days or more (%)	33.6	28.6	26.8	30.2
Percentage of pregnancies with an ultrasound test	71	58.1	46.1	61.5
Percentage delivered in a health facility	82.9	78.3	68	79.8
Delivered by a skilled provider (%)	85.5	80.7	71.5	82.1
Received advice regarding breastfeeding (%)	81.1	81.1	82.7	79.1
Received advice regarding family planning (%)	71.3	69.9	71.5	67.6
Pregnancy outcome				
Live birth (%)	87.9	89.7	92.6	89.7
Abortion (%)	3.9	3.0	1.8	3.0
Miscarriage (%)	7.3	6.3	4.8	6.3
Stillbirth (%)	0.9	1.0	0.8	1.0
Home Delivery (%)	16.9	21.3	31.7	19.9
LBW at birth(<2.5 kg)	17.2	19.1	20.5	17.7
Currently any contraceptive method used	57.5	54.9	49.4	51.5

Source: National Family Health Survey (NFHS-4) 2015-16.

Table-4: Morbidity status of women based on BMI, Hypertension, Anemia, Diabetes, Asthma, Cancer and Tuberculosis, & Tobacco use

Indicators	General	Scheduled Caste	Scheduled Tribe	Other Backward Classes
Women 15-49 whose BMI is below normal (%)	17.8	25.3	31.7	22.9
Women 15-49 with prevalence of hypertension (%)	12.5	10.2	10.8	10.5
Percentage of women age 15-49 with anemia	49.6	55.9	59.8	52.2
Percentage with diabetes who have sought treatment (%)	82.7	64.2	63.3	70.1
Percentage with asthma who have sought treatment (%)	76.1	57.3	58.6	76.1
Percentage with cancer who have sought treatment (%)	73.3	35.5	55.7	23.0
Women 15-49 who have heard of AIDS (%)	84.1	73.0	64.2	74.3
Women 15-49 who have heard of TB (%)	89.8	87.0	79.7	87.4
Women 15-49 who believe that TB can be cured	91.7	88.1	84.6	87.9
Women age 15-49 with a hysterectomy (%)	3.0	2.9	2.3	3.6
Women age 15-49 who use any kind of tobacco	5.1	7.6	16.9	5.3

Source: National Family Health Survey (NFHS-4) 2015-16.

VI. Disease Burden

- Available evidence indicates that the prevalence of child malnutrition is significantly higher among tribal populations.
- National Family Health Survey 4 (NFHS-4) (2015-2016), the under-5 mortality among the tribal population was 61.3 per 1000 live births compared to others, and the infant mortality rate (IMR) 47.3 per 1000 live births.
- The Total fertility rate and percentage of women age 15-19 that have had a live birth is higher among tribal population.
- The tribal women used less IFA tablets during pregnancy periods.
- The awareness level regarding morbidity is low among tribal population.
- Home delivery and LBW (Low Birth Weight) children are higher among tribal population.
- Tribal population usually used less contraceptives compared to other groups.

VII. Conclusion

In view of the fact that majority of the Dalits in rural areas depend on the Primary Health Centers (PHCs) for their health needs, the PHCs are to be adequately staffed and equipped with necessary medical facilities including quality medicines in sufficient quantity. The high incidents of rape and murder of Dalit women, caste discrimination and practice of untouchability indicate the everlasting influence of caste prejudice and the poor mental health of dominant caste groups in India. In spite of the tremendous advancement in the

field of preventive and curative medicine, the health care delivery services in these primitive tribal people are still poor and need to be strengthened in order to achieve the goal of Health for all in the country.

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