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Health of indigenous people: A social issue in medicine

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ABSTRACT

This review work has been done with the objective to know the health status of indigenous people and summarize the extended and scattered data on health status of indigenous people. There are more than 300 million indigenous people in the world, on every continent and representing many cultures. The health of indigenous people remains in a state of scandalous compromise. Despite the progress of our thinking in modern times and our ethics, indigenous people of the world over continue to suffer enormously from communicable diseases, genetic diseases, malnutrition etc. Due to these morbidities, infant, child and maternal mortalities are very high and life expectancy is very less among these people. All these conditions are challenge for the civil societies of the nations and modern world. The widespread poverty, illiteracy, malnutrition, absence of safe drinking water, poor maternal and child health services, ineffective coverage of health and nutrition services, lack of awareness about health care services, socio- economic barriers to utilization of the health services etc. have been identified as possible factors for dismal health status of indigenous people. So health services need to be accessible, affordable, and acceptable and should be strengthened, to make it more responsive for tribal health in particular.

Key words: *Indigenous people, health, India, Social medicine, mortality, longevity*

INTRODUCTION:

There are more than 300 million indigenous people in the world, on every continent and representing many cultures. These people are grossly over represented among the world's vulnerable groups, suffering from low incomes, living in poor condition and lacking adequate access to education, employment, safe water, food and health care services. Furthermore, although epidemiological data is scattered and scanty, what data does exist points to the following health

impacts on indigenous peoples.(Table no. 01) (ICMR report 2003, 2005, Sujata Rao 1998, Swain 2003) Therefore an attempt is being made to review the burden of morbidity and mortality among the indigenous people and to disseminate this issue among scientists, health administrators and policy makers.

1. Infant mortality rates are 2 to 3 times greater than the national average.
2. Under 5 years child mortality is double than national average.
3. Maternal mortality rates are two times greater than the national average.
4. Life expectancy at birth is around 10 to 20 years less than for the general population in a country.
5. Malnutrition often associated with land displacement and contamination of food supplies and communicable diseases (Malaria, yellow fever, dengue, cholera, and tuberculosis) affects a larger proportion of indigenous peoples.
6. Genetic problems are high prevalent due to isolation and endogamous marriages.
7. Substance abuse (alcohol, smoking, drugs), diabetes, cardiovascular diseases, unintentional injuries and domestic violence are significant health and social problems. Many are associated with life style changes resulting from acculturation.

In their very comprehensive agenda for action, the International Conference on Population and Development – 1994 (ICPD) at Cairo suggested a course of action to improve the health status of underserved population groups and indigenous people (CMR 1998, VHA 2004).

The health of indigenous peoples remains in a states of scandalous compromise. Despite the progress our thinking in modern times and our ethics, indigenous peoples the world over continue to suffer enormously from the legacies of colonization, continue to bear the impact of policies seeking to assimilate them into the dominant population and continue to suffer significantly from the effects of environmental degradation, armed conflicts and the application of western development models.

HEALTH OF INDIGENOUS PEOPLE IN INDIA:

India is an ancient country with ancient civilization, having its own culture, community practices and belief extending over thousands of years, it is multi-lingual, multi-religious and multi-ethnic. It believes in cast system, having various sub-castes and practices. It is predominantly rural, has a large urban population with tribal and non-tribal population, which reside in plains, hills, forests, mountains, deserts and islands. The language and dialects vary from region to region, state to state and community to community. The country irrespective of the religion or caste,

believes in tradition and religious practices for conception, pregnancy, delivery, childcare and health and diseases.

Indigenous people or Tribes constitute 8.7 of the total population of India (census 2001). The number of scheduled tribes or groups of tribes notified is 573. Out of these 74 tribal groups have been identified as Primitive Tribal Group (PTG) (Census 2001) on the basis of pre-agricultural technology, low literacy rate and stagnant/ declining population. The tribes differ considerably from one another in race, language, culture and beliefs, in their myths and customs and present a spectacle of striking diversity. However, there are certain broad similarities between the naturally divergent tribal groups, especially in their mode of living. Each tribes lives in a definite area, has common dialects, cultural homogeneity and unifying social organization. According to the provision under constitution of India, the government is committed to ensure socio-economic, nutrition and health development of these indigenous people. Various efforts in this direction have already been initiated since independence.

The widespread poverty, illiteracy, malnutrition, absence of safe drinking water, poor sanitation, poor maternal and child health services, ineffective coverage of national health and nutritional services, lack of awareness about and access to health care, social and economic barriers to utilization of health care services etc. have been traced as possible contributory factors for dismal health conditions prevailing among these vulnerable population.

Tribal groups of India have their own distinctive genetic makeup. They serve as unique gene pool, which has evolved in the natural setting over thousands of years. Therefore, they have special health problem and genetic abnormalities like sickle cell anaemia, Thalasaemia, G6PD (Table no-4) and red cell enzyme deficiencies etc. Practice of endogamy and consanguinity among tribal is likely to be one of the influencing factors for high prevalence of genetic disorders among tribals[1]. Action has already been initiated under Reproductive and Child health policy (RCH-II), Rural health Delivery system, and vector born disease control programme, National Rural Health Mission for health development of these people (Sharma and Chakravarty 2007).

These long-term programmes are inadequate to serve these marginalized communities; they need immediate genuine services at their doorstep along with these vertical programmes.

For the current situation of Indigenous people health care in the country, the following can be quoted: -

Go to the people,
Live with them,
Learn from them,
Start with what they know,
Build with what they have.

(Lao Tsu- 700 B.C.)

Table 1. HEALTH INDICATORS

Indicators	*Primitive Tribes (PTGs)	National
IMR	125	57
U.5 Mortality	160	82.6
Children underweight	55.9	41.1
Life expectancy at Birth	40	64
MMR	1000 & more	407
TFR	3.1	2.85
CBR	21.75	25
Literacy	Under 20	65.38

** Source – Average of different Ref. Research papers*

IMR = Infant Mortality Rate, MMR = Maternal Mortality Rate, TFR = Total Fertility Rate, CBR = Crude Birth Rate.

Table 2. CHILD MORTALITY BY POPULATION GROUPS

Population	NMR		IMR		U5MR	
	NFHS- II	NFHS- III	NFHS- II	NFHS- III	NFHS- II	NFHS- III
Rural	51.7	42.5	79.7	62.2	111.5	82.0
Urban	33.5	28.5	49.2	41.5	65.4	51.7
Tribal	53.3	39.9	54.2	62.1	126.6	95.7
Scheduled caste	53.2	46.3	83.0	66.4	119.3	88.1
National Total	47.7	39.0	73	57.0	101.4	74.3

Source – NFHS, IIPS.

Table 3. ***GENERAL POPULATION HEALTH PROBLEMS AMONG TRIBES***

State	Tribes	Health Problems
Chhattisgarh	Abujhmarias	MN- 30% of preschools, A-40%, IP = 75%
	Baigas	IP- 58%, A-93%, MN-31%
	Birhors	A-29%, VAD-24%
	Hill Korwas	ARI= 31%, S = 12%, IP= 8%
M.P.	Bharias	ARI – 83%, A- 42%, MN – 32%
	Saharia	ARI – 38%, MN- 43%
Maharashtra	Kolam, Worlis, Katkaris	VAD, S, IP
Gujrat	Dhodias, Worlis Konkanas	ARI,S,A, VAD
Rajasthan	Garasia, Bhil, Meena	VAD- 3.5, VAD – 4.5, SMN – 6%
Orissa	Kharia, Bhunya	IP,S,MN-80%, A-37%, VAD-18%
Assam	Kachari, Riang	IP-75%, ARI-12%, D-12%, SCA-12%

Source- ICMR and Research papers
A= Anemia, MN = Severe & Moderate Malnutrition, IP = Intestinal Parasites, S = Scabies, VAD = Vitamin A deficiency, ARI = Acute Respiratory Infection, D = Diarrhoea, SCA= sickle cell anaemia.

Table No-04

ETHNIC SPECIFIC HEALTH PROBLEMS

State	Ethnic groups	Conditions: G6= G6 PD deficiency, SCA= Sickle Cell Anaemia, Bt= Beta Thalasaemia , TM = Malaria, G+ Goitre
Chhattisgarh	Baigas Birhors Bhunjia / Kamar	G-45%, G6-86%, SCA-22%, SCA-14%, G6-12%, YAWS
M.P.	Saharia	Matted Lymphadenopathy-20%, G-31%
Maharashtra	Kolam, Worlis, Thakur	G, SCA-2.30%, Bt-1.3%,g
Gujrat	Dhodias, worlis Konkanas	SCA – 3-18%, G6- 9-15%, Bt- 2.5%
Rajasthan	Garasia, Bhil, Meena	Special Skin TB- Scrofuloderma
Orissa	Kharia, Bhuyans, Mundas, Oraon, Bondos	SCA- 7.4%, G6- 4-17%, TM
Assam	Reang	Bt- 3-6%, SCA- 12%

Source: ICMR

Cause of Morbidity

1. Due to low socio-economic status and low literacy they are undernourished and their misconception (people are thinking that a newborn baby can not digest the colostrum, green leafy vegetables are harmful during pregnancy, injections are harmful during pregnancy etc. (Pandey and Abbad 2000, 2002, Sujata 1998) Taboos and unhygienic practices lead to high prevalence of communicable diseases.

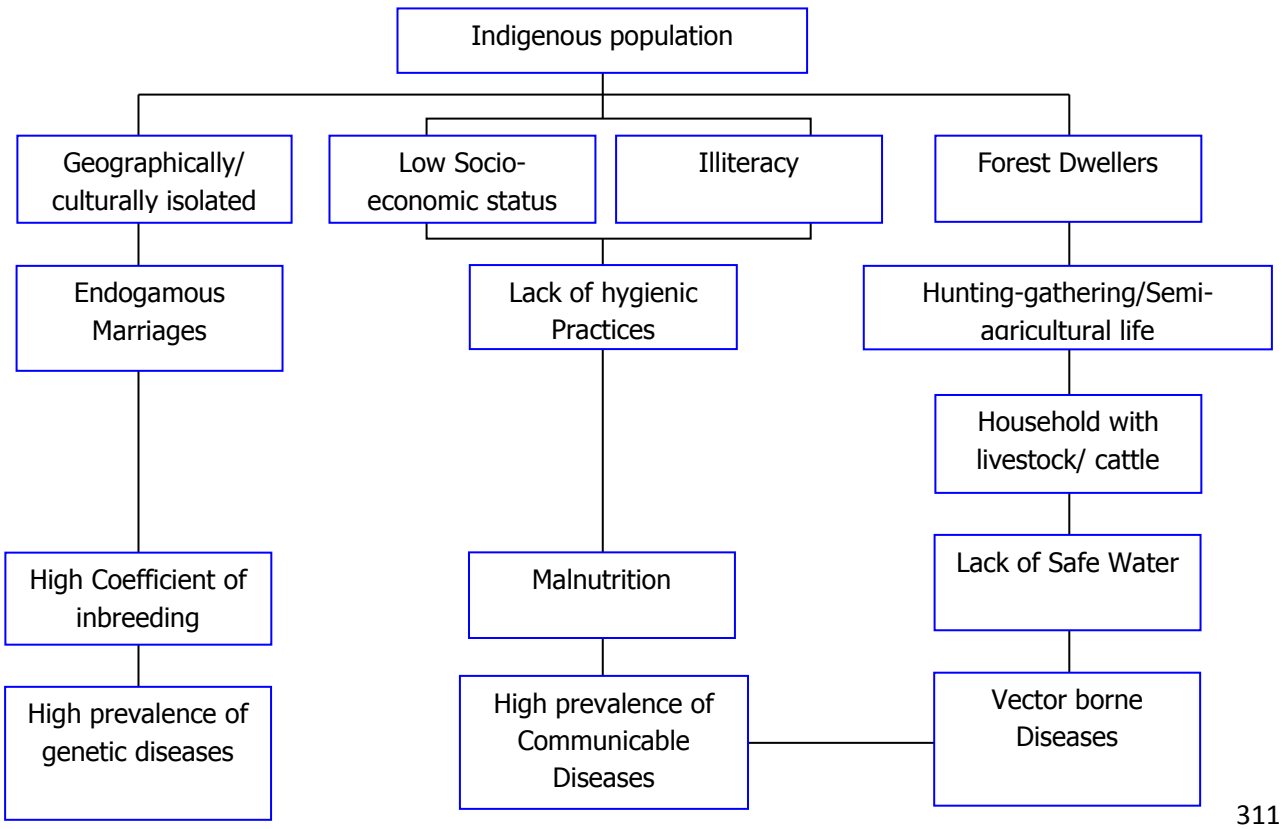
2. Forest dweller tribal groups have adopted hunting and food gathering and semi agricultural life. They keep livestock's in same house where they live. Safe water is inaccessible to them. These all circumstances are responsible for vector borne diseases.

3. These people are living geographically and socio-culturally isolated in so many places and sometime practice endogamous marriages are the possible cause of high prevalence of genetic diseases.

4. They have loosened their control cover natural resources due to government rules and regulations. They are exploited by the outsiders and contemporary advanced populations.

5. They suffer from many Social and racial discrimination

HEALTH PROBLEMS OF INDIGENOUS POPULATION



Conclusion:

Alarming morbidity and mortality are influencing the quality of life of indigenous people. Human Development and Health development indicators are very poor among these people. Following important suggestions are being summarized to improve the health status of indigenous people.

WHAT NEEDS TO BE DONE

- Health Services need to be accessible/affordable and strengthened.
- Priority should be to increase the human resources and health facilities at grassroots level.
- Involvement Community Based Organisation and Panchayati Raj Institutions.
- Information Education and Communication activities need to be strengthened through using social and resource mapping, Folklore, epic stories etc.
- Counselling for Tribal specific Health problems.
- Capacity Building of faith healers, Dais and some active community members of Tribal hamlets.
- Separate grants for health care of Tribal people from Ministry of Health and Family Welfare.
- Availability of Primary Health Centres/Sub-Centres with 24 hours service and with adequate equipment and medicine.
- Awareness about healthy food habits and food processing, use of iodized salt, calcium rich food stuffs, and importance of balance diet etc.
- To identity their cultural beliefs taboos and practices regarding health care and effort should be made to encourage good ones and discard the bad ones.
- Tribal Health research unit can be established under Tribal Research and Training Institutes, where TRIs are already functioning.
- There should be a linkage between government service providers/ Administrators of health sector and Tribal Welfare Sector at district level and at grassroots level.
- The education of health professionals needs to be improved. All universities providing education for medical students, nurses and allied health professionals must review their

curricula to include the health aspects of indigenous people; cultural awareness and the concept of cultural safety must also be included.

- The Integrated Child Development Services infrastructure should be strengthened especially in tribal, Hilly, desert and other remote areas.
- The health delivery system needs to be restructured to make it more responsive for tribal health in particular. The Health delivery system must be area specific as in the diverse socio-economic, cultural and demographic set up, like ours one model cannot be effectively implemented in the entire country. For the success of these programmes, it is very necessary that the community should be mobilized and motivated to come forward to avail the existing health care services.

"The ultimate test of a nation is how we treat the most vulnerable and disadvantaged of our people."

(Sir William Deane)

REFERENCES:

Basu SK, Jindal A, Kshatriya GK, Singh Roy P, and Sharma KKN (1989) Epidemiological investigation of haemoglobinopathies and allied disorders, nutrition and physical growth trends, Health profile, Health seeking behaviour and their environmental correlates for the promotion of health care among Scheduled Tribes and Scheduled Castes of Bastar district, Madhya Pradesh, Project report, *Dept. of Population genetics and Human Development*. NIHFW, New Delhi.

Census of India (2001) paper – I Final Population Totals, *Registrar General and Census Commissioner of India*, New Delhi.

Census of India (2001) Tribal Atlas, *Registrar General and Census Commissioner of India*, New Delhi.

Chakravarty MR (1994) Health Profile of Mother Child Groups in *"Tribal Health in India"*.(Ed. Basu SK), *Manak Publications Pvt. Ltd.* New Delhi.

Dabke AT, (2004) Health Status of Children of Primitive Kamar, Hill Korwa and Gond Tribes of Chhattisgarh. Proceedings on 1st National Conference of Tribal Child Health, *IndianAcademy of Pediatrics,* Raipur, Chhattisgarh.

Health for the Millions (2004) Key content of the ICPD, POA, ICPD-Cairo-1994, *Voluntary Health Association of India.*

Health of Tribal population in India (1998) Results of some ICMR studies, ICMR, New Delhi.

ICMR Bulletin (2003) Health status of primitive Tribes of Orissa, ICMR, New Delhi. Vol. 33, No.10

National Family Health Survey (*NFHS,* I, II, III), IIPS, Mumbai.

News Letter (2005) Regional Medical Research Centre for Tribal; (ICMR) Jabalpur.

Pandey GD, Abbad A(2002) Birth related practices in Hill Korwas:A primitive tribe of Chhattisgarh .*Tribal Health Bulletin* (ICMR) Vol. 8 (1): 16-21.

Pandey GD, Lakra VR(2000) Maternal and child health care among the Birhors of Chhattisgarh. Tribal *Health Bulletin* (ICMR) Jabalpur.Vol.6 (1): 21-23.

Rapid Household Survey report (2002) Sarguja and Raigarh districts Chhattisgarh Ministry of Health and Family Welfare, GOI, New Delhi by *Social-Economic Research Centre*, New Delhi.

RCH – II draft document (2005) *Ministry of Health and Family Welfare*, Govt. of India.

Sharma Sandeep (2007), Hill Korwas; Biology and Behaviour, Health Perspective, *Academic Excellence Publication* Delhi-31.

Sharma Sandeep, Chakravarty M, (2007), Tribal Perinatology, *Academic Excellence Publication* Delhi-31.

Sharma TP (1994) Strengthening Health Delivery System in Bastar District (M.P.) "Tribal health in India" (Ed Basu SK*), Manak Publications Pvt. Ltd.*, New Delhi.

Sujata Rao, K (1998) "Health Care Services in Tribal Areas of Andhra Pradesh: A Public Policy perspective" *Economic and Political weekly*, 28: 481-486

Suresh K (2004); Tribal Child Health 1st National Conference on Tribal child Health *IAP, Raipur* 2004.

Swain S (2003), Health Status of Tribal People. Paper presented in the National Seminars on Health for all in New Millennium 24-26 February, *NIHFW, New Delhi.*