

TRIBAL HEALTH IN MADHYA PRADESH

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DOI No. – 08.2020-25662434

Abstract

An attempt has been made to bridge the existing information gaps on health of the tribal communities of Madhya Pradesh and, investigate key action points for strengthening the health status. Systematic understanding the access to and demand of healthcare by the tribal communities of Madhya Pradesh - a chronically underprivileged section of population, arising from complexities in accessing health care according to their needs. Understanding the multi-dimensional nature of the health care challenges, currently faced by the tribal in Madhya Pradesh, will be the first and foremost step towards planning of an effective service delivery system. The study tries to unearth the status and challenges of the tribal health care system from the perspectives of tribal people and health care providers. Findings are based on primary data, generated through field observations and interactions with the tribal community in Madhya Pradesh, whereas secondary data utilised from various sources including government records, portals, surveys, and research articles.

Keywords: tribal community, health care needs, health challenges, health system

INTRODUCTION

There are 104 million tribal people in India. Spread across 705 tribes, they account for 8.6% of the country's total population. Madhya Pradesh has the highest tribal population in the country touching a galloping number of 15.31 million and covering 21.1% of the state's population (Census of India, 2011). While living in the remotest hills, forests and desert areas, they maintain culturally distinct lives with little or no impact of acculturation and urbanization. The State's population consists of 46 recognized scheduled tribes living in the stretches between Narmada River to the north and Godavari River to the southeast. The major tribal groups found here consist of Gond, Bhil, Baiga, Korku, Bhariya, Halba, Kol, Mariya, and Sahariya. Among them, Baiga, Bhariya, and Sahariya are notified as Particularly Vulnerable Tribal Groups (PVTGs).

The tribal population of Madhya Pradesh primarily inhabits rural and remote areas and is among the most vulnerable and marginalized section of the society. Moreover, they lag behind all other social groups in various social, health and developmental indicators. Without addressing the concerns of this vulnerable population, MP's socio-economic transformation will remain incomplete-making it impossible to achieve the UN Sustainable Development Goals. Despite the protection extended to tribes by the Indian constitution through 'the basic rights of the tribal people' in 1950, most of them still live below the poverty line with limited access to social safety nets, including health care.

In today's globalized and inter-connected world, Madhya Pradesh population (including those

belonging to the scheduled tribes) is undergoing rapid demographic, socio-economic and health transformation. The agrarian lifestyle of tribal communities and their close association with nature; illiteracy and ignorance; poor socio-economic conditions; distance and location and, dissatisfaction with the public health care system, play a crucial role in determining their health status (Shirisha, 2019). Education is believed to equip communities with a basis for evaluating the need of seeking care, and information enables a person to make an informed decision. However, the ability to utilize information in care seeking differs according to several factors like economy or social status, and cultural beliefs of the community. Indigenous communities believe in the magico-religious causation of diseases and this belief determines their care-seeking behaviour, which predominantly means visiting traditional/faith healers.

The tribal people form a heterogeneous group – there is huge diversity not just in their cultures and lifestyle, but also in their socio-economic and health conditions. The differences persist across regions but also between groups in the same region and between members of the same community who live in tribal areas and those who live outside it. Yet, the one commonality among tribal communities in India is that they have poorer health indicators, greater burden of morbidity and mortality and extremely limited access to healthcare services. Their health problems need special attention in the appropriate context. Studies have shown that the tribal have distinctive health problems governed by their habitat, difficult terrains, and ecological conditions (Tribal Health in India, 2019).

Access to health care by the tribal population is determined by demand and supply side factors. Available literature highlights the limited understanding of tribal health needs of the tribal people including cultural beliefs. The supply side factors address the factors like geographical distance to the health facility, availability of the services and medicine, behaviour of the health staff and linguistic differences and so on. The aim of the study was to systematically understand the access to and demand of healthcare by the tribal communities of Madhya Pradesh. Understanding the 'multidimensional nature' of the health care challenges, currently faced by the communities in Madhya Pradesh, is the first and foremost step under our plan to formulate an effective service delivery mechanism in the region. The aims to come up with a plausible, context-specific action plan for the futuristic improvement of the tribal communities in Madhya Pradesh.

METHOD ADOPTED

A cross-sectional qualitative study was conducted in selected tribal blocks of Madhya Pradesh, the main purpose of which was to generate evidence related to tribal groups, their specific health beliefs and health-seeking practices. This included an in-depth discussion with 68 tribal women, group discussion with 128 community members and 58 public health service providers from 7 tribal blocks of the state. Village observation was carried out in 18 villages. Systematic secondary literature review and data analysis were made to enhance the study results. Sources of secondary data include the Census of India, National Family Health Survey reports, Rural Health Statistics, Health Management Information System, DISE, and National Sample Survey Organisation among others.

LITERATURE REVIEW

The NSSO data analysed by PHFI shows that illness episodes of 48 percent of the tribal population

were treated in public health facilities against a national average of 25 per cent. For inpatient treatments, the figure is 60 percent for tribes as against 38 percent for overall population (Tribal health). This data informs that the way forward for tribes is a decentralised and robust public healthcare supply system. It is especially important because unlike the rest of the population, a huge proportion of tribal people who access healthcare, do so at the public health facilities.

The tribal population of MP like their other state's counterparts, suffer from triple burden of diseases like malnutrition, communicable diseases (malaria and tuberculosis) as well as modern life-style related non-communicable diseases like cancer, hypertension and diabetes. Some of the critical figures like 74.2% anaemic mothers in Bhil dominated Jhabua district, 17.3% tribal women with cervical cancer in Sheopur district or 70% anaemic adolescent girls from Baiga dominated Mandla districts indicate the need of a targeted tribal specific health plan with special focus on the women and girls.

The agrarian lifestyle of the tribal communities and their close association with nature, illiteracy and ignorance, poor socio- economic conditions, distance and location, and dissatisfaction with the public health care system; play a crucial role in determining the health status of the tribal communities (Shirisha, 2019). Education is believed to equip the community with a basis for evaluating the need of seeking care, and information enables a person to make an informed decision. However, the ability to utilize information in care seeking differs according to several factors like economy or social status and cultural belief of the community. The indigenous communities believe the magico-religious causation of diseases and this belief determines their care-seeking behaviour, which predominantly means visiting traditional/faith healers.

A study which assessed the knowledge, perception and care-seeking practices regarding malaria among Gond, Baigas and Bhil; observed that Baigas had considerably better knowledge about malaria etiology, symptoms and diagnosis of malaria and the prevention practices as compared to Bhil followed by Gonds. But, the Baigas and Gonds predominantly depend on the magico-religious methods of treatments or informal care providers, whereas the Bhils access the formal health care system (Singh et.al., 2017). A cross-sectional study assessing knowledge of maternal health care services among Baiga women in Dindori district revealed that almost half of the women consider delivery by an untrained Dai as safe (Kumar et.al., 2015). Another study on Baiga women demonstrated that they mostly prefer home -deliveries and although a large proportion of Baiga women suffer from post-natal issues, however majority of them depend on home-remedies and a few depend on traditional/faith healers (Bhat et.al., 2017) Apart from socio-culturally mediated factors like education, information, and culture, environmental and few host factors also play a major role in determining the health status of the tribal communities. Factors such as poor living conditions, malnutrition and increased consumption of tobacco were found to be associated with the high incidence of Pulmonary TB in the Sahariya tribal community (Rao, et.al., 2018). A community-based program known as Jan Swasthya Sahyog (JSS) serving in rural central India mentioned in its report that the tribal had significantly higher proportion of tuberculosis, hypertension, cancer and illnesses requiring major surgical interventions, as compared to the non-tribal. A study on Korku women in Betul district observed that the nutritional status of Korku women was satisfactory and the fertility rate was low, which was attributed to the improved socio-economic status and increased access to Government services (Raikwar, & Sharma, 2015)

According to ICMR studies from 1986 to 2006, Red Cell/Sickle Cell Genetic diseases are prevalent among the tribes of Madhya Pradesh, especially among the particularly vulnerable tribal groups (PVTGs). Saharias of Gwalior, Baigas of Baigachak area of Dindori district and Bharias of Patakot areas of Chhindwara district are particularly vulnerable of this Red Cell disorders. All these tribes are strictly endogamous and have short marital distances hence share a gene pool restricted to a small geographical area. The ICMR study shows that sickle hemoglobin is common in PVTGs of central Madhya Pradesh. Tribes like Pradhan, Panika, Barela has high prevalence of 25-30% (ICMR, 2006) of sickle cell hemoglobin. Sub-groups of major tribes like Gond and Bhil from central Madhya Pradesh suffers from this genetic disorder to a great extent.

In MP, Mandla district is the worst hit by Malaria. According to ICMR bulletin, 2004, Mandla (2.6% of total population of MP) contribute to 25% malaria and 15% P.falciparum infections. Analysis of malaria data collected by the Malaria Research Centre (MRC) Field Station, Jabalpur for trends (1986-2000) in five villages of Mandla revealed that in 1986 malaria was mainly due to P.vivax and P.falciparum was only 27%. However, from 1988 onwards there was a steady increase in P.falciparum and infection due to both parasites were almost equal in 1991 (P.vivax 49.5%, P.falciparum 50.5%). From 1992 onwards there was an increase in P.falciparum proportion while P.vivax was on decline. There was an abrupt increase in P.falciparum in 1996 and in 1999-2000, the infection caused by P.falciparum was over 90%¹³. The P.vivax and P.falciparum infection trend was more or less similar in both children and adults. Further analysis of month-wise data revealed that P.vivax increased before P.falciparum in the community. Besides Mandla, explosive outbreaks were recorded in Chhindwara, Betul, Sidhi, Jhabua and Jabalpur Districts causing many deaths (Singh et al, 2009).

In India, especially the rural districts of 22 states are endemic to Lymphatic Filariasis, among which, 12 districts belong to MP. Panna is one such district where its 14% of tribal population is highly prone to Filariasis. ICMR studies in Panna from 1991-93 and 2002 revealed that overall prevalence of filariasis was of 7.5% (including disease rate). Majority of the clinical cases were found in chronic stage and hydrocele was found as major clinical manifestation. Improper and poor drainage of sewerage and man-made open pits for collection of waste water which is the ideal breeding site for vector *Culex quinquefasciatus* seems to be the associated factors making the area conducive for filariasis. Another study conducted in four districts- Shadol, Shivpuri, Bhind and Hosangabad; and published by ICMR in 2016, stated that tribal population in these districts were more vulnerable to micro-filarial (mf) load than their non-tribal counterpart. The study posed reasons that as tribal people work more in the open field as casual laborers increase their risk of getting the infection. Targeted intervention like MDA (Mass Drug Administration) is also less effective in tribal as well as rural communities as they prefer to seek care from the traditional healers and quacks.

TRIBAL HEALTHCARE CHALLENGES

The tribal population of Madhya Pradesh, like their other state's counterparts, suffers from triple burden of diseases with malnutrition, communicable diseases (malaria and tuberculosis) and modern life-style related non-communicable diseases like cancer, hypertension and diabetes. Some critical figures such as - 74.2 percent mothers being anaemic in Bhil dominated Jhabua district, 17.3 percent tribal women afflicted with cervical cancer in Sheopur district or, 70 percent anaemic

adolescent girls from Baiga dominated Mandla districts indicate the need for a targeted tribal specific health plan with special focus on the women and girls. The public health indicators are poor in general and in few cases alarming. The health needs of tribal in the state to be address in appropriate manner.

Table 1: Common and Specific health issues among tribal women in Madhya Pradesh

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| <p>Common issue: Anaemia, Skin disease, Water borne & Vector borne diseases, Micro-nutrient deficiency, Low BMI, Alcohol addiction and Teenage pregnancy</p> | <p>Specific issue: Vaginal infection (Baiga, Shaharia), Sickle cell anaemia (Bhill), Fluorosis (Gond), Congenital anomalies (Gond), Neural tube defects (Gond), Low birth weight babies (Shaharia), PCOD (Gond, Korgu)</p> |
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EVIDENCES

Nutritional status

Even within the same tribal group, the food consumption pattern varies across different seasons – from extreme deprivation during the lean season to high intake in the post-harvest period. While, cereals and millets form the bulk of tribal diets, recent times have seen a social shift. Percentage of tribal adults suffering from stunting, wasting and, anaemia is considerably high when compared to their nontribal counterparts. 76 percent tribal children under the age of 5 suffer from anaemia, 10.9 percent are underweight, 23.5 percent are stunted, and 19.5 percent are wasted – the highest among all social groups.

Health Culture

Due to unique social structure, the diseases affecting them are specific to the idiosyncratic attributes of their social structure. Traditional Healers (TH) and traditional health care practices have deep trust among tribal community. The traditional healers are believed to be the first point of contact at the time of sickness primarily due to:

- The communication gap that exists between the public health service providers and the tribal community.
- Lack of confidence in the Public Health System.
- Infrastructural woes, including transportation.

Table 2: Common and Specific cultural beliefs among the tribes of Madhya Pradesh

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| <p>Common: Beliefs in traditional health practices; Traditional healer as first point of care; Food taboos, especially during & after pregnancy, Restriction on protein rich food during delivery; Taboos related to menstruation, Son preference, Early marriage, Not seeking formal care during snake bite, chicken pox and jaundice</p> | <p>Specific: Tattoos & body piercing (Baiga); Celebrating early marriage (Bhil); Fasting after delivery (Baiga); Exclusive breast feeding (1 year) (Bhil); Iron rod healing among new born and sick person (Korgu, Gond)</p> |
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Common:

Beliefs in traditional health practices;

Traditional healer as first point of care;

Food taboos, especially during & after pregnancy, Restriction on protein rich food during delivery;
Taboos related to menstruation, Son preference, Early marriage, Not seeking formal care during snake bite, chicken pox and jaundice Specific:

Tattoos & body piercing (Baiga);

Celebrating early marriage (Bhil);

Fasting after delivery (Baiga);

Exclusive breast feeding (1 year) (Bhil);

Iron rod healing among new born and sick person (Korgu, Gond)

Health Infrastructure and Human Resources

The Rural Health Statistics report-2017 reflects staggering shortfall in human resources availability in the tribal blocks of the state. These blocks consist of Community Health Centres, Primary Health Centres and Sub Health Centres which can have a strong adverse effect on the services to the tribal communities. The Annual report -2019 of the standing committee on Social Justice and Empowerment, reports a shortfall of 1,240 Primary Health Centres, 273 Community Health Centres and 6,503 Sub Health Centres in the tribal areas of India. Of this, Madhya Pradesh has the highest shortfall of 381 Primary Health Centres.

Understanding special Health needs for Tribal

- Sickle Cell Anaemia (SCA) Madhya Pradesh has the highest load with an estimated number of 9,61,492 carrier heterozygotes and 67,861 homozygotes or people suffering from the disease. Further, 27 of the 45 districts in Madhya Pradesh fall under the sickle cell belt and the prevalence of HbS varies from 10 to 33 percent. Glucose-6-phosphate dehydrogenase (G6PD) deficiency is common in all the primitive tribes, but Baiga and Bharia having high prevalence of the deficiency of this enzyme. G6PD deficiency varies from 1 to 5 percent in all the tribes of Gond and Bhil groups. But Raj Gond of Damoh and Gonds of Patakot valley have high prevalence (about 9 percent) of G6Pd deficiency. Among the major tribes, b-thalassaemia trait varies from 1 to 4 percent and common in Gond.
- Alcohol and tobacco use among tribal community is quite prevalent. NFHS-3 (2005-06) recorded that 74.1 percent tribal population engaged in the consumption of any type of tobacco.
- Snake bite in 2005, India recorded 28 lakhs snakebites of which 50 thousand resulted in death. 70 percent of the total snake bite cases in India were reported from just eight states, of which Madhya Pradesh is one (Suraweera et.al., 2020). It is commentary that virtually no data is available for snake bite deaths among the Scheduled tribes in Madhya Pradesh, even after it being a priority disease declared by WHO.

CONCLUSION

The study results reflect widespread 'poor health-seeking behavior' by the tribal community in Madhya Pradesh. However, primary findings explore reasons such as 'cultural practices' and 'lack of health care provision' as the major factors behind poor health conditions. The health indicators related to the mother and child, institutional delivery, ANC and PNC and, malnourishment coupled with high fertility signals less utilization of family planning methods - a major cause for concern with regards to the health of tribal women. Tribal RMNCH+A health is a cause of concern. Infant and Child Mortality rates continue to be a serious issue. Nine out of ten women use a cloth for

menstruation protection and only a little less than half tribal children are fully immunized. There is virtually no data available that maps out life expectancy for tribes in the state while available studies and data highlight the ‘multiple burdens of diseases’ faced by the tribal population in the state. Malnutrition and communicable diseases like malaria and tuberculosis continue to be rampant, environmental distress and changing lifestyles have resulted in a rise in the prevalence of ‘non-communicable diseases like cancer, hypertension, and diabetes. The percentage of children who suffer from anemia, stunting, wasting, and are underweight is humongous. 76 percent of tribal children under the age of 5 suffer from anemia, 10.9 percent are underweight, 23.5 percent are stunted, and 19.5 percent are wasted – the highest among all social groups. The tribes bear a disproportionate burden of communicable diseases, primarily those that are often referred to as diseases of poverty and underdevelopment. These include malaria, tuberculosis, skin infections, sexually transmitted diseases, HIV, typhoid, cholera, diarrhoeal diseases, hepatitis, dengue, and viral fevers. As far as nutrition is concerned, the consumption of protective foods such as green leafy vegetables, milk and milk products, fish and fresh foods, fruits, oils and fats has increased marginally over a period of three decades. Yet it continues to be very low, particularly among the younger age groups. Common health issues among the tribe include anemia, skin diseases, waterborne, and vector-borne diseases, micronutrient deficiency, low BMI, and teenage pregnancy. Specific issues include Vaginal infections (among Baiga and Sahariya), SCD (Bhil), Fluorosis, congenital anomalies, and neural defects (Gond) among others. The shortfall is visible in every aspect of manpower deployment except ANM. The Annual report of the standing committee on Social Justice and Empowerment, 2019 reports a shortfall of 1240 PHCs, 273 CHCs and 6503 SCs in the tribal areas of India. At the same time, deteriorating health among PVTGs and special health needs of the tribal population (such as snake bite, excessive alcohol, and tobacco use, Genetic SCD, and Vector-borne diseases) also need special attention and must be investigated. The major challenges to tribal health care delivery can be classified into 4 categories viz.: Human Resource, Access to health care, Health Literacy, and Socio-economic challenges.

ACKNOWLEDGMENT

The authors thank Indian Institute of Public Health, Bhubaneswar for critical review of the literature and primary data collection. The study was supported by Ministry of Tribal Affairs Government of India.

REFERENCES

- [1] Basu, S. (2000). Dimensions of tribal health in India. *Health and Population – Perspectives & Issues* – 23 (2), 61-70.
- [2] Bhat J, Rao V G, Sharma R K, Muniyandi M, Yadav R & Bhondley M K (2017). Investigation of the risk factors for pulmonary tuberculosis: A case– control study among Saharia tribe in Gwalior district, Madhya Pradesh, India *The Indian Journal of Medical Research* 146(1):97
- [3] Kumar D, Goel A K & Singh T B (2015). Estimation of Risk Factors for Conducting Delivery at Home among Baiga Women in Madhya Pradesh: A Multinomial Logistic Regression Analysis. *International Journal of Science and Research (IJSR)* ISSN (Online): 2319-7064
- [4] Kumar D, Goel A K, Ghanghoria V & Ghanghoria P (2016). A Qualitative Study on Maternal and Child Health Practices among Baiga Tribe of Madhya Pradesh State in Central India. *The Journal of Community Health Management*, 3(1):23-27

- [5] Kumar D and Goel A. K (2016) Understanding Mothers Awareness About Maternal Health Care Services Among Baiga Tribe in Madhya Pradesh. - *Indian Journal of Research* Volume: 5 Issue: 4
- [6] Kumar MM, Pathak VK, Ruikar M. (2020). Tribal population in India: A public health challenge and road to future. *Journal of Family Medicine and Primary Care* 9:508-12
- [7] Megha Das (2010) Study of Nutritional Status of Korku Tribes in Betul District of Madhya Pradesh, *Studies of Tribes and Tribals*, 8:1, 31-36, DOI: 10.1080/0972639X.2010.11886611
- [8] Raikwar R & Sharma K K N. (2015). Health Profile and Reproductive Performance of Korku Tribal Women of Betul District, Madhya Pradesh. *Indian Journal of Research in Anthropology*. Volume 1 Number 1,
- [10] Rao V G, Bhat J, Yadav R, Sharma R K & Muniyandi M (2018). A comparative study of the socio-economic risk factors for pulmonary tuberculosis in the Saharia tribe of Madhya Pradesh, India. *Comparative Study*. 112(6):272-278
- [11] Shirisha P. (2019) Socio-economic determinants of nutritional status among 'Baiga' tribal children In Balaghat district of Madhya Pradesh: A qualitative study. *PLoS ONE* 14(11):
- [12] Singh M P, Saha K B, Chand S. K & Anvikar A (2017). Factors associated with treatment seeking for malaria in Madhya Pradesh, India. *Tropical Medicine and International Health* volume 22 no 11 pp 1377–1384
- [13] Tribal Health in India: Bridging the gap and roadmap for the future (2018). Report of the Expert committee on Tribal Health, Ministry of health and family welfare and Tribal Affairs, Government of India
- [14] Suraweera, W., Warrell, D., Whitaker, R., Menon, G., Rodrigues, R., Fu, S. H., & Jha, P. (2020). Trends in snakebite deaths in India from 2000 to 2019 in a nationally representative mortality study. *Elife*, 9, e54076.
- [15] ICMR-NIRTH Website <https://www.nirth.res.in/publications.php>