National Seminar on Tribal Health in India: Issues & Challenges
February 11 & 12, 2013, Mysore

A Report on the proceedings of the seminar

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Acknowledgement

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Finally, a word of thanks to the organizers, the Karnataka State Tribal Research Institute, Kuvempunagar, Mysore, Karnataka for allowing me to participate on behalf of FHTS at such short notice, and extending a warm hospitality and giving a platform to share our work in front of the august gathering.
Introduction

The National Seminar on Tribal Health in India: Issues and Challenges was a 2-day national event, held on February 11 and 12, 2013 in the city of Mysore in Karnataka. Organized by Karnataka State Tribal Research Institute (Mysore), a state entity under the Ministry of Social Welfare under Government of Karnataka, it was held at the Central Institute for Indian Languages on Hunsur Road in Mysore.

The focus was on the current state of affairs and its trends, especially in health, among the tribes in India. The issues included but not restricted to nutrition, resettlement and rehabilitation, health and health care problems, infrastructure and basic amenities, socio-cultural determinants of health, etc. With a stakeholder presence of researchers, activists, academicians, NGO representatives, media and journalism, law and tribal leaders and community representatives, this amounted to approximately 100-odd representatives from various tribal research institutes, universities and organizations across India.

This august gathering gave a platform to more than 50 researchers to bring out their studies and research in the field of tribal health, and the implications of the research. Not only did it highlight the various problems and challenges of tribal population, but also brought out a list of recommendations and hopeful solutions to help better the condition in tribal areas.

*We try to present a synopsis of the conference that might help individuals, students and from diverse backgrounds, researchers, policy makers, and other public health professionals who have interest in tribal health.*
I. PREVAILING STATE OF TRIBAL AFFAIRS

- India is only second to Africa in terms of tribal mass
- Approximately 635 tribal groups and subgroups including 73 primitive tribes live in India Represent about 8.2% of India’s population.
• Maximum tribal population concentrated in North East India (highest in Mizoram: 94%) followed by Central India (highest in Chattisgarh: 31%) and lowest proportion in South India.

• Health and development indicators below national average

MULTIFACTOR CHALLENGES

a. Socio-demographics and economic status
   - High poverty and below poverty levels
   - High levels of illiteracy and low levels of income
   - Only 7-10% in some tribes have incomes above Rs. 10,000 per month ($200/month)
   - Food insecurity
   - Lack of empowerment
   - Harassment and exploitation of tribal women
   - Generalized lack of basic infrastructure and civic amenities
   - Poor standard of living
   - Tribes are becoming fewer in their number and races due to maladjustment after forcible resettlement

b. Education
   - Lack of basic education facilities
   - High rate of school drop out
   - Similar rates (~50%) of drop outs in both genders
   - Schools shut down if very few students
   - Lack of suitable teachers
   - Rigid curriculum and formal education fails in tribal context
   - Medium of instruction in English is difficult to follow for the students
   - Accessibility
   - Timing of school
   - Not taking into account the environment and situation of child’s family to motivate them for education
   - Lack of support and motivation to pursue higher education
   - No awareness on scholarships

c. Job opportunities
   - High levels of unemployment
   - Lack of support for resettlement and rehabilitation
   - Lack of mainstreaming their skills in arts and crafts as a source of income
   - Dishonest and unethical marketing practices

d. Health status
   - High level of consanguineous marriages leading to defects in the race and hereditary diseases
   - High prevalence of sickle cell anemia and other genetic diseases
   - High fertility rates, low institutional delivery rates
Higher maternal mortality and infant mortality compared to national average
Inadequate immunization status
High prevalence on malnutrition- stunting and underweight- especially among preschool children
Communicable and Tropical diseases like malaria, and parasitic diseases widespread
Increasing burden of non communicable diseases like diabetes mellitus
Kyasannur Forest Disease (KFD) is a looming threat to forest tribes with occasional deaths
Health care facilities absent or lacking in terms of infrastructure, personnel, finance, accessibility and availability
Poor hygiene and sanitation
Lack of emphasis on mainstreaming their traditional systems of medicine
Poor health seeking behaviour

**e. Technology**
Digital divide between other sections and tribal areas glaringly visible
Majority of the tribes use basic mobile phones
Low level of technological literacy
Remoteness and isolation of the tribes could be a possible factor

**f. Migration and retention**
Increasing levels of out migration seen for want of employment opportunities
Where agriculture is not possible due to inherent water and land problems, outmigration is for daily wages like construction and labour work, hotel industry, house maids or small business.

**II. TRIBAL WELFARE PROGRAMMES/SCHEMES IN INDIA**

1. Integrated Tribal Development Project
2. Nursery-cum-Women Welfare Centres
3. Mid Day Meal Scheme
4. Janshala Programme
5. Tribal Alternate Education Programme 2002-2007
6. Scheme of strengthening education among scheduled tribe girls in low literacy districts
7. Incentives for education
8. Ashram schools
9. Pre matric hostels
10. Post matric hostels
11. Grant in aid schemes for welfare of scheduled tribes
12. Scholarships
13. Navachetana scheme
III. RESEARCH PERSPECTIVES

- Researchers misinterpreting “experience” as “evidence”
- Secondary data are not always reliable
- Data not in sync with the actual situation in tribal area
- Proper and appropriate social science reporting is missing

IV. TRIBALS PERSPECTIVES

- Establish a NGO including tribal representatives.
- Establish especially a higher educational institution in tribal area
- Conduct seminars and conferences in tribal areas
- Appropriate findings should be presented that address limitations also
- Eliminate “mediators” who absorb all benefits which are the rights of tribes
- Do not close down primary schools even if there are just 1 or 2 students
- Design & develop flexible & contextual education curriculum (local dialect).
- Design community schools with seasonal flexibility
- Family centred education.
- Inadequate and forceful resettlement policies and lack of rehabilitation
- Urging researchers to help the tribes give them their rights.

V. WHAT CAN RESEARCHERS DO?

- Gather empirical evidence of effectiveness of the programs such as Integrated Tribal Development Programme.
- Present evidence to government for further appropriate action
- Gather qualitative aspects which bring to light the real causes of situations like school drop outs, education etc.
- Explore how technology and social media can alleviate various problems
- Design and evaluate if schools like Navodaya Model School can be started in all tribal settings.
- Emphasis on tribal medicine research

VI. ROLE OF NGOs IN TRIBAL DEVELOPMENT

- Tribes do not believe NGOs role in their development
- High exploitation of tribes by NGOs
- The funds availed from governments by NGOs for the betterment of tribes not reaching the main beneficiary—the tribes
• Empty promises and innumerable surveys for data without any benefits or improvement in the status of the tribal participants
• No evidence of impact and effectiveness of NGOs in tribal development

Conclusion

The two day seminar, a national event, involved a range of stakeholders like researchers from various universities and college across India, activists, academicians, tribal representatives and media. However, there was absence of political stakeholders involved in policy planning and implementation. Participation of NGOs was lower when compared to other stakeholders. Various issues about health and health-related factors were touched upon in this event. Its major focus was on anthropological studies. However, some factors that did miss emphasis were the following:

- NGOs must ideally be established and run by tribes for their true development
- Importance and need of intervention research
- Lack of inclusion of mental health condition, environmental sanitation and perspectives of other essential stakeholders like tribes, policy planning and implementing authorities, and private entities.
- Generalizability and internal validity of current research.
- Higher level of subjectivity while interpreting the results among researchers.
- Studies on prevailing NGO practices and the end users’ perspectives
- About 90% of population in tribes are not aware of any welfare schemes for them, their rights and freedom, their reservations to participate in political system, job opportunities in government sector, education schemes
- Directive principles of state policy should become justiciable rights so as to be able to protect the rights of the tribal people.
- Implementation of these rights and principles should be done immediately.
- Traditional tribal expertise should be integrated into national health systems.
DISCLAIMER

FHTS takes no guarantee that this report is a complete representation of the proceedings of the seminar. All views presented here are those as gathered from the event by the person who has written the report. Maximum care has been exercised to provide the best possible compilation of the proceedings in terms on accuracy, comprehension, totality and freedom from any errors.