



Review Paper

Tribal health Care in India: A systematic Review of Practices and Beliefs

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Abstract

The current study aims to investigate the health status and medical practices of Indian tribal people. The factors influencing the tribal people's health & attitudes about health care in India were examined & identified, and the patterns of all of these practices & beliefs were examined through a systematic examination of the literature. One of the crucial stages of tribal development, tribal health has long been neglected and misused. Without giving their beliefs and traditions in healthcare the appropriate consideration, tribal development cannot be realized in its purest form. Using Google Scholar and PubMed, a variety of electronic databases were searched, and the studies carried out and released between 2000 and 2021 were examined. Specific keywords were used to look through the published research. Both qualitative as well as quantitative studies were incorporated into the current study after conducting a systematic evaluation. The analysis's observations highlight the tribal people's poor state of health. The data also shows that tribal people's use of traditional medical practices is declining while contemporary healthcare systems have not yet been adopted

Keywords: Tribal, Health care, Practices, Beliefs, Systematic Review, India.

Introduction

According to the 2011 census, there are 10.45 crore Scheduled Tribes (STs) in the nation. STs constitute 11.3 percent of the rural population and 8.6 percent of the nation's total population. In India, there are currently 705 Schedule Tribe groups that have been recognized and informed¹. Each year, the tribal population continues to increase (Table-1). They live in many geographically and ecologically diverse parts of the nation. In the age of globalization, tribes as a whole exhibit distinctive and varied lifestyles, cultures, and senses of self. They continue to be the nation's most vulnerable and disenfranchised group of people.

Table-1: Shows the number of Scheduled Tribes in India between 1961 and 2011.

Census Year	Population		
	Total	Rural	Urban
1961	3,01,20,184	2,93,57,790	7,72,394
1971	3,80,15,162	3,67,20,681	12,94,481
1981	5,16,28,638	4,84,27,604	32,01,034
1991	6,77,58,380	6,27,51,026	50,07,354
2001	8,43,26,978	7,73,39,335	69,87,643
2011	10,42,81,034	9,38,19,162	1,04,61,872

Source: Census of India, 2011

In India, tribal people are known to have a strong faith in traditional medicine and healing practices, which are often based on the use of plants and other natural resources^{2,3}. They also have a rich cultural heritage that is deeply connected to their environment, which may influence their health behaviours and beliefs. Therefore, understanding and incorporating these traditional practices and beliefs within the mainstream health care system could effectively address the health needs of tribal communities. However, there are also many barriers that prevent tribal communities from accessing adequate health care, including poverty, lack of education, and geographical isolation⁴. Therefore, a systematic review of tribal health care in India would need to consider these factors and identify strategies to address them.

The tribal population's health status is in very bad shape. Despite the fact that numerous studies have shown that tribes all over the nation are in poor health, there is not enough information available about the state of those tribes' health. Anemia, diarrhea, malaria, and sexually transmitted infections are issues that these groups are dealing with, according to numerous research. The poor state of health of the Indian tribes has a wide range of root causes and contributing variables. The low health situation of the nation's tribes is largely due to a lack of trained medical workers, access to care, and inadequate infrastructure. It is even more challenging to approach them and handle their health issues due to their geographic settlement patterns and tremendously diverse geographies. Poverty, illiteracy, a lack of knowledge about diseases, poor sanitation, outdated traditional treatments for illnesses, and irrational belief

systems all contribute to this pain and make it even worse⁵. The current study makes an effort to examine the health status and medical practices among the Indian tribal groups.

Materials and Methods

The paper's main objective was to summarise and comprehend the research that has been published on Indian tribal health and beliefs. A wide range of scholarly resources, including Google Scholar and PubMed, were used in accordance with the study's goals. The terms used for searching within this database were tribal health, tribal health practices, and tribal health beliefs. The search in these engines turned up a sizable number of papers that had been published in numerous scholarly publications, journals, and other sources. But only publications released between 2000 to 2021 were included in the analysis. The publications with limited material and those without full texts were not included in the analysis. The final analysis includes 34 publications in total. The chosen papers were organized into themes based on their content.

Results and Discussions

Health problems of Indian tribal people: Due to their unique and different characteristics, Indian tribes have been more susceptible to a variety of health issues and other issues. According to Balgir (2006), typically, tribal people's health problems are handled by primary healthcare providers or conventional indigenous healers. He has also stated that tribes suffer from silent-killer hereditary disorders, reproductive health issues, and both communicable and non-communicable diseases. The communicable diseases that are rife among the different tribal groups of Odisha comprise conjunctivitis, leprosy, jaundice, tuberculosis, cough and cold, scabies, HIV/AIDS, hepatitis, diarrhoea & dysentery, sexually transmitted diseases (STDs), malaria, parasitic infestation, viral and fungus infections, filariasis, and other disorders. One of the main issues with public health in Odisha is malaria. In Odisha, it was discovered that more than 60% of the tribal population lives in malaria-prone areas. Another watery communicable disease that disproportionately affects the tribal people of Odisha is diarrhoea. Among the tribes of Odisha, non-communicable diseases such as malnutrition, nutritional deficiencies such as iron deficiency, iodine deficiency, anaemia, and cardiovascular diseases are particularly prevalent. Among the tribes of Odisha, Glucose-6-phosphate dehydrogenase (G-6-PD) and sickle cell anaemia are extremely common hereditary diseases⁶.

According to Basu (2000), health issues affecting Indian tribes require special attention because of their unique geographic position, the pattern of habitat, challenging terrain, and ecologically changeable niche. Primitive Tribal Groups experience unique medical issues, especially with inherited diseases like sickle cell anaemia and G-6-PD. Among the Indian tribes, STDs are one of the most common & pervasive health issues⁷. Chopra and Makol (2004) have claimed that tribes in

Madhya Pradesh's Bastar district experienced the same illnesses. Fever, cough, colds, skin conditions, and diarrheal illnesses are the most often encountered ailments. Fever, colds, skin issues, malnutrition, and diarrhoea were the most often discovered illnesses in youngsters. The tribal women frequently had anaemia, early birth, malaria, discharge from the vagina, swelling of feet, and irregular bleeding from the vagina⁸. Balgir (2011) also discussed the prevalence of the disease among the Chhattisgarh tribes. Thalassemia, G-6-PD enzyme deficiency, and sickle cell hemoglobinopathy are all extremely common among the tribes of Chhattisgarh. Due to a vitamin B1 deficiency, numbness and tingling of the hands and feet are fairly prevalent⁴. Numerous other research studies have identified somewhat comparable types of health issues and disorders⁹⁻¹⁴.

Tribal people and the causes of health problems: Numerous interrelated factors contribute to the poor health status of the tribes of India. Numerous factors have been cited by Basu (2000) as contributing to the poor health of Indian tribes. The main contributing causes of the prevalence of health issues among tribes include unhygienic conditions, unconsciousness, and absence of knowledge about personal hygiene and health⁷. According to Balgir (2006), the inadequate health of Indian tribes is caused by a lack of good health, education, poverty, poor eating habits, and irrational beliefs⁶. Ghosh and Malik (2009), they have stated that poverty is pervasive. Poor maternity and child health care, lack of access to good drinking water, hunger, and unsanitary living circumstances may all be contributing causes to the tribal population's wretched health¹⁵. Balgir (2011) described the various causes of health issues among the tribes. Poor sanitation and hygiene, health-seeking behaviour, unfriendly environments, poverty, disease perception, and blind beliefs are the key contributors to their poor health and high morbidity rate⁴. According to Sachdev (2012), the contributing factors for the poor health of the tribes in Rajasthan are mostly the same⁹. The main causes of the low health status of the state's tribes include ignorance, unawareness that causes hunger, a lack of close public hospitals, a lack of access to power and clean drinking water, and a lack of safe drinking water. Numerous additional studies have discussed factors that are somewhat similar in nature and contribute to the poor and unhealthy conditions of the nation's tribes^{10, 16, 13, 17}.

Health care practices and beliefs of tribal people: Every group of people has a unique set of beliefs, customs, practices, and knowledge about health and disease. The health care system used by tribal people is based on their own beliefs. The Indigenous people have a robust traditional medical system. However, recent empirical data shows that tribal indigenous health practices are deteriorating. The majority of the tribe has faith in magic, religion, and other forms of alternative medicine. According to Negi et al. (2003), tribes coexist peacefully with nature and their surroundings. In the study, the Raji people rely on 50 different species of medicinal plants to treat their bodily ills. The majority of the Raji people in the Kumaon Himalaya

are aware of these plants, and only traditional healers are allowed to use them. It was also claimed that these medicinal plants serve as the primary source of healing for the majority of Raji people. Their understanding and faith in medicinal plants, the natural world, and their surroundings are passed down from one generation to the next, preserving their knowledge of ethnobiology. Due to the lack of medical services in the hamlet and surrounding areas, as well as their long-standing faith and conviction in the herbal remedy, they have become dependent on it¹⁸. In their study on the traditional uses of medicinal plants by the tribal groups in Chhota Bhangal, Uniyal et al. (2006) discovered that the lack of a contemporary healthcare system pushed people to rely on medicinal plants for the treatment of ailments. Bhangalis use a total of 35 different plants to heal illnesses. The leaves and aerial parts of the plants are in second place in terms of being utilized to treat various ailments after the underground components of the plants. The plants have the ability to treat almost 21 different ailments. These herbs were used to heal illnesses like stomach aches, jaundice, and even kidney stones¹⁹. According to Balgir (2006), tribal people who had lived in the forest for generations had evolved a rich practice of healthcare or traditional healthcare. For the treatment of their different physical maladies, they primarily rely on herbal remedies and psychosomatic modalities. The majority of their traditional healthcare consisted of using plants, flowers, seeds, animals, and other naturally occurring items or chemicals. Traditional medicine's core component was faith healing. For the cure of any illnesses, they rely heavily on magico-religious ceremonies and customs. There has always been a link between the widespread notions, traditions, standards, and behaviours related to health and illness. Additionally, he claimed that tribal societies do possess a wealth of folklore about health beliefs that provide appropriate health practices for a specific ecosystem⁶.

Shukla et. al. (2008) discovered that the tribes of Chattisgarh employ a total of 23 distinct species of herbs for a variety of gynecological disorders²⁰. According to Sikdar and Dutta (2008), the Nath group in Assam uses 62 distinct plants for medical purposes. Various plant parts are employed in the treatment of various ailments. Women are exposed to these plants, and this ethnomedical practise is being passed down from one generation to the next through tradition. Due to its absence or difficulty in accessing, they remain apart from the modern healthcare system²¹. Negi and Azeez (2021) suggested that due to diverse socioeconomic, environmental, and political circumstances, the traditional medical practices that were once quite common among indigenous populations are dwindling. Lack of accessibility, price, and availability characterize modern healthcare in India's tribal territory. Tribal populations are dependent on quacks and magico-religious activities due to the dwindling use of traditional practices and the lack of accessibility to contemporary healthcare options²². Balgir (2011), has mentioned that most of the tribes in Chhattisgarh consider good and bad spirits to control their everyday life and have an impact on the way they practice medicine. They do

believe and like seeing local religious and mystical healers when they are ill. To heal or appease God or any evil spirits, these priests choose to sacrifice an animal during the rite⁴.

Negi and Singh (2018) have reported that nature and tribal people are extremely close and intimately connected. They possibly believe in supernatural forces or God or Goddesses because of their deep connection to the natural world. As a result, they have a belief in some supernatural powers and physical forces that affect one's health and ability to heal. Numerous factors, including bad luck, ancestral spirits, evil eyes, and natural causes, are thought to contribute to anyone's ill health⁵. Mishra, Kusuma, and Babu (2013) claim that Santals have preconceived assumptions and beliefs regarding health and illness. For Santals, being healthy means having a functioning body. If there aren't any illnesses like a fever, the body is said to be in good health. The body can be described as being in good health if there are no diseases present, such as a fever. They held that a variety of factors, including communicable disease agents, physical and non-supernatural sources, and supernatural forces, can cause illness. The Santals still hold to the concept that illnesses can only be treated by traditional healers if there is an evil eye or displeasure from God or ancestral spirits. A violation of natural laws falls under a different set of circumstances that can lead to disease or illness. The Santals also hold the opinion that consuming food or touching a sick person's clothing can result in an illness¹².

According to a study by N. Prakash et. al. (2014), Manipur's Rongmei tribe makes use of 60 distinct species of plants to treat illnesses and other bodily afflictions. They are knowledgeable about many plants, shrubs, and herbs that can be utilized as medicines to treat illnesses. The numerous plant parts that are employed for treatment are full of nutrients, energy, and antioxidants²³. According to Islary (2014), disease among Indian tribal groups is thought to be the result of a breach of trust-either by a person, family, or community breaking the law or by committing an act that angers the gods or ancestors or both. Through specific ceremonies, such as gifting them ghee, meat, or alcohol, the spirits, Gods, or disease-causing entities are made happy. Further research has revealed that indigenous people are integrating allopathic medicine with their traditional medical practices. The beliefs, traditions, and practices of tribal people have an impact on their conduct when it comes to seeking health¹³. Dutt, Bhagat, and Pandita (2015) found that tribal people had a profound understanding of ethnomedicine through their research with the Gaddi Tribe of J&K. The Gaddi used 190 different varieties of medicinal herbs to cure a range of ailments. The older, more experienced individuals continue to possess a great amount of traditional medical knowledge, while the younger individuals are still learning²⁴. Mahapatro and Kalla (2000) asserted that indigenous women (Bhattara women) prioritize using traditional remedies to treat any illness. Gynecological disorders, leprosy, TB, anaemia, goitre, scabies, gastroenteritis, etc. are among the illnesses that affect women. They frequently believe that any kind of illness is the result of

an evil spirit, and therefore they attempt to expel the evil spirit from a sick person's body, something that is done by the elderly lady of the house. Instead of going to a doctor, Bhattarai women used to seek treatment from their preferred local healers. Through several ceremonies, they used to pacify the bad spirit²⁵.

Irula population suffered from both acute and chronic ailments, according to Kumar (2017) Irulas used to see local or traditional healers for disease treatment, which included administering some herbs and following some devotional ceremonies and pujas. They think that whereas short-term disease is brought on by physical reasons like weather and rain, long-term illness is brought on by spiritual forces because of the lack of roads²⁶. Ballabh and Chaurasia's investigation of the Botto People of Ladakh's usage of traditional medicine for treating colds coughs, and fevers in 2007 revealed that 56 distinct plant species are utilized to treat these conditions. Amchi, a Tibetan system of medicine and health, is the foundation of the Botto people's healthcare system. It was also mentioned that there are thirty-four different mineral or rock salt combinations that might be used in treatment. Different parts of the plants are used to treat the illness in different ways²⁷. Another study by Ballabh et al. (2008) revealed that 68 medicinal plants were utilised by the tribes of Ladakh to cure ailments like kidney and bladder illnesses. The medications were either taken as tablets or as a powder or combination²⁸. According to Bhasin (2003), several tribes in Rajasthan think that supernatural forces are to blame for various tragedies like illnesses, accidents, and other misfortunes. Many illnesses or diseases are said to be brought on by natural factors and can only be handled by conventional medical practitioners, according to tribal beliefs. The existence of mother goddesses, exhibited as heat in the sick person's flesh, is thought to be the cause of the pox ailment and its sole cure is the observance of specific rites and festivals. Typhoid is the other illness that is said to be the punishment of a supernatural force. Typhoid is thought to be a possible outcome if Thakurbaba is not worshipped properly. The evil eye is another factor that is thought to contribute to someone's poor health, and many tribes hold this belief. The tribal people typically favour traditional healers like traditional herbalists (Jaankar/Jaangar) and spiritists (Bhopas)²⁹. Numerous additional studies have also demonstrated that tribal members generally rely on local or traditional systems of healthcare for their medical care and hold beliefs in supernatural power or malevolent spirits to cause illness and diseases³⁰⁻³⁴.

Conclusion

In addition to its severity or poor state, tribal health is a serious concern due to the traditional healthcare system, which only exists and is utilized by Indian tribal groups. Any community's social structure, including its conception of health and illness, is greatly influenced by culture. The idea of health and disease is made interesting & a matter of extreme importance and concern due to tribal culture and their belief in particular things. Tribal people have a very close and direct relationship with their

surroundings. They possibly believe in God or Goddesses because of how closely they are connected to their environment. They, therefore, do believe in certain supernatural powers and physical forces that affect one's health and ability to heal. The spirits of ancestors, the evil eye, bad luck, and natural causes are all said to be among the many causes of someone's ill health. Tribal healthcare systems now include the pacification of ancestral spirits and evil spirits as essential components. For any type of small or significant health issues, they used to consult local herbalists or other types of healers. Despite having a considerable negative impact on the tribes' traditional medical practices, the government's various development projects have made great strides at reshaping and mainstreaming the tribal community as a whole. India has a vast store of traditional knowledge, especially when it comes to health and medical issues. The majority of the country's indigenous population possesses the traditional knowledge of health; consequently, in light of globalization and rapid social transformation, by maintaining and documenting them for the future course of action, we must safeguard this traditional body of knowledge.

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