



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2020; 6(7): 487-496
www.allresearchjournal.com
Received: 14-05-2020
Accepted: 16-06-2020

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An analysis of health status of indigenous people in India. (a review paper)

Anita Pandey

Abstract

According to 2011 census tribal people constitute 8.6% of total population of India i.e. about 104 million and are the largest population of tribal in the world. Indigenous people are mostly isolated, love to live in nature and are deprived of various developmental programmes implemented by Government which lead to low economic condition, less access to amenities, education and poor health. The present study will mainly focus on different factors responsible for health problems of tribal such as cultural, economic constraints, lack of awareness, unhygienic environment and nutritional deprivation. Different health problems such as communicable and non-communicable diseases, women health status, generic disorder, sexually transmitted diseases, malnutrition, micronutrient deficiency, mental health and addictions will also be discussed. According to WHO approximately 303 000 women and adolescent girls died as a result of pregnancy and childbirth-related complications in 2015. Again, the traditional health treatment practiced by them will also be highlighted from own research. And finally, utilization of different programmes and policies introduced by the central and state government for improvement of the overall quality of life of the tribal people will also be analyzed. This study is based on secondary data from different books, journals, reports and internet.

Keywords: Tribal, traditional, health, addiction

Introduction

Tribal preserve, enrich and enliven the cultural diversity of India besides making up a substantial portion of total population of the country Odisha has a large number of tribal communities who love to live in nature and maintained their livelihood with their own indigenous / traditional knowledge system specially the disadvantaged ones who are deprived of economic, social and political benefits. Further, abundance of tribal people's access to forest product and indigenous health care system contributes positively to the tribal health. They have their own system of diagnosis and cure. They prepare their own medicine usually using herbs and other items collected from the nature and processed locally. These natural resources and skills are disappearing. Moreover, traditional system cannot treat most of the present new emerging diseases that modern medicine can do. Health and sanitation are often worse in regions where tribal peoples live.

The country today is placed in a piquant position having succeeded in solving some problems while new ones are emerging. Current development in various dimensions has not been able to offer succor of the poor especially the tribal population. Indeed, the difference between the poor tribal people and other population groups is widening. With modernization of the present society, the needs of those disadvantaged populations were brought to the limelight and their knowledges system was given the importance and treated as real knowledge for survival.

Objectives of the study

1. To study the factors responsible for health problems of tribal.
2. To study the different health problem face by the tribal people
3. To study the integrating traditional tribal medicines into primary health care.
4. To analysis the different Govt. imitative programme to improve the quality of life of the tribal people.

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Materials and methodology

All the data were collected from different review papers, journal, books and reports and internet.

To study the factors responsible for health problems of tribal

- Socio-economic and education
- Cultural practices
- unhygienic environment
- Nutritional deprivation.

a) Socio-economic and education

Socio economic condition or poverty impact on health status especially women and children. Due to low socio-economic status they do not access health care service, suffering from poor nutrition, basic amenities also not full fill such as clean cooking fuel, living condition and clean water supply. The major factor responsible for low level of literacy and educational backwardness among tribal communities are: - Economic Reasons, School Timing: High poverty, Mental attitudes, superstition and prejudice, Teacher Related Problems, Medium Language, Location of Village, Surrounding or environments, Proper Monitoring (S. Maharana *et al.*, 2018) ^[17].

b) Cultural practices

Men are called as a social animal, as they cannot live without society. Every human society, literate or non-literate has a distinctive culture, which govern the behavior of its member. Culture influences not only the things or the events but also shared ideas and meanings. Cultures of any society represent the adoption and adjustment of life in which people live and reflect the physical, social and supernatural environment. Tribal people are living with their nature and very much attach with their environment. They have some specific practices, beliefs and behaviors which is followed by generation to generation. (S.Chand 2015) ^[19]. Some of the beliefs are given below: Believed on **evil sprite** residing in any natural space and punish a person with diseases and death. Believed in **supernatural** manifestation as good and evil. Therefore, health related problems are not referred to service providers trained in modern of treatment. (Dr Snehalata panda, 2015)

Tribal tattooing has a variety of beliefs. Tattoo is considered as a poor people's ornaments. The tribal community go for such a painful ornamentation process because of its health and other benefits. It is believed that, as a result of tattooing the women never suffer from stomach related problems such as gas trouble. Tattooing is a permanent ornamentation that goes along with them even after death. (P. Mooventhan, 2016). A case study done by Joachim Dung dung, 2018 found that the tribal of western Odisha particularly in Sundargarh, Sambalpur and Deogarh districts have unique cultural identity and practices according to the tribe is concerned. Their cultural practices show uniqueness from one another. Some of the tribal rituals are birth ritual, death ritual, purification. The chief purpose of doing birth ritual is to make child a member of their own tribe and make relation with any one of their ancestor or present family members or with any relatives. The process of death ritual is different but the uses of essential requirement are more or less similar. The use of turmeric water is used in all cases of ritual observation. The other requirement of death ritual is washing clothes, ash water, mustard oil etc. is all considered

as holy water. In case of inter-tribe or inter-caste marriage the tribal do purify the family members or defaulter as per the tribal tradition. The tribal belief inter-tribe or inter-caste marriage without consent of parent and society is illegal which is believed that it defiles their culture that need to be purified by the respective village Mukhiya or Jati Kalo (raja). They purify all family members as well as the defaulter. In some tribes, unless the defaulter family members are not purified, the village people restraint to attend in social ceremonies such as in marriage or any social activities. The purification process of Kisan tribe is something unique and different from other three types of tribes

c) Unhygienic environment

Safe drinking water is the most essential feature for healthy human life. But water supply is not regular and tribal people are using different source for drinking water such as pond, river, and stream which is adversely affect on their health condition. Environment is polluted due to defecation and waste disposal in the open, lack of drainage. Most of the people have not clean habits like regular bath and mouth wash. Cattle shed are proximate to the living room which breeds insects and flies. Less ventilation in their house in which the smoke is not released properly affecting vision and respiration. Suck type of environment negatively impact on the health status. (Dr Snehalata panda, 2015). According to Census 2011 of India shows that just about 11 percent of tribal households in the country have access to tap water and only 3% percent households have tap water from treated source. (Indigenous Women and Children Foundation-Manipur). Gopinath padhan (2015) ^[6] conducted study on hygienic practices among tribal communities in Odisha focus on drinking water and sanitation use by the tribal people. This study found that majority (89.36%) of the tribal people using spring water for drinking. most (94.68%) have no common toilet facilities and most (86.17%) tribal are not having a definite washing hand before taking food.

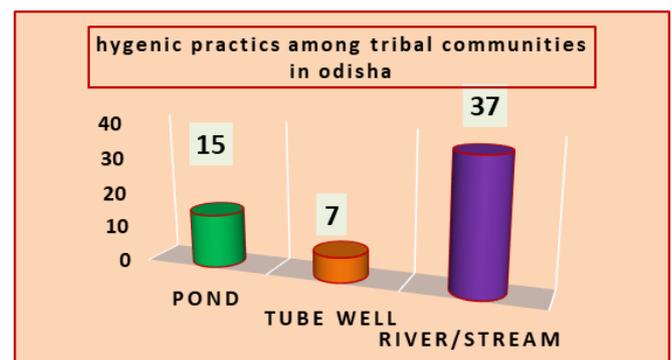


Fig 1: Source: - Gopinath padhan (2015) ^[6]

Another most important thing is **proper sanitation**. Sanitation of a place relates to the health condition of people of that place (Ramya, 2014). Poor sanitation is a major reason adversely affecting health among tribal people. (Dr Snehalata panda, 2015)

Rajeswar Maharana 2018, conduct a study on "*The Santhal: Socio-Economic Miserable Condition and Quality of Life (An Overview of Bantali Rakhasahi Village, Mayurbhanj District, Odisha)*". found that most (37%) of the tribal people using spring water for drinking and majority (85.49%) have no sanitary system in their traditional houses

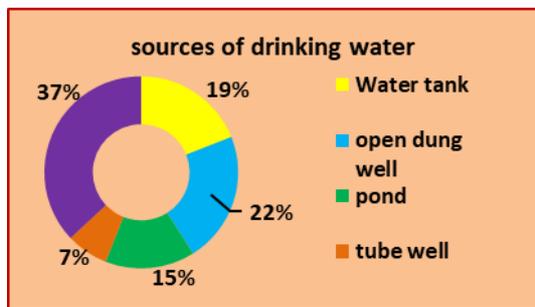


Fig 2: Sources of drinking water

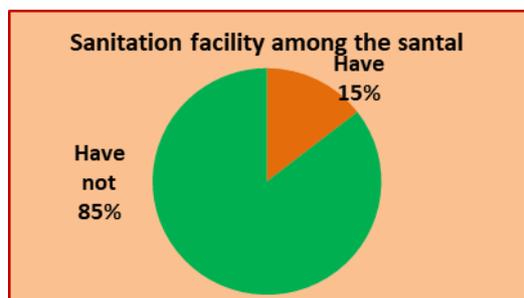


Fig 3: Sanitation facility among the Santal

Source: - Rajeswar Maharana 2018

Using cooking fuel also another major factor found among tribal people. In the recent tribal people also using firewood and cow dung cake for cooking. (Dr Snehalata panda, 2015)

d) Nutritional deprivation

Tribal people are do hard work and lack of nutrition leads to different type of health problems. Different case study has been done on health and nutritional status of tribal people in different communities. Studies shows that most of the tribal people are use staple food like Rice, potato and green leafy vegetables are the staple food and consumed four-times a day, The consumption of ghee/oil was observed to be poor, Consumption of rice and nonvegetarian(meat) dishes are considered to be socially prestigious, which are mostly preferred during festivals and ceremonies along with the indigenous liquor, *Mahua* (Kushagra Joshi, 2016) [9]. National family health survey reveals that unhealthy dietary habits leads to diseases and morbidity. Due to low economic status they cannot afford adequate amount of nutritious food which is required for a healthy life. Seasonal fruits and vegetable are consumed without assessing its nutritional value. Protein intake is mostly fish. But smoking, tobacco chewing S.Gandhi *et al.* (2017) [15], study on Health seeking behavior among particularly vulnerable tribal groups: A case study of Nilgiris with focus on two objectives to study the pattern and determinants/impediments of utilization of healthcare services amongst these tribal and to determine the factors affecting out of pocket expenditure. Also, the differences in the healthcare utilization among three tribal groups are analyzed. Study found that Cultural factors followed by the long distance to cover owing to the geographical remoteness and dwelling in the reserve forest areas explain most of the reasons for no utilization. Government facilities have not found acceptance amongst these communities' vis a vis private providers and traditional healers due to non-availability of services, accessibility and long waiting hours in these units.

K. Joshi *et al.* (2016) [9], conducted a study on Assessment of Nutritional Status of Tribal Children: A Case of Bhumija Munda tribe of Mayurbhanj with focus on objectives to assess the nutritional status of children belonging to Bhumija Munda tribe. Food consumption pattern of these tribal families was also conducted in participatory mode. Demographic information were collected from the mother of the children by using structured interview schedule. Study found that More than half (62.79%) children had normal weight as per their age. The percentage of underweight in the studied group was found to be 32.56 per cent. Gender differences was observed as the incidence of underweight was more among boys (35%) than girls (30.43%). Suggestions for improvement of nutritional status have been provided

Different health problem face by the tribal people

Tribal healthcare in India usually falls within the ambit of rural healthcare. The assumption that the problems and needs of tribal people are the same as that of rural populations is incorrect; the difference in terrain, environment, social systems and culture, all lead to tribal communities having their unique set of healthcare needs. To address this, The Expert Committee on Tribal Health, headed by Dr Abhay Bang, was created. This led to the examination of how tribal people in India suffer from inequity in health, and how this gap can be bridged. Over four years, the committee studied the health issues, culture around health, and healthcare infrastructure present in tribal areas, and sought potential ways forward through a consultative process with researchers, representatives of tribal people, and other experts. This report—*Tribal Health in India—Bridging the Gap and a Roadmap for the Future*—the first of its kind in India. Here's an overview of some of the findings: Communicable diseases: - There are several communicable diseases prevalent among tribal of India due to lack of personal and domestic hygiene, overcrowded living area.

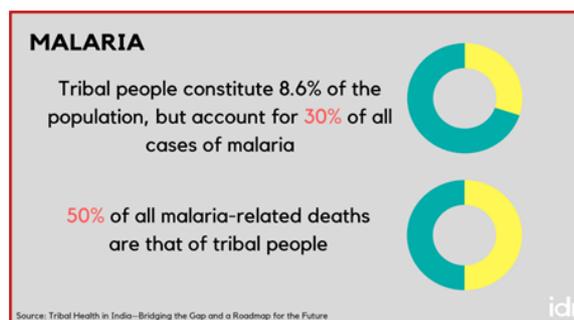


Fig 4: People with Malaria

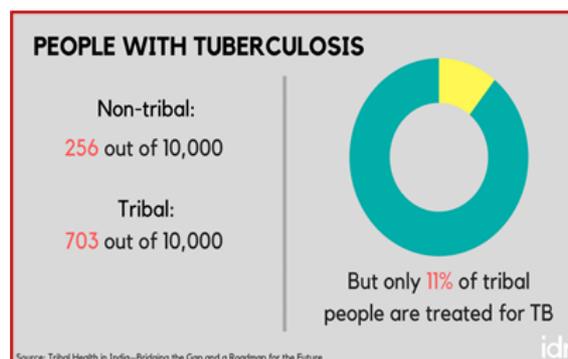


Fig 5: People with tuberculosis

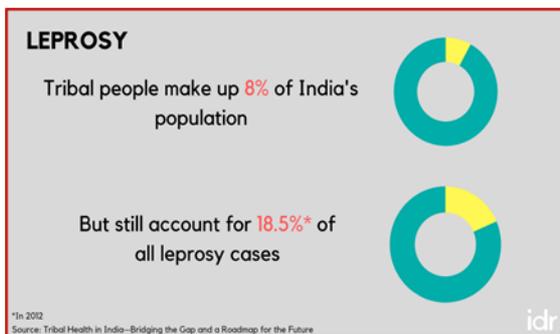


Fig 6: People with leprosy

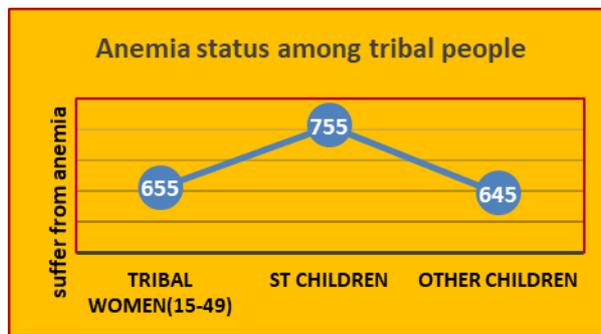


Fig 8: Anemia status among tribal people

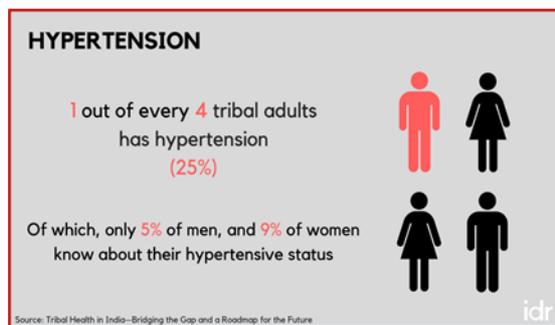


Fig 7: People with hypertension

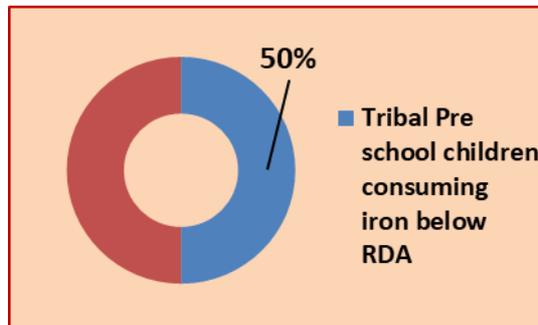


Fig 9: Consuming iron among preschool tribal children, Source: The expert committee on tribal health

Source: The expert committee on tribal health

Nutritional status of ST and all children

Based on data of National Family Health Survey (NFHS)-3, 2005-06 conducted by the Ministry of Health and Family Welfare and Rapid Survey on Children (RSOC), 2013-14 commissioned by the Ministry of Women and Child Development (M/o WCD), percentage of children under age five years classified as malnourished according to nutritional status: Stunted (height-for-age), Wasted (weight-for height) and Under Weight (weight-for age) are given in

Table 1.1

source	category	stunt	Severely stunt	wasted	Severely wasted	underweight	Severely underweight
NFHS-3 (2005-2006)	ST	53.9	29.1	29.1	9.3	54.5	24.9
	ALL	48.0	23.7	19.8	6.4	42.5	15.8
ROSC (2013 -14)	ST	42.3	19.5	18.7	5.3	36.7	13.0
	ALL	38.7	17.3	15.1	4.6	29.4	9.4

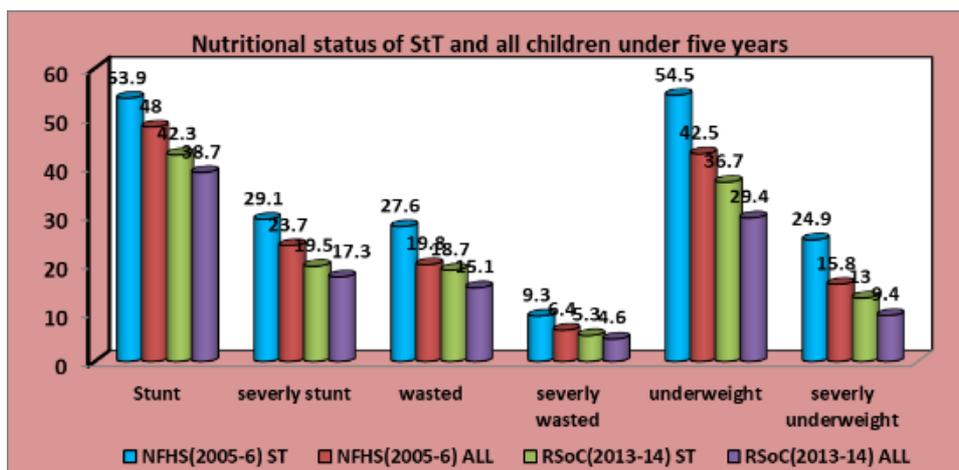


Fig 10: Source: National Family Health Survey (NFHS)-3, 2005-06, M/o H&FW Rapid Survey on Children (RSOC), 2013-14, M/o WCD

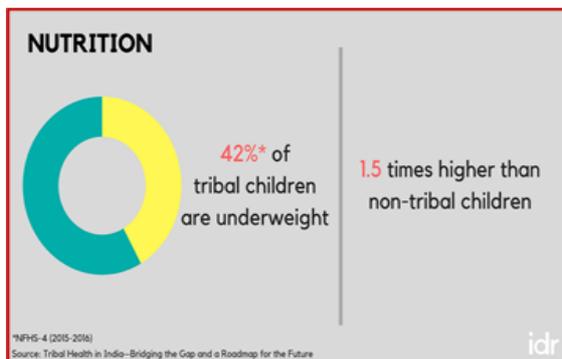


Fig 11: Nutritional status of tribal children

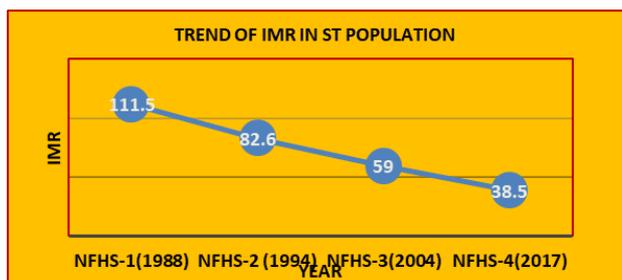


Fig 12: Infant mortality rate of tribal children (IMR): - (Source: The expert committee on tribal health)

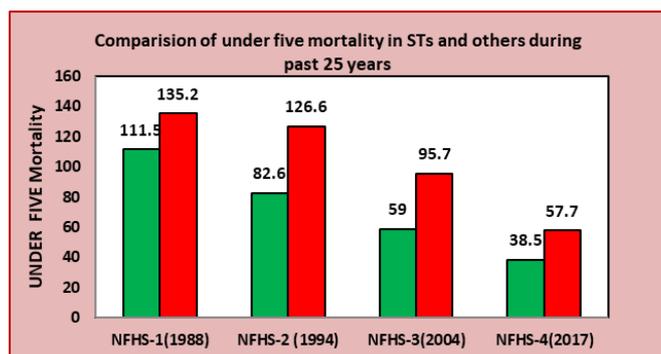


Fig 13: Under five mortality rates (Source: The expert committee on tribal health)

According to NHFS-1(1988), the under-five MR shows 58% reduction in tribal areas from 135(2017). But the percentage of excess of less than five mortality in STs When compared to other. Finding of the studies carried out by the National Nutrition Monitoring Bureau (NNMB), a body of the Indian Council of Medical Research, in general, the overall intake of various foods was less than Recommended Daily Allowance (RDA). i.e. poor nutritional status, stunting among children, low BMI and The average intakes of all the nutrients, except for thiamine and vitamin C were less than RDA. Foods such as green leafy vegetables, milk and milk products, fats and oils were well below the recommended levels. (The expert committee on tribal health)

Vaccination coverage of children

Based on surveys conducted by M/o Health & Family Welfare (MH&FW) and M/o Women & Child Development (WCD), status of ST and all category children aged 12-23 months who received full immunization and no vaccination is given in Table 1.2 below. Children are considered fully vaccinated when they have received a vaccination against tuberculosis (BCG), three doses of the diphtheria, whooping cough (pertussis), and tetanus, (DPT)

vaccine; three doses of the poliomyelitis (polio) vaccine (excluding polio vaccine given at birth); and one dose of the measles vaccine by the age of 12 months.

Table 1.2: Percentage of ST and All category children aged 12-23 months who received Full Immunization / No Vaccination

Source	Full immunization		No vaccination	
	ST	ALL	ST	ALL
NFHS-3(2005-06)	31.3	43.5	11.5	5.1
DLHS-3(2007-08)	45.5	53.5	9.4	4.6
CES (2009)	49.8	61.0	9.9	7.6
RSoC(2013-14)	55.7	65.3	7.4	6.6

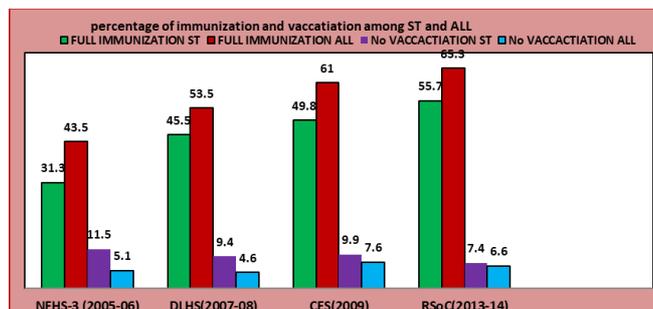


Fig 14: percentage of immunization and vaccination among ST and all, Source: National Family Health Survey (NFHS)-3, 2005-06, M/o MH&FW

District Level Household & Facility Survey (DLHS) - 3, 2007-08, M/o H&FW Coverage Evaluation Survey (CES), 2009, M/o H&FW Rapid Survey on Children (RSoC), 2013-14, M/o WCD

Health status and lack of awareness of tribal women It is a major determinant of their poor health status.

- Most of the girls are married after attaining puberty and beget children at the tender age which leads to high rate of IMR and MMR.
- Post-natal care is worse as after delivery, do not get adequate rest which impact on health status of both mother and children.
- Neglected in the time of reproductive health
- Not aware about the control over reproductive health and gap in child bearing.
- Frequency of pregnancy and maternal malnutrition effects on both mother and child health.
- The child is breast fed till it takes solid food and even thereafter.
- To avoid pregnancy women are follow crude methods of abortion which affects their health and sometimes leading to death.
- Deliveries are done at home even though primary health service providers explain them about danger involved in crude method of delivery.
- The habit of taking alcohol during pregnancy has been found to be usual in tribal women who is continued their regular activities including hard labour during advanced pregnancy.
- Harmful practices like discarding of colostrum's, delay initiation of breast-feeding effects on neonatal stages of child.
- In addition to extremes of magic-religious beliefs and taboos tend to aggravate the problems.
- Maternal malnutrition is quite common who have many pregnancies too closely spaced.

- Crude method of abortion which affect their health sometime leading to death
- Expectant mothers are not inoculated against tetanus. Neither have they taken vitamins, minerals and nutritious food.

Maternal health, full antenatal care (ANC)

WHO has issued a new series of recommendations to improve quality of antenatal care in order to reduce the risk of stillbirths and pregnancy complications and give women

a positive pregnancy experience Last year, an estimated 303 000 women died from pregnancy-related causes, 2.7 million babies died during the first 28 days of life and 2.6 million babies were stillborn. Quality health care during pregnancy and childbirth can prevent many of these deaths, yet globally only 64% of women receive antenatal (prenatal) care four or more times throughout their pregnancy. (7 November 2016 News Release GENEVA) Status of the ST and all category women who have received Full Antenatal Care (ANC2) during 2007-08 to 2013-14 is shown in

Table 1.3 below

Source	Percentage of women who received full ANC ²	
	ST	ALL
DLHS-3 (2007-08)	14.7	18.8
CES (2009)	18.9	26.5
RSoC (2013- 14)	15.0	19.7

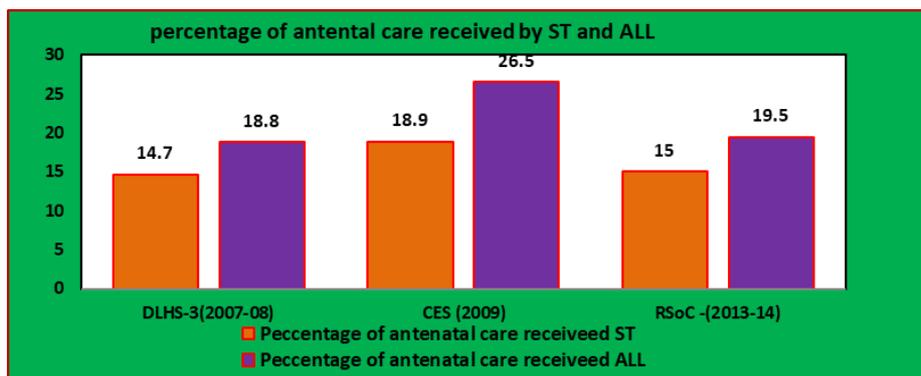
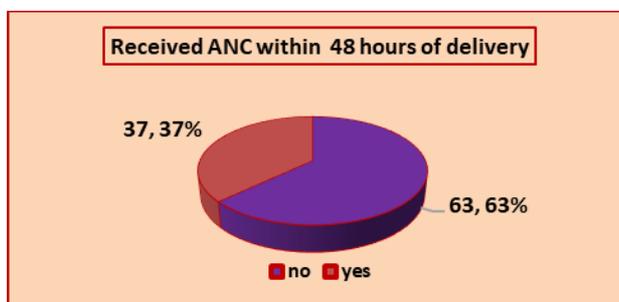


Fig 15: Percentage of antenatal care received by ST & ALL, Source: - District Level Household & Facility Survey (DLHS) - 3, 2007-08, M/o H&FW, Coverage Evaluation Survey (CES), 2009, M/o H&FW

Rapid survey on children (RSOC), 2013-14, M/o WCD



Source: The expert committee on tribal health

World health organization(who) defined Antenatal care (ANC) can be defined as the care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy. The components of ANC include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion. ANC reduces maternal and

perinatal morbidity and mortality both directly, through detection and treatment of pregnancy-related complications, and indirectly, through the identification of women and girls at increased risk of developing complications during labour and delivery, According to this report of expert committee on tribal health, ST women have less ANC received which impact on their health status. Hence the post-natal care remains poor among tribal women. Only 37% of the tribal women received ANC after 48 hours of delivery.

Institutional delivery

Table 1.3 shows that percentage of Institutional Delivery in respect of Scheduled Tribes has increased from 17.7% in 2005-06 to 70.1% in 2013-14 as compared to ‘all category’ from 38.7% to 78.7%. Also, for ST women, deliveries attended by skilled health personnel haven increased significantly from 25.4% to 72.7% during the period 2005-06 to 2013-14. In both cases, there is a gap of about 8 percentage points of ST women as compared to overall women.

Table 1.3: (Skilled Health Personnel include Doctor, ANM, Nurse, LHV/ Midwife)

Source	Institutional delivery		Deliveries attended by skilled Health Personnel	
	ST	ALL	ST	ALL
NFHS-3(2005-06)	17.7	38.7	25.4	46.6
DLHS-3(2007-08)	32.5	46.9	37.6	52.3
CES (2009)	57.0	72.9	61.3	76.2
RSoC(2013-14)	70.1	78.7	72.7	81.1

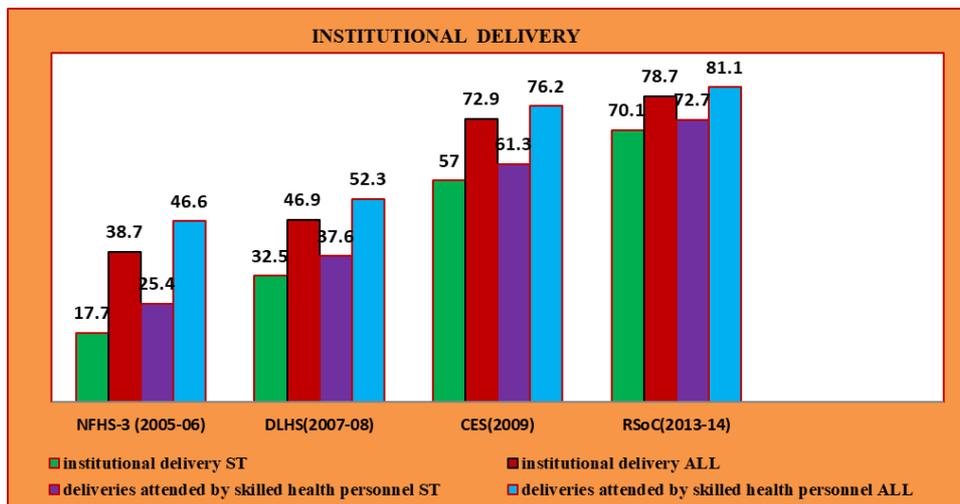


Fig 16: Institutional delivery

Source: -District Level Household & Facility Survey (DLHS) - 3, 2007-08, M/o H&FW

Coverage evaluation survey (CES), 2009, M/o H&FW rapid survey on children (RSOC), 2013-14, M/o WC Generic disorder

G6PD deficiency is a genetic disorder that most often affects males. It happens when the body doesn't have enough of an enzyme called glucose-6-phosphate dehydrogenase (G6PD). G6PD helps red blood cells work. When these things trigger a quick loss of red blood cells over a short time, it's called a hemolytic crisis. Such types of deficiency more prevalence among tribal people leads to high degree of morbidity and mortality. Around 13 lakh G-6-P D are present in tribal population. Sickle cell gene is widely prevalent among the tribal population in India.

Prevalence rate varies widely (0.5-45%) among different tribes. (Dr Snehalata panda, 2015)

Sexually transmitted diseases (SDS)

It is the most prevalent disease in the tribal areas. The practice of polygamy, polyandry and other such practices resulted in SDS. Reproductive tract infections are observed due to unhealthy practices of sex and other beliefs. More prone to HIV/AIDS among various tribal groups and it is more alarming health concern. (Dr Snehalata panda, 2015)

Mental health and addictions: Consumption of alcohol is a part of social rituals in many tribal communities.

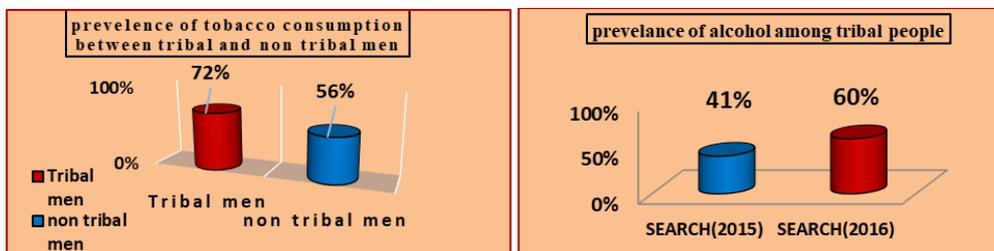


Fig-17 & 18: Prevalence of tobacco & alcohol among tribal people, Source: The expert committee on tribal health (NFHS-3, 2014)

Source: Search (2015), Search (2016)

According to the survey NFHS-3 (2014), almost 72% tribal men in the age group of 15-54 were using tobacco as compared to 56% non-tribal men. (NFHS-3, 2014). A study by SEARCH in the Gadchiroli district (2015), Maharashtra, has reported 41% prevalence of tobacco and in SEARCH (2016) 60 percent prevalence of tobacco use in tribal population. The estimated annual expenditure on purchasing tobacco products in the district was 79 crore and Rs. 73 crores, both alcohol and tobacco use spend annually 377 crores. Data on Xaxa Committee Report 2014 shows high consumption of tobacco, both through smoking or chewing among men in the age group of 15-54 years.

(WHO) defines traditional medicine as "the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of health status.

To study the integrating traditional tribal medicines into primary health care: The World Health Organization

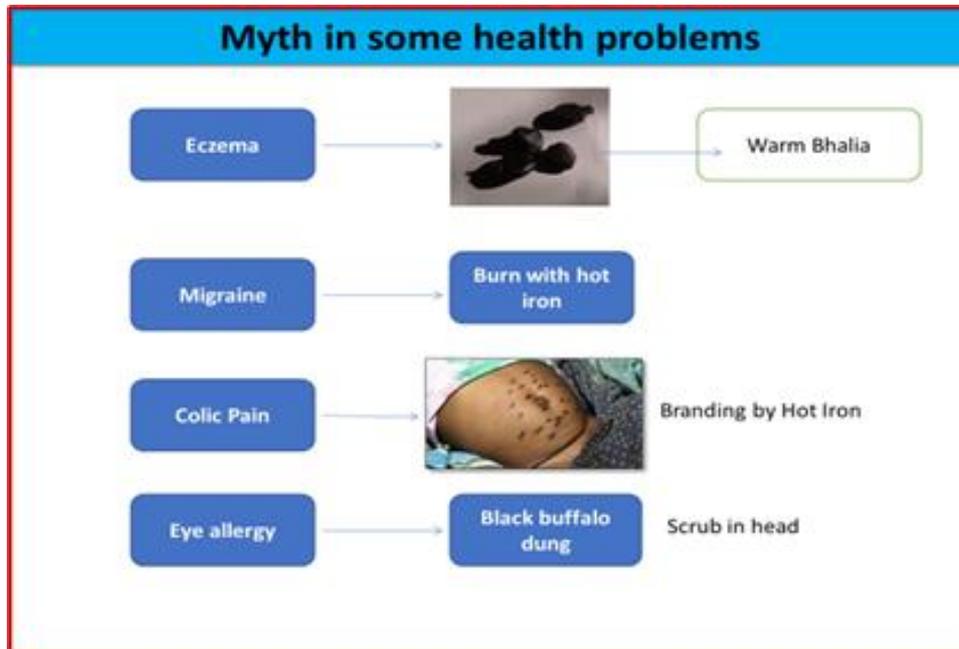
Tribal tattooing: -Tribal tattooing has a variety of beliefs. Tattoo is considered as a poor people's ornaments. The tribal community go for such a painful ornamentation process because of its health and other benefits. It is believed that, as a result of tattooing the women never suffer from stomach related problems such as gas trouble. Tattooing is a permanent ornamentation that goes along with them even after death.



A case study has been done by Y. Mahanta *et al.* (2015)^[19], examined on Local food stuffs and traditional knowledges in Mayurbhanj District, Odisha.

Food taken during disease condition to get recovery		
Sl No	Disease	Remedies
1	Cough	Basanga (<i>Adhatoda zeylanica</i>) leaf, wild ant (<i>kurkuti- Oecophylla smaragdina</i>) chutney.
2	Cold	Durmstic leaves with masur dal and torani (Soaked water of cooked rice)
3	Astana	Small pigeon meat cooked with ghee
4	Indigestion	Black pepper with bael leaves
5	Diarrhea	Amarpoei (<i>Kalanchoe pinnata</i>) leaves and guava leave
6	Dysentery	Burn skin and ear of goat
7	Piles	Bug with banana
8	Malaria	Gangasiuli (<i>Nyctanthes arbortristis</i>) leaves juice with black peper, ginger and honey
9	Jaundice	Handia rasi, mehendi root, Redgram (<i>Cajanus cajan</i>) leave, pedi pedika (<i>Abutilon indica</i>) leaves.
11	Mouth disease	Warm discarded water of cooked rice. Pig oil, green chilly
13	Ear in infection	Putting kunduru leave juice in ear
14	Pimples	Smearing Pigeons stool , massor dal paste on pimples
15	Scabies	Neem leaves & neem oil
16	Diabetes	Powder of blackberry seeds
18	Weakness, Tiredness	Handia
15	Better health	Mushroom
16	Minor cut	Marigold leaves juice or sugar powder
17	High blood pressure	Drumstick leaves juice or boil water of drumstick leaves

Health practices related to reproductive health Foods / Remedies related to reproduction		
Sl No	Causes	Remedies
1	For son child	Palta medicine made by local kabiraj small raw gadisa fish with ripe banana
2	For fair baby	Powder of of Babul (<i>Acacia nilotica</i>) leaves
3	Quick recovery after child birth	Sutika goli made by local kabiraj
4	For abortion & Family planning	Runja (<i>Abrus precatorius</i>) seeds
5	Mensuration delay	Through Mustard seeds under the bed



Source: - Y. Mahanta *et al.* (2015) ^[19]

To analysis the different Govt. imitative programme to improve the quality of life of the tribal people.

- Article 24 of the UNDRIP specifically talks about the rights of indigenous people to health; right to access health care and social services without discrimination, and the right to use traditional medicines and health practices that they find suitable.
- Article 25 of the UDHR emphasizes recognition of the right of all persons to an adequate standard of living, including guarantees for health and well-being.
- Article 12 of the CEDAW talks about state's responsibility and accountability towards elimination of discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning, to ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, as well as adequate nutrition during pregnancy and lactation.

Conclusion & recommendation

Thus, herculean efforts should be taken in all direction to address the health and nutritional problems of the tribal people by educating them on food safety and security, creating awareness about available health care services at their door step. There should be emphasis on making a bridging the gap and roadmap to change the attitude and behavior without effect on their nature. There is need to scientifically study the traditional tribal medicine and healing system and combine them with modern allopathic system so as to make it available and affordable for the poor tribal population. Emphasis should be given on preserving indigenous knowledge of tribal regarding health benefits & further scientific research should be carried out in this direction to adopt new strategies for future generation.

- **Protection and promotion of indigenous health system and traditional herbal medicines:** Government should take up measures to protect and promote the traditional herbal medicines of indigenous

peoples and ensures the ownership of community over their own herbal treatment practices. Training must be provided to traditional healers with improved technology to ensure better health care in remote villages.

- **Ensure equal access to health care and services for indigenous communities:** For indigenous communities to have access to health care and services, the government must provide adequate health care infrastructure, quality services and functional establishments, emergency drugs and essential drugs available at all times.
- **Special medical attention to indigenous communities needing special care:** Special attention must be accorded to indigenous peoples suffering from peculiar disease.
- **Indigenous women's right to health must be considered from a gender perspective:** Today's healthy adolescent girls are the future mother of healthy children. Therefore, indigenous women's right to health must be considered from a gender perspective.
- **Information, education and communication activities addressing** the issue of hypertension need to be strengthened in these areas. Increased awareness about the condition through health education, and early diagnosis and prompt treatment will prevent consequences.
- **Immediate and serious corrective policy measures:** Corrective policy measures and intervention to address the issues of alcoholism, drugs abuse and consumption of tobacco among indigenous/tribal population is necessary.
- **Implementation of the provisions of UNDRIP:** Government must take cognition of indigenous peoples

right to health as enshrined in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and take necessary measures to realize the rights to health of indigenous people.

- **Decentralization of healthcare governance** through administrative and political reforms through active participation of public and health workers.
- **The proposed national health policy (2017)** should be more inclusive and should promote tribal healthcare system by strengthening the allopathic.
- To fight against Malnutrition, Anemia, Malaria nutrition programme for tribal women and children, there is a need for massive awareness campaign; adequate civil amenities in tribal areas with safe drinking water and three times meal per day. Regeneration of forest and strengthening relation with forest and health need to reestablished.
- **Self-determine development of the indigenous/tribal peoples** must be respected so that development take place according to the need and in the wisdom of indigenous peoples themselves

(Source: -Indigenous Women's Network, India)

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