



## NUTRITIONAL AND HEALTH STATUS OF TRIBAL PEOPLE: A REVIEW

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### Abstract

Tribals have no fixed source of income and very little daily income. They are not regularly employed. They are not properly compensated. According to numerous studies, their economic and educational condition was insufficient. The majority of them were dependent on alcohol or tobacco and lived in mud-built homes. Several factors contribute to the poor nutritional condition of elderly people, including insufficient dietary iron, inadequate iron absorption, protein and micronutrient deficiencies, and infections. In a recent study, it was found that tribal people live an unfavorable lifestyle and are susceptible to respiratory, cutaneous, and other types of injuries. Low iron absorption, protein and micronutrient deficiencies, and infections lead to the poor nutritional status of the tribal people. In addition, tribal people are vulnerable to injuries, skin and respiratory problems, filarial diseases, and other illnesses due to their unfavorable lifestyles. According to the literature, various interventions, including nutrition and health promotion activities, are necessary to improve the occupational lifestyle of tribal people.

**Keywords:** *Tribal people, Health, Nutrition, Poverty*

## 1. Introduction

In India, there are different ethnic groups, cultures, religions, and indigenous groups (Daripa, 2017). The tribal community is considered the most backward and marginalized section of society (Daripa, 2017). In tribal populations, socio-cultural, socio-economic, and environmental factors influence food intake as well as health-seeking behaviors. According to several studies, habitat conditions and socioeconomic conditions influence the nutritional status of tribal populations (Chattopadhyay et al., 2023).

The prevalence of diabetes mellitus, hypertension, and other non-communicable diseases (NCD) is reaching pandemic levels around the globe, particularly in emerging nations such as India (Habib & Saha, 2010). According to a recent study conducted by INDIAB, the total prevalence of diabetes in 15 states is 7.3%, while the prevalence of pre-diabetes is 10.3%. Diabetes and other noncommunicable diseases are becoming more common in rural regions (Verma et al., 2021). An exhaustive study conducted on the prevalence of hypertension in India's indigenous communities over three decades indicated an upward trend in the disease's incidence (Nag & Ghosh, 2013). A survey of tribal populations across many states was carried out by the National Nutrition Monitoring Bureau a decade ago. The results of the survey revealed that the incidence of hypertension ranged from 8% in Gujarat to 51% in Orissa. In Tamil Nadu, it was 18.2% (Laxmaiah et al., 2007).

This study aims to review tribals' nutritional and health status.

## 2. Nutritional and health status of people of tribal communities in the study area

The health condition of tribal people in India varies greatly due to a range of factors such as geographical location, lifestyle, access to healthcare, and socio-economic conditions (Sheikh & Islam 2010). Generally, tribal communities in India face several health challenges and have poorer health outcomes compared to the overall population. Tribal people often struggle with inadequate access to nutritious food, leading to high rates of malnutrition, particularly elderly people (Padolosi et al., 2013). Tribal women and children experience higher rates of maternal and infant mortality compared to the rest of the population. Limited access to quality healthcare, antenatal care, and skilled birth attendants contribute to these challenges (Bango & Ghosh, 2023). As traditional lifestyles change, tribal communities are increasingly facing the burden of non-communicable diseases (NCDs) such as diabetes, hypertension, and cardiovascular diseases due to factors like unhealthy diets, physical inactivity, and tobacco/alcohol consumption (Kaputjaza, 2017). Many tribal communities reside in remote and inaccessible areas, making it difficult for them to access basic healthcare services (Roy et al., 2023). Government schemes like the National Rural Health Mission and initiatives targeted at tribal healthcare aim to improve access to healthcare services, infrastructure, nutrition, and awareness among tribal populations (Roy et al., 2023). Nevertheless, more comprehensive approaches are required to address the multifaceted health determinants faced by tribal people in India.

The older members of Indian tribes are struggling with a variety of issues, the most pressing of which is that their health concerns have not been adequately addressed. Health, as defined by the World Health Organisation, is not only the absence of sickness or infirmity; rather, it is

a condition that encompasses a person's whole mental, bodily, and social well-being. Primitive tribal communities and tribal communities, in general, are more susceptible to illness than other types of tribal societies. In addition, they do not have the necessary access to fundamental, according to Balgir, 2006, they are the most exploited, neglected, and particularly prone to infections, which results in a high degree of malnutrition, sickness, and death. Their unhappiness is worsened by factors such as poverty, illiteracy, ignorance of the causes of illnesses, an unfriendly environment, inadequate sanitation, a lack of safe drinking water, and blind beliefs, amongst other factors (Balgir, 2006). There is also a significant prevalence of illnesses that may be avoided, such as TB, malaria, gastroenteritis, filariasis, measles, tetanus, whooping cough, and skin infections (such as scabies) (Balgir, 2006).

It has been established that the theory that they are immune to the methods used in contemporary medical care is not correct (Wells & Dumbrell, 2006). They have shifted their approach to health care towards one that is more aligned with contemporary medicine whenever there has been access to modern facilities. It is important to highlight that in traditional societies, the culture and value system were responsible for resolving a large number of disagreements (Wells & Dumbrell, 2006). An effort to understand the utilization process would enable the administration to offer relevant medical care services, which would lead to their better and more appropriate utilization (Sanchez Polo et al., 2019). Given that health-seeking behavior influences the utilization of healthcare services in the community, this understanding would be beneficial.

According to the findings of this survey, 78.5% of the indigenous people in the inner forest region lived in huts and thatched houses (Bharati et al., 2023). The Pucca houses were found to be the most common kind of housing. 42.7 % and 45.1 % of the respondents are using Siddha medication to treat their physical sickness. 59.1 % of agricultural coolie workers have physical difficulties. The majority of the respondents rely mostly on agriculture as it is their primary source of income. 61.8 % of the people who work as agricultural coolies are having financial difficulties (Sethurajakumar & Venkatesh, 2019).

### **3. Factors of the present status of health condition of tribal people of the area under review**

1. Education is involved in elements of human resource development scheduled Tribes traditionally inhabitant the countryside and in close intimacy to forests and natural resources. According to the 2011 census, the literacy rate among tribes is 58.96%, below the country's overall literacy (74.04%). For example, in West Bengal, the literacy rate among tribal people is 57.97%, below the general literacy of the state of 77.08% (Dolai et al., 2013). But it is also noted that female literacy (54.4%) of tribes was lower than male literacy 71.7% (Reddy, 2020). The literacy rate is one of the most common and significant ways to determine the percentage of people in a population who can read and write. In 1961, just 8.54 % of tribal members were literate; since then, this number has significantly increased. It climbed to 63.1% in 2011 from the previous year. Despite this, the literacy rate for women in tribes is just 54.4%, whereas the literacy rate for men is 71.7%. Following India's independence, the government enacted policies and provided funding to make elementary school education more accessible (Saxena, 2020). For instance, the literacy rate gap between tribals and the

entire population was 19.7% in 1961, increased to 21.6% in 1991, and has since decreased to 14.3% in 2011 (Daripa, 2017).

2. Their lack of a strong resource base, their low position in the socio-economic and political hierarchy, their illiteracy, their relative lack of access to facilities provided by developmental measures, and their inadequate participation in institutions are the primary reasons for their backwardness as well as their lack of access to education. Additionally, their participation in institutions is inadequate (Kurien, 1995). The fact that the advantages of progress have not yet reached the more disadvantaged members of our society, even though our efforts have been well-planned, is a topic that raises serious concerns (Henderson & Berla, 1994).

3. The house is more than just a heaven; it's also a place where kids may develop emotionally, physically, and socially with their families (Wilson & Boehland, 2005). About half of all walls are made of bamboo, with tin coming in as a distant second (about 26%). While almost all of the roofs are made of tin, others are made of bamboo, straw, asbestos, and concrete, and nearly all of the dwellings are wired to receive electrical current, statistically speaking (Smil, 2013). A hurricane lamp, lantern, or similar device must be used throughout the night (Mandal & Sengupta, 2016).

4. Lack of healthcare facilities, trained healthcare professionals, and transportation infrastructure further exacerbate their healthcare access challenges. Efforts are being made by the Indian government and various organizations to address these health challenges among tribal communities (Rathi et al., 2018).

#### **4. Conclusion**

Tribal people in India suffer from poor health due to a number of issues. There are sometimes few or no healthcare facilities available to tribal groups in rural places. To get to the closest medical facility, they frequently have to travel far. Tribal communities frequently experience significant levels of poverty, which restricts their capacity to pay for food and medical treatment. It is challenging for tribal people to adopt appropriate healthcare practices due to illiteracy and a lack of knowledge about basic health practices and healthcare facilities. Traditional beliefs and methods of healing within tribal cultures frequently diverge from those used in contemporary medicine. This may make it more difficult to get the proper medical attention. The numerous unique languages and dialects of tribal societies make it challenging for medical professionals to interact. The implementation of nutritional interventions, health promotion activities, and educational strategies is necessary in order for tribal people to improve their occupational lifestyle, health status, and nutritional status.

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