



Tribal development in India: Pathways and problems

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Abstract

India has traversed a long journey to achieve political independence, yet the nation continues to grapple with deep-rooted social inequalities relating to gender, caste, minorities, and tribal communities. Despite numerous government policies and interventions by non-governmental organizations (NGOs), tribal development initiatives often fail to align with the actual realities of tribal life.

Over the past seven decades, successive governments have launched several tribal development programmes, with an investment of thousands of crores of rupees. However, the living conditions of tribal communities remain largely unchanged. This raises a critical question: are the authorities unaware of the ground realities, or is there a gap between policy formulation and its implementation?

The major issues affecting tribal development are poverty, poor health outcomes, and land alienation. According to the Census of India 2011, tribals constitute 8.6% of the total population. Ironically, while minerals form the backbone of India's economic growth, they are often concentrated in the same regions inhabited by tribal communities. As a result, development projects, mining activities, and large-scale industrialization have led to land displacement, forced migration, and environmental degradation, severely affecting tribal livelihoods.

This paper particularly focuses on the health challenges of tribal communities and explores possible remedies that could be addressed through effective governmental policies and inclusive development strategies.

Keywords: Tribal development, health issues, land alienation, natural resources, mining, government policies

Introduction

Indigenous and tribal communities are found across the world, though they are known by different names in different regions—for instance, Red Indians in the United States, Aborigines in Australia, Gypsies in parts of Europe, and tribals in several Asian and African countries. India is home to the second largest tribal population in the world, after the African continent.

The collective term used for the tribal communities of India is Adivasi, meaning "original inhabitants." These communities represent an integral part of Indian civilization, possessing a rich cultural heritage and a distinct way of life deeply connected with nature. Their traditional belief systems are often rooted in animism, reflecting a close relationship with the natural environment.

The word tribal is derived from the Latin term tribuz. Interestingly, it is also believed that the name Bharat—one of India's official names—originated from the mighty Bharat tribe.

The Constitution of India recognizes tribal communities under Schedule V, and those listed are officially known as Scheduled Tribes (STs). According to the Census of 2011, Scheduled Tribes account for 8.6% of India's total population, comprising about 645 distinct tribes. Their distribution is uneven, with the highest proportions of tribal population found in Lakshadweep and Mizoram, followed by Nagaland and Meghalaya.

Tribal communities, though diverse, share a common identity marked by their cultural uniqueness, adaptation to local environments, and continuing struggles for social, economic, and political inclusion in modern India.

Definition

The tribal communities of India cannot be regarded as a single homogeneous group. They represent a wide variety of ethno-linguistic groups, practice diverse faiths, and exist at different stages of economic, educational, and cultural development.

A tribe may be defined as: "An endogamous social group with a distinct ethnic identity, which has preserved its traditional and cultural heritage, possesses its own language or dialect, remains economically disadvantaged, and often resides in relative isolation while being governed by its own social norms and a largely self-sufficient economy."

The essential characteristics of tribal communities include:

- Presence of distinct cultural traits
- Geographical isolation from the mainstream population
- Maintenance of a unique cultural identity
- Limited interaction with the wider society, often marked by social seclusion
- Economic backwardness and dependence on traditional occupations

A Better Quality of Life

The World Health Organization (WHO) defines health as "a complete state of physical, mental, social, and spiritual well-being, and not merely the absence of disease or infirmity." In the context of India, the health of Adivasis must be viewed beyond biomedical parameters, as it is closely tied to their economic, social, and cultural conditions.

Traditionally, tribal communities enjoyed a relatively healthy lifestyle. Their daily lives were harmonized with seasonal cycles of work and rest, and their diet—derived from agriculture, hunting, and food gathering—was balanced and nutritious. Health was perceived in functional terms: as long as a person could perform daily activities, they were

considered healthy. Illness was often attributed to spiritual causes, and treatment relied on herbal medicines and traditional healers. However, with increasing urbanization, globalization, and displacement, this traditional system is rapidly deteriorating (Ameri, 2019)^[1].

Current Issues in Tribal Health

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) explicitly affirms the right to health in Articles 21, 23, 24, and 29. It emphasizes the need to safeguard indigenous elders, women, children, youth, and persons with disabilities. The declaration also upholds their right to participate in shaping health programmes, to access and preserve traditional medicines, and to enjoy the highest attainable standard of health.

Despite such recognition, tribal communities in India face a “triple burden of disease”:

1. **Malnutrition and Communicable Diseases:** High prevalence of tuberculosis (TB), leprosy, malaria, and HIV/AIDS continues to afflict tribal populations.
2. **Non-Communicable Diseases (NCDs):** Changing lifestyles and environments have led to rising cases of diabetes, hypertension, cardiovascular diseases, and cancers.
3. **Mental Health Challenges:** Issues such as depression, anxiety, and substance abuse are increasing, often exacerbated by poverty, displacement, and cultural erosion.

Development-Induced Displacement

A major factor worsening tribal health and livelihood is development-induced displacement. Large-scale mining, industrial projects, and dams frequently result in the forced removal and relocation of indigenous communities. Deforestation further disrupts their lives, depriving them of food, shelter, and medicinal resources traditionally derived from forests. Additionally, the presence of valuable mineral resources in tribal-dominated areas has intensified land alienation, leading to loss of livelihood, cultural disintegration, and socio-economic marginalization.

Problems in Tribal Health and Development

Tribal communities in India continue to face multiple socio-economic and health-related challenges, many of which highlight the gaps in policy implementation and access to basic services. Some of the critical issues are:

- **High Population Growth:** The decadal growth rate of tribal populations is higher than that of the general population, indicating demographic pressure on already scarce resources.
- **Early Marriage:** Around 60% of tribal girls are married before the age of 18, exposing them to early pregnancies, health complications, and interrupted education.
- **Maternal Health:** A significant proportion of tribal women lack access to proper maternal care.
 - 43% of pregnant women do not receive any antenatal check-ups.
 - 38% do not receive Tetanus Toxoid (TT) injections.
 - Nearly half (49%) do not receive Iron and Folic Acid (IFA) supplementation.
- **Unsafe Deliveries:**

- 81% of tribal women deliver at home.
- Of these, 44% of deliveries are attended by Traditional Birth Attendants (TBAs), 32% by untrained persons, and only 5% are assisted by qualified health professionals.

- **Family Planning:** The unmet need for family planning remains high at 15.4%, leading to unregulated fertility and related health risks.
- **Reproductive Health Issues:** About 42% of currently married tribal women report suffering from some form of reproductive health problem.
- **Child Health and Immunization:** Only 26% of tribal children receive the complete set of recommended vaccinations, leaving a vast majority vulnerable to preventable diseases.

Why Tribal Health Suffers

The health status of tribal communities in India remains poor due to a combination of social, economic, and systemic barriers. The key factors include:

- **Lack of Awareness:** Limited awareness of health, hygiene, and nutrition leads to delayed health-seeking behavior. Many tribals approach medical help only in advanced stages of illness.
- **Inadequate Health Infrastructure:** Health facilities in remote tribal areas are scarce. Past initiatives such as mobile health units and outreach camps have not produced the desired long-term impact.
- **Absence of Emergency Services:** Lack of timely transportation facilities, particularly for pregnant women and critical patients, contributes to preventable deaths.
- **Discrimination in Healthcare:** Tribal patients often face neglect or discriminatory behavior from healthcare providers, discouraging them from accessing services.
- **Financial Barriers:** With a majority of tribal households living **below the poverty line**, affordability of healthcare remains a major obstacle.

Measures to Improve Tribal Health

To enhance healthcare access and quality for tribal populations, the following steps are necessary:

1. **Raising Awareness:** Conducting targeted health education campaigns on hygiene, maternal health, nutrition, immunization, and family planning.
2. **Strengthening Health Infrastructure:** Establishing well-equipped primary health centers and ensuring regular availability of doctors and medicines in remote tribal areas.
3. **Emergency Transportation:** Providing ambulance and referral transport services, especially for expectant mothers and critically ill patients.

4. **Community Health Workers:** Recruiting and training health workers from tribal communities to build trust and ensure culturally sensitive service delivery.
5. **Sensitizing Health Providers:** Conducting training programmes for healthcare professionals to eliminate discriminatory practices and improve doctor-patient interactions.
6. **Financial Assistance:** Expanding government schemes and subsidies to reduce out-of-pocket expenses and improve affordability of healthcare for tribal households.

National Policy for Tribal Development

Recognizing the limitations of the Nehruvian Panchsheel, which remained broad in vision but lacked concrete measures, the Government of India established the Ministry of Tribal Affairs in October 1999 to accelerate the pace of tribal development.

The National Policy for Tribals acknowledges the persistent challenges faced by Scheduled Tribes, including:

- High incidence of poverty and economic marginalization,
- Low literacy levels and limited access to education,
- Malnutrition and widespread disease, and
- Increased vulnerability to displacement due to development projects.

At the same time, the policy recognizes tribal communities as repositories of indigenous knowledge and cultural wisdom, especially in sustainable resource use and traditional medicine.

Key objectives of the policy include:

- Addressing socio-economic deprivation through targeted development initiatives.
- Preserving and promoting tribal cultural heritage.
- Strengthening existing Tribal Research Institutes (TRIs) across states to undertake meaningful research and evaluation studies.
- Establishing a national-level research institution to guide policy, promote innovation, and safeguard the cultural wealth of tribal communities.

Conclusion

Available research and limited health data reveal that the disease profile of tribal populations varies significantly across regions, influenced by local environmental conditions, cultural practices, and socio-economic realities. Despite policy interventions, tribal health and well-being continue to suffer due to systemic gaps.

To bring about meaningful change, it is necessary to:

- Restructure and strengthen the public health care system in a manner that responds to the unique needs and aspirations of tribal communities.
- Ensure active participation of tribal people in policy formulation and programme implementation, thereby fostering ownership and sustainability.
- Strengthen people-centric natural resource management mechanisms that are ecologically sustainable and socially inclusive.

Only through inclusive development policies, participatory governance, and respect for indigenous knowledge systems can India ensure lasting economic and social stability for its tribal communities.

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