

1 **Health Issues Faced by the Particularly Vulnerable Tribal Groups: Causes** 2 **and Solutions**

3 *Abstract*

4 Particularly Vulnerable Tribal Groups (hereinafter mentioned as the PVTGs) are groups
5 within the scheduled tribes who are considered to be more vulnerable than the rest of the
6 tribal population. PVTGs have distinctive culture and are geographically isolated. The
7 Government has identified around seventy-five PVTGs in eighteen states and various
8 measures are taken to protect them. The ministry of Tribal Welfare has issued certain
9 criteria to identify the PVTGs, few of them are, pre agricultural technology, very low
10 literacy level and declining population. Due to their socio-economic conditions and their
11 isolated lifestyle PVTGs face various health and nutritional issues. Health, according to the
12 world health organization is complete physical as well as mental wellbeing. Health and
13 nutritional status of the PVTGs are very poor due to numerous factors. There is failure in
14 accessing the beneficial measures provided by the government and there is also shortage of
15 health care professionals in the remote areas. Lack of proper sanitation and pure water further
16 leads to various diseases and infections. As they lack basic health education, some groups
17 follow their own traditional healthcare practices which further aggravates the disease or the
18 infection. Malnutrition is yet another challenge faced by the PVTGs, especially pregnant
19 women and young children. It is pertinent to note that children develop anemia, goiter and
20 other micronutrient deficiencies. The poor nutritional status of the pregnant mother results in
21 birth defects and infant mortality. The central and the state governments are undertaking
22 various initiatives to ensure equitable access to nutrition, health, sanitation and water to the
23 PVTGs, yet the group faces numerous health issues. This Paper aims to analyse the various
24 factors contributing to poor health status of the PVTGs and to suggest remedies to alleviate
25 their health status.

26 *Keywords: PVTGs, Health, Malnutrition, Sanitation, Solutions*

27 **Introduction**

28 Tribes are considered to be a social group within a society, consisting of people who follow
29 the same culture, religion and speak the same language.¹ Tribes are socially cohesive sections

¹ Oxford Learner's Dictionary, Definition of Tribe, (Jan. 2, 2025, 10:00 AM), tribe noun - Definition, pictures, pronunciation and usage notes | Oxford Advanced Learner's Dictionary at OxfordLearnersDictionaries.com

30 and the members regard themselves as a politically autonomous unit.² Renowned Indian
31 Anthropologist D.N. Majumdar defined tribal population as, a social unit with territorial
32 affiliation, the unit consists of a collection of families who speak the same language and
33 follow similar practices regarding marriage and profession.³ While drafting the constitution
34 the framers duly took note that certain sections in India were socially, economically and
35 educationally backward. It was because of age old evil practices like untouchability. Tribal
36 populations follow primitive agricultural practices, they lack necessary infrastructure and are
37 geographically isolated. In order to protect their interests and accelerate their socio-economic
38 development special provisions are provided under the constitution of India.⁴ The president,
39 after consultation with the respective state governors, has power to notify groups which shall
40 be deemed to be scheduled tribes under the constitution.⁵ There are over seven hundred tribes
41 spread across India. Largest number of tribes are found in the state of Odisha. Except very
42 few states, all the states in India have a considerable number of tribal populations.

43 Based on the recommendations made by the Dhebar commission, the Central Government
44 recognized certain sections within the tribal population as Primitive tribal groups (PTGs).
45 The commission after extensive study found that there was inequality in the development
46 within the tribal population. The commission identified certain groups within the tribe's
47 lacking development. It was recommended that a subcategory of scheduled tribes be
48 identified, so that the government can take measures for their development.⁶ Based on the
49 recommendations of the Dhebar commission and also the studies undertaken during the
50 fourth 5-year plan, the primitive tribal group was recognized. In the year 2006, it was
51 renamed as the particularly vulnerable tribal groups (PVTGs), seventy-five tribal
52 communities are identified as PVTGs based on the following characteristic features: well-
53 preserved pre-agricultural practices, Hunting and gathering activities, very low literacy rate
54 when compared to other tribal units and finally decreasing or static population growth.⁷

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² Dr. Meera Swain, Concept of Tribe in India, Egyankosh (Jan. 2, 2025, 10:30 AM), Unit-1.pdf.

³ *Id* at p. 14.

⁴ India Const. art. 341.

⁵ India Const. art. 342, cl. 1.

⁶ Report of the Scheduled Areas and Scheduled Tribes Commission by U.N. Dhebar, published in 1961

⁷ United Nations Development Programme, Process of recognizing the habitat rights of Particularly Vulnerable Tribal Groups (PVTGs) under the Forest Rights Act, 2006, Habitat rights of Particularly Vulnerable Tribal Groups (PVTGs) under the Forest Rights Act, 2006 | United Nations Development Programme.

57 Protective Measures to the Particularly Vulnerable Tribal Groups:

58 The rights guaranteed under the constitution are equally available to the PVTGs. The
59 Constitution seeks to secure social and economic justice, equality of status and opportunity
60 and further assures the dignity of the individual. One of the directive principles provides that
61 the state shall take all necessary measures for promoting the economic and educational status
62 of the scheduled tribes.⁸ It is also the duty of the state to raise the level of nutrition, and
63 improve the health of the public.⁹ The constitution also allows protective discrimination for
64 the advancement of the weaker sections.¹⁰ Many articles under the constitution provides for
65 reservation of seats in the panchayats,¹¹ house of people¹² and legislative assemblies of the
66 state.¹³ In order to implement the constitutional mandates, the central and the state
67 Governments have initiated various policies for the betterment of PVTGs. Panchsheel policy
68 is a set of principles development of tribal population in India formulated by Pandit Nehru,
69 the primary goals of the panchsheel are: firstly, policy of non- imposition, tribal people
70 should be allowed to grow in the lines of their own genus, we should not impose alien values,
71 their way of culture must be encouraged. Secondly, land and the forest rights of the tribal
72 community must be respected, thirdly, we must avoid too many outsiders into the tribal
73 community. Their own people must be selected, properly trained and made to work for their
74 administration and development. Fourthly, over administration and countless schemes must
75 be avoided. Lastly, the end result must be judged not by the amount of money spent but by
76 the quality of the human character that is evolved.¹⁴

77 Ministry of Tribal Affairs:

78 The Ministry of social justice and Empowerment was bifurcated and the new ministry
79 of tribal affairs was established in the year 1999. The object of the Ministry is to ensure the
80 socio-economic development of the scheduled tribes. The Ministry has the following
81 objectives: Ensuring social security, promoting education, project formulations, overall
82 development of scheduled tribes.¹⁵ The ministry administers a scheme, specifically made for
83 the PVTGs. The scheme adopts a habitat level development approach without affecting the

⁸ India Const. art. 47.

⁹ India Const. art. 48.

¹⁰ India Const. art. 15.

¹¹ India Const. art. 243 D, Inserted by The Constitution (Seventy Third Amendment) Act, 1992.

¹² India Const. art. 330.

¹³ India Const. art. 332.

¹⁴ Dr. Chittaranjan Mishra, Tribal Philosophy and Pandit Nehru, Odisha Review. 106, 100-110 (2017).

¹⁵ Ministry of Tribal Affairs, Government of India, (Jan. 2, 2025, 11:00 AM), Ministry of Tribal Affairs - Government of India

84 culture and heritage of the PVTGs. The scheme provides financial assistance to the state
85 governments and the union territories for PVTGs development. The areas given importance
86 under the scheme are education, housing, agricultural development, construction of link roads
87 and any other innovative activities.¹⁶

88 National commission for scheduled tribes:

89 The eighty ninth amendment to the constitution, led to the insertion of Article 338A.
90 The article provided for the establishment of the National commission for the Scheduled
91 tribes.¹⁷ Important duties of the commission are: to investigate and monitor all the issues
92 relating to safeguards provided for the scheduled tribes, to evaluate the working of
93 safeguards, to actively participate in all the planning process regarding the socio-economic
94 development of the scheduled tribes.¹⁸

95 Pradhan Mantri particularly vulnerable tribal groups Mission.

96 The mission aims to develop the PVTGs by saturating their families and habitations
97 with all the basic amenities. Clean drinking water, proper sanitation, health and nutrition and
98 sustainable livelihood opportunities are few objectives of the mission. The level of harmful
99 chemicals in the water consumed by the tribal people is very high. The concerned
100 governments are taking measures to provide clean water and frequent decontamination of
101 available drinking water. The Pradhan Mantri Adi Adarsh Gram Yojna aims to transform the
102 tribal villages into more model villages. The PM-JANMAN scheme was introduced with the
103 goal to provide basic facilities to the PVTGs. The PM-JANMAN aims to provide safe
104 housing, clean water, access to health care and nutrition. It also has provision to provide
105 Ayushman cards.¹⁹ The state Governments have formulated the CCD plans. Under these
106 plans it is the duty of the state Governments to ensure financial support for improving the
107 quality of life for PVTGs. The plan ensures basic needs like safe drinking water, housing and
108 health are provided to the PVTGs without disturbing their traditional ways of life.²⁰

109 Health concerns:

¹⁶ Ministry of Tribal Affairs, Government of India, Development of Particularly Vulnerable Tribal Groups (PVTG), (Jan. 2, 2025, 11:00 AM), Welfare of particularly vulnerable Tribal groups

¹⁷ India Const. art. 338 A, Inserted by The Constitution (Eighty Ninth Amendment) Act, 2003.

¹⁸ India Const. art. 338 A, cl. 5.

¹⁹ Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN), National Portal of India, (Jan. 4, 2025, 11:00 AM), Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN) | National Portal of India

²⁰ Ministry of Tribal Affairs, Government of India, (Jan. 2, 2025, 11:00 AM), Conservation-cum-Development of Particularly Vulnerable Tribal Groups, (Jan. 2, 2025, 11:00 AM), Conservation-cum-Development of Particularly Vulnerable Tribal Groups.

110 Good health is essential for survival and growth. Tribal people, especially the
111 PVTGs, depend on medicinal plants for curing various diseases. They utilize the herbs
112 available within their environment, utilization of the allopathic facilities is very less among
113 the PVTGs. They depend on the traditional methods of healing. Further, lack of clean
114 drinking water, poor sanitation and unhygienic practices have detrimental effects on the
115 health.

116 Malnutrition

117 The PVTGs directly interact with nature for their subsistence. They derive their food from the
118 surrounding environment. Deforestation and destruction of wildlife has a huge impact on the
119 availability of food. PVTGs do not have sufficient knowledge in the modern methods of food
120 preservation. The unavailability of adequate food results in malnutrition and it indirectly
121 results in low fertility, infant mortality and other associated complications. It further makes
122 the PVTG population susceptible to various diseases. Primitive agricultural practices do not
123 yield sufficient quantities of food resources. As the PVTGs reside in the remote areas, the
124 availability of healthy and nutritious food is not possible. Poor nutritional status of the
125 pregnant mothers often results in preterm deliveries, low birth weight babies and high infant
126 mortality. Many women die during childbirth due to poor health. Malnutrition among
127 children results in stunted growth, low weight, anemia and weak immune system which
128 makes the children vulnerable to various infections. Various schemes are in line for the
129 protection of pregnant women and children. However, the benefits of the schemes have not
130 reached the tribal population.

131 The POSHAN Abhiyaan aims to improve the nutritional status of pregnant women, lactating
132 mothers and also adolescent girls. A converged programme, named Saksham Anganwadi and
133 POSHAN 2.0 was made to address the issues of child malnutrition, malnutrition among
134 pregnant and lactating women.²¹ Efforts were taken to impart the knowledge about millets
135 among the tribal population, millets are the source of proteins, vitamins, minerals and various
136 phytochemicals. It was found through various studies that a child born in a tribal family is
137 more susceptible and at a higher risk of dying during the neonatal and past-neonatal period

²¹ Government of India Ministry of Women and Child Development, MISSION POSHAN 2.0, (Jan. 4, 2025, 11:00 AM), MISSION POSHAN 2.0.

138 when compared to other social groups. PVTGs are in a more vulnerable position than the
139 scheduled tribes.²²

140 Communicable diseases:

141 Disturbing the ecological components of the environment often leads to spreading of
142 infections. Communicable diseases are transmitted from one person to another. Numerous
143 microorganisms like bacteria, viruses, protozoa and parasites get transmitted through various
144 means. The diseases spread through sputum, saliva, feces, urine and breath. Poor sanitation
145 aggravates the spread of diseases. Lack of sanitation and pure water among the PVTGs also
146 contribute to the spreading of various diseases. Malaria outbreak is very common among the
147 tribal populations. It is a vector borne disease and the strain Plasmodium falciparum is
148 considered to be very dangerous. Tuberculosis is yet another pernicious illness which causes
149 major health issues. If the medications are not taken properly, there are high chances of
150 remission. Leprosy and scabies are also major health concerns among the PVTGs. These
151 diseases get transmitted when there is close contact with the infected person. Leprosy once
152 communicated cannot be cured. Through medications the spread of the disease within the
153 body can be prevented.

154 The PVTGs lack knowledge about various diseases and their mode of transmission.
155 HIV/AIDS is also prevalent among the tribes.²³ If HIV infection is not treated properly it will
156 lead to the terminal stage which is AIDS and it becomes difficult to save the person in the
157 terminal stage of illness. Though there is no cure if the infection is diagnosed early the health
158 of the patient can be maintained. Sexually transmitted diseases are prevalent among the
159 group. Certain tribal groups follow polyandry and polygamy. Many poor, ignorant tribal
160 women are lured into sex work. Water borne infections like diarrhea, dysentery, typhoid are
161 very common among PVTGS, due to lack of clean water. For example, lack of clean
162 drinking water, poor hygiene, improper disposal of human waste, cultural & superstitious
163 beliefs and lack of adequate access to health care are attributed to health issues among
164 PVTGs in Odisha.²⁴ The diseases differ based on the habitat of the PVTGs. The saharias
165 tribes found in Madhya Pradesh are highly susceptible to Tuberculosis. Haemoglobinopathies

²² Jai Prakash Narain, Health of tribal populations in India: How long can we afford to neglect?, Indian J Med Res. 313, 313-316 (2019).

²³ Balasubramanian Ganesh et al, Particularly Vulnerable Tribal Groups of Tamil Nadu, India: A Sociocultural Anthropological Review, Indian Journal of Public Health. 406, 403-409 (2021).

²⁴ Priyanka Kanrar et al, Health issues of the indigenous communities with special reference to the particularly vulnerable tribal groups (PVTGs) of Odisha: a review, papers on Anthropology.58, 45-80.

166 are prevalent in the North – east areas.²⁵ Vector borne diseases are very common among
167 PVTGs. This is because of the diversity in the climatic conditions. These conditions provide
168 a breeding ground for various parasites and vectors.

169 Non-communicable diseases:

170 Excessive smoking, high intake of salt and consumption of tobacco in various forms
171 leads to various ailments like blood pressure, pulmonary diseases, cancer, diabetes and
172 cardiac diseases. Consumption of tobacco, alcohol often leads to hypertension. Utilization of
173 tobacco is more among the tribal population, which is the leading cause of cancer.

174 Apart from various communicable and non-communicable diseases, genetically
175 transmitted diseases are also prevalent among the tribes. Consanguinity and endogamous
176 marriage practices are main reasons for genetically inherited disorders, Thalassemia, G6PD
177 deficiency, Sickle cell anemia is prevalent among the PVTGs.

178 Mental health of the PVTG's is often affected due to discrimination and loss of their
179 lands. Certain sections of the society often ill-treat and humiliate the tribal groups. They
180 refuse to include the Tribal community within the society. Constant discrimination by certain
181 sections of people causes huge psychological trauma to the PVTGs. Most of the lands
182 including forest lands are acquired by the government for developmental projects or at times
183 lands are leased to private parties for various activities. This causes displacement of the
184 tribes. Most of the PVTGs depend on their habitat for livelihood, displacing them in the name
185 of developmental projects affects them. At times undertaking is given that the tribes will be
186 given employment opportunities. However, tribes find it difficult to work as the employment
187 provided to them is totally different from what they used to do. Failure in rehabilitation of the
188 displaced population adds additional emotional trauma.

189 Reproductive health:

190 Case Study of Baiga tribes in Chhattisgarh was conducted by the public health resource
191 network in collaboration with other institutions. The study revealed the prevalence of
192 malnutrition among the children. Women and men of the Baiga tribe were undernourished.
193 Illness is high among them when compared to the rest of the population. Death rate was also
194 high because of traditional methods of treatment and certain services were provided by the

²⁵ Jai Prakash Narain, Health of tribal populations in India: How long can we afford to neglect?, Indian J Med Res. 314, 313-316 (2019).

195 unqualified private practitioners. Lack of Anganwadi's, and safe drinking water attributed to
196 health issues. The status of maternal and reproductive health was found to be very poor.
197 Restrictions on sterilization procedures aggravated the health issues of pregnant women and
198 infants. Poor health status of the women led to high infant mortality. The tribes demanded for
199 contraceptive devices to avoid pregnancies but it was not provided to them. Women were
200 forced to travel long distances to avail sterilization services.²⁶ When safe contraceptive
201 methods are not available, women opt for induced unsafe abortions. The right to avail
202 contraceptive services by the PVTGs is now recognized. When women are denied availing
203 contraceptive services, it affects their physical as well as mental health.

204 Health hazards associated with the occupation of the PVTGs

205 Certain ailments affect the PVTGs because of the work they undertake for their living.
206 PVTGs are involved in farming, pottery, carpentry and food gathering. Certain occupations
207 seem harmless however certain activities like hunting, fishing, snake catching, collection of
208 honey and wax etc., have associated risks. It has been reported that Irular tribal fishermen
209 experience various health hazards while catching shrimp and fishing in the Pichavaram
210 mangrove waters, including catfish stings, oyster lesions, mouth ulcers, crab and rabbitfish
211 bites, hair bleaching and skin darkening, fingernail cavities and black or infected nails, skin
212 softening, skin rashes, as well as pain in the legs, knees, and back. They also face symptoms
213 such as shivering, fever, stomach ulcers, and risks from lightning and thunder strikes.²⁷
214 Snake bites and animal bites are very common in the forest areas. Availability of the antidote
215 is rare in the health care centres present near the tribal areas. For animal bites the PVTGs
216 depend on the natural remedies first before seeking modern medicine.

217 Factors contributing to poor health status of the Particularly Vulnerable Tribal 218 Groups.

219 PVTGS have very limited access to health care. They live in remote, isolated areas
220 which are very hard to reach. Ensuring the presence of medical professionals in the remote
221 areas is difficult as many professionals may find it very difficult to work in the regions.
222 PVTGS often depend on nature for medication. They have a set of traditional practices
223 which discourage the use of allopathic medicines. They heavily rely on natural remedies.

²⁶ Ranichand Baiga V. State of Chhattisgarh, Chhattisgarh High Court (2018) (India).

²⁷ Velvizhi S, Gopalakrishnan A. Occupational health hazards among Irular tribal fisherwomen fishing in pichavaram mangrove water. J Fish Life Sci (2017).

224 PVTGS depend on subsistence farming which often leads to inadequate nutrition and causes
225 various deficiencies and diseases. Development projects, deforestation often leads to
226 displacement of PVTGS from their habitat. This causes food insecurity. Climate change has
227 a direct impact on one health of the PVTGS as they live in close association with nature.
228 Poverty and illiteracy contribute to poor health status of PVTGS. Most of the PVTGS suffer
229 from economic distress, this often acts as a barrier in availing certain basic necessities. Lack
230 of knowledge about proper health, hygiene & sanitation puts them in a disadvantaged
231 situation.

232 Conclusion:

233 The central and the state government are taking necessary measures to improve the
234 health status of the PVTGs. However, the PVTGS face various health hazards. Steps must
235 be taken to ensure that all the beneficial schemes reach the groups. Imparting health
236 education is the need of the hour. Imparting knowledge about the importance of clean
237 drinking water, sanitation, nutrition, safe sexual practices with help in reduction of various
238 diseases.

239 Government may collaborate with the non-governmental organizations. The
240 integrated efforts will ensure the reach of governmental schemes to all the PVTGs.
241 Recommendations given by the Scheduled areas and Scheduled Tribes commission should be
242 given effect. In the absence of allopathic doctors, well trained homeopathic and BAMS
243 doctors can be utilized to provide services in the primary health care centers. The commission
244 made a recommendation that for admission to medical colleges, nursing institutions and
245 institutions offering technical courses, preference should be given to persons who are willing
246 to work in tribal areas. Extra incentives to the doctors working in the remote areas will
247 encourage the professionals to take up duties in the remote areas. Most professionals are
248 reluctant to work in certain areas because of the non-availability of resources, infrastructure
249 and proper residential facilities. If proper support is provided to the medical professionals,
250 more people will come forward to work in the isolated areas. Conducting frequent medical
251 camps in the tribal areas will help in identifying the health issues of the tribal groups. The
252 commission further recommended for mobile hospitals in the tribal areas. These hospitals can
253 be utilized for providing speedy services at the door step of the patients. The professionals
254 working in the tribal areas must impart health education to the people. Education can be
255 imparted through posters, distribution of pamphlets. Conducting seminars, showing

256 awareness videos and documentaries. Including herbal medicines in treatment procedures.
257 The tribal population has strong belief and affiliation towards traditional medicine.²⁸
258 Recognizing these medicines will help in addressing the tribal needs, ethos and beliefs.
259 Protection of PVTGS from displacement and ensuring their land rights may help in
260 betterment of their health and well-being.

261

UNDER PEER REVIEW IN IJAR

²⁸ The report of the Scheduled areas and Scheduled Tribes commission, Vol-I, (2002- 2004)