

 <p>ISSN NO. 2320-5407</p>	<p>Journal Homepage: - www.journalijar.com</p> <h2>INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)</h2> <p>Article DOI: 10.21474/IJAR01/20430 DOI URL: http://dx.doi.org/10.21474/IJAR01/20430</p>	
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RESEARCH ARTICLE

HEALTH ISSUES FACED BY THE PARTICULARLY VULNERABLE TRIBAL GROUPS: CAUSES AND SOLUTIONS

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Manuscript Info

Manuscript History

Received: 14 December 2024

Final Accepted: 17 January 2025

Published: February 2025

Key words:-

PVTGs, Health, Malnutrition, Sanitation, Solutions

Abstract

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

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Introduction:-

Tribes are considered to be a social group within a society, consisting of people who follow the same culture, religion and speak the same language.¹ Tribes are socially cohesive sections and members regard themselves as a politically autonomous unit.² Renowned Indian Anthropologist D.N. Majumdar defined tribal population as, a

¹Oxford Learner's Dictionary, "Definition of Tribe," (Jan. 2, 2025, 10:00 AM), OxfordLearnersDictionaries.com.

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

social unit with territorial affiliation, the unit consists of a collection of families who share the same language and follow similar practices concerning matrimonial relations and occupation.³ While drafting the constitution the framers duly took note that certain sections in India were socially, economically and educationally backward. It was because of age old evil practices like untouchability. Tribal populations follow primitive farming habits, they do not have necessary infrastructure and are geographically isolated. To guard their interests and to accelerate their socio-economic growth special provisions are provided under the constitution of India.⁴ The president, after consultation with the respective state governors, has power to notify groups which shall be scheduled tribes under the constitution of India.⁵ There are over seven hundred tribes spread across India. Largest number of tribes are found in the state of Odisha. Except very few states, all the states in India have a considerable number of tribal populations.

Based on the study completed by the Dhebar commission, the Central Government recognized certain sections within the tribal population as Primitive tribal groups (PTGs). The commission after extensive study found that there was inequality in the development within the tribal population. The commission identified certain groups within the tribe's lacking development. It was recommended that a subcategory of scheduled tribes be identified, so that the government can take measures for their development.⁶ The Dhebar commission recommendations and also the studies undertaken through the 4th 5-year plan, the primitive tribal group was recognized. In the year 2006, it was renamed as the "Particularly vulnerable tribal groups" (PVTGs), seventy-five communities of tribes were identified as PVTGs based on the following characteristic features: well-preserved pre-agricultural practices, Hunting and gathering activities, very low literacy rate when compared to other tribal units and finally decreasing or static population growth.⁷

Protective Measures to the "Particularly Vulnerable Tribal Groups":

The rights guaranteed under the constitution are equally available to the PVTGs. The Constitution seeks to secure social justice, economic justice, equality of status and various opportunities. It further declares the dignity of all the people. One of the directive principles provides that the state should take all necessary measures for developing the educational and economic status of the scheduled tribes.⁸ It is also the responsibility of the state to increase the level of nutrition, and improve the health of the public.⁹ The constitution also allows protective discrimination for the advancement of the weaker sections.¹⁰ Many articles under the constitution provide for reserving certain number of seats in the panchayats,¹¹ house of people¹² and legislative assemblies of the state.¹³ In order to implement the constitutional mandates, the union and the state Governments have initiated various policies for the betterment of PVTGs. Panchsheel policy is a set of principles advancement of tribal inhabitants in India formulated by Pandit Nehru, the primary goals of the panchsheel are: firstly, policy of non- imposition, tribal people should be allowed to grow in the lines of their own genus, we should not impose alien values, their way of culture must be encouraged. Secondly, land and the forest rights of the tribal community must be respected, thirdly, we must avoid too many outsiders into the tribal community. Their own people must be selected, properly trained and made to work for their administration and development. Fourthly, over administration and countless schemes must be avoided. Lastly, the end result must be adjudicated not by the sum of money expended but by the value of the human character that is advanced.¹⁴

Ministry of Tribal Affairs:

The Ministry of social justice and Empowerment was bifurcated and the new ministry of tribal affairs was established in the year 1999. The object of the Ministry is to ensure the socio-economic development of the

³ *Id* at p. 14.

⁴ India Const. art. 341.

⁵ *Id* at. 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," United Nations Development Programme.

⁸ India Const. art. 47.

⁹ *Id* at. art. 48.

¹⁰ *Id* at. art. 15.

¹¹ *Id* at. art. 243 D, Inserted by The Constitution (Seventy Third Amendment) Act, 1992.

¹² *Id* at. art. 330.

¹³ *Id* at. art. 332.

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

tribes. The Ministry has the following objectives: Ensuring social security, promoting education, project formulations, overall development of scheduled tribes.¹⁵ The ministry administers a scheme, specifically made for the PVTGs. The scheme adopts a habitat level development approach without affecting the culture and heritage of the PVTGs. The scheme delivers monetary support to the state governments and the union territories for PVTGs development. The areas given importance under the scheme are education, housing, agricultural development, construction of link roads and any other innovative activities.¹⁶

“National commission for scheduled tribes:”

The eighty ninth amendment to the constitution, led to the insertion of Article 338A. The article provided for the creation of the National commission for the Scheduled tribes.¹⁷ Important responsibilities of the said commission are: to consider and monitor all the matters involving safeguards provided for the scheduled tribes, to assess the working of safety measures, to actively participate in all the planning procedures regarding the socio-economic growth of the tribal community.¹⁸

“Pradhan Mantri particularly vulnerable tribal groups Mission.”

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

Health concerns:

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

Malnutrition

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

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

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

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

¹⁸*Id* at., 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.

The prime objective of POSHAN Abhiyaan is to improve the nutritional status of expectant women, lactating mothers and also teenage girls. A converged programme, named Saksham Anganwadi and POSHAN 2.0 was made to address the issues of child malnutrition, malnutrition among pregnant and lactating women.²¹ Efforts were taken to impart the knowledge about millets among the tribal population, millets are the source of proteins, vitamins, minerals and various phytochemicals. It was found through various studies that a child born in a tribal family is more susceptible and at a higher risk of dying during the neonatal and post-neonatal period when compared to other social groups. PVTGs are in a more vulnerable position than the scheduled tribes.²²

Communicable diseases:

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

The PVTGs lack knowledge about various diseases and their mode of transmission. HIV/AIDS is also prevalent among the tribes.²³ If HIV infection is not treated properly it will lead to the terminal stage which is AIDS and it becomes difficult to save the person in the terminal stage of illness. Though there is no cure if the infection is diagnosed early the health of the patient can be maintained. Sexually transmitted diseases are prevalent among the group. Certain tribal groups follow polyandry and polygamy. Many poor, ignorant tribal women are lured into sex work. Water borne infections like diarrhea, dysentery, typhoid are very common among PVTGs, due to lack of clean water. For example, lack of clean water for consumption, poor hygiene, improper dumping of human waste, cultural & superstitious beliefs and lack of adequate access to health care are attributed to health issues among PVTGs in Odisha.²⁴ The diseases differ based on the habitat of the PVTGs. The Saharias tribes found in Madhya Pradesh are highly susceptible to Tuberculosis. Haemoglobinopathies are prevalent in the North – east areas.²⁵ Vector borne diseases are very common among PVTGs. This is because of the diversity in the climatic conditions. These conditions provide a breeding ground for various parasites and vectors.

Non-communicable diseases:

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

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

Mental health of the PVTG's is often affected due to discrimination and loss of their lands. Certain sections of the society often ill-treat and humiliate the tribal groups. They refuse to include the Tribal community within the

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

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.

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).

society. Constant discrimination by certain sections of people causes huge psychological trauma to the PVTGs. Most of the lands including forest lands are acquired by the government for developmental projects or at times lands are leased to private parties for various activities. This causes displacement of the tribes. Most of the PVTGs depend on their habitat for livelihood, displacing them in the name of developmental projects affects them. At times undertaking is given that the tribes will be given employment opportunities. However, tribes find it difficult to work as the employment provided to them is totally different from what they used to do. Failure in rehabilitation of the displaced population adds additional emotional trauma.

Reproductive health:

Case Study of Baiga tribes in Chhattisgarh was conducted by the public health resource network in collaboration with other institutions. The study revealed the prevalence of malnutrition among the children. Women and men of the Baiga tribe were undernourished. Illness is high among them. Death rate was also high because of traditional methods of treatment and certain services were provided by the unqualified private practitioners. Lack of Anganwadi's, and safe drinking water attributed to health issues. The status of maternal and reproductive health was found to be very poor. Restrictions on sterilization procedures aggravated the health issues of pregnant women and infants. Poor health status of the women led to high infant mortality. The tribes demanded for contraceptive devices to avoid pregnancies but it was not provided to them. Women were forced to travel long distances to avail sterilization services.²⁶ When safe contraceptive methods are not available, women opt for induced unsafe abortions. The right to avail contraceptive services by the PVTGs is now recognized. When women are denied availing contraceptive services, it affects their physical as well as mental health.

Health hazards associated with the occupation of the PVTGs

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

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

PVTGS have very limited access to health care. They live in remote, isolated areas which are very hard to reach. Ensuring the presence of medical professionals in the remote areas is difficult as many professionals may find it very difficult to work in the regions. PVTGS often depend on nature for medication. They have a set of traditional practices which discourage the use of allopathic medicines. They heavily rely on natural remedies. PVTGS depend on subsistence farming which often leads to inadequate nutrition and causes various deficiencies and diseases. Development projects, deforestation often leads to displacement of PVTGS from their habitat. This causes food insecurity. Climate change has a direct impact on one health of the PVTGS as they live in close association with nature. Poverty and illiteracy contribute to poor health status of PVTGS. Most of the PVTGS suffer from economic distress, this often acts as a barrier in availing certain basic necessities. Lack of knowledge about proper health, hygiene & sanitation puts them in a disadvantaged situation.

Conclusion:-

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

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).

Government may collaborate with the non-governmental organizations. The integrated efforts will ensure the reach of governmental schemes to all the PVTGs. Recommendations given by the “Scheduled areas and Scheduled Tribes commission” should be given effect. In the absence of allopathic doctors, well trained homeopathic and BAMS doctors can be utilized to provide services in the primary health care centers. The commission made a recommendation that for admission to medical colleges, nursing institutions and institutions offering technical courses, preference should be given to persons who are willing to work in tribal areas. Extra incentives to the doctors working in the remote areas will encourage the professionals to take up duties in the remote areas. Most professionals are reluctant to work in certain areas because of the non-availability of resources, infrastructure and proper residential facilities. If proper support is provided to the medical professionals, more people will come forward to work in the isolated areas. Conducting frequent medical camps in the tribal areas will help in identifying the health issues of the tribal groups. The commission further recommended for mobile hospitals in the tribal areas. These hospitals can be utilized for providing speedy services at the door step of the patients. The professionals working in the tribal areas must impart health education to the people. Education can be imparted through posters, distribution of pamphlets. Conducting seminars, showing awareness videos and documentaries. Including herbal medicines in treatment procedures. The tribal population has strong belief and affiliation towards traditional medicine.²⁸ Recognizing these medicines will help in addressing the tribal needs, ethos and beliefs. Protection of PVTGS from displacement and ensuring their land rights may help in betterment of their health and well-being.

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