



Perception of Health among the Tribal People'

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ABSTRACT

It is a widely recognized truth that disease and health may be seen in both a tribal and their respective cultural context. No matter where they live or what religion they practise, tribal people all throughout India adhere to a set of customary norms on how they should treat disease and how they should care for their health in general. The purpose of this study is to investigate the views held by the tribal people of India on health and health treatment. In order to investigate and identify the elements that contribute to tribal health and health care beliefs in India, as well as to evaluate the pattern of their health care practises and beliefs, a comprehensive evaluation of the relevant literature was carried out. For many years, one of the most crucial aspects of tribal development, which is the improvement of tribal health, has been largely neglected. It is impossible to realise the full potential of tribal development without giving the appropriate amount of attention to the beliefs and practises of tribe members towards health care. We investigated a variety of electronic databases, including Google Scholar and Pub Med, and performed an analysis on the research that was carried out and published between the years 2000 and 2017. We looked through the published research using a number of different keywords. The present study incorporated both qualitative and quantitative research, and it began with a thorough examination of the relevant literature. The findings of the investigation shed light on the deplorable condition of health that is prevalent among the indigenous people. In addition, the findings of the investigation suggest that traditional methods of medicine and healthcare are losing popularity among indigenous peoples, while more contemporary medical practises have not yet been implemented.

Keywords: *Health, Health Care Beliefs, Traditional Practices.*

INTRODUCTION

According to the results of India's Census in 2011, the proportion of the country's overall population that is made up of tribal people is 8.6 percent. ADIMJATI, VANVASI, ADIVASI, PAHARI, and ANUSUCHIT JANJATI are some of the common names that are used to refer to the tribal group. They are referred to as ANUSUCHIT JANJATI in the constitution, and their name comes from that. There are now 705 different Schedule Tribe groupings that have been registered and recognized in India. There is an ongoing increase in the number of indigenous people every single year (see Table 1).

They have adapted to survive in the various ecological and geoclimatic conditions that are found in different parts of the nation. In the middle of an age characterised by increased globalisation, individual tribes continue to uphold distinctive forms of lifestyle, culture, and identity. They continue to be the country's population that is most disadvantaged and most in risk of extinction. Despite the fact that the government of India has implemented a large number of developmental and welfare programmes and projects with the purpose of elevating and mainstreaming these groups, they are nonetheless economically and socially vulnerable and susceptible to danger.

Not only is the indigenous medical knowledge of medicinal plants and their application beneficial for the preservation of cultural traditions and biodiversity, but it is also beneficial for the improvement of community healthcare and the creation of new drugs in the here and now and in the future (Pei, 2001). However, of the approximately 350,000 plant species that can be found around the globe, only a tiny fraction has been explored phytochemically, and an even smaller percentage has been fully studied in terms of the pharmacological capabilities they possess (Rates, 2001).

Jaundice is not an illness in and of itself but rather a symptom that can be present in a wide variety of conditions. High amounts of the chemical bilirubin in the blood can lead to jaundice, which is characterised by a yellowish discoloration of the skin and the sclera (also known as the whites of the eyes).

The amount of bilirubin in the blood can cause a change in the colour of the skin as well as the sclera. They have a yellowish appearance when the amount of bilirubin is somewhat high. They have a tendency to be brown when the amount of bilirubin is high (Wahab et al., 2004). Both poor countries and industrialised countries continue to struggle with a significant medical problem: venomous snakebites (Chan home et al., 1998; Mahanta et al., 2001).

Getting bitten by a snake is a severe health risk that can result in a high fatality rate and a tremendous deal of misery for the sufferer. According to estimates from credible sources, the number of incidents throughout the world reaches one million, resulting in more than 600,000 cases of envenomation and more than 20,000 deaths per year (Chapeaux, 1998).

Just in India, almost 200,000 instances are documented, and it is believed that between 35,000 and 50,000 individuals lose their lives each year (Bawaskar, 2004). After using it, a lot of people experience a variety of allergic adverse effects, including anaphylaxis and anaphylactic events (Coppola and Hogan, 1994; Dart et al., 2001).

Traditional medical practitioners, particularly those practising in tropical regions with an abundance of relevant plant sources, have for a long time relied on the use of plant extracts as a treatment for snakebite. Several medicinal herbs, some of which have been passed down by oral tradition while others have been found in historic medication recipes, are thought to be effective remedies for snakebites (Martz, 1992; Otero et al., 2000).

In rural regions, traditional herbal medicine is commonly used for the treatment of snakebite and is easily accessible. Some of the treatments that are designed to counteract the effect of snake venom include applying the plant or its sap to the place where the snake bite occurred, eating the plant's leaves and bark, and drinking plant extracts or decoctions. Rural communities in India and many other regions of the world employ many plants, either singly or in combination, as antidotes for snake envenomation.

These plants can be used singly or in combination. According to popular belief, several plants can inhibit the toxic effects of snake venom, and numerous plants have been proposed as potential treatments for snake bites within the realm of folk medicine (Kirtikar and Basu, 1975).

Our first goal was to compile the anecdotal knowledge that the villagers of the surrounding hamlet had passed down to us about the medicinal plants they used to cure snakebites and jaundice.

Table 1. The population of Scheduled Tribes in India 1961-2011

Census Year	Population			Decadal Growth Rate		
	Total	Rural	Urban	Total	Rural	Urban
1961	3,01,20,184	2,93,57,790	7,72,394			
1971	3,80,15,162	3,67,20,681	12,94,481	26.2	25.2	67.6
1981	5,16,28,638	4,84,27,604	32,01,034	35.8	31.9	147.3
1991	6,77,58,380	6,27,51,026	50,07,354	31.2	29.6	56.4
2001	8,43,26,978	7,73,39,335	69,87,643	24.5	23.2	39.5
2011	10,42,81,034	9,38,19,162	1,04,61,872	23.7	21.3	49.7

The state of indigenous people's health is pitiful to say the least. Although there are a number of studies that indicate the poor health condition of the tribes throughout the nation, there is little information available on the health state of the tribes in the country at this time. The issues of anaemia, diarrhoea, malaria, and sexually transmitted infections have all been documented as being prevalent among these individuals by a variety of research. There are many elements and causes that contribute to the tribes in India having poor health conditions, and these variables and causes are diverse.

There are a few of reasons why the health state of the country's tribes is so dismal, but among them include a lack of adequate medical workers, restricted access to medical treatment, and inadequate health facilities. Reaching them and providing solutions to their health issues is made much more challenging by the geographical pattern of their settlement and the highly various places in which they live. Poverty, illiteracy, lack of understanding about the diseases, lack of safe drinking water, inadequate sanitation, age-old traditional practises concerning cure and ailments, and an illogical belief system all contribute to making this suffering even worse and more difficult. The current study is an attempt to investigate the health conditions and attitudes towards medical treatment held by the indigenous people of India's tribal communities.

The unique and distinct characteristics and ways of life of India's tribal people have made them an accessible target for a variety of health issues and other issues as well. According to Balgir (2006), the majority of the time, the medical professionals working in primary health facilities or traditional indigenous health practitioners are the ones who deal with the health concerns of the indigenous peoples.

In addition to this, he has observed that tribes are victims of both communicable and non-communicable diseases, as well as hereditary ailments that are silent killers and issues with reproductive health. Tuberculosis, Hepatitis, Sexually Transmitted Diseases (STDs), Malaria, filariasis, Diarrhea and Dysentery, Jaundice, Parasitic infestation, Viral and Fungal Infections, Conjunctivitis, Scabies, Leprosy, Cough and Cold, HIV/AIDS, etc. are only few of the diseases that are caused by parasites.

There are a number of issues in India's tribal population that contribute to its poor health status. Basu (2000) identified a number of factors that contribute to the poor health status of India's tribal populations. The primary contributors to the frequency of health issues among tribes include unsanitary living circumstances, a lack of personal hygiene education and training, ignorance, and a lack of health education. According to Balgir (2006), the poor health state of the tribes in India is a result of a lack of good health education, poverty, unhealthy eating habits, and illogical beliefs.

According to the findings of Ghosh and Malik (2009), pervasive poverty exists. Some of the probable contributing causes to the awful health conditions of the tribal population include illiteracy, hunger, the lack of access to safe drinking water and sanitary and living conditions, and inadequate services for pregnant women and children. Balgir (2011) detailed the myriad of variables that contribute to the health issues that the tribes face. The main contributing factors to their poor health condition and the prevalence of high morbidity among them are poor sanitation and hygiene, poverty, perceptions about diseases, health-seeking behaviour, hostile environments, and blind beliefs. Both of these conditions contribute to high rates of morbidity.

Sachdev (2012) has also revealed a set of causative variables that are more or less the same sort and are responsible for the poor health status of the tribes in Rajasthan. The low health situation of the state's tribes is mostly caused by a combination of factors, including but not limited to: ignorance, unawareness that leads to hunger, a lack of close government hospitals, a scarcity of safe drinking water, and electricity. There are a great number of additional studies that have been done, and many of them have suggested explanations that are more or less comparable to one another for why the health conditions of the country's tribes are so terrible.

OBJECTIVES

1. To study health and hygiene.
2. To study health care beliefs.

CONCLUSION

Not just because of its harshness or bad condition, but also because of its traditional health care system, which is exclusively existing and practised among the many tribes that can be found in India, the state of tribal health is a major reason for significant worry. A community's social life, including its understanding of health and sickness, is greatly influenced by its culture. Culture is one of the most important factors in shaping any social life. The notion of health and disease is made exceedingly intriguing, as well as a subject of considerable worry and significance, by the culture of the tribal people and their beliefs around various things. People who live in tribal communities often have a very intimate and personal interaction with the surrounding environment. Because of their intimate connection to their surroundings, it's likely that they have a strong belief in the supernatural power of gods and goddesses. Because of this, people have a firm belief in the existence of some supernatural powers as well as physical causes that influence health and sickness. People often attribute a person's bad health to a variety of factors, including the evil eye, ill spirit, the spirit of ancestors, and natural causes. In many indigenous cultures, calming a malevolent ghost or the spirit of a deceased ancestor is an essential component of the healthcare system. They used to go to the local medicine men or other traditional healers whenever they had any kind of health issue, no matter how slight or serious.

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