

Review of Literature of Geo- Health Issues in Tribal Areas of 21 Century

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ABSTRACT:

The majority of tribal community live in hilly and rural hamlets areas, desert areas, or forested where illiteracy, malnutrition, challenging physical circumstances, poor access to potable water and a lack of personal hygiene and sanitation make them more vulnerable to sickness. Charaka, a notable ayurvedic physician, said, "Health is vital for man's ethical, creative, material, and spiritual advancement." (Lal, B. (2021)). "A person's whole physical, mental, and social well-being, not only the absence of illness or infirmity," says the dictionary. According to WHO (1948). Tribal people had more severe and long-lasting diseases, with women and children being the most susceptible. The major concept of healthcare is to offer comprehensive health services, to safeguard everyone's physical, social, and mental health, to reduce mortality rates, to enhance man's life expectancy, and to promote social development in a balanced manner. The appropriate administration and management of health personnel have an impact on the growth of healthcare institutions. Adequacy, availability, accessibility, affordability, and feasibility are all qualities of an effective healthcare system.

KEY WORDS: Tribe, Health Care, Health Issues, Health Status, Health Burden.

I. INTRODUCTION:

Around 104 million tribal people live in India. They make approximately 8.6% of India's population, reside in 705 tribes, and face severe marginalization and discrimination. There are 47 tribes or tribal groupings in Maharashtra. Some of the largest tribal tribes are the Bhils, Gonds, Mahadeo-

Kolis, Pawras, Thakurs, and Warlis. Three tribal tribes, Katkari (Kathodi), Maria Gond, and Kolam, are critically endangered (or primitive). In terms of numerical strength, settlement history, geographic location and subsistence practices, natural resource availability, language, culture, human development, political empowerment, and developmental aims, tribal groups differ. Tribal people are not just socioeconomically inferior to the rest of India, but they also face a plethora of structural inequalities, the most prominent of which is healthcare access.

While officials seem to agree that tribal populations have low health and limited access to healthcare, there are currently no comprehensive policies in place to address this need, and no accurate statistics on tribal health. In India, tribal healthcare is frequently included in the category of rural healthcare. The idea that tribal people's issues and requirements are the same as rural people is false; topography, environment, social structures, and culture all contribute to tribal groups having their own set of healthcare demands. For the preservation and development of indigenous groups, the Panchsheel principles and the PESA legislation are used. Regardless of these regulatory safeguards, tribe elected representatives routinely raise the issue of inadequate health and health services.

According to several media accounts, indigenous populations continue to be harmed by a lack of infrastructure, development facilities, and services. Malnutrition, child mortality, and illnesses like as malaria are also very prevalent in these locations. Furthermore, each tribe or tribal group is an endogamous entity with minimal contact with neighbouring tribes or the broader population.

II. OBJECTIVES:

The following are the objective of the study:

1. To collect the review literature of tribal healthcare services
2. To review the status of geo-health issues in tribal areas
3. To search the tribal health problems and its burden

III. METHODS:

The aim of the study is to consolidate and interpret current research on tribal health concerns. This database was searched using the terms "tribal geo-health," "tribal geo-health Status," and "geo-health care Services." This study gathered a large number of articles that had previously appeared in a range of research journals, books, and other academic publications. Literature from the years 2000 to 2019 that is accessible on the internet database. A researcher has to follow a systematic method of inquiry to understand the phenomenon under study or observation. Therefore, keeping this thing in mind, a systematic method of reviewing the literature available has conducted. A survey of available literature on tribal health and its correlates was considered, and systematic analyses of the same were conducted in a scientific manner.

IV. DISCUSSION:

In every discipline, a literature review is an important aspect of the research process. The reasons for this are that it assists the researcher in determining the current trend in a specific field of study and guiding him in his research on how to continue in his fields of study. This scholar has put in effort in doing a literature review. The review of literature provides an overview of the many studies that have been undertaken in relation to the study subject chosen, which is the viewpoint of geo-health concerns in tribal communities. **Syed Azizur Rahman, Tara, Kielmann, Barbara McPake, and Charles Normand.** The researchers wanted to learn more about the context, reasoning, and choices that people make while seeking healthcare in Bangladesh's hill tribal communities. He was particularly interested in learning about the hill tribes' health knowledge, practices, and attitudes; examining the availability of service facilities; learning about the perspectives of informal care providers (also known as Baddya); assessing the factors affecting the tribal population's health status and access to health services; and identifying the topographical, cultural, and social constraints that hampered access to health services. **S. L. Kate** In their paper, they mention that a key cause is the lack of health infrastructure to meet the tribal's unique health demands. The mountainous

tribal communities still have a noticeable dearth of maternity and child health facilities, and as a result, the tribal demographic situation is one of the high maternal, infant death rates and high fertility.

Raju K.C., Anup L Kharde In tribal communities, use was low due to a variety of factors including physical, economic, technological, psychological, and socio-cultural limitation Non-use of prenatal and delivery care services, as well as low socioeconomic status of the patients, are strongly linked to maternal complications and poor perinatal outcomes. The tribes have higher rates of maternal, baby, and child mortality. **Ravi Duggal, T. R. Dilip, Prashant Raymus (2005)** "Health and healthcare in Maharashtra" In terms of income, industry, urbanization, female literacy, and infant survival, Maharashtra is one of the most progressed states in the nation.

Other patterns suggest that improvements in inputs have had a significant influence on overall results. Public health services continue to play a leading role in preventative care, which has been crucial to overall gains in health outcomes.

Upadhye R. Misra (2013) The health status of Orissa's tribes presents a colourful mosaic of varied communicable and non-communicable ailments, in accordance with the state's socio-economic development. Poverty, illiteracy, malnutrition, a lack of safe drinking water and sanitary conditions, insufficient maternity and child health care, low coverage of government health and nutritional programs, and other factors all contribute to the tribal tribes' poor health in Orissa. **B. Suresh Lal (2006)** The present research looks on the tribal's health in the Warangal district of Andhra Pradesh, India, in connection to their environment, sanitary conditions, health habits, age at marriage, delivery mode, medical care during pregnancy, and use of medical services. According to the data, anaemia, diarrhoea, TB, malaria, jaundice, iodine deficiency, and micronutrient deficiencies affect the majority of indigenous people. Among the reasons include a lack of hygienic conditions, open defecation of excreta, alcohol and cigarette misuse, traditional based therapy, and a lack of awareness. **Salil Basu (2007).** The pattern of death and morbidity among India's tribes was investigated.

Poor hygiene, parasite burden, matting pattern, preferred matting alliances, health-seeking behaviour, dietary pattern, and other variables contribute to the spread of illnesses. TB, Leprosy, Malaria, Yaws, and other infectious illnesses are common among the indigenous people. Sexually transmitted illnesses, especially infections of the female genital tract, are quite common. Malnutrition and anaemia are also common occurrences. **Veena Bhasin (2007)** has provided thorough information on

the health condition and healthcare services available to Rajasthan's indigenous people. The researchers discovered that culture has a significant effect in illnesses and health difficulties among Rajasthan's tribes. Home cures, poor health therapy, and beliefs are all based on traditional health problems and expertise. Traditional health practitioners (Bhopa, Devala) and traditional herbalists (Jaankar/Jaangar) are sought for medicinal assistance. Except for a few tribes, enormous distances between health care institutions and weak communication facilities drove individuals to seek home treatment, according to his writings. Rajasthani tribes are known for their use of alcohol and drugs. Bronchial irritation, loss of life owing to accidents, and possibly cognitive impairments are the most probable consequences. The rates of infant and child mortality have been shown to be quite high. Women's health has been shown to be more prone to illnesses as a result of research. Sexual infection and accompanying disorders are unknown to them.

B. Suresh Lal (2011) According to the findings, common ailments such as general fever, malaria, typhoid, diarrhoea, anaemia, and jaundice are more prevalent in tribal regions. **Manish Mishra (2012)** In his paper, he plainly states that today's tribes, particularly those exposed to the outside world, are no longer reliant on traditional treatment procedures for the majority of ailments. He remarked that they are still reliant on the older system solely for snake bites, which are quite infrequent. Villagers' reliance on state-run health management systems like as PHC and CHC has expanded dramatically, according to him. CHC's many activities and initiatives are well-received in tribal regions. PHC is in a predicament that is analogous in some ways. This finding is supported by the growing number of patients who have enrolled for treatment at both centres. Among addition, a number of CHC-managed projects are particularly popular in tribal settlements.

Kisan Algur, Ajay Gawari and Kishor Mohan (2017) The analysis for this research was carried out with the use of descriptive data based on the Indian census (2001 and 2011). The research found that tribal people lead in terms of general sex ratio and child sex ratio when compared to non-tribal people, while non-tribal people lead in terms of literacy when compared to tribal people in all Nasik district sub-districts. When compared to non-tribal's, tribal's have a higher percentage of work involvement. **Borse- (2017).** He analyzed the current level of healthcare services in the study area in their work on the comparison of development of government healthcare facilities in tribal and non-tribal regions of Nasik district (Maharashtra) India. He discovered that government healthcare services

are not properly spread in Nasik district's tribal regions.

Dandub Palzor Negi (2019) He seeks to analyze the tribal community's health situation, as well as their character and beliefs about healthcare, in his paper. Review of the existing literature on India's tribal health situation and status. A review is carried out in order to have a better understanding of the state of tribal communities' health and challenges at large. The analysis of literature reveals that tribes, their health status, and facilities are really deplorable, and that they need a systematic policy intervention to assess and remedy the health conditions of the most vulnerable people. **S Sathiyarayanan, Logaraj Muthunarayanan, TA Devaparthasarathy- (2019)** Malnutrition has been a prominent subject of health research among Indian tribes. The globe is in the midst of an epidemiological shift, with non-communicable illnesses gaining ground on communicable illnesses not just globally, but also within tribal populations.

V. CONCLUSION:

The tribal's health-care system, which is only found and practiced among India's tribes, is a serious concern, not just because of its harshness or poor status, but also because of its exclusivity. Culture, including the concept of geo-health and sickness, is especially significant in determining the framework of any community's social life. Because of tribal culture and their belief in certain things, the concept of geo-health and sickness is both interesting and a source of much concern and interest. Tribal people have a very close and personal relationship with their environment. They are more prone to believe in supernatural creatures such as Gods or Goddesses because of their intimate links to the natural world. As a consequence, they believe in a supernatural force as well as physical causes that influence health and disease.

The evil eye, ill-spirit, ancestor's spirit, and natural reasons are all said to be factors in a person's poor health. The healing of a sick spirit or an ancestor's spirit has become an essential part of tribal medicine. They used to go to the local medicine men or traditional healers for any little or major health difficulties. Although the tribal population as a whole has come a long way in terms of reshaping and mainstreaming, several government development programs have had a significant impact on the traditional system of medicine among the tribes. Traditional wisdom is abundant in India, particularly in the fields of health and medicine.

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