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Holistic Health: Sustainable Practices for Tribal Communities in Odisha

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Abstract:

Societal progress and well-being of an individual depends on good health. A healthy individual is self-content and seeks to be more productive and contribute more to economic growth and social development. The driving force of the quality of human life is health. Conversely, when health issues prevail, they hinder an individual's growth and development and his overall contribution to the community, state, and country.

The Scheduled Tribes (STs) are the underprivileged community. Orisha is a state in eastern India where 66 varieties of tribals live. Since 1950, it has been observed that the basic rights of tribal life and livelihood have been violated. This has led to major concerns about tribal health and its sustainability. The government healthcare services may not optimally reach the tribal communities, making it indispensable for them to depend on traditional healthcare practices.

It indicates the performance of various health indicators, actual accomplishment in terms of health and the factors influencing tribal health. This research paper critically evaluates the health status of STs in Odisha. This paper tries to critically analyse the policies and programs implemented by the Odisha government to improve the health and rights of the tribes and also tries to evaluate various measures taken by the state government to improve their way of living and health status. Secondary data is used for the analysis.

***Keywords**: Sustainability, Tribal Population, Well-Being and Customary Practices*

Introduction:

In this dynamic world, things keep on changing. Changes are inevitable and the nation has to progress. However, it may lead to intervention in the environment. Many times, these interventions are not intentional but a natural process that interferes with human existence. Good health is an essential aspect of human life and significantly contributes to the socioeconomic development and progress of a nation. Diseases-free living is determined by the culture, economic status, and geographical and ecological conditions of an individual. The World Health Organization's definition of health emphasises that it is not just the absence of illness but a holistic state of an individual which includes physical, mental and social dimensions. How individuals feel and function in their daily lives, including their ability to cope with stressors and social participation, defines a person's health. Systematic health initiatives can pave the way for enormous improvement in the well-being of communities, particularly among the deprived and most marginalised groups of populations. It is inevitable for the government to create a more supportive and eco-friendly environment for better health outcomes. It will significantly contribute to enhanced productivity and reduced poverty.

Odisha is the ninth largest state in India in terms of area but ranked 11th concerning population, with a significant portion of its people belonging to the ST and SC communities. As per the 2011 Census, Odisha ranks 3rd in the country in terms of the numerical strength of Scheduled Tribes, after Madhya Pradesh and Maharashtra. The percentage of the tribal population in the state of Odisha constitutes about 22.86% of the total population of the state. Tribes like the Kondh, Saora, and Santals are prominent in Odisha. The large ST and SC populations in Odisha play a vital role in the state's cultural heritage, traditions, languages, and arts.

An individual is considered healthy when he is not afflicted by any disease, consumes food as usual and performs normal functions without any difficulty (Patel, 2017: 20-27). So, health has been defined as the state of complete physical, mental and social well-being and not merely an absence of disease and infirmity (World Health Organisation). Similarly, disease is not a static entity but a process that begins before man’s health is affected by an etiological agent in the environment.

The basic component of the health system is ‘the concept’ which includes the concept regarding health and diseases in people’s view (Park, 2009: 94-116). It is also important that how people perceive health and disease and how they behave in matters regarding health. Health literacy is an initiative taken by the Govt, to make people capable of obtaining, processing and understanding the basic health information and services needed to make appropriate health decisions. The studied population still have a firm belief in the traditional understanding of health and disease. Thus, religious beliefs and cultural practices must be an integral part of health educational practice (Torres et al, 2010: 154-161).

Occupational status and level of education directly affect self-perceived health which emphasizes the need to improve the conceptual framework of health disparities (Volker et al., 2007; 196). To explore the opinion of the respondents regarding the concept of “health” open-ended questions were asked. They have different opinions regarding this; some stated that health is associated with physical fitness only, some others stated that it is associated with mental well-being, among whom females are more in number.

Objectives of the Study:

1. To study the health status of the scheduled tribal population in the state of Odisha
2. To understand the factors affecting the overall health of tribals in remote areas
3. To evaluate the role of Government intervention in improving the health condition of the tribal population
4. To examine different provisions and implementation strategies for sustainable practices for Tribal Communities in the state of Odisha

Statement of the problem: The health issues in these communities are different from non-tribal populations and require layered interventions.

Health Problems and Influencing Factors

A significant proportion of the tribal population in Odisha lives below the poverty line. Poverty is closely tied to poor nutrition, lack of access to healthcare, and inadequate living conditions. Illiteracy, particularly among older generations and challenges in understanding basic health concepts, disease prevention, and hygiene.

In many tribal communities, traditional beliefs and superstitions influence health-seeking behaviour. Diseases may be attributed to supernatural causes, leading people to rely more on faith

healers or traditional medicine rather than modern medical treatments. This can delay timely intervention and worsen health conditions. Many tribal areas in Odisha are situated far from the urban settlement they are remote, hilly, or dense forested regions and access to healthcare services is difficult. Poor connectivity due to lack of roads and geographical isolation further affects the ability of tribes to access hospitals, clinics or even basic health services. In Odisha, tribals have different health problems and are governed by multidimensional factors like superstition, blind belief, poverty, illiteracy, isolation, difficult terrain, deforestation depletion of forest products etc. Each tribal community has different lifestyles, food habits, beliefs, environmental reactions, and behavioural patterns. Primary healthcare facilities and community health workers work together to provide preventive, remedial, and rehabilitation services. They play an important role in the implementation of health-related welfare programmes.

Tribals in Odisha traditionally depend on forests for their livelihood—collecting medicinal plants, firewood, and forest produce. However, deforestation and depletion of these resources have led to a loss of these vital supplies, affecting their health both directly (loss of medicinal herbs) and indirectly (reduced nutrition from forest-based foods). Malnutrition is another major issue. Many tribal communities rely on a limited range of foods, and seasonal scarcity of certain crops may lead to deficiencies in essential vitamins and minerals, particularly affecting children and women. The state of Odisha faces seasonal natural calamities like floods, cyclones, and droughts, which disrupt the availability of clean water, sanitation, and basic infrastructure. This increases the risk of waterborne diseases, malaria, and other vector-borne diseases, which disproportionately affect tribal populations.

Tribal population have their own belief and practice concerning health. Many of them believe that diseases caused due to bad spirits. They seek religious remedies and take the help of black magic for these ailments. They consult traditional healers or Baidyas, some tribal people continue to follow rich, undocumented traditional herbal medicine in addition to the recognised traditional treatments like Ayurveda, Unani, Siddha and Naturopathy to maintain positive health and prevent diseases.

However, there are socio-economic, political and cultural reasons that lead to exploitation of their natural and healthy habitat. It affects access to healthcare and nutritious food, clean air and water, nutritious vegetation, healthy lifestyle etc.

Common infectious diseases seen among tribals:

Sr. Nos.	Type of diseases	Percentage
1	Respiratory tract infections	22
2	Diarrheal disorders	21
3	Malaria	25
4	Tuberculosis	15
5	Genetic Disorders (Sickle cell trait)	10

Tribals groups are emerged as a high-risk group for HIV/AIDS. They migrate to urban areas either in search of employment or due to displacement. They are addicted to intoxicants like tobacco, alcohol etc. As per the data referenced (RMRC, ICMR, 2012), a significant percentage of men (44.9%) and women (24%) among tribal populations use tobacco. The use of tobacco especially the one that contains nicotine, is highly addictive and is a widespread habit in many tribal communities, many times due to cultural practices and a lack of awareness regarding the health risks. The prevalence of tobacco use is linked to a range of breathing problems, including pulmonary diseases, lung cancer, and other respiratory infections. Tobacco use also compounds the impact of other environmental health risks.

Sickle cell trait prevalence varies from 0.5% to 45%, disease prevalence is around 10% amongst tribals of Odisha (RMRC, ICMR, 2012). It is common in the tribals of central and southern India, but not reported in the North-East. Many tribal communities live in remote areas where healthcare facilities are not well developed which leads to delayed diagnoses, inadequate treatment, and poor management of chronic diseases like sickle cell anaemia. Sickle cell anaemia is sometimes misunderstood as a condition tied to poverty or malnutrition. Sickle cell anaemia is also called "a poor man's disease" or referred to as a condition associated with deprived and marginalised populations.

Factors related to health disparities in tribal areas:

There are several factors responsible for the disproportionately more disease in tribal populations. The most important one is geographical constraints. Tribals often reside in remote, rural, and hilly forested areas where healthcare facilities are minimal or difficult to reach the people. Many tribal populations may lack awareness about prevention measures, symptoms and available facilities concerning healthcare. Poverty, lack of education and limited access to employment opportunities drive many tribal members to forced migration to urban areas or isolated locations, where they may face additional health risks. Certain cultural and traditional practices might also play a role in both the spread and treatment of diseases, particularly when they conflict with modern healthcare approaches.

Moving Forward:

Efforts to address these health disparities must involve a multidimensional approach:

- **Good Healthcare Access**: Primary healthcare services can be improved through well-equipped mobile health units, telemedicine facilities and community health workers and Anganwadi teachers could help reach the forest areas.
- **Health literacy**: Public health campaigns on hygiene, disease prevention and good lifestyle practices (like smoking cessation) can reduce the incidence of diseases like respiratory infections, malaria, Tuberculosis etc
- **Counselling related to genetic disorders**: Sickle cell disease can be reduced in remote areas with the help of proper counselling. Early diagnosis programs can help to cure the disease.
- **Interventions in high-risk areas**: In high-risk areas, diseases must be controlled by incorporating traditional knowledge with modern healthcare facilities.
- **Participation of local leaders**: Efforts of local tribal leaders and community members are required to successfully implement health programs. This ensures cultural sensitivity and greater acceptance of health initiatives.

There are many challenges and the severity of the problems needs interventions. The demographic indicators like infant and maternal mortality rates are comparatively higher among the tribal groups than among non-tribals. The problems of health, nutrition and medicinal facilities of the tribal are mainly controlled by their poor lifestyle. The tribal are exposed to distinct socio-economic and socio-cultural set-ups. Attitudes, different belief systems and governmental negligence have created a wide intra and inter-state variation in the health indicators. Infectious diseases are spreading widely in the state of Odisha.

An emerging concern is the tribals are not targeted specifically in national health policies or programmes, although health inequalities are indicated in national policies. Hence the issues of 'tribal health' need to be looked into from the aspect of feasibility and practicability.

The tribal people do not follow a particular form of treatment in contemporary society. They switch over from one system to another depending on the context

Government Measures:

Different measures were implemented by the government to improve the healthcare status of the tribal population in the state of Odisha. Treatments are facilitated by an Indigenous community of alternative medicine providers (Vaidya), Superstition acts as orthodox healers (Gunia) are the most preferred among the community. The government health care institutions include Primary Health Centre, Central Health Centres and community-based mother and child care centres (AWCs). Tribals go for layered treatment and avail different sources of treatment depending on the type and severity of the illness.

Anganwadi Workers (AWWs) are the connecting link with the tribals in the Odisha healthcare system. There are sub-centres, which are connecting points between the primary healthcare system and the community health centre or secondary health centre. In each sub-centre, there will be at least one Auxiliary Nurse Midwife (ANM), a female health worker and one male Multi-Purpose Worker (MPW) to take care of tribal health

Anganwadi Centres (AWCs) is a cornerstone of India's effort to improve child nutrition, health, and education, particularly in rural and underserved areas. These centres form part of the Integrated Child Development Services (ICDS) program, which was launched by the Government of India in 1985 to combat malnutrition, child mortality, and other related challenges. They are typically local women from the community who are trained to provide a variety of services related to maternal and child health, nutrition, and early childhood care. AWWs are integral to the implementation of health and social welfare programs in rural tribal regions.

Key Functions of Anganwadi Centres: AWCs provide supplemental food to children aged 6 months to 6 years, as well as to pregnant and lactating women, to combat malnutrition. This is especially critical in low-income areas where access to nutritious food is limited. Growth Monitoring, conducting regular quick surveys of all families, AWWs provide critical health education to pregnant women about proper prenatal care, including the importance of balanced nutrition, safe childbirth, and postnatal care for both mother and child. AWWs being close to the local tribal community can motivate married women to adopt different family planning measures. Educating parents about child growth and development. Referral of serious cases of illness to hospitals, PHCs/Community Health Services or district hospitals

Despite the significant role that Anganwadi Centres play in improving health outcomes, they face numerous challenges which include a lack of Resources and Infrastructure, Training and Capacity Building, Heavy Workload and Low Pay, Cultural and Societal Barriers

Primary Health Centre (PHC): Primary Health Centre (PHC) is the first port of call for the public health sector in rural areas. It is regarded as the cornerstone of rural health services. The concept of a Primary Health Centre was given by the Bhore Committee in 1946, considering it as the basic health unit to provide as close to the people as possible, a comprehensive approach that combines both treating illness and preventing illness in rural remote areas. Its main emphasis is on preventive and promotive aspects of health care (IPHS, 2012). The health planners in Odisha have envisioned the Primary Health Centres and their Sub-Centres as the basic infrastructure to provide health services to the rural population.

Community Health Centre (CHC): As per norms the required numbers of Community Health Centres have not yet been established. The scarcity of resources (unavailability of doctors or specialists) is a major factor in the malfunctioning of CHC including infrastructural facilities and

the coverage of large geographical areas. Since utilization services of the Centre is influenced by all these factors.

Role of NRHM and ASHA:

NRHM make it mandatory to provide a trained female community health worker (ASHA) in every village in Odisha and she must be a female resident of the village and preferably between the age group of 25 to 45 years, should be literate up to class eighth. In the study villages, ASHA is the connecting point for any health-related demands, especially for women and children who find it difficult to access health services. 1000 population is covered by each accredited social health activist (ASHA). Each activist actively participates in providing information to the community on determinants of health such as basic sanitation and hygiene practices, nutrition, healthy living and working conditions, etc.

The Auxiliary Nurse Midwives render services of different aspects as they are assigned with variety of work. So, they are also designated as Multipurpose Health Worker (female) [MPHW(F)]. They are regarded as the first contact person between the rural folk and the organisation. Hence the first contact between needs and services and also between consumer and provider. They are further considered as the key workers at the interface 91 of health services and the community or people.

MDD Campaign in the Study Area: The Government of Odisha launched a three-month-long awareness campaign on Malaria-Dengue-Diarrhoea. The objective of this campaign is to sensitise disadvantaged rural people about diseases and prevent death (The United News of India, 20th Jun 2018). It is a good initiative to prevent the outbreak and spread of vector-borne and water-borne diseases during monsoon, as the cases of diarrhoea and other water-borne diseases usually increase during monsoon.

In the year 2005, Janani Suraksha Yojana (JSY) was started by the National Rural Health Mission (NRHM). Janani Suraksha Yojana is a safe motherhood intervention which is being implemented to reduce maternal and neo-natal mortality by promoting institutional delivery among poor women

Concluding Remarks:

A comprehensive approach is necessary to address tribal health problems, taking into account the unique cultural, social and environmental factors that impact their health and illness. Indicators of health and outreach of health services like infant and child mortality rates, the proportion of institutional deliveries, immunization coverage, etc. in tribal areas of the state of Odisha are not in good shape. The problems are multifaceted, but the tribal communities are not targeted specifically in any national health policies or programmes, though the health inequalities were mentioned in national health policy. To understand the prevailing health care system of a group of people, a community, one must study the culture within which it exists. Further to ascertain the effects of medicine on disease conditions, one must come across how such complex social and conceptual forces affect the human organisation.

The study of the health care system of tribal societies needs urgent attention. There should be opportunities for studies to be conducted to understand the medicinal system of the tribals. The remarkable innate ability and detailed knowledge of species identity and its medicinal properties which the specialists have possessed, should not be confined to their fellow beings or the next generation only. The accumulation of this knowledge should be preserved in a broader sense. Further the interaction process between traditional medicine and modern medicine, and how both can cooperate to make the health care system feasible for the tribals. Emphasis must be

given on sanitary facilities and the relevance of proper health education. While highlighting various facets of health care among the tribals, emphasis should be given to their sense of body cleanliness, eating habits, bathing habits etc. which need modification to attain a proper healthy standard. The community as a whole is necessarily made aware of it through adequate health education programmes. By execution of such programmes, a general awareness among the tribal for the betterment of their living conditions has to be initiated. Health education should be an essential component of all health care and the health care services should assume special responsibility for the health education of the poor and underprivileged groups, who need it most (ICSSR-ICMR, 1981).

Suitable programmes must be planned and implemented to educate the tribals regarding the primary necessities of health care, viz. preservation of safe drinking water, personal hygiene, household sanitation, cleanliness of the surrounding, prevention of spreading of epidemic and the like. Education should be imparted to use household latrine and sanitary disposal of waste in a manner to improve the health condition of the individual as well as the community. Behaviour of the community people is by and large influenced by their cultural beliefs and practices. Further attitude of the patients towards health facilities is the most significant predictor for the people to seek treatment. This is because the existing health facilities of the tribal area are grossly inadequate to meet the felt needs of the tribes. There is a need for appropriate information, active education and appropriate communication strategy to be designed along with behaviour change programmes. Greater emphasis is being placed on perception, behaviour and attitude toward health, diseases and their treatment. It is therefore very important to study the impact of such behaviours in the case of maintaining the good health of the tribal people.

Moreover, to build a responsive healthcare system there is a need to assume the health-seeking behaviour on the demand side which is the only way to expect improved health outcomes. Health education should be based on a sound understanding of the socio-cultural norms of the individual as well as community. This is because making educational messages culturally sensitive is paramount to developing positive beliefs and behaviour among people.

A holistic approach is the need of the hour which collaborates biomedical practices with indigenous healing techniques to improve access and utilization of the health care system among Indian tribal societies. It will encourage greater acceptance of modern means of treatment among tribals and help in establishing pluralistic healing systems.

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