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Research Article

STRATEGIES TO DEVELOP THE HEALTH CONDITION OF 19 TRIBES SETTLED IN THE STATE OF TRIPURA, INDIA

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ABSTRACT

The Scheduled Tribes comprises of about 31.75 percentage of the total population of Tripura (Census-2011). The main objective of the study is to show on one hand -- the link and interdependence between factors like health, education, employment/income, hygiene/sanitation and standard of living and on the other hand -- plot the challenges faced by the tribal communities, as well as suggest strategies to enable the upliftment of their health status.

This paper is based on the challenges faced by the tribal communities, which has a negative impact on their health status. There is a vital need of implementing suggested strategies which can increase the scope of employment to some extent and improve the standard of living along with the health status of the community.

Researches have highlighted few health problems like Diarrhoeal diseases, parasitic infestation, infective hepatitis, enteric fever and waterborne diseases which are prevalent in these tribal rural hilly areas.

The study concludes that, the health status of these rural tribal communities can be developed, only when the rate of unemployment and poverty is minimized. If the rate of unemployment reduces, automatically the rate of malnutrition and poverty within the community shall also be reduced, followed with an increase in the standard of living and good health.

INTRODUCTION

Health is an important indicator to understand human development and socio economic status of the state. It is also an essential component for the well being of the mankind. It holds an important area, covering three of the eight goals, eight of the sixteen targets and eighteen of the forty-eight indicators of the "Millennium Development Goals of the UN". It is the most important social service sector, which has a direct correlation with the welfare of the human being.

Tripura became a fully fledged State on 21st January, 1972. This state covers a total area of 10,491.69 square kilometers, of which around 60 percent is highland. The state of Tripura is slightly bigger than Sikkim and smallest among the seven sister states (Arunachal, Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura) of the north-east, between 22.56 and 24.32 north latitudes and between 91.10 and 92.21 east longitudes. Tripura is covered with lush green bamboo groves and canes, dark aboriginal forests, beautiful transparent lakes and dancing streamlets (Udaipur is known as the "city of lakes). Plains and hills come almost alternatively, with varying altitudes from 50 to 3080 ft above the sea level. Jampui, Sakhantang, Longtharai, Atharamura, Baramura, Deotamura, Belkum and Kalajhari are the seven long ranges which run across the land at regular interval. The Manu, Gumati, Howrah, Dhalai, Muhuri, Feni and Juri are the major rivers of the state, which swollen during the monsoon season but remains shallow throughout the year. The population of Tripura is a punch of varied social diversity, so it has been categorized accordingly. There are 19 scheduled Tribes in the State with their own cultural identity and bewildering variation in population size, namely Tripuri, Reang, Jamatia, Chakma, Lusai, Mog, Garo, Kuki, Chaimal, Uchai, Halam, Khasia, Bhutia, Munda, Orang, Lepcha, Santal, Bhil and Noatia. But among these, eight tribes (i.e., Tripuri, Riang, Noatia, Jamatia, Halam, Kuki, Chaiml and Uchai) are regarded as the original settlers.

India has the second largest concentration of tribal communities in the world next to Africa. As per Census-2011, ST population of Tripura comprises about 31.75 percentage of total population of Tripura. In terms of number of population,

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ST were 11,66,813 and SC population were 6,54,918 among the state's total population of 36,73,917. Out of the total population of Tripura 18,74,376 are males and 17,99,541 are females. The concept of health, disease, treatment, life and death among the tribes varies with their culture. The health problems of any community are influenced by interplay of various factors including social, economic and political ones. Tribal populations generally have poor health outcomes, often because of healthcare delivery system that does not cater to their needs. Few of the tribes have developed strong magico-religious health care system and wish to survive with a livelihood of their own style.

METHODOLOGY

This paper is a punch of secondary and primary information source. The observation made during a visit at Tripura has been taken into count. The interaction with the local tribal people while traveling from Agartala to Dharmanagar has added some values.

Objectives of the Stydy

- To plot the overall situation of the Tribal Health status especially in the state of Tripura.
- To find out the challenges for uplifting health status among Tribes.
- To come up with strategies for development of Tribal Health status in Tripura.

Health Status among the Tribal Population of India

As per the World Health Organization (WHO), Health is defined as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. "Health is a function, not only of medical care, but also of the overall integrated development of the society. Health status of a community determines human development of that area for a given time period".

Traditionally most of the tribal populations in Tripura are dependent on shifting or *Jhum* cultivation, which is their primary source of livelihood. Forest and forest products (Sal, Teak, Gamai, Gurjan and Champa) have always been an important source of livelihood for the tribal population and provide an important supplementary income and inputs in the lives of the tribal people in the state. Tripura's economy is characterized by high rate of poverty, low per-capita income, in-adequate infrastructure facilities, geographical isolation, inadequate exploitation and use of forest and mineral resources, low progress in industrial field and high un-employment problem.

Researches' have proved that Tripura occupies a far better position among the North-Eastern States of India in some vital health indicators like total fertility rate, crude birth rate, natural growth rate, crude death rate, infant mortality rate and under-5 mortality rate. Tripura being located in south-west corner of the North-Eastern Region has suffered due to infrastructure, which has adversely affected the economic development of the State. The high incidence of poverty and backwardness always has a direct impact on the health condition of the community. As a result of all the efforts made by the State government, there has been a positive change noted in the Health scenario in the recent years. But still much needs to be done in respect to the tribal communities and tribal areas of Tripura.

According to the Health Department of Tripura, the health infrastructure in Tripura till 2014-2015 was not satisfactory as wide gap continue to exist between the available infrastructure and the actual requirement. There were 24-*Hospitals*, 20-Rural Hospitals and Community Health Centers, *91-Primary Health Centers, 1126-Sub-Centres/ Dispensaries including Homeo/ Ayurvedic clinics, 6-Blood Banks and 10-Blood Storage Centers in the State. The State Government has been trying to provide basic facility to all section of the society. There are two Medical Collages in the State. The Agartala Government Medical College (AGMC) is the first medical college in the State, which started in August 2005. Besides, there is a private Tripura Medical College started under Public Private Partnership (PPP) in 2006 named as Dr. B.R.Amedkar Memorial Teaching Hospital. ILS Hospital, Agartala was* conceptualized with the help of the Government of Tripura, it *is a 200 bedded multispecialty hospital started in July 2008. At the same time the State Government has also taken initiative to expand and strengthen the Homeopathic and Ayurvedic system of medical services as a complement to the modern medical facilities especially to the poor in the rural areas.*

Challenges for Uplifting Health Status among Tribes

"Major health problems noted were Diarrhoeal diseases, parasitic infestation, infective hepatitis, enteric fever and other waterborne diseases (related to non-potable drinking water and sanitation). The rate of malnutrition, anemia, malaria, and respiratory diseases among the children is high. High endemic level of diarrhoeal diseases together with epidemic causes much of the work load for the health services. It has been noticed that lack of personal hygiene, poor sanitation, and poor mother and child health services are some of the causes for these diseases".

Issues like unavailability of adequate health care service and service providers, absence of health education in the extreme rural hilly areas, inadequate planning and implementation of National Preventive Programmes along with NRHM Programmes are responsible for the poor health condition of the tribal population of Tripura. Problems like using of the hard water or contaminated water directly for drinking purpose without purifying or boiling, in-sanitary food supplies, and poor food in-take by the population directly reflects on the health status of the tribal population. The tropical disease like malaria is still widespread in the tribal areas. Hence, better nutrition and good environmental health are the important aspects of village health services. The occurrence of infectious diseases is more in rural and hilly areas, due to the un-uniform distribution of safe drinking water and proper sanitation system. Diarrhoeal diseases and entric fever (group of diseases) are the leading cause of mortality in this state, 47.7% of rural population is not yet covered with potable water, and only 24.6% are partially covered.

Girachandrapara village, located near Gandachara town is among the worst malaria affected villages in Tripura. It is located 115 KM away from the State Capital Agartala, a four hour journey crossing Kalajhari mountain range and muddy hilly roads followed by one hour trekking. Till now this village

is neither having proper roads nor facilitated with electricity. The villagers use the same rain-fed rivulet for drinking, bathing and washing purposes, it is also the place where the larva of the female anopheles mosquitoes breeds. (Mr Ratnadip Choudhury in his article "How Tripura goofed up in its battle against Malaria" has highlighted the negative attitude of the remote villagers. "Indeed, when the Dhalai district administration sent vehicles to the remote villages, many tribals afflicted by malaria refused to be taken to hospitals because they could not afford to miss even a day of work. The administration has to give some cash and arrange free meals for mainly members of patients in Gandachara, so that they don't leave the hospital until fully cured. Malnutrition is common among tribal children in Tripura, and so they become easy targets of the killer disease. Half of those who died in the current outbreak were children below 10 years.")

Few of the tribal women have admitted that during their pregnancy they believe in reducing their food intake because of simple fear of recurrent vomiting and also to ensure that the baby may remain small and the delivery may be easier. Positive response of the tribal women is really very poor, in spite of briefing them several times about the benefits of consuming vitamin D, Iron and Folic acid regularly during their pregnancy period.

The habit of taking alcohol during pregnancy is common among the tribal women and almost all of them are observed to continue their regular activities even during their advance stage of pregnancy. In these hilly rural areas almost 80 per cent of deliveries are conducted at home attended by elderly ladies of the household. Naturally no specific precautions are taken while conducting deliveries which results in an increased susceptibility to various infections.

While I was travelling from Agartala to Dharmanagar through NH44, crossing the hilly areas of teliamura and baramura, few things came to my notice. Tribal ladies carrying their child at the back and breaking bricks, collecting dried twigs or else selling pineapples, vegetables and wild fruits by the road side. What would be their earning throughout the day? What diet do they take? How they manage to maintain their own health and family's health? Few questions remained unanswered in my mind, since I had to rush and so I was unable to communicate with them. As far as child care is concerned, both rural and tribal illiterate mothers are observed to breast-feed their babies. But, most of them have a misconception of discarding the colostrums, giving prelacteal feeds, delay in initiating to start with the breast-feeding and delayed introduction of complementary feeds.

Table- 1 Census 2011: List of Tripura's' Schedule Tribes (STs) with details in terms of Households, Population (Total, Male, Female), Sex Ratio, Child Sex Ratio, Literacy (Total, Male, Female), Worker Participation Rate, Main worker and Marginal worker.

ST Name	Number of households	Total Population			Sex ratio	Child sex ratio	Literacy (%)			WPR	Main worker	Marginal worker
		Total	Male	Female			Total	Male	Female			
All Schedule Tribes	2,72,815	11,66,813	5,88,327	5,78,486	983	957	79.1	86.4	71.6	43.8	64.5	35.5
Bhil	918	3,105	1,609	1,496	930	932	87.3	91.0	83.3	42.1	66.9	33.1
Bhutia	14	28	19	9	474	500	100.0	100.0	100.0	42.9	100.0	0.0
Chaimal	441	549	280	269	961	800	76.9	84.0	69.8	38.6	62.7	37.3
Chakma	18,014	79,813	40,552	39,261	968	964	74.8	84.0	65.4	41.9	61.5	38.5
Garoo	3,344	12,952	6,409	6,543	1021	951	88.1	92.3	84.0	41.5	65.1	34.9
Halam, Bengshel, Dub, Kaipeng, Kalai, Karbong, Lengui, Mussum, Rupini, Sukuchep, Thangchep	12,910	57,210	28,707	28,503	993	942	86.9	92.3	81.5	44.4	68.8	31.2
Jamatia	19,652	83,347	41,450	41,897	1011	919	86.0	92.3	79.9	48.0	66.6	33.4
Khasia	110	366	173	193	1116	1083	72.9	76.6	69.5	37.7	79.7	20.3
Kuki, including the following sub-tribes *	2,772	10,965	5,424	5,541	1022	962	89.1	92.5	85.7	41.4	75.0	25.0
Lepcha	58	157	86	71	826	800	90.6	96.1	84.1	34.4	88.9	11.1
Lushai	1,261	5,384	2,659	2,725	1025	1088	97.8	98.1	97.5	51.8	86.2	13.8
Mag	9,260	37,893	19,086	18,807	985	952	72.9	79.9	65.9	42.6	62.6	37.4
Munda, Kaur	3,575	14,544	7,415	7,129	961	996	66.7	73.2	59.8	46.3	70.3	29.7
Noatia, Murashing	3,372	14,298	7,283	7,015	963	1019	77.4	86.2	68.3	42.2	61.4	38.6
Orang	3,170	12,011	6,352	5,659	891	1013	53.0	59.1	45.8	58.0	71.8	28.2
Riang	41,036	1,88,220	95,325	92,895	975	967	70.2	79.6	60.6	40.9	63.8	36.2
Santal	752	2,913	1,514	1,399	924	982	71.0	78.7	62.6	48.5	64.2	35.8
Tripura, Tripuri, Tippera	1,38,889	5,92,255	2,98,307	2,93,948	985	955	81.1	88.3	73.7	43.6	63.9	36.1
Uchai	582	2,447	1,215	1,232	1014	858	81.1	89.2	73.3	56.2	41.9	58.1

Source: Office of RGI & Census Commissioner of India

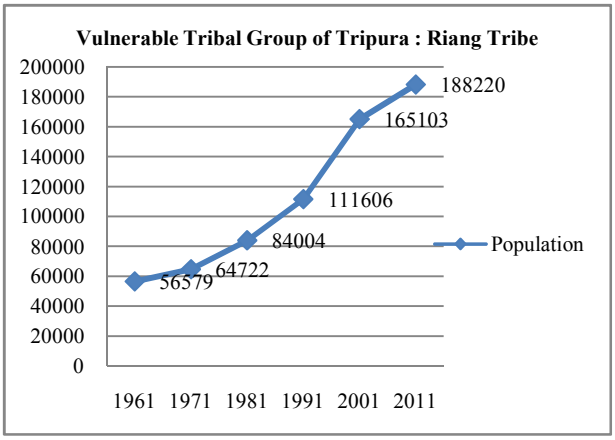
Vaccination and immunization of Infants and children have been inadequate among the tribal groups, but nowadays government is trying it's best to facilitate the interior hilly areas with the vaccination and immunization services. Even after adopting different state and national level programs and initiatives, still there are some parts of interior rural areas in Tripura where the people are not aware about these concepts of immunization, contraception etc. Even if they know they don't respond to it in a much positive way.

Making availability of safe drinking water, sewage and drainage facilities as well as construction of the pucca houses covering backward rural areas of the State, can fight against the disease occurrence to some extent. These tribal populations have much more faith in magico-religious beliefs and taboos than the health-care delivery system.

FINDINGS AND DISCUSSION

Among the entire tribal community the Tripuri/Tippera tribes has been considered as the weightiest section and at the same time Chaimal community as the lightest section. It has been observed that excluding garoo, jamatia, khasia, kuki and uchai tribes the number of male population is always more than the female population. The Constitution has not only granted equality to women, it has also empowered the state to adopt measures of positive discrimination in favour of women. But still in all the cases percentage of male literacy is more than the female.

Riang tribe is considered as the second biggest tribal community after Tripuri tribal community. "Office of RGI and Census Commissioner of India" has identified Riang tribe as the vulnerable tribal group among the eight original settlers of Tripura as the rate of population growth is less compared to others.



Strategies

1. As per the "Approach to People's Plan in Tripura", the highest priority before the Government of Tripura is the "equitable improvement in the general standard of living" of all sections of the population, especially Scheduled Tribes, Scheduled Castes, Religious minorities and other backward classes. But the standard of living can be raised only when the unemployment rate can be reduced by generating additional employment. Employment strategies should be an effective and creative one which can ensure the growth of skilled employment and expansion of sustainable livelihoods. We should come up with new innovative strategies, aiming to reduce youth unemployment, and to equip young men and women with modern skills. The Government of Tripura can also launch a similar scheme like the "Tripura Urban Employment Programme (TUEP)" for rural poverty alleviation.
2. The rain water can be harvested for irrigation, the wastelands can be used for plantation encouraging horticulture and floriculture, pasture development, fisheries etc. in tribal rural areas. This State has ample scope for increasing the area under such plantation along with increasing the rate of productivity. Government can come up with small set-ups for seed distribution at nominal rates, spreading all over the hilly rural area of Khowai, Dhalai and Unokoti. So that to some extent the state can help its' dependent agricultural population in becoming much more self-sufficient.
3. The state has its own traditional style and type of art and craft, which should be much more encouraged. Fine weaving on *risha, pachra*, production of high-court fabrics including silk fabrics, handicraft items, bamboo mats, agarbati sticks .etc. can be displayed and sold in the national and international market, for this financial support from the state government is very important. These elegant art and design are mainly of tribal and Manipuri communities. It needs to involve a fair number of populations from the community, which can earn foreign exchange to the state, country and also help them in earning their living. For example, initiative taken by The State Government for setting up of an "Urban Haat" in the heart of Agartala City, with the aim of providing a platform for regeneration of local handicraft products and to create an urban recreation hub. This has provided an attractive platform to the local artisans for selling their products. Setting up of few "Handloom firms" all over the state, can add some plus points to economy of the State.
4. "Small scale" industries involved in the production of fermented bamboo shoots or bamboo sprouts, bamboo shoot pickles, pineapple juice, pineapple jam, sweet and sour pineapple pickle can be encouraged in these hilly rural areas of Gomati, Sipahijala, Khowai, Dhalai, North Tripura and Unokoti district. This strategy can involve a large number of tribal women for the production purpose and generate employment to them. Proper set up and training to the tribal women who are involved in the production process is required. These products can be sold in national as well as in the international markets.
5. In spite of the efforts of the government, these Tribal areas continue to suffer from poor maternal and child health services and ineffective coverage under national health and nutrition programmes. Research and data available through surveys have found that infrastructure of sub-centers, community health

centers (CHCs), and primary health centers (PHCs) are less than the required number in the rural tribal areas. And even if the set up is available, the staff and the facility are not properly functioning. So a proper check and continuous supervision should be maintained to run the system in an effective manner.

6. Tourism plays a significant linkage with other sectors of the economy, leading to income generation and providing scope of employment. Promotion of the tourism industry should be maintained.
7. The State Government and Private concerns should be responsible for providing opportunities to empower the women, minorities, SC, ST and OBC communities as well as economically weaker section to meet the current social and economic challenges.
8. The Sub-centre is the most peripheral and first contact point between the primary healthcare system and the community. Each Sub-centre is required to have at least one Auxiliary Nurse Midwife (ANM) / Female Health Worker and one Male Health Worker, who should be responsible towards his/her duty. Sub-centers are also responsible for building interpersonal communication in order to bring about behavioral change and provide services in relation to maternal and child health, family welfare, nutrition, immunization, control of diarrhoeal and communicable diseases programmes. The Primary Health Centre is the first contact point between village community and the medical officer, PHC is a referral unit for 6 sub-centers. PHC should be staffed (one Medical Officer supported by 14 paramedical and other staff, and should have 4-6 beds for patients) in such a way that women are able to go through pregnancy and childbirth safely. PHC should also be properly equipped, to provide MTP and IUD services. An audit committee set up by the state government should be responsible to check the proper functioning of the system. This committee should have a monthly surprise visit to all the Sub-Centers and Primary Health Centers covering all the eight districts of the State, and submit the report directly to the Director of State Health Services at the end of every month.
9. People's participation and mass media campaign can be conducted frequently for maintaining proper sanitation and hygiene at home, safe institutional delivery, malaria control and for maintaining good mother and child health .etc.
10. Animal husbandry, poultry and piggery is a good source of income for the poor and rural economy of the State; these also support small and marginal farmers economically and nutritionally to some extent. If the selection of an opportunity is correct, than a single move can prove itself to be the Strength of the Country and bring a revolution. For example, Tripura is the leading rubber growing state which account for more than 50 percent of rubber area in the North East region, The State Government can focus more on the export of products like rubber wood board, superior grade rubber block, treated timber and high quality furniture .etc.
11. As per the Five Year Plan (11^{th}) for augmenting economic development in rural and hilly areas, development of rural sustainable infrastructure like road, electrification, market facilities as well as providing safe drinking water has been implemented especially through Bharat Nirman. A committee consisting of the common people from the community can be given the authority to keep a note on the progress of this project and give a feedback in a form of a report to the concerned authority as an external agent.
12. The most important minerals found in Tripura are oil, natural gas and glass sand. This state has two sources of power generation mainly thermal and hydro-electricity (Gumti H.E Project, Baramura Gas Thermal Project and Rokhia Gas Thermal Project). In today's modern scientific world, consumption of electricity is an index of development for measuring the standard of living of the citizens. Still there are few interior rural hilly areas where there is no electricity till now, first we need to trace out those areas and find out the reason behind it and then plan accordingly.
13. This state has an abundant good quality of land, part of which is under cultivation and part of which is uncultivated (used for seasonal cultivation). The Central and State Government should focus on setting up of a large and heavy scale industry.
14. There is an urgent need for promoting nutritional and health education among pregnant and lactating tribal women. The State can encourage different NGOs' to come up with innovative strategies for managing a part of the community health and nutrition. For example, Society for Elimination of Rural Poverty – SERP, Andhra Pradesh ("community-driven" nutritional behavior change for improved infant and pregnant feeding practices in tribal communities of Andhra Pradesh through "community-managed" nutrition cum day care centers)
15. Six to seven villages should be facilitated with at-least one ambulance service, which can bridge the gap between the population and the health care service (PHC, Sub-centers and CHC)
16. There should be a check for the functioning of ASHAs', introduced by NRHM in the health care delivery system. Tribal girls can be properly trained as "dais"/ nurses, who can conduct the deliveries at home safely (certain specific precautions need to be taken at the time of conducting deliveries at home and aseptic conditions need to be followed for cutting the naval cord).
17. "Education" is one of the key inputs for socio-economic development. It opens-up opportunities to both the individual and society, by empowering people with skills and knowledge. It results in providing gainful employment and economic development. Projects should be taken up for the provision of clean drinking water, drainage, sewage and housing, eradication of illiteracy and malnutrition, improving the health standards, electrification and development of the railway and roadway services. As per census-2011, promotion of pucca houses was 80.7

Percentage in the state, 73 percent household have drinking water facilities and 86 percent households have latrine facility, focus should also be made on this aspect too.

"Ratanmani Vidyalay" is a model project for promotion of primary education of the tribal children in remote hilly area of Tripura. The project has created enthusiasm in the poor and less illiterate tribal population of the area. The active participation of the people in changing their attitude to education, health and environment is the major impact of the project. The poor people of this inaccessible hilly area are demanding more hostel accommodation for their children. The project has gained sufficient popularity and acceptance among the tribal population. So, it may be termed as the successful replicable model for development of primary education in the hilly areas of the North-East India.

CONCLUSION

The concept of Health, education, employment/income, hygiene/sanitation and standard of living are highly interdependent and interlinked with each other. It is not possible by an individual to change the entire system. But a small change can make a difference. A single person can convince and share their ideas with a group of two; those two people can convince a group of four, which would be an ongoing process involving the entire community. For example, conducting focus group discussions by the experts from multi-disciplinary field in an allocated area on topics like "how to cook vegetables: so that the nutrition level maintains even after cooking, this can improve the health status of the tribal population to some extent. Providing employment or creating opportunities to earn their living can reduce the rate of poverty. The total number of job seekers in the State Employment Exchange were 6,49,543 on March 2014, which further increased to 6,62,756 by March 2015.

There is an urgent need for closing the gap between the deprived tribal population and the rest of the State. It is therefore necessary to have a good investment for expansion of social infrastructure, for covering the backward disadvantaged remote hilly bordered areas with proper education, health and nutrition. Proper utilization of funds should be made (Tribal Sub Plan Strategy ensures allocation of fund for tribal areas from state plan as well as Central Ministries). Expansion of health-care infrastructure is required to ensure an effective, open-access health-care delivery system.

Focus should be made addressing the unmet needs for healthcare infrastructure and health personnel, to provide integrated healthcare delivery service for basic reproductive and child health care. Programmes for immunization and nutritional support to mother and children (for example, conducting Village Health and Nutrition Day program in different tribal rural areas) have to be strengthened.

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