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Role of non-governmental organizations (NGOs) interventions on tribal health: Some annotations from grass root level

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Health is one of the vital indicators reflecting the quality of human life. World Health Organization (WHO) describes health as a state of complete physical, mental, social and spiritual well-being and not merely as absence of diseases or infirmity. Today majority of Indian indigenous (Tribal's) people are facing various communicable and non communicable diseases. It is found that positive correlation between the health status of tribal people and their socio-economic development. Many reputed non-governmental organization (NGOs) have been working towards health issues of the indigenous people for quite some time now. India is standing as the country with the world's second largest tribal mass after Africa. Only few studies have been done on the impact of NGOs intervention on tribal health management covering specific theoretical and geographic territory. Very little work, however, has entailed an in-depth analytical study of comparative emic perspectives of different factors responsible for the successful impact of NGOs intervention on tribal's health. Therefore, there is an urgent need to examine and evaluate the impact of NGOs interventions on tribal's health. In this regard this article is based on author's personnel experiences working on tribal health issue since the last few years.

Key words: Non-governmental organization (NGOs), tribal population, tribal's health, India.

INTRODUCTION

The tribal population in India constitutes 8.2% of the country's population (Census, 2001) and is considered as socially and economically backward and disadvantaged. Tribal poverty has come into sharp focus since their food sources from the forest have started dwindling. Also, widespread poverty, illiteracy, under nutrition, absence of safe drinking water and sanitary living conditions, poor maternal and child health services and ineffective coverage of national health and developmental services have been identified by several studies, as possible contributing factors to the dismal health conditions prevailing among the tribal population in India (Sawain, 1994).

Majority of Indian tribal's are living in the remote forest

areas remain isolated, untouched by civilization, they are largely unaffected by the developmental processes going on in the rest of the state. Therefore, these groups remain backward, particularly in health, education and socio-economic aspects. The widespread poverty, illiteracy, malnutrition, absence of safe drinking water and sanitary living conditions, poor maternal and child health services and ineffective coverage of national health and nutritional services have been traced out in several studies as possible contributing factors to dismal health conditions prevailing among the tribal population in Karnataka (Human Development Report, 2005).

Tribals and health

It is found that majority of these tribes believe the causes for ill health are (i) displeasure of supernatural entities, (ii) breach of taboos, (iii) non-fulfillment of obligations towards

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their gods, (iv) Influence of occultism and (v) Environmental and physical ones. Further, nutritional deficiencies are more in young tribal children and reproductive health care is also poor. Health of the tribes is prejudiced by a number of factors such as adequate food, housing, sanitation, healthy lifestyles, protection against environmental hazards and communicable diseases. Experts have identified variety of issues related to tribal health that is: (1) health and culture-including, (2) health, food habits and environment, (3) medicine, health and community-modern, (4) fertility and mortality, (5) interaction of traditional and modern systems of medicine at various levels and (6) reasons for non-adoption of modern practices (Naidu, 2008; Sawin, 1994).

High degree of inbreeding and therefore high prevalence of genetically inherited diseases is most common among many Indian tribes. Most of the tribes have high prevalence of many infectious diseases because of their habitation in remote areas. Most of tribes studied by anthropologists and NGOs appear to have a few common practices regarding maternal and child care. Among most of the tribes, gastrointestinal disorders, particularly dysentery and parasitic infection are very common leading to morbidity and malnutrition, diarrhoea, dysentery, skin diseases, respiratory diseases. Nutritional problems, anaemia due to food taboos, wrong infant feeding practices, fertility, neo-natal mortality, post-natal mortality, peri-natal mortality, poor life-expectancy etc. are some of the vital health issues and it requires urgent scientific interventions in this regard (Taywade, 2006).

One can say that today health-seeking behavior of majority tribals is greatly governed by cultural values, beliefs and traditions. Now it is open for gradual change because of different kinds of interventions. Contrary to changes in health seeking behavior patterns of the indigenous people, one also can notice tremendous changes, which have occurred with respect to philosophy, knowledge, and practices of indigenous systems such as Ayurveda, Homeopathy, Allopathic, etc. However, it becomes important to work on problems of tribal health because it differs from a particular area to another area owing to their geographical location, historical background and the processes of social change (Bulliyya, 2009). Geographical isolation and limited interactions with other communities has become an obstacle to know the degree of prevalence of HIV/AIDS among ST communities. However in some areas, STs are emerging as a high-risk group for HIV/AIDS as they migrate driven by displacement or for employment opportunities (Arlappa, 1999; Bose, 2006; Kerketta, 2008).

Our pilot study has suggests that the lack of optimal utilisation of health services by tribals may be due to a variety of reasons. Some services are inappropriately used, whereas others, such as preventive health programmes, are under-utilised due to lack of awareness.

In addition, one of the main problem identified with tribes was communication difficulty to interact with external forces like NGOs. Anthropologists said what is required to improve the awareness about basic health concepts of tribal's is, culturally appropriate health instructions, better and easily accessible medical services with a sympathetic and understanding attitude of the doctors and health staff.

Non-governmental organization (NGOs) and tribal health

NGOs can play an important role in the development, implementation, and reform of public health service. To be effective, NGOs must recognize the critical role of law in protecting the health of the public and in the public health system's emergency preparedness. They will work with federal, state, and local leaders to advance the goals that public health laws were enacted to achieve. NGOs also have technical and human resource expertise, which they can utilize to help translate highly complex scientific concepts into public health action steps that regulators, legislators, and members of the public can readily understand (Bharati and Mamta, 2003).

NGOs have come to engage in an imperative role in tribal's health management and advocacy activities. NGOs working in tribal areas come in direct contact with them and they are often in a much improved position and perspective to understand and deal with their various health problems. Besides providing participatory measures in development initiatives, they have been voicing tribals concerns through a variety of effective ways. NGOs also have to deal with state machinery, local politics and funding agencies for an effective timely health services for tribes. These negotiations are complex and get articulated in socially significant ways (User, 2008).

Various studies have shown that tribal health related NGOs now re-examining their approach/s due to inherent complexity and difference in case unique health behaviour of various tribes. If NGOs could succeed in having in-depth knowledge about various cultural factors inhibiting tribes to have modern medical facility would be very useful to frame some effective and cultural specific health service delivery to the tribes. And many NGOs are thinking to have larger scale projects and draw financial and human resource from the mainstream policies and projects for holistic health approach, taking in to the consideration of unique socio economic set-up of Indian tribes.

Alternatively, few NGOs are trying hard to solve grass-root level problems and they are working in improvement of living standards and thereby improving health status more particularly of the women and child through alternative development projects in Karnataka state. More than this, many NGOs are engaging in

alternative income generation activities focusing non-agricultural sectors to have scientific human development of tribes (Chaudhuri, 1992; Suresh, 2008). As India strives towards becoming a more egalitarian society, health of marginal section of the society has become a significant issue and health education become serious factor in reaching its goal. Some noted NGOs have developed the concept of 'Health Modernity' to be implemented in the tribal areas (Shah, 2010; Ratna, 2009).

Problems of accessibility, remoteness and poor transport system in tribal areas are most common problems to be faced by the many NGOs in India. It is because of difficult terrain and sparsely distributed tribal population in forests and hilly regions. Next, lack of appropriate HRD policy, inadequate funding mobilization, lack of government support, absence of proper and suitable approaches, lack of trained and committed staff also plays a vital role on the accomplishment of the NGOs interventions. Some time services will not be client friendly in terms of timing, cultural barriers, inhibiting utilization etc. Non involvement of tribal people and weak monitoring and supervision systems also counts. It is expressed that the effects of health care interventions of NGOs are not limited to improvements of tribal's people's health status. It is found that few NGOs interventions have a broader intention, such as empowerment of tribal beneficiaries to get more control over health determinants, health behaviour and to findout their own solution/s for their health dilemma and the solidarity with vulnerable segments of that population. It is really a holistic way of health development and management. Capacity building of the beneficiaries is one more goal for of many NGOs. Impacts done by these kind of NGOs on tribal health are needed to be scientifically studied (Kurane, 2008; Suresh, 2008).

Decentralization of health sector has been a cornerstone of state transformation and health service delivery. In India, decentralization is a framework of shifting national development from the state to a shared responsibility with the civil society and the private sector. The participation of NGOs demanded by the health and poverty agenda at national and international levels such as the Millennium Development Goals requires decentralized health governance. A decentralized health service delivery model provides an excellent avenue for NGOs to be more actively and directly involvement in case of tribal health sector because of their unique legal status. Importantly, where decentralization is institutionalized in the legal and policy structure then it will legitimate Government-NGO collaboration (private public partnership), and this constructive support for democratic governance in addressing health and development challenges of tribes (Ghosh, 2003) will play a vital role.

Fundamentally, NGOs play a vital role in the development and implementation of specific tribal health policies and programmes. Two effective tools used by

NGOs in shaping specific tribal health policies are advocacy and the use of the legal process. The importance of advocacy, especially from a community-based perspective, is three fold: identifying gaps in the scope of legal authority, raising awareness of needs not addressed through theoretical solutions, and providing an opportunity to rectify problems with the practical application of theoretical models (Patel, 2010). The capability for using legal action can be used as a catalyst for cooperative problem-solving and collaboration. Now NGOs are playing more effective and instrumental role in all aspects of tribal health research in order to maximize the potential benefits of research for their timely interventions. A renewed sense of purpose and a common goal, NGOs and their partners intend to make strong and lasting inroads into reducing the disease burden of the world's most marginalized populations (tribes) through effective action research (Locke, 2003).

The lack of interest and resources in the Government sector has widened the treatment gap for tribal's health. NGOs have played a significant role in the last few decades, not only helping bridge this gap, but also by creating low cost replicable models of health care. NGOs are active in a wide array of special areas such as mental health, schizophrenia and psychotic conditions, drug and alcohol abuse, dementia etc. among tribes. Their activities have included treatment, rehabilitation, community care, research, training and capacity building, awareness and lobbying (Patel, 2010).

Our pilot study found that many NGOs working in are creating health awareness among the tribal's through various approaches including door to door survey, street play, drama, visuals, debates tribal panchyaths etc. They are using audio-visual aids for creating a lasting impression and campaign for ensuring the promotion of herbal plants in kitchen-garden and nurseries. Few of them running out door clinic, day care centre and health training programme for tribals. Some NGOs are encouraging tribal's youths to take up the practise of traditional medicine, as livelihood option and to cure some minor diseases and encourage research and development of new drugs with Government scientists. Few NGOs coupled with the Gram Panchayats are playing a significant role in bringing evaluation and monitoring of health projects including sub-contracting the Government health projects. Few of them are maintaining community registers about status of local tribal's health in the local language. Few NGOs have organizing workshops where NGO professionals, tribal counterparts, media and general public can participate.

However, there are certain grey areas in the functioning and approaches of the NGOs which must be methodically and scientifically analyzed and studied as well. Research should focus on:

Specific strategies of NGOs in attaining sustainable tribal health development and to understand the institutional

and financial constraints identify the factors influencing success and failure of NGOs in their interventions community perceptions about the impact of various Government and NGOs programmes for tribal's health development; examine the participation of NGOs and community in the planning, monitoring and evaluation of tribal health programmes implemented by the government.

Any research study should play a vital role in filling the gap of present understanding of impact and problems of the NGOs service delivery to tribals for their health management, so that NGOs can have more better/reformed approaches for good result. The success models of the studied NGOs should be widely published and implemented (can be treated as a guide) by the various NGOs working for the tribal health across India. Further, these findings should be sent to the policy makers to utilize the data to frame culturally and geographically suitable national health policies and welfare programmes for the indigenous people. Also, information generated should be utilized for academics, media, WHO and the general public for their use. The data generated should be utilized to foster the relevance and effectiveness of the future research priority, settings and knowledge translation to action.

Any research work on tribes should seek to understand the changing health behaviour of the tribes after the interventions and potentials and limitations of the NGOs working on tribal's health issue. Studies should aim to clarify the issues faced in the tribal's health sector and achieve better coordination among various stakeholders in the future. These kinds of issues will play a platform for further research purposes but also in terms of exploring how best these can serve as lessons/models for the other NGOs, Governments and tribes of other part of the country.

CONCLUSION

NGOs are playing an important role in the overall tribal development process. This is due to the various policies adopted by the Government of India. Many NGOs have grown in size and capabilities conducting research and training's and developing effective and innovative programmes in the fields of education, micro-financing, and income generation activities etc. These have made an important contribution in the effort to eradicate various socio-economic problems up to certain extent, because all these are all closely intertwined with the vital health

behaviour of the tribes. Unless NGOs make significant improvement in promoting scientific and culturally suitable approaches to improve health seeking behaviour of tribes, their best efforts may not prove sufficient for ending various health problems being faced by the tribals today. The role of NGOs in sensitizing tribal people and make them demand their entitlements for health rights is very significant. Research evidences have shown that NGOs have done positive impact on tribal's health status in many part of India. In this context, the place of these NGOs in the health improvement process needs a detailed scientific study.

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