

# Health Status of Schedule Tribes in Jharkhand

**Jimmy Gupta**

Junior Research Fellow, University Department of Economics, Ranchi University, Ranchi, Jharkhand

## Abstract:

The Scheduled tribes are one of the major social groups in Jharkhand that give the state a distinct identity. Yet, the tribal community is the most economically backward and vulnerable population in the state. Their backwardness is further compounded by their poor health status. Health is one of the important indicators of social development. Specially, women's health is essential to their development and the advancement of society as a whole. The paper discusses the health and nutritional status of the schedule tribes specially the tribal women of Jharkhand state using body mass index, prevalence of anaemia and hypertension, health problems and other variables. The secondary data has used to analyse the health status of the tribal women mainly collected from National family Health survey (2019-21) of Jharkhand. The finding of the study reflects that there is a high prevalence of nutritional deficiency among tribal women. The prevalence of anaemia among tribal women is almost double as compared to male tribes. Prevalence of hypertension among female tribes is 9.5% and among male tribes is 14.7%, which is also a highly concerning situation. Diabetes, asthma, thyroid, heart disease, cancer and many other severe health problems are rapidly increasing among the tribal population in Jharkhand state. Although as per the data provided by NFHS, 2019-21, there are less numbers of tribal women suffering from health issues except cancer in comparison to number of total female population. The possible reasons behind the smaller number of tribal women with health problems can be their different custom and traditional belief, dependency on natural resources to get proper nutrition, their traditional skills for health care, Or the reason for this could also be that there is a lack of knowledge and awareness regarding health problems among the tribal population and the tests related to health problems are also less among them due to their inadequate access to modern health care system.

**Keywords:** Health, Schedule Tribes, Tribal Women, BMI, NFHS.

## Introduction:

The Scheduled tribes are one of the major social groups in Jharkhand that give the state a distinct identity. Yet, the tribal community is the most economically backward and vulnerable population in the state. Their backwardness is further compounded by their poor health status. Health is influenced by medical treatment as well as the entire integrated development of society, which includes social, political, cultural, economic, and educational aspects (**Basu, 1993**). Good health improves our ability to enjoy life, participate in productive activities, and remain socially and economically active. Healthy people are more productive in their occupations and daily lives. This productivity benefits economies at both the local and national levels, since employees with better health is more efficient and less reliant on healthcare services. Health status for an individual is a multidimensional notion that includes a range of indicators and measurement techniques. It comprises elements including disability, physical, cognitive, emotional, and social

functioning, as well as the frequency and prevalence of diseases (*Health Status - an Overview | ScienceDirect Topics*, n.d.)

Tribal communities in many parts of the world, particularly in developing nations, experience significant health disparities. The nutrition and health problems facing the tribal population of India are as diverse as the tribal communities themselves, with a wide range of socio-economic, cultural and ecological characteristics (**Basu, 1993**). Tribal people face various problems and have distinct needs instead of people living in rural areas. Due to variations in geographical location, ecology, social and culture structures, tribal populations have distinct healthcare needs. The "triple burden" of disease is borne by tribal communities. High rates of malnutrition and infectious diseases (TB, leprosy, HIV, etc.) are accompanied by a rise in non-communicable diseases (cancer, diabetes, and hypertension) as a result of fast urbanization, changing lifestyles, and environmental changes. Additionally, there is the added burden of mental disease and the subsequent consequences of addiction (**Hima Bindu et al., 2022**). The general widespread poverty, lack of education, malnutrition, unclean drinking water and unhygienic living conditions, high rates of alcohol and tobacco use, and limited access to healthcare, poor maternal and child health services, ineffective coverage of national health and nutrition services are the main causes of the dismal health conditions among these schedule tribe populations, contributing to poor tribal health status of India (**Kumar, 2021**). The health status of tribal women is a crucial aspect that requires attention. The health of indigenous women is viewed and conceptualized in their own cultural framework, with limited knowledge regarding modern medical care and resources. Tribal women represent a marginalized and often overlooked demographic in the discourse on health and development. They face unique health challenges due to factors such as malnutrition, limited access to healthcare, socio-cultural norms, and geographical isolation. **Chandana & Kumar, (2020)** have examined the health status of tribal women and their access to health care services. In the study, several disorders like hypertension, diabetes, etcetera have been found among the tribal women. A major part of tribal women from different age groups has body pain, knee pain and weakness as common health problem. Depending on regional environmental, social, and cultural norms, the health of the tribal population varies from place to place.

### Research objectives and methods:

This research article aims to explore the nutritional and health status of tribal women in Jharkhand, analyze the prevalence of health problems among schedule tribes specially the tribal women in Jharkhand on the basis of secondary data collected from National Family Health Survey – 5, 2019-21 (**Jharkhand Ministry of Health and Family Welfare Government of India, 2021**), and recommend strategies to improve their overall health outcomes. The descriptive statistical tools have been used for representation and analyse the data.

### Nutritional status of the schedule tribes in Jharkhand:

Nutritional status refers to the assessment of a person's health in terms of their food, body weight and biochemical data. In the present study, the nutritional status of tribal women has been evaluated by using body mass index (BMI). The body mass index (BMI) is expressed as the ratio of weight (in kilograms) to the square of height (in metres). Nutrition has been an important health issue in India. There is some important association between nutritional status and socio-demographic factors. Under nutrition is still a major problem among tribal women in Asian countries and at the same time increasing trend for

overweight is also visible (Ghosh, 2016). Table I represents the percentage of female and male age 15-49 with specific level of BMI in Jharkhand.

**Table I: Percentage of female and male with specific level of BMI in Jharkhand**

Category	Schedule Tribes		Total	
	Female	Male	Female	Male
<b>Normal (18.5-24.9)</b>	65.4	71.8	61.9	67.8
<b>Mildly thin (17.0-18.4)</b>	17.3	12.7	16.4	10.9
<b>Severely thin (&lt;17.0)</b>	10.7	5.3	9.8	6.2
<b>Overweight (25.0-29.0)</b>	5.4	9.3	9.4	13.7
<b>Obese (<math>\geq 30.0</math>)</b>	1.2	0.9	2.5	1.4

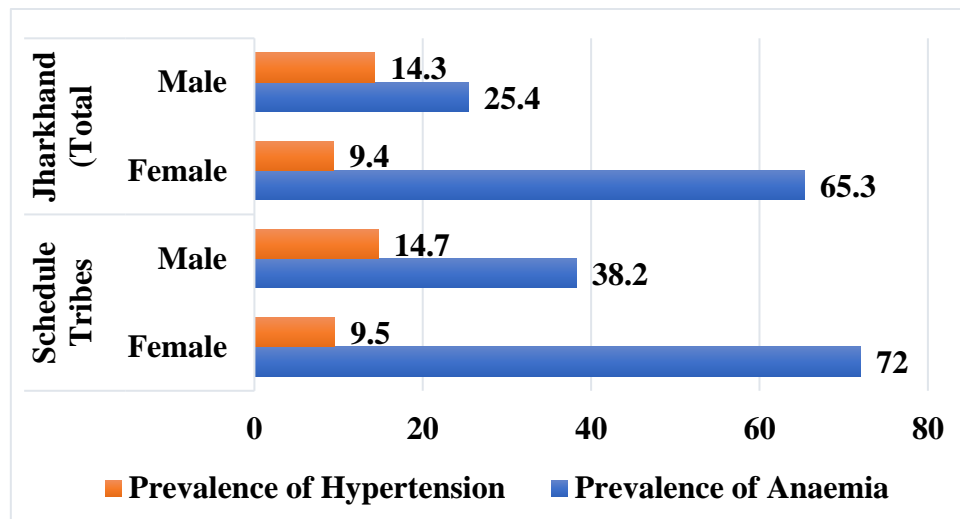
*Source: National Family Health Survey, 2019-21*

Table 1 depicts the percentage of population with specific Body Mass Index (BMI) levels. 28% of tribal women have a BMI below 18.5, indicating a high prevalence of nutritional deficiency among tribal women in Jharkhand, while 26.2% of total female population of Jharkhand have a BMI below 18.5, which is also an alarming situation for our state. Along with the percentage of male tribes who are total thin (mildly and severely) are 28%, which is same as the female tribes. Overweight and Obese is also a major problem among female population of Jharkhand. However, the percentage of female tribes with a BMI more than 25.0 are lower than the percentage of total female population with a BMI more than 25.0.

### Prevalence of health problems among the tribal population in Jharkhand:

Prevalence of anaemia among male tribes is higher than the prevalence of anaemia among total male population. Again, prevalence of hypertension is higher for males as compared to females. Tribal women have very high possibility to suffering from anaemia. Figure I shows the prevalence of anaemia and hypertension among schedule tribes and total population of Jharkhand.

**Figure I: Prevalence of diseases (Anaemia and Hypertension) in Jharkhand; Source: NFHS 5, 2019-21**



The prevalence of anaemia is higher for females as compared to males. Prevalence of anaemia is 72.0% for female tribes as against the state average of 65.3%. It is almost double as compared to male tribes (38.2%). Prevalence of hypertension among female tribes is 9.5% and among male tribes is 14.7%, which is highly concerning situation. Table 2 shows the number of female and male suffering from health problems per one lakh female and male among the scheduled tribes and the total population. Diabetes, asthma, thyroid, heart disease, cancer any other severe health problems are rapidly increasing in Jharkhand state. Out of 1,00,000 tribal women, 1004 tribal women are suffering from diabetes, 729 are suffering from asthma, 818 are suffering from goitre or other thyroid disorder, 502 are suffering from heart diseases and 409 tribal women are suffering from cancer. These number are a considerable issue for the state government as well as the health care system of the state. The state government needs to pay special attention to these increasing numbers of health problems among the population of the state.

**Table 2: Health problems among the schedule tribes in Jharkhand (Number Per One Lakh)**

Health problems	Schedule Tribes		Total	
	Female	Male	Female	Male
<b>Diabetes</b>	1004	990	1036	1370
<b>Asthma</b>	729	323	781	633
<b>Goitre or other thyroid disorder</b>	818	528	1697	573
<b>Any heart disease</b>	502	145	520	195
<b>Cancer</b>	409	0	256	13

*Source: National Family Health Survey, 2019-21*

Although as per the data provided by NFHS, 2019-21, there are less numbers of tribal women suffering from health issues except cancer in comparison to number of total female population. While the numbers of tribal women suffering from above mentioned health problems are higher as compared to tribal men. The possible reasons behind the smaller number of tribal women with health problems can be the residing area of tribals, the pure environment in tribal area, their different food culture, their different custom and traditional belief, dependency on natural resources to get proper nutrition, their traditional skills for health care, Or the reason for this could also be that there is a lack of knowledge and awareness regarding health problems among the tribal population and the tests related to health problems are also less among them due to their inadequate access to modern health care system.

## Findings and suggestions:

The health and nutritional status of an individual is closely associated with literacy level, livelihood status, housing and sanitary condition, knowledge and income level. Poverty, illiteracy, poor housing condition, poor sanitation, poor knowledge and low level of income are the factors responsible for poor health and nutritional status among tribal population. 28% of tribal women are underweight or have a BMI below 18.5, indicating a high prevalence of nutritional deficiency among tribal women in Jharkhand. Prevalence of anaemia is 72.0% for female tribes as against the state average of 65.3%. It is almost double as compared to male tribes (38.2%). Prevalence of hypertension among female tribes is 9.5% and among male tribes is 14.7%, which is highly concerning situation. Diabetes, asthma, thyroid, heart disease, cancer and other severe health problems are rapidly increasing in Jharkhand state. Out of 1,00,000 tribal women, 1004 tribal women suffer from diabetes, 729 suffer from asthma, 818 suffer from goitre or other thyroid disorder, 502

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Some of the important suggestions to improve the overall health status of schedule tribes in Jharkhand are as:

- Tribal people have poor nutritional status due to low iron absorption, diseases and shortages in protein and micronutrients. Tribal people also have a higher risk of injuries, breathing and skin issues, filarial diseases, and other diseases because of their poor lifestyles (**Joydeb Saha, 2023**). To improve the health status of tribes, it is important to strengthen the access and quality of health services for tribal communities.
- Malnutrition in tribal women is rooted in poor caregiving practices at the individual, family, community and societal levels. There is a need to focus more on tribal women's nutrition to tackle malnutrition across all age groups and break its inter-generational cycle.
- It is essential to incorporate traditional medicine into India's primary healthcare system in order to fulfil the goal of National Health Mission of giving everyone, particularly the underprivileged tribal communities, access to fair, reasonably priced, and high-quality healthcare. With a focus on advancing and incorporating traditional medicine into contemporary healthcare, India should create a Tribal Health Strategy that is inclusive and aims to strengthen the extensive legacy of indigenous medical knowledge (**Chaudhary & Ranjan, 2023**).
- Health service utilization is associated with several socio-demographic factors such as age, gender, education and their socio-economic status. Hence, there is a need to educate as well as empower tribal women to make them aware about their health care behaviour and ensure their adequate access to health facilities (**Muniyandi et al., 2012**).

### Conclusion:

Tribal communities in many parts of the world, particularly in developing nations, experience significant health disparities. Nutritional deficiency is a major issue among the tribal population in Jharkhand. There is a need to focus more on tribal women's nutrition to tackle malnutrition across all age groups and break its inter-generational cycle. There is also a prevalence of hypertension and anaemia among the tribal women. Diabetes, asthma, thyroid, heart disease, cancer and other severe health problems among the schedule tribe population are rapidly increasing in Jharkhand state. In order to improve tribal well-being in India, it is important to strengthen the access and quality of health services for tribal communities, and culturally sensitive approaches that integrate indigenous wisdom with modern medical practices are essential (**Subudhi & Parhi, 2024**).

**References: -**

1. Basu, S. K. (1993). Health Status of Tribal Women in India. In *Social Change* (Vol. 23, Issue 4).
2. Chandana, K. R., & Kumar, R. (2020). Health Status of Tribal Women of Bhadradi Kothagudem District in Telangana State. *International Journal of Health Sciences and Research (Www.Ijhsr.Org)*, 10, 53. [www.ijhsr.org](http://www.ijhsr.org)
3. Chaudhary Ishika, & Ranjan Raghvesh. (2023, September 27). *Contextualising Initiatives For Transforming Nutritional Outcomes Of Tribal Communities / Blogs*. Contextualising Initiatives For Transforming Nutritional Outcomes Of Tribal Communities. [https://swachhindia.ndtv.com/opinion-contextualising-initiatives-for-transforming-nutritional-outcomes-of-tribal-communities-83404/?utm\\_source=chatgpt.com](https://swachhindia.ndtv.com/opinion-contextualising-initiatives-for-transforming-nutritional-outcomes-of-tribal-communities-83404/?utm_source=chatgpt.com)
4. Ghosh, J. (2016). Nutritional Status of Tribal Women: An Epidemiological Study Among Santal-Munda Tribes of North 24Th Parganas District of West Bengal, India. *International Journal of Scientific Research*, 5, 229–232.
5. *Health Status - an overview | ScienceDirect Topics*. (n.d.). Retrieved March 26, 2025, from <https://www.sciencedirect.com/topics/social-sciences/health-status>
6. Hima Bindu, M., Joshi, K. P., & Jamadar, D. (2022). Demographic & health profile of tribal population of telangana - A cross sectional study. *The Journal of Community Health Management*, 9(3), 120–125. <https://doi.org/10.18231/J.JCHM.2022.024>
7. *Jharkhand Ministry of Health and Family Welfare Government of India*. (2021). <http://www.rchiips.org/nfhs>
8. Joydeb Saha, M. M. S. K. R. S. G. (2023). NUTRITIONAL AND HEALTH STATUS OF TRIBAL PEOPLE: A REVIEW. *Journal of Advanced Zoology*, 44(S6), 1950–1955. <https://doi.org/10.17762/jaz.v44iS6.2676>
9. Kumar, A. (2021). Health Status of Tribes with Special Reference to Tribal Women in India. *International Journal of Research and Analytical Reviews*, 8(3). [www.ijrar.org](http://www.ijrar.org)
10. Muniyandi, M., Muniyandi, # M, & Singh, N. (2012). *Empowerment of tribal women for health Development: an Indian perspective*. <https://www.researchgate.net/publication/258446946>
11. Subudhi, R., & Parhi, A. (2024). Health Challenges and Indigenous Practices: A Comprehensive Study of Tribal Communities in India. *Journal of Humanities and Social Sciences Research*. [https://www.academia.edu/121812730/Health\\_Challenges\\_and\\_Indigenous\\_Practices\\_A\\_Comprehensive\\_Study\\_of\\_Tribal\\_Communities\\_in\\_India](https://www.academia.edu/121812730/Health_Challenges_and_Indigenous_Practices_A_Comprehensive_Study_of_Tribal_Communities_in_India)