GOVERNMENT OF INDIA HEALTH AND FAMILY WELFARE LOK SABHA

UNSTARRED QUESTION NO:725 ANSWERED ON:24.07.2015 Healthcare of Aboriginal People Antony Shri Anto

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether aboriginal communities (Adivasis) in the country are vulnerable to certain diseases;

(b) if so, the details thereof and the reasons therefor;

(c) whether the Government is implementing any scheme for the health care of the aboriginal people in the country and if so, the details thereof;

(d) whether the Government has received any proposal from various States/ UTs including Kerala regarding financial assistance for setting up a hospital/health research centre for aboriginal people; and

(e) if so, the details thereof and the response of the Government thereto, State/UT-wise?

Answer

(a) & (b): The Indian Council of Medical Research has informed that the aboriginal communities (Adivasis) are vulnerable to certain infectious diseases like malaria, dengue, diarrhoeal diseases, tuberculosis, hepatitis and others, genetic disorders like sickle cell disease, G6 PD deficiency, thalassemia and nutritional deficiency disorders. In addition, chronic diseases like cardiovascular diseases, hypertension and cancers have also been reported.

There are several socio economic, cultural and environmental factors responsible for high burden of these diseases among the tribals.

 $\hat{a} \in \phi$ Adivasi population in India is mostly residing in areas which are remote and difficult to reach due to typical geographical terrains. The presence of various malaria parasites and vector species, climatic diversity favouring growth and proliferation of the parasite and vector as well as a highly susceptible human population have resulted in high malaria transmission in tribal areas. The utilization of health services is poor among them and they have their orthodox health beliefs.

• Their vulnerability to tuberculosis can be attributed to high rates of poverty, smoking, and alcohol use, as well as harsh and isolated living environments and poor access to healthcare.

 $\hat{a} \in \phi$ Adivasi population is generally at risk for under nutrition owing to their dependence on primitive agricultural practices, poverty, illiteracy and poor personal and environmental hygienic practices. In addition, lack of access to healthcare, poor communication, traditional beliefs and customs aggravate the situation.

• Vulnerability for the genetic diseases is due to isolated existence and endogamy over centuries leading to distinctive genetic identities.

• Hypertension is emerging as a public health problem in various ethnic groups in India due to alcohol intake, Tobacco (Smoking and Smokeless)

• Intake, temporary migration, high salt intake and urban lifestyle.

(c): Under the National Health Mission budgetary allocation are granted to support the State/UTs for health care of the indigenous /tribal people.

Tribal health is a priority area for Indian Council of Medical Research. ICMR has a permanent institute dedicated to betterment of health of tribal people through research. National Institute for Research in Tribal Health (NIRTH), situated in Jabalpur, Madhya Pradesh address multiple facets of several health issues of tribal people viz. haemoglobinopathies, vector-borne diseases, tuberculosis and others which affect tribal people adversely. NIRTH, Jabalpur is also the WHO Collaborating Centre for Research on the Health of Indigenous People.

ICMR's flagship Programme Tribal Health Research Forum (THRF) is an effort in the direction of addressing the health problems of indigenous people holistically. Seventeen ICMR Institutes/centres and major Divisions of ICMR are partners in this Forum. Besides,

THRF, the ICMR also supports research studies from institutes (ICMR and non-ICMR institutes) across the country on improvement of health of tribal people.

(d) & (e): A proposal for establishing a health research centre at Wayanad district of Kerala was received by ICMR. Following this an MOU was signed on 24-01-2014 by ICMR with Kerala State Government to set up a health care & research centre at Wayanad.