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UNDERSTANDING THE HEALTH DISPARITIES: A STUDY OF TRIBAL COMMUNITIES IN TELANGANA

Santhosh Gugulothu *

INTRODUCTION:

Tribal health has been a major concern for a long time. Despite the initiatives taken by various governments, tribal communities remain deprived in terms of health and other socioeconomic aspects. India is home to diverse tribal communities, with over 705 such communities existing. Like other social categories, tribes do not have any unique identity or characteristics as they are heterogeneous. According to the Ministry of Tribal Welfare in 2019, "the tribes in India are heterogeneous and much diversified. However, the similarity among all the tribes is their backwardness in health indicators like morbidity, mortality, and inadequate access to health care services." The WHO defines health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." However, tribal communities in India face numerous health challenges due to the factors mentioned above. Data shows that around 50 per cent of Scheduled Tribe girls aged 15-19 are underweight, and 65 per cent of them suffer from anaemia, compared to 46.9 per cent for other social categories. Institutional delivery among tribal women is at 70.1 per cent, the lowest compared to non-tribal women. The remaining 30 per cent of tribal women deliver at home, possibly due to reasons such as lack of access to hospitals, affordability issues, lack of transportation, and other factors (Tribal Health Executive Summary by the Government of India, 2019).

According to the National Family Health Survey-5, early childhood mortality was higher among the scheduled tribes and infants, and the under-five mortality rate was higher among STs than other social groups such as SC, OBC and others. Compared with the NFHS-4, the mortality was decreased in all the categories. However, the decrease in neonatal and infant mortality was slower among tribes than others, and the gap between STs and others was also high. The prevalence of anaemia is higher among tribal children than among women and men. The reason for more anaemia among tribes is that their nutritional intake is very low, leading to malnutrition and other diseases. The food practices of the tribes are very different and are not meeting the recommended daily allowances. Around

* PhD research scholar, Centre for Economic and Social Studies, Hyderabad, Telangana, India.

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29-32 per cent of the children are of different ages, and only 25 per cent of pregnant women consume the required dietary food. According to the NIRTH, nutritional disorders/deficiencies among scheduled tribes would be around 39,000 per lakh cases of malnutrition and 25000 cases of anaemia (NFHS 5, 2019-21).

The deprivation of tribal communities can be attributed to various factors, including geographical isolation, lack of access to healthcare, infrastructure such as roads and transportation, unique cultural practices, low educational status, and inadequate sanitation facilities. Studies by Basu (2000) and Balgir (2006) describe similar reasons behind the poor health status of tribal communities. However, a lack of data provides specific challenges faced by each tribe. For example, different tribal communities may encounter different challenges, with Particularly Vulnerable Tribal Groups (PVTGs) being more deprived than other tribal communities. It is essential to understand the distinct challenges faced by each tribal community. Agrawal (2013) notes that health and economic disparities between tribes and non-tribes are universal. However, it is important to recognize the diversity among tribal communities in India, each facing unique challenges. Disparities can even exist within tribal societies, with some communities having access to resources while others do not.

Telangana is the home of diversified tribal groups. As per the Andhra Pradesh (A.P) Recognition Act, 2014, there are 32 Scheduled Tribal communities in the state; their population consists of around 9 per cent of the total state population. The major tribal groups in the state are Lambadi, Koya, Gonds, Pardhan, Andhetc. (Annual Report 2018-2019).These tribal communities in Telangana are at different stages of development. Studies on these communities have focused on various issues. A study conducted by Chandana et al. (2020) in BhadradriKothagudem district revealed that diseases such as diabetes and hypertension are more prevalent among tribal women, and most of them prefer or seek traditional medicines. This practice is common in remote tribal hamlets in the state. Sharma et al. (2023) conducted a study focusing on the reproductive outcomes among various tribal communities in Telangana. Other major studies by Lakshmi & Paul (2019), Ramdas (2013), Punnaiah (2018), and Reddy (2014) have focused on the socioeconomic status of the tribal communities in Telangana.

Although studies on tribal health have highlighted general health disparities between tribal and non-tribal populations, there is a lack of comprehensive research focusing on the intra-tribal disparities in healthcare access and health outcomes. Specifically, tribal communities in Telangana face different health challenges depending on their location, socio-economic status, and level of integration into mainstream society. Some communities

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may have better access to healthcare, while others, particularly the PVTGs, remain severely disadvantaged.

This study seeks to address the gap in understanding the specific health disparities between different tribal groups in Telangana, focusing on access to healthcare, maternal health, birth weight of newborns, and the prevalence of seasonal infections. By exploring these disparities, the study aims to provide insights to inform more tailored health policies and interventions for these marginalized groups.

METHODOLOGY:

This study is based on primary data collected from five numerically dominant tribal communities in Telangana: Lambadi, Koya, Gond, Kolam, and Chenchu. These tribes were purposively selected due to their major presence in the state. Four districts were chosen based on the prevalence of these tribes as these communities are not concentrated in a single district: Adilabad (Gond and Kolam), Mulugu (Koya), Mahabubabad (Lambadi), and Nagarkurnool (Chenchu). For each tribe, two tribal hamlets were randomly selected. Further, 40 households from each village were randomly selected from each village, totalling 400 households for the survey. Data was collected between March 2023 and July 2023 using quantitative and qualitative methods. A structured household schedule was used to gather quantitative. Additionally, qualitative data was collected through Focus Group Discussions (FGDs), and interviews. The data analysis combined descriptive statistics for the quantitative data, focusing on percentages to highlight health disparities with thematic analysis of the qualitative narratives from FGDs and interviews.

The birth weights were obtained from the Anganwadi centres. The birth weight data was only collected for children born within the last two years of the study. Further, food intake has been calculated for pregnant women and recently delivered women based on their dietary consumption during pregnancy.

FINDINGS OF THE STUDY:

Access to Healthcare: Proximity to a hospital is crucial for timely medical care, especially in emergencies, reducing the risk of complications and fatalities. It also ensures easier access to regular health services, which helps in improving overall community well-being.All the communities and villages examined in the study have access to healthcare (Table 1). Nonetheless, the distance to the hospital varies. The Chenchu community resides in the core forest of Nallamal forest and faces the greatest challenge, with a hospital located 35 kilometres away from the hamlet. The Gond and Lambadi communities have a 15-kilometre journey to reach a hospital, while the Kolam tribe has relatively better access at a distance of 12 kilometres. The Koya community benefits from the shortest distance,

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with a hospital just 8 kilometres away.

The Chenchu and Kolam tribeslack road and transportation facilities, necessitating residents to walk to the healthcare centre. Additionally, the Kolam tribe need to cross a stream to reach the town, which poses significant difficulties during the rainy season. Respondents in the FGD noted that the lack of road facilities prevents them from travelling to towns or markets, as they have to cover long distances on foot. However, they face difficulties during health complications, as ambulances cannot reach their village during emergencies. Similarly, the Chenchu community, residing deep in the forest of Nallamala hills, faces similar challenges. The respondents articulated that forest department officials assist them during emergencies. These limitations not only hinder their access to healthcare but also isolate them from economic opportunities and essential services, increasing their vulnerability

Table 1: Distance to the Hospital

Tribe	Distance to Hospital in KM
Gond	15
Koya	8
Chenchu	35
Kolam	12
Lambadi	15

Healthcare-seeking behaviours among tribal communities are closely associated with their economic conditions, influencing their choices and experiences. The Gond and Kolam communities rely on public healthcare services, with 82% and 86% of respondents visiting Primary Health Centres (PHCs). Many individuals in these communities reported that economic restrictions compel them to depend on public healthcare, even during emergencies. On the other side, most of the Chenchu tribe seeks traditional medicine and visits PHCs or health camps organized by the Apollo Hospital in Mannanur village only for severe health complications. Respondents emphasized that traditional healing practices have been passed down through generations. However, lack of transportation becomes abarrier, leading them to rely on local traditional healers for minor health issues. While respondents from these communities expressed satisfaction with the treatment received at public healthcare facilities, they also stated concerns about disregard and delayed responses from medical staff. For instance, Bhim Rao from the Kolam community shared a distressing experience during a visit to a government hospital in Utnur when his wife suffered from a high fever. He described,"I took my wife to the hospital while she was suffering from a high fever, but the

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doctors did not respond timely despite my repeated requests. Later, I shifted her to a private hospital." These observations suggest that the economic challenges force them to rely on public healthcare, where the quality of treatment can sometimes fall short.

On the other hand, the Koya and Lambadi tribes share similar concerns about public healthcare services. Nevertheless, the majority of these communities opt to visit private healthcare facilities. This preference for private healthcare advocates that their economic resources allow them to visit private healthcare.

Table 2 : Health Seeking Behaviour among Tribes

Tribe	Traditional Healers	PHC	RMP/Private
Gond	0.0%	82.0%	18.0%
Koya	0.0%	16.0%	84.0%
Chenchu	100.0%	0.0%	0.0%
Kolam	11.0%	86.0%	3.0%
Lambadi	0.0%	8.00%	92.0%

Maternal Healthcare: the study emphasises maternal health care. It has observed seven pregnant women in the Gond community, while the Kolam and Koya have eight, and the Lambadi and Chenchu communities have nine pregnant women.The data in Table 3 reveals that most pregnant women across these communities attend regular check-ups (once a month). However, 50% of Chenchu women and 33% of Kolam women only visit hospitals when complications arise. It can be attributed to geographic isolation and inadequate transport are critical obstacles to accessing regular prenatal care.

A Chenchu woman who is four months pregnant stated, "When there is no transportation, it takes hours to reach the hospital." During the FGD, it was observed that many women in the Chenchu community depend on traditional birth attendants due to the lack of transportation to hospitals. Similarly, a six-month-pregnant Gond woman rarely visits the hospital due to insufficient income, prioritizing wage labour to afford check-ups. She stated, "I need to work to support my family; I can't afford to spend money on check-ups with my low income." Further, the inadequacies of government hospitals exacerbate healthcare challenges. An eight-month-old Kolam woman expressed dissatisfaction with the government hospital services, stating, "I went to the government hospital for my ultrasound, but they told me no machines were working. I had to go home without the care I needed." She noted that due to financial limitations, she could not afford the necessary ultrasound scans despite medical advice to do so.

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Table 3 : Pregnant Women and Frequency of Check UPs

Tribe	No. of Pregnant women	Check-ups	
	Yes	Regular	Sometimes
Gond	7	5 (71.4%)	2 (28.6%)
Koya	8	7 (87.5%)	1 (12.5%)
Kolam	9	6 (66.6%)	2 (33.4%)
Chenchu	8	4 (50.0%)	2 (50.0%)
Lambadi	9	9 (100.0%)	0 (0.0%)

*Regular: Once in a Month

*Sometimes: Whenever get complications

The research sought to understand the food intake practices among these communities during pregnancy. Proper nutrition is crucial for the mother's health and the baby's growth. According to UNICEF, the absence of essential nutrients during pregnancy can lead to serious complications such as stillbirth, low birth weight, and developmental delays in children. It emphasizes the importance of nutritious foods such as eggs, fish, vegetables, and fruits in the diets of pregnant women.The study examined dietary habits, focusing on consuming affordable and locally available foods like eggs, milk, vegetables, fruits, fish, and meat. The survey results (Table 4) reveal that while foods such as eggs, milk, vegetables, fish, and meat are commonly consumed during pregnancy, fruit consumption is notably lower, particularly in the Gond, Kolam, and Chenchu communities.

However, the frequency of eating shows a considerable difference between the communities (Table 5). Lambadi exhibits the highest percentage of respondents consuming nutritious food, including fruits, milk, eggs, and vegetables regularly, followed by the Koya tribe. On the contrary,Gond,Kolam, and Chenchu communities show a lower frequency of consumption. This can be attributed to these communities' lack of awareness, geographical constraints, and financial challenges. Additionally, women's education also plays a crucial role, as the respondents from Lambadi and Koyas are more educated than the other tribal communities (Table 6).

The study found that while all respondents across the communities receive food supplements from Anganwadi centres, consuming these supplements is not always consistent or accurate. A Chenchu woman stated, "I receive food from Anganwadi, but most of the time, my family members consume the food, especially the eggs", which shows how food intended for pregnant women is shared with the family due to resource constraints. Similarly, a Kolam woman shared that she primarily relies on the Anganwadi provisions, which include a glass of milk and an egg daily, but disclosed, "I rarely consume fruits and don't buy extra food items. I depend mostly on the Anganwadi food for my nutrition"

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whichhighlights how the Anganwadi supplies are the only source of nutrition. During an interview, Anganwadi supervisor Sandhya Rani ITDA-Utnur observed, "Most beneficiaries do not consume all of the food provided. Instead, their family members share it. Since most women go to work, they do not come to the centre; instead, their family members collect it."

The respondents from the Koya and Lambadi communities were found to be aware of dietary practices during pregnancy. A Lambadi woman remarked, "I prioritize my health and eat nutritious food in addition to the Anganwadi food, as suggested by the doctor," reflecting an awareness of the importance of nutrition during pregnancy in these communities, likely influenced by better access to healthcare and nutritional advice.

Table 4: Food Intake during Pregnancy

Tribe	Fruits	Milk	Egg	Other (vegetable, fish, meat)
Gond	32.00%	38.00%	68.00%	82.00%
Koya	48.00%	42.00%	65.00%	77.07%
Kolam	25.80%	39.80%	67.00%	89.00%
Chenchu	28.00%	37.80%	45.00%	78.00%
Lambadi	56.00%	46.00%	71.00%	82.50%

Birth Weight: The study examined the birth weights of children born within the last two years among various tribal communities, revealing the disparities (Table 6). According to the World Health Organization (WHO), "low birth weight is defined as less than 2,500 grams (5.5 pounds) at birth". While most children in these communities are born weighing over 2.5 kilograms, nevertheless low birth weight (below 2.5 kilograms) remains a concern, particularly among the Gond, Kolam, and Chenchu communities, where 22% to 27% of children are born with a weight below 2.5 kilograms. Among the Koya and Lambadi tribes, 15% and 18% of children, respectively, are born with low birth weight.

Several factors contribute to low birth weight in these communities, including Inadequate Maternal Nutrition: Poor maternal nutrition, especially during pregnancy, affects fetal growth. As Tables 4 & 5 discussed, food intake disparities result in birth weights. ***Limited Access to Healthcare:*** access to healthcare and frequency of health check-ups may also affect the birth weight of the Gond, Kolam, and Chenchu communities,which face challenges in access to quality healthcare.

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Table 6: Recent Childbirth, place of birth and Birth time Weight

Tribe	No. of Children below two years	Place of born		Birth Weight	
		Hospital	Home	>2.5	<2.5
Gond	11	9 (81.8%)	2 (18.2%)	8 (72.7%)	3 (27.3%)
Koya	13	12 (92.3%)	1 (7.7%)	11 (84.6%)	2 (15.4%)
Kolam	12	8 (66.7%)	4 (33.3%)	9 (75.0%)	3 (25.0%)
Chenchu	9	3 (33.3%)	6 (66.7%)	7 (77.8%)	2 (22.2%)
Lambadi	11	10 (90.9%)	1 (9.1%)	9 (81.8%)	2 (18.2%)

Seasonal Infections: Vector-borne seasonal infections like malaria and dengue are most prevalent within the studied tribal communities. As shown in Table 8, all the communities are affected by these infections. Still, the Gond community has the highest percentage of households with at least one person affected, followed closely by the Kolam community, where 85% of households report cases of these infections. These infections are primarily attributed to poor housing conditions, which increase their vulnerability to mosquitoes, especially during the monsoon season.Women in the Gond and Kolam communities are more prone to these seasonal infections. Respondents from these communities highlighted that during menstruation, women will be secluded in separate spaces outside their homes for 3-6 days, where they are exposed to mosquitoes and other environmental factors, increasing their risk of contracting vector-borne diseases. This practice, combined with the lack of access to safe drinking, exacerbates the effect of these infections. The study has found that the Gond community relies on an open well for drinking water, which is disposed to contamination, which may lead to water-borne infections. The seasonal infections among Koyas and Lambadis appear lower than in the Gond, Kolam, and Chenchu communities. This suggests that differences in housing, sanitation, and water access play a critical role in the prevalence of these infections. The analysis reveals that these conditions are relatively better among the Koya and Lambadi communities.

Table 8: Prevalence of Seasonal Infections

Tribe	**Seasonal Infections**
Gond	91.0%
Koya	67.0%
Kolam	85.0%
Chenchu	73.0%
Lambadi	62.0%

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CONCLUSION:

The research shows the existing marginalization even within tribal communities, with significant disparities in access to essential services such as healthcare, sanitation, transportation, nutrition, birth weight, and susceptibility to seasonal infections. While the Lambadi and Koya tribes show relatively better outcomes in these areas, other communities, such as the Gond, Kolam, and Chenchu, face deeper levels of deprivation.These disparities are not limited to health and infrastructure alone but reveal broader inequalities in socioeconomic status. These inequalities, in turn, perpetuate challenges related to health, sanitation, and overall well-being. Therefore, addressing the challenges faced by these tribal communities requires a targeted, tribe-specific approach that goes beyond generic, holistic policies-improving road infrastructure, providing safe drinking water,mobile healthcare units, health awareness programs,and enhanced nutrition in Anganwadi centres. Focusing on these aspects improves the well-being of these tribal communities.

Limitations of the Study: The findings of this research are confined to the sample tribes and villages studied, which may limit the generalizability of the results. Additionally, the study did not employ statistical tools to analyse the impacts of education and food intake on birth weight. Future research could benefit from incorporating these statistical analyses to provide a more comprehensive understanding of these relationships.

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Appendix

Table 5: Frequency of Food Intake

	Type of Food	4-5 days	3-4 days	2-3 days	1-2 days	Total
Gond	Fruits	10.00%	20.00%	32.00%	38.00%	100.00%
	Milk	12.00%	23.00%	36.00%	29.00%	100.00%
	Egg	34.00%	18.00%	25.00%	23.00%	100.00%
	Fish & meat	0.00%	5.00%	36.00%	59.00%	100.00%
	Vegetable	27.00%	56.00%	9.00%	8.00%	100.00%
Koya	Fruits	26.00%	35.00%	22.00%	17.00%	100.00%
	Milk	27.00%	29.00%	36.00%	8.00%	100.00%
	Egg	44.00%	35.00%	12.00%	9.00%	100.00%
	Fish & meat	0.00%	0.00%	8.00%	92.00%	100.00%
	Vegetable	45.00%	38.00%	12.00%	5.00%	100.00%
Kolam	Fruits	8.00%	12.00%	38.00%	42.00%	100.00%
	Milk	7.00%	12.00%	45.00%	36.00%	100.00%
	Egg	24.00%	19.00%	27.00%	30.00%	100.00%
	Fish & meat	0.00%	0.00%	24.00%	76.00%	100.00%
	Vegetable	28.00%	36.00%	28.00%	8.00%	100.00%
Chenchu	Fruits	6.00%	14.00%	38.00%	42.00%	100.00%
	Milk	0.00%	13.00%	46.00%	41.00%	100.00%
	Egg	19.00%	24.00%	26.00%	31.00%	100.00%
	Fish & meat	0.00%	12.00%	16.00%	72.00%	100.00%
	Vegetable	24.00%	29.00%	36.00%	11.00%	100.00%
Lambadi	Fruits	32.00%	29.00%	24.00%	15.00%	100.00%
	Milk	38.00%	26.00%	28.00%	8.00%	100.00%
	Egg	52.00%	28.00%	12.00%	8.00%	100.00%
	Fish & meat	0.00%	0.00%	6.00%	94.00%	100.00%
	Vegetable	64.00%	24.00%	8.00%	4.00%	100.00%

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Table 6: Educational Status of Pregnant Woman

Tribe	Pregnant women	Education		
		Primary	Secondary	Graduation
Gond	7	6 (85.7%)	1 (14.3%)	0 (0.0%)
Koya	8	3 (37.5%)	4 (50.0%)	1 (12.5%)
Kolam	9	9 (100.0%)	0 (0.0%)	0 (0.0%)
Chenchu	8	8 (100.0%)	0 (0.0%)	0 (0.0%)
Lambadi	9	3 (33.3%)	4 (44.4%)	2 (22.3%)

Table 7: Housing Condition and Access to Sanitation

	Gond	Koya	Chenchu	Kolam	Lambadi
Type of House					
Pucca	8.80%	25.00%	63.30%	2.50%	58.20%
Semi-Pucca	37.50%	45.00%	3.80%	37.50%	35.40%
Tiled House	31.30%	18.80%	0.00%	18.80%	3.80%
Kutcha	22.50%	11.30%	32.90%	41.30%	2.50%
Access to Toiles					
	21.30%	62.50%	46.30%	10.00%	56.30%
Source of Drinking Water					
Tap	0.00%	54.40%	50.00%	0.00%	3.80%
Bore Well	0.00%	0.00%	50.00%	0.00%	96.20%
Open Well	50.00%	0.00%	0.00%	0.00%	0.00%
Handpump	50.00%	0.00%	0.00%	100.00%	0.00%
River	0.00%	45.60%	0.00%	0.00%	0.00%