



## **THE STATUS OF CHILD HEALTH CARE AMONG THE TRIBAL COMMUNITIES IN ODISHA**

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### **Abstract**

*The Tribal population constitute about 8.2 percent of the population of India .According to 2001 census the population of scheduled tribes has increased to 84.3 million from 67.8 million in 1991. With Odisha scheduled tribes of 62 tribes accounts for 22.21percent of Odisha population. However in spite of various efforts of the government of India Odisha is lagging behind various socioeconomic factors. As a result a major number of the tribal communities suffer from various health conditions especially those who are vulnerable or backward social group live in remote hilly and forest or desert area where there is less access to education, portable water, lack of personal hygiene and sanitation making them more vulnerable to disease. They still depend upon the old traditional methods of health treatment rather practicing the modern medical health care services .The main objective of this paper is to analyse the status of child health and it makes a comparative trend analysis of the change in tribal health status in comparison to other social groups by using different rounds of NFHS data with the other communities.*

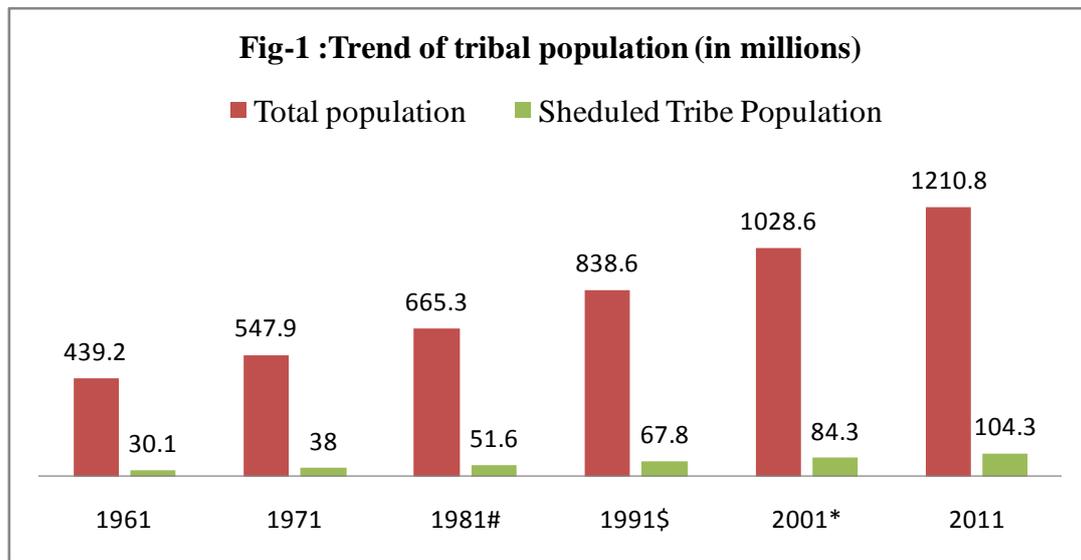


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According to Article 366 (25) of our Constitution, Scheduled tribes are communities who are scheduled in accordance with article 342 which specifies the tribes or tribal communities or parts or groups within tribes or tribal communities which are deemed to be for the purpose of the constitution the scheduled tribes in relation to that state or Union Territory .In pursuance of these provision ,the list of Scheduled tribe are notified in 30 states/UTs and the number of individuals ethnic group etc, notified as Scheduled tribe is 705.

Odisha itself is a home to 62 Tribe communities of population 95, 90756 from the 4 crore of the total population of Odisha as per 2011 census, next to Madhya Pradesh and Maharashtra .The tribal communities of Odisha are scattered in four geographical zones such as the northern plateau (25.5%), the Eastern Ghats (29.2%) the central table land (24.1%) and coastal tract (21.2%).About 44.70 percent of the area of the state is declared as Scheduled area in accordance with the orders of the president of India, issued under paragraph 6 of the

fifth schedule of the Constitution. In Odisha the entire seven districts such as Kandhamal, Mayurbhanj, Sundergarh, Narbarangpur, Koraput, Malkangiri, Rayagadh and parts of Balasore (Nilgiri Block), Keonjhar (Telkoi, Keonjhar, Champua and Barbil Tahsils), Sambalpur (Kuchinda Tahasil), Gajapati (R. Udayagiri Tahasil, Gumma & Rayagada Blocks), Ganjam (Soroda Tahasil, excluding Gazalbad and Gochha Gram Panchayata) and Kalahandi (Rampur and Lahjigarh blocks) are covered under “Scheduled Areas”<sup>1</sup>. About 93.79 percent of the population is concentrated in rural areas and the rest 6.21 percent reside in urban areas of Odisha.



Source: Source: Statistical profile of scheduled tribe 2013

#excludes Assam in 1981

\* excludes Jammu & Kashmir in 1991

\$ The figure excludes Mao-maram, Paomata & Parul sub-division of Senapati district of Manipur census 2001

From the trends of tribal population (figure-1) it is seen that as per to 2011 census population of Scheduled tribe has continuously increasing from 30.1 million in 1961 to 38 million in 1971, then from 51.6 million in 1981 to 67.8 million in 1991, while a large addition of 20 million is observed between 2001 to 2011 constituting about 8.6% of the aggregate population. Out of the total population 89.97% live in rural areas and 10.03% in urban areas in India. The decadal growth of tribal population from 2001 to 2011 was 23.66% against 17.69 % of the entire population<sup>7</sup>.

However Odisha has made a considerable progress in the field of health ,poverty and human development as per the Odisha Human Development index that stood at 18 in 2011-2012<sup>2</sup>.In 2014 the Crude Birth Rate for Odisha was 19.4 per thousand against the National Crude Birth Rate 21.0 per thousand. It was 14.2 per thousand in urban areas and 20.5 per thousand against all India average 17.4 per thousand for urban and 22.7 per thousand for rural respectively. In comparison to states like Madhya Pradesh (7.8) Chhattisgarh (7.7),Uttar Pradesh (7.4) and Assam(7.2) though Odisha performance is high, the falling Child Sex ratio in the tribal's has become a major concern

Child Sex ratio is defined as the number of female per 1000 males in the age group 0-6 years. In India the child sex ratio was 927 which declined to 919 to that of ST Child sex ratio came down from 972 in 2001 to 957 in 2011<sup>1</sup>.The paper analyses the child Health status of the tribal's under the perspective from the infant mortality rate, and maternal mortality rate. The survey is based on the secondary source collected from various rounds of NFHS-1,NFHS-2,NFHS-3 and NFHS-4

### **1. Mortality rate**

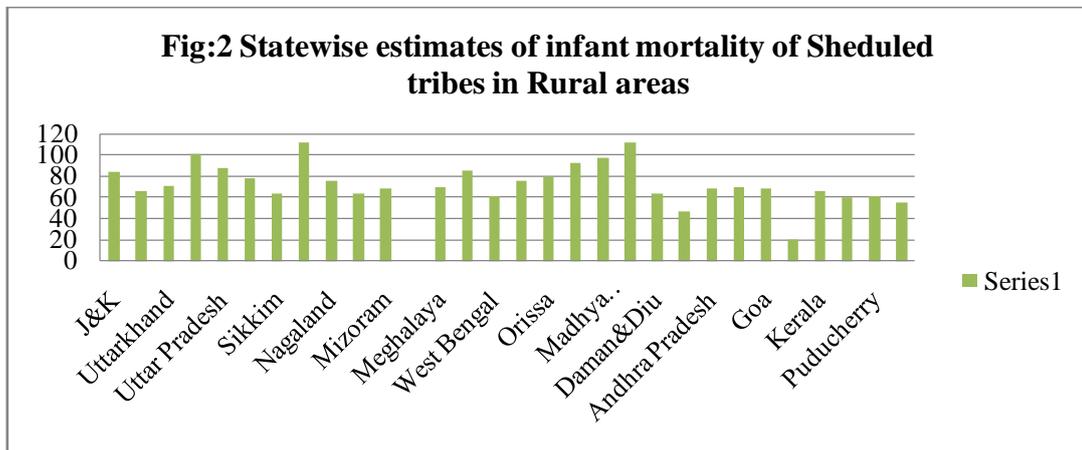
The mortality rate is studied under 5 heads neonatal mortality, postnatal mortality, infant mortality, child mortality and under-five mortality. The infant mortality rate comprises of two components of neonatal mortality rate and post neonatal mortality rate. The level of neonatal mortality is influenced by biological and maternal factors including nutritional status of the mother while socioeconomic development and programmatic efforts reported to have strong effect on post neonatal mortality than on neonatal mortality. The table below shows a declining in the five different types of mortality in the NFHS-4 compared to NFHS-3.It is observed that the neonatal mortality (35.5), post-neonatal mortality (16.3), infant mortality (51.8), and under five mortality (65.5) of Odisha are very high compared to All India level status (table-3). When compared with the rural population of scheduled tribes among the states the infant mortality is less in Odisha (79) with respect to other states (Figure-3).The infant mortality rate of Odisha during the NFHS -4 is 51.8 percent reduced by 26.9 % from the previous 78.7% of NFHS-3.The decline is quite impressive even for the other mortality rates especially under five mortality rate, reduced to 70.7 percent from the previous 136.3 percent to 65.6 percent. The neonatal mortality reduced by 18.8 percent, post natal mortality to 26.6 percent, and child mortality 47.9 percent during the NFHS-4(table-2).

**Table-1**

INDIA					ODISHA			
Types of Mortality	SC		ST		SC		ST	
	III	IV	III	IV	III	IV	III	IV
NN	49.6	36.8	40.9	<b>33.4</b>	46.4	28.3	54.0	<b>35.5</b>
PNN	21.4	12.7	23.0	<b>13.9</b>	27.2	8.7	24.7	<b>16.3</b>
IM	71.4	49.6	63.9	<b>47.3</b>	73.7	37.0	78.7	<b>51.8</b>
CM	25.6	12.1	38.3	<b>14.7</b>	19.5	9.0	62.5	<b>14.6</b>
UFM	94.7	61.1	99.8	<b>61.3</b>	91.8	45.7	136.3	<b>65.6</b>

Source: NFHS-3, NFHS-4

From figure-3 below the highest percentage of infant mortality is seen in Gujarat (111) and Arunachal Pradesh (111) and the lowest in Lakshadweep (20) as per the Statistical profile of Scheduled tribe 2013



Source-Statistical Profile of Scheduled Tribe 2013

The study in this aspect the data are based on secondary sources infant mortality can be decline if care is taken during the time of birth. As per the status of NFHS-3 and NFHS-4 data the vaccination among the tribal's is very low compared to other caste groups .Even though vaccination has increased from NFHS-1 28.5 to 74.4 percent it's still less compared to other groups Scheduled Caste (76.8), Other Backward Caste (84.3) while others (76.3).(Table-1).It is much better in performance from the last NFHS -3 data which was taken during 2004-2005 only 30 percent vaccination was done .A tremendous the growth of 44 percent is seen within a period of 10 years from 2005 to 2015 is considered a success. When compared with the other groups a slight increase was seen in SC (17.3%), OBC (25.9%) and others (0.2%).

**Table -2: Pattern of Childhood Vaccination by Caste Groups in Odisha, 1992-93, 1998-99, 2004-05 & 2015-16**

Caste → NFHS↓	NFHS-1	NFHS-2	NFHS-3	NFHS-4
ST	28.5	26.4	30.4	74.4
SC	25.2	44.5	59.5	76.8
OBC	----	48.5	59.4	76.5
OTHERS	---	49.3	76.5	76.3

Source: National family survey of different rounds

### 1. Maternal Mortality rate

According to the UNICEF statement on maternal mortality are complications of pregnancy or childbirth, haemorrhage being the main leading cause of maternal mortality, accounting for 27 percent of death. These complications can occur suddenly during pregnancy or childbirth which can be prevented if birth is attended by skilled health personnel doctors, midwives equipped with proper medical facilities including life saving drugs, antibiotics, ability to provide blood transfusion need for Caesarean or other complications. It's an agony that such immediate facilities are not much available in the rural tribal areas therefore the Neonatal, post neonatal, infant mortality, child mortality and less than five mortality are high among the tribal communities of Odisha. In the NFHM-4 especially the less than five mortality rate i.e.65.6 percent is very high compared to the scheduled caste 45.7 percent.

Maternal health is a major concern among the tribal population. The analysis based on worldwide study implies that the link of a child sex especially in India is determined by the mother exposure to proper sanitation, socioeconomic factors, genetic factor of the mother, her literacy level, and residential factor, accessibility of proper medical facility during prenatal and postnatal care. According to studies, in India due to socioeconomic factors a child born in a scheduled tribe has 19 percent greater risk during neonatal period and 45 percent in the post-neonatal period compared to other group. This may be related to health related problems as well as the place of habitat with improper surrounding are seen to be a major cause infant mortality among the tribal population compared to the urban areas. The age factor of the mother also determines the survival rate of child during his/her birth .Infant mortality and under- five mortality is seen higher amidst the age group less than 20 yrs while complication arises for mother beyond 35 yrs of age during pregnancy. The first child is born to young mothers are not physically prepared to borne the child. Children with birth order of more than

(>4) face high chance of under five mortality rate. They face struggle from their older sibling for the requisite provisions of food, clothing, education and other family resources. (Sahu, D.et.al ,2015).

**Table-3**

<b>Bac kgro und Cha ract erist ics</b>	<b>Do cto r</b>	<b>AN M/N urse/ mid wife/ LH V</b>	<b>Dai (TB A)</b>	<b>Com munit y/villa g healt h work er</b>	<b>Anga nwadi /ICD S work er</b>	<b>ASH A</b>	<b>Ot her</b>	<b>NO one</b>	<b>No of wome n</b>	<b>Percen tage receivi ng ANC from a skilled provid er</b>
SC	73.7	6.7	0.6	0.2	9.2	3.5	0.1	5.9	1917	80.5
ST	64.1	12	0.3	0.3	11.9	3.2	0	8.2	2401	76.2
OBC	82.8	4.9	0.1	0.2	5.3	2.8	0.2	3.7	3011	87.7
Othe r	83.9	3.8	0.6	0.2	4.4	1.8	0.1	5.3	1594	87.7
Don' t Kno w	76.7	2.1	0	0	9.9	0	0	11.3	69	78.8

Source- NFHS-4

From the above table clearly shows that the involvement of doctor during the time of delivery is among the tribals is 64.1 than the SC(73.7),OBC(82.8),others (83.9).The delivery by the midwives is high among the tribals12% compared to SC(6.7),OBC (4.9),others(83.9).The percentage of receiving ANC from a skilled provider is 76.2 % in the tribals ,OBC and others constitute 87.7 percentage,80.5% in SC category.

### **3.Health inequalities across the social groups**

The Anthropometric data on height and weight evaluates the nutritional status of children below 24 months. This evaluation allows identification of subgroups of child population that are at increased risk of faltered growth, disease ,mental development and death.

**Table: 2 Percentages of Moderate and Severely Undernourished Children According to Three Anthropometric Criteria in Odisha by Caste Groups, 2015-16**

<b>Anthropometric Criteria</b>	<b>ST</b>	<b>SC</b>	<b>OBC</b>	<b>OTHERS</b>
<b>SEVERELY NOURISHED</b>				
Underweight(weight for –age)	8.7	15.8	7.0	4.7
Stunted(Height-for-age)	13.3	18.6	9.6	6.6
Wasted(Weight-for-age)	5.9	8.8	5.7	4.5
<b>MODERATELY NOURISHED</b>				
Underweight weight for –age)	35.3	48.5	29.7	20.6
Stunted(Height-for-age)	37.3	45.6	29.9	21.0
Wasted(Weight-for-age)	20.1	27.8	18.6	12.8

Source: National Health Family Survey-4 (2015-16)

The Anthropometric studies reveal the status of tribal children under three section weight-for-age (underweight), height-for-age (stunted), and weight for height (wasted).It is further divided into two groups severe and moderate for each section. In case of weight for age group for severe (8.7 percent) and moderate (35.3 percent) the scheduled tribes are performing better than the scheduled caste with severe (15.8) and moderate (48.5).Even for height for age group Scheduled caste are worse among the other categories with severe 18.6 percent and moderate 45.6 percent. With the tribes at a better position of 13.3 percent for severe and 37.3 percent for moderate. The weight for height ratio is seen very high in case of Schedule caste with severe wasted growth of (8.8 percent) and moderate growth of 20.1percent while for scheduled tribes for severe 5.9 percent and for moderate 20.1 percent.

**Concluding Remarks**

The present note is based on the status of Child Sex Ratio especially of the tribal’s in Odisha. Though the state performance is good in terms of child health care but it is lagging behind with the maternal care facility of mothers during delivery.As still in most of the tribals areas the delivery is done at home rather than the specialised skilled labours.This factor could be observed for better performance of reducing the child sex ratio among the tribals by providing them with better infrastructure facility particularly related to health workers

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