Tribal Health: Perspective Issues

P.K. Jangid

Abstract

With the advent of new technology in almost every sector of human resources, it becomes apparent to assess the emerging threat to the health scenario of the population in different geographical regions. Health conditionality is wider in scope and more fundamental in character than remedial or project response. In setting general conditions for development any society needs to identify the areas of vulnerability in that society and their acute manifestations in highly vulnerable groups. A reasonably large proportion of population which has been isolated in their remote habitats can be the worst affected among all. The theory of epidemiologic transition focuses on the complex change in patterns of health and disease and on the interactions between these patterns and their demographic, economic and sociologic determinants and consequences. An epidemiologic transition has paralleled the demographic transition in the developed countries of the world and is still underway in less developed societies. With the rising use of technology in the health sector and the breathtaking pace at which the technology is spearheading, it would be probable that the enhanced ability of epidemiological database management procedures are adopted to achieve better utilization of our meager resources.

Introduction

A tribe consists of a group of people claiming a common ancestry, sharing a common culture and language. More than half of the world's tribal populations live in India. As per the concept of 'HEALTH' being modified by the World Health Organization (WHO), the global agency on Health and Disease, health becomes a multi-factorial entity, which is the product of physical, mental and social status of an individual or a group in its existing set-up. More so, the economic status of an individual or community or region largely contributes towards the well being of the people and thereby gives an indication to where lay the disease causing factors. The economy of the sector leads to dictate the nutritional, occupational and behavioral pattern of an individual or community. Health is largely behavioral, profoundly social and has important emotional, cognitive and spiritual dimensions. Health conditionality is wider in scope and more fundamental in character than remedial or project response (WHO, 1992).

Tribes are socially weak and economically poor communities. The environment, in which they inhibit, is different from that of main land. The so-called development process in educational, financial, social and political field has invariably given rise to an unbalanced platform, which is incapable to withstand the changing pattern of development. The pharmaceutical companies that do invest in research and development focus mainly on the diseases likely to yield highest return for their shareholders. A reasonably large proportion of population which has been isolated in their remote habitats can be the worst affected among them all. Diseases of the poor such as malaria, tuberculosis and bloody diarrhoea are thus neglected.

Although medical interventions in health sector have demonstrated a considerable reduction in the total disease burden, it could not eliminate the possibilities or resurgence or re-emergence of the same or similar diseases. The emergence and re-emergence of many infectious diseases can be attributed to the effect of human interventions or of natural processes on the environment. By now it has been understood that the etiology of future diseases will be closely associated with the present day treatments (Heymann, 1997). The reasons behind this dramatic resurgence of diseases are complex; however, few of the factors can be listed as follows:

1. Demographic changes including global population growth, population movements, an unplanned and uncontrolled urbanization;
2. Societal changes such as human encroachment on natural disease foci, modern transportation;
3. Agricultural changes including changing in land use, irrigation systems, deforestation;
4. Changes in pathogens due to increased movement in human and animal and genetic changes leading to increased epidemic potential.

Changes in public health i.e. lack of effective vector control, deterioration of public health infrastructure to deal with vector-borne disease, disease surveillance and prevention programs and possible climate change (Gubler, 2002).

Fresh approach (knowledge / need based)

Health has always been associated with local weather conditions – the link was made by Hippocrates. Most directly, extreme hot and cold can cause death outright, but moderate changes may have direct effects, such as enhancing or suppressing the breeding of pathogens or their vectors (carriers). Furthermore, alteration of an ecosystem might affect water quality, air quality, food availability and quality, or have even more diverse socio-economic effects, such as social dislocation and conflict (WHO, 1995; 2001). Disease incidence data is needed to provide a base line for epidemiological studies. The lack of precise knowledge of current disease incidence rates makes it difficult to comment on whether incidence is changing as a result of climatic conditions.

The scientific and technological activities play a vital role in the economic, social and physical development of a nation. Scientific and technological endeavors need huge investment and call for a judicious utilization of scare resources like investment, trained manpower, raw material etc. A better planning of science and technological resources has become very crucial for the government in directing and regulating science and technology. The growth of science and technology, its performance and impact on society and economy are indicators to assess the effectiveness of planning and policy formulation. For the development of a nation, the effective utilization of available resources and for better planning and formulating scientific and technological policies, it is necessary to build a scientific and technological database on a continuous basis.

Achieving ‘Health for all’ based on the principles of equity and solidarity requires not only good management, but, fresh approach. The need for a statistical approach is now well recognized in epidemiology and public health since these fields are concerned with communities or populations where law of large numbers and random fluctuations

clearly apply. Teachers of health workers and students, however, have been slow to recognize the need for knowledge of statistics, even though all aspects of diagnosis and prognosis are affected by the rules of probability (Lwanga, Cho-Yook, Ayeni, 1999).

With the rising use of technology in the health sector and the breathtaking pace at which the technology is spearheading, it would be essential that the enhanced abilities of epidemiological database management procedures aided by a sound mathematical and statistical back up are adopted to achieve better utilization of our meager resources.

Focus areas

With the globalization of economy and decentralization of planning process former giving the later, a broader perspective for development in all sectors (Lwanga, Cho-Yook, Ayeni, 1999). The theory of epidemiologic transition focuses on the complex change in patterns of health and disease and on the interactions between these patterns and their demographic, economic and sociologic determinants and consequences. An epidemiologic transition has paralleled the demographic transition in the developed countries and is still underway in less developed societies.

Introduction of new patent directives has given scope for indigenous products to be explored for their inherent and acquired potentialities. This scope can be viewed with a sharp focus on the issues relating to the methods adopted for the developmental process, In health sector, most of the research endeavor include both micro (patient) and macro (region, nation, etc.) level procedures in order to eliminate the possibilities of an out-break. Both of these micro and macro level procedures are to be quality controlled in an attempt to optimize the end results.

Because of the profound uncertainties involved in dealing with human beings and because medicine deals with vitalities of life where utmost care and speed are essential, the information needs of the health sector are enormous. Medical informatics is a new technology, which can significantly contribute to improve the health care delivery to the people in a country. A developing country like ours needs a vision, directives and clear technological superiority backed by strong commitment for the development of the health of the people in different geographical regions. In setting general conditions for development and society needs to identify the areas of vulnerability in that society and their acute manifestations in highly vulnerable groups. The ethical principles needs to stress on the fact that scientific research and the use of scientific knowledge should respect human rights and the dignity of human beings in order to maintain the pace of social development. To promote health, focus is to be moved from preventing and controlling disease to sustaining and improving health.

Role of general / medical practitioners

The 5 D's in the field of medical science viz. Dissatisfaction, Discomfort, Disability, Disease and Death can be worthily blended with the present day's 5 E's viz.: ecology, environment, economy, etiology and evolution. The role of general / medical practitioner for 21st century has to be broadened as a care giver, decision maker, communicator, community leader, manager, educator, investigator and policy maker in order to :

- Provide health for all patients (regardless of age, sex and socio-economic / disease status).

- Treat disease, provide preventive measures and promote life styles in individuals and communities.
- Care for patients in the family and community contexts.
- Provide comprehensive, continuous care bearing in the minds of the cultural, social, psychological and economic factors that influence health and disease.
- Provide care either directly or through other members of the team, depending on the needs of the patient and the resources of the community (Raj Pramukh and Palkumar, 2006).

Challenge to change

Those comfortable with the status quo are naturally resistant to innovation. Health workers and managers entrenched in an old fortress are adept at maintaining an imposing facade however will they know that behind it the beams have already been fallen. The innovator who suggests a new way of constructing the crumbling walls is rudely turned away by the proud proprietor with the self-evident explanation, 'That is not the way we do things here'. In the last decade, the world has witnessed the establishment of numerous global partnerships for health that address some of the grandest challenges, specifically the big three, child and maternal mortality, and micronutrient deficiencies. These new partnerships have succeeded in substantially raising the profiles of those health problems, generating unprecedented financial resources and improving the technical means to tackle them (Gubler, 2001; Gubler, 2002). The global health partnerships and additional resources provide leverage to attain health and poverty related international development targets, such as the Millennium Development Goals (Mills et al. 1990).

Beyond health care

Creation is an interaction between environment and people. Relying on the 'technical' agreements of health and economics is not enough. There has to be a political will, commitment and passion for action. The heart and not just the head are to be involved. Health is created where people live, love, work and play. Interventions in the health system would be more efficient then individually oriented preventive programs. Often what triggers a political initiative is a personal involvement in some way or another. Something happens to an individual, a family, a group or a community, which attracts attention and requires a response. Identifying the right entry point for health promotion action and then spotting the outcome that will satisfy all the parties is the 'ART' of health promotion.

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