

Situation of Indigenous Peoples and Rights to health

(With focus on youth, children and women)

Submission to the UN Human Rights UN Expert Mechanism on the Rights of Indigenous Peoples

Submitted by Indigenous Women's Network, INDIA

Introduction:

In line with the call of the UN Expert Mechanism on the Rights of Indigenous Peoples to submit information related to its study on "right to health with focus on youth and children", Indigenous Women's Network of India, submits this contribution to the study. It is an inter-state tribal women's alliance, committed to the cause of indigenous peoples' rights and human rights in general and women and children's rights in particular, therefore this report specially focuses on women and children.

Overall health status of Indigenous Population of India: Key Issues and Concerns

The health condition of indigenous people is very critical due to lack of proper health services. Malnutrition is the cause of death of community members, particularly women and children. Even after 68 years of Independence, the challenges in health sector such as lack of education, absence of minimum health care and food insecurity is continuing major problems for the indigenous tribal people in India. As a result of increased land grabbing by corporates, the natural resources are depleting creating havoc for the tribal without any alternative livelihood option. The issue of unemployment among the indigenous/tribal youth is a cause of concern.

Implementation of Govt. policies like Forest Rights Act (FRA) 2006, Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) 2005, Right to Information (RTI) and Rural health schemes hardly addressed the health issues or help people to sustain their life. Budget allocated under Schedule Tribe Sub-Plan by the Central Govt. has been allocated in proportion of the population. Data analysis of previous year budget numbers of last five years (2012-2016-17) shows that fund allocation to Tribal Sub-Plan (TSP) on average is over 50% less than what is due. Similarly only 7% or 22 schemes out of total of 303 under Tribal Sub Plan have direct relevance to Scheduled Tribes. Another example: Rs. 6,376 crore allocated under the National Rural Health Mission, where data were not maintained but budgeted under TSP.¹

The ongoing conflict situations and heavy militarization in the indigenous/tribal areas particularly in the Northeastern part of India and Central India, the imposition of Armed Forces Special Power Act (AFSPA) that give impunity to human rights violations, limited access to healthcare and social services etc. are some of the contributing factors to the deterioration of social, economic and health conditions of the indigenous/tribal peoples in India. In the conflict situation, Indigenous/tribal children and women are the most vulnerable to violence both at home and outside. Many indigenous/tribal children still

¹Study analysis of the Union Budget: 2016-17, The Dalit Adivasi Perspective, NCDHR, New Delhi, available at http://www.ncdhr.org.in/Dalitsinnews/Final_Budget_Watch_2016-17_Union.pdf

suffer from malnourishment, anemia and malaria in the absence of proper sanitation, clean drinking water, nutritional food and housing.

Indigenous communities have been practicing herbal medicine and naturopathy since time immemorial. But today this is being taken over by the rich urbanised society as the best treatment option. Indigenous people are thus being systematically deprived from these resources due to corporatization of herbal resources and medicinal plants. The majorities of tribals/adivasis in India are malnourished; know little about sanitation and have limited or no access to hospitals. Consequently many become chronically ill. The social stigma attached to tribals/adivasis often result in medical services never reaching their communities. Tribal/adivasi traditions and culture also cause many to seek spiritual healing rather than medical assistance. Common ailments facing tribal/adivasi include skin diseases, uterus problems, tuberculosis and kidney deficiencies. Alcohol is a major contributing factor to a variety of illnesses. Sudden change in their dietary habit due to poor food products distributed through Public Distribution System (PDS) affect the young generation particularly adolescent girls.

1. According to Census 2011, the Scheduled Tribes (as recognized by the Constitution of India) constitute 8.6 percent of the total population in India. The tribal population has shown favorable sex ratio as compared to other social groups in the country, with 990 females per 1000 males. **Infant Mortality Rate (IMR)** in the Scheduled Tribes population is about 62 per 1000 live births and **Under Five Mortality Rate (U5MR)** is 96 per 1000 live births. Compared to rest of the population, IMR was higher by 27 percent and U5MR rate was higher by 61 percent. The 1-4 year mortality is 33.6 in Scheduled Tribes and 10.3 in the non-Scheduled Tribes. There is a scope for corrective action like immunization, management of acute respiratory infections, Diarrhea and Malnutrition. A very high IMR and U5MR in seven tribal populated states namely Jharkhand, Odisha, Chhattisgarh, Madhya Pradesh, Gujarat, Rajasthan and Andhra Pradesh need urgent attention.²
2. In Scheduled Tribes population, there was only about 10 percent reduction in the Infant Mortality Rate (IMR) during 1992-98, whereas in the total population about 25 percent reduction occurred during the same period.³
3. India has 120 million adolescent girls, accounting for nearly 10% of its population. Despite their numbers, girls in India are largely invisible population. Prevailing socio-cultural customs and norms leave them powerless to decide and build their future. Creating an environment in which girls are safe, seen and celebrated, creating a catalytic change leading to healthier and more prosperous families, communities and societies should be the main aim of both state and non-state actors.

The right to health is the economic, social and cultural right to a universal minimum standard of health to which all individuals are entitled. The primary health care strategies include access to clean drinking water and sewage

² Report of the High Level Committee on Socio, Economic, Health and Educational Status of Tribal Communities in India, Ministry of Tribal Affairs, Govt. of India, May 2014, Pg. 200

³ Ibid. 202

services, and preventive health programs include control over human activities that may expose people to environmental hazards detrimental to their health. However, in the life style of Indigenous Peoples all these facilities are inadequate due to many reasons such as negligence, unwillingness, working strategies etc.

Due to lack of basic facilities especially toilets in the schools, number of school drop- outs amongst adolescent girls increased, then they became easy prey to human trafficking.

4. **The diseases** prevalent in tribal areas can be broadly classified into following categories:
 - Malnutrition (Low birth weight, under-nutrition of children, lower body size of adults, anemia, iron and vitamin A and B deficiency),
 - Maternal and child health problems – higher IMR, U5MR, neonatal mortality, acute respiratory infections, and diarrhea,
 - Communicable diseases (malaria, filaria, tuberculosis, leprosy, skin infections, sexually transmitted diseases, HIV, typhoid, cholera, diarrheal diseases, hepatitis, and viral fevers,
 - Accidents and injuries – including the burns, falls, animal bites, snake bites, violence due to conflicts, and more recently, motor cycle accidents,
 - High consumption of alcohol and tobacco in most areas and of drugs in the Northeast region,
 - Hereditary diseases such as the Hemoglobinopathies (Sickle Cell) and G-6 PD deficiency,
 - Mental health problems – especially in the areas affected by conflicts.
 - Specialty problems – especially the orthopedic and surgical problems, gynecological problems, oro-dental problems and eye problems,
 - Non-communicable illnesses – hypertension, stroke, diabetes, and cancers.

5. **Malnutrition:** Finding of the studies carried out by the National Nutrition Monitoring Bureau (NNMB), a body of the Indian Council of Medical Research, in general, the overall intake of various foods were less than Recommended Daily Allowance (RDA). Similarly, the average intakes of all the nutrients, except for thiamine and vitamin C were less than RDA. The intake of protective / income-elastic foods such as green leafy vegetables, milk and milk products, fats and oils were well below the recommended levels. The inadequacy was greater among younger age groups.

Malnutrition, Anemia, Malaria are curse to the indigenous communities of India. The extent of dietary energy and proteins inadequacy was more pronounced, reiterating the fact that, it is essentially a 'food gap'. The intakes of various micronutrients, specifically that of iron, vitamin A, riboflavin and folic acid was found to be grossly inadequate, which is in consonance with inadequate intake of protective foods.

The prevalence of under-nutrition was higher among 1-3 year children as compared to 3-5 year children as was observed in other studies. The prevalence of chronic energy deficiency (BMI<18.5) had decreased by about nine percent in

adult men and by about six percent in adult women during 1998-99 to 2007-08, while the prevalence of overweight/obesity (BMI \geq 23) had increased from 3.6 percent to seven percent among men and four percent to eight percent among women during the same period. It was observed that the prevalence was 17 percent among men and 20 percent among women for the rural counterparts.

***Case of Attapady, Kerala:** The statistics from Attapadi block of Kerala state, with nearly 88 tribal hamlets has over 100 infant deaths and miscarriages. As per the report prepared by health workers under National Rural Health Mission, lack of nutritious food and proper health care for tribal women during pregnancy has led to such a devastating situation. Most tribal women are anemic. The condition is acute among pregnant women and lactating mothers. Another finding by a medical team shows that a majority of tribal infants in the block are underweight (below the prescribed 2.8 kg). The lack of essential healthcare facilities and the failure of different welfare schemes have led to deplorable living conditions of tribal communities in the region. The root causes of malnutrition among these tribes are land alienation, lack of resources to cultivate the land in their possession and deviation from traditional crops. Over the years, thousands of hectares of agriculture land have been taken away from the tribal people in the region by the non-tribal. No effort has been taken to restore the land from outsiders.⁴*

- 6. Consumption of Tobacco and Alcohol:** Consumption of tobacco or alcohol in any form has negative implications on health causing diseases such as cancer and tuberculosis. Data on Xaxa Committee Report 2014 shows high consumption of tobacco, both through smoking or chewing among men in the age group of 15-54 years. The prevalence of tobacco consumption was around 72 and 56 percent among Scheduled Tribes and Non-Scheduled Tribes respectively. The prevalence of tobacco consumption among Scheduled Tribe men was quite high in states like West Bengal, Bihar, Mizoram and Odisha (more than 80 percent).

A study by SEARCH in the Gadchiroli district, Maharashtra, has reported 60 percent prevalence of tobacco use in tribal population. The estimated annual expenditure on purchasing tobacco products in the district was Rs. 73 crores, which is much more than the expenditure on health and nutrition schemes by the Government. The authors of this study suggested that tobacco contributes to poverty and impedes development of tribal population.⁵

- 7. Alcoholism and Smoking and Drug addiction:** Consumption of alcohol is a part of social rituals in many tribal communities. At the national level, it is noted that about half of tribal men (51 percent) consume some form of alcohol. The prevalence of alcohol consumption was found to be much lower among non-tribal men (30 percent). Therefore, such a pattern of drinking alcohol among tribal men is bound to have negative effect on their health. The estimated prevalence among tribals is found to be higher in the eastern states compared to other. Drug abuse and addiction among tribal youth is rampant in the northeastern states such as Manipur and Nagaland.⁶

⁴Indian Express, Nov 13, 2013

⁵ Xaxa Committee Report 2014, p 206

⁶ Ibid.

8. **Unsafe Drinking Water and Poor Sanitation:** Census 2011 of India shows that just about 11 percent of tribal households in the country have access to tap water and only three percent households have tap water from treated source. Accessibility to tap water, including those treated, differs widely across the states. Only 17 percent of Scheduled Tribe households have access to improved sanitary facilities as compared with 44 percent among non-Scheduled Tribe households.
9. **Poor Public Health Infrastructure and Human Resources:** Majority of Scheduled Tribe population depends on the public health system, as private providers do not have any interest to work in the tribal dominated areas. Therefore, improving the existing public health system becomes all the more important. More than three-fourths of tribal population seeks treatment from Government funded health facilities, as compared to only 47 percent of Non-Scheduled Tribes.

Further, rural health statistics (2012) provided by the Health Intelligence Bureau, Ministry of Health and Family Welfare, Government of India, reported a huge shortfall of Physicians, Pediatricians, or any other specialist at community health centers (CHCs) and doctors at primary health centers (PHCs) in Tribal areas. Therefore, public health system needs to be improved as its efficiency can directly affect health of tribes.

10. **Maternal and Child Health Care:** There is a large gap between Scheduled Tribes and Non-Scheduled Tribes in institutional delivery due to accessibility in terms of social and economic reasons. The coverage of newborn care is about 34 percent for tribal children, whereas it is slightly above 50 percent among non-tribe children. The condition in rural areas is much worse.

Case: Death due to medical negligence and illegal clinical trials on tribal girls: Poor and rural tribal people are have been used as “guinea pig” by many pharmaceutical companies. Between 2007-2012 as many as 25, 000 girls in Andhra Pradesh and Gujarat were recruited for cervical cancer vaccine’s clinical trials, of whom several tribal girls and boys died in a week of months following vaccination. The vaccination was carried out without the consent of their parents, which was a breach of guidelines/ethical norms laid down by the Medical Research Council of India.

Case: Death of tribal women due to forceful sterilization: A policy in the name of ‘population control’ by the govt. agencies has been violating women’s right to reproductive health and their safety. Women are target as policy, they have to pay heavy price while their men too are equally responsible for the family planning. There had has been number of reported death and causalities of tribal women who have gone through sterilization in many parts of India, but it never came to limelight until the incidence of Bilaspur, Chhattisgarh (November 2014) where 14 tribal women died, including two women from Baiga community which comes under Particularly Vulnerable Tribal Group (PVTG) and has been adopted by the President of India for their protection, and are forbidden to do sterilization as their

number is constantly decreasing. This is against the Constitutional Provision, which shows deliberate action and utter negligence by the Government.

In 2012, nearly 7000 women were subjected to forced operations to remove uteruses, in Chhattisgarh's private hospitals within a period of 30 months. The private hospitals had done the operations to profit from the RSBY National Health Insurance Scheme package money. Not all of the women know about the law and they are persuaded or forced to the sterilization centres by health workers bent on meeting government set targets.

National policies on health and Indigenous/tribal people:

The Constitution of India makes health in India the responsibility of state governments, rather than the central federal government. It makes every state responsible for "raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002 and is being worked upon further in 2017. In earlier national Health Policy the Indian System of medicine had been part of Health Policy but unfortunately has been not implemented. Ministry of Health and Family Welfare, Government of India has constituted a sub-committee on Tribal Health needed to be more inclusive.

The international legal framework regarding indigenous peoples and the right to health:

Article 25 of the UDHR emphasizes recognition of the right of all persons to an adequate standard of living, including guarantees for health and well-being. It acknowledges the relationship between health and well-being and its link with other rights, such as the right to food and the right to housing, as well as medical and social services. It adopts a broad view of the right to health as a human right, even though health is but one component of an adequate standard of living.

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) provides the framework for protection of indigenous peoples from discrimination. It means government must ensure that indigenous communities and individuals are treated the same way as other people, regardless of sex, disability or religion.

Article 24 of the UNDRIP specifically talks about the rights of indigenous people to health; right to access health care and social services without discrimination, and the right to use traditional medicines and health practices that they find suitable. It is therefore the duty and responsibility of the government to deliver this right to the indigenous peoples.

Article 12 of the CEDAW talks about state's responsibility and accountability towards elimination of discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning, to ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, as well as adequate nutrition during pregnancy and lactation.

Recommendations:

- 1. Protection and Promotion of indigenous health system and traditional herbal medicines:** Government should take up measures to protect and promote the traditional herbal medicines of indigenous peoples and ensure the ownership of community over their own herbal treatment practices. Training must be provided to traditional healers with improved technology to ensure better health care in remote villages.
- 2. Ensure equal access to health care and services for indigenous communities:** For indigenous communities to have access to health care and services, the government must provide adequate health care infrastructure, quality services and functional establishments, emergency drugs and essential drugs available at all times. Care must be taken to ensure that paramedic staff is made available to all the Indigenous Communities. Similarly, labour room, functional Operation Theatre (OT) and newborn care corner is necessary.

It must also provide take up special measures such as regular health check-up and monitoring for education to arrest malnutrition and child marriages, Institutional rehabilitation of physically and mentally challenged tribal children, and regular mobile health services for remotely located PVTG/MVTs who are on the verge of extinction.

- 3. Special Medical Attention to indigenous communities needing special care:** Special attention must be accorded to indigenous peoples suffering from peculiar disease. Provide special attention to specific tribes for sickle cell disease; Sickle cell is an acute problem in scheduled areas particularly Bhil belt from Rajasthan Maharashtra, Gujarat and Madhya Pradesh. Separate hospitals and preventive institutes should be established at village level and regional level.
- 4. Indigenous women's right to health must be considered from a gender perspective:** Today's healthy adolescent girls are the future mother of healthy children. Therefore, indigenous women's right to health must be considered from a gender perspective.
- 5. Information, Education and Communication** activities addressing the issue of hypertension need to be strengthened in these areas. Increased awareness about the condition through health education, and early diagnosis and prompt treatment will prevent consequences.
- 6. Immediate and serious corrective policy measures:** Corrective policy measures and intervention to address the issues of alcoholism, drugs abuse and consumption of tobacco among indigenous/tribal population is necessary.
- 7. Implementation of the provisions of UNDRIP:** Government must take cognition of indigenous peoples right to health as enshrined in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and take necessary measures to realize the rights to health of indigenous people.

8. **Decentralization of healthcare governance** through administrative and political reforms through active participation of public and health workers.
9. **The proposed National Health Policy (2017)** should be more inclusive and should promote tribal healthcare system by strengthening the allopathic. Encourage, document and patent tribal traditional medicines, encourage youth and women through training.
10. To fight against Malnutrition, Anemia, Malaria nutrition programme for tribal women and children, there is a need for massive awareness campaign; adequate civil amenities in tribal areas with safe drinking water and three times meal per day. Regeneration of forest and strengthening relation with forest and health need to re-established.
11. Self determine development of the indigenous/tribal peoples must be respected so that development take place according to the need and in the wisdom of indigenous peoples themselves.

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