

Wellness for All: Strengthening Tribal Health in India

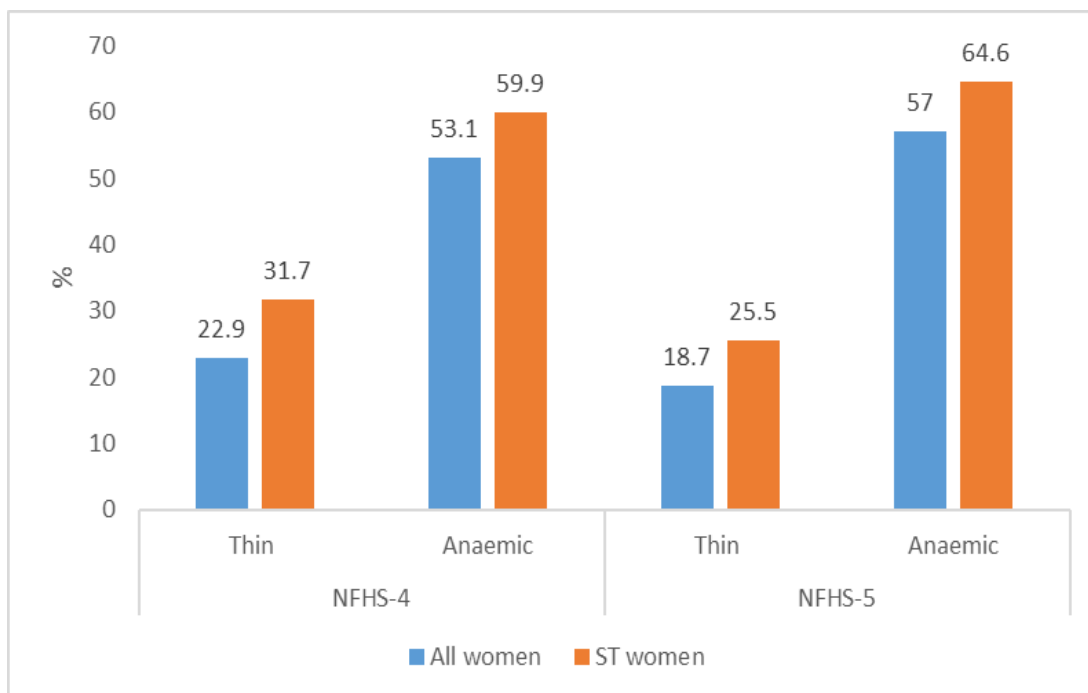
Jaya Jumrani*, Kanishk Dutta and Samridhi†

Despite being the world's fourth-largest economy, India is in a silent state of emergency, with human health and development indicators for Scheduled Tribes (ST) or Adivasis falling below the national average. Indian tribal communities have consistently had some of the most challenging health outcomes in the country. This crisis is most visible in the nutritional well-being of the most vulnerable population groups, namely under-five children and women of reproductive age, where the silent burdens of stunting (low height for age), wasting (low weight for height), and underweight (low weight for age) paint a stark picture of deep inequality. Anaemia (haemoglobin level <12g/dl) is a severe and often hidden crisis among women, in addition to visible anthropometric outcomes in children.

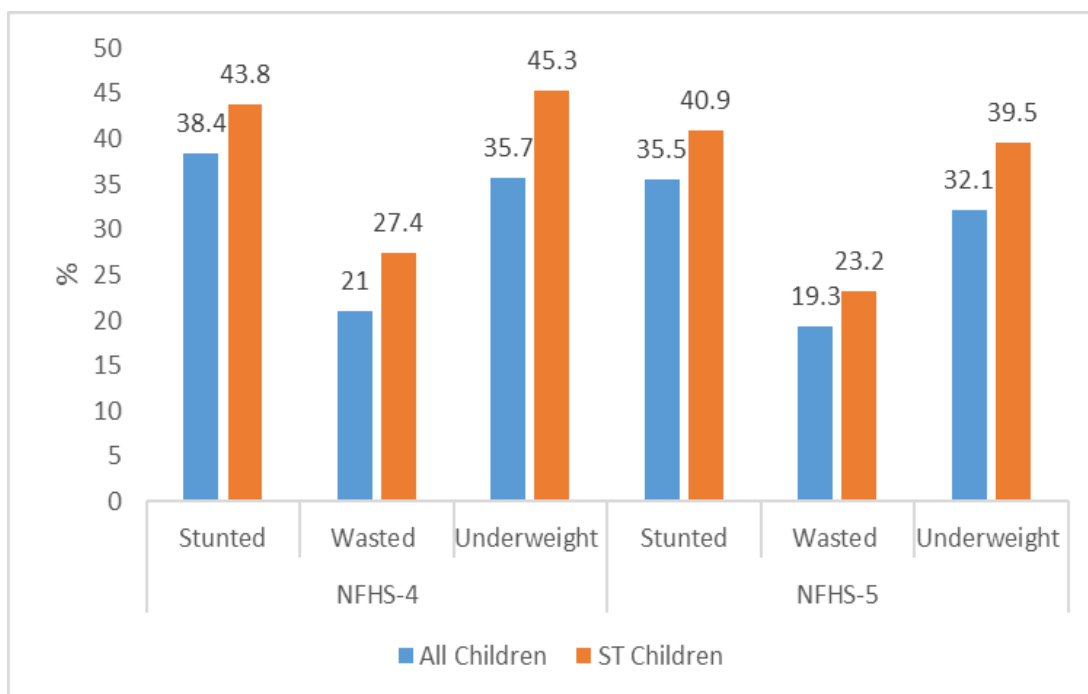
There exist wide differentials across health and nutrition indicators among the ST and non-ST populations. The findings from National Family Health Survey-4 (2015-16) and National Family Health Survey-5 (2019-21) show that anaemia and undernourishment (thinness: having a body mass index of <18.5 (kg/m²) remain higher among the ST women (15-49 years) compared to the national average (see figures). While anaemia among all women increased from 53.1% in 2015-16 to 57% in 2019-21, it however rose more sharply among ST women from 59.9% to 64.6% during the same period. The nutritional status of tribal children, while showing a slow improvement, remains significantly worse than the national average. There exists a persistent nutritional gap for tribal children in both the survey rounds with ST children showing higher rates of anthropometric outcomes compared to the national average. Even though there has been a marginal improvement between NFHS-4 and NFHS-5, the disparity still exists with 40.9% of ST children being chronically stunted in NFHS-5 compared to the all-India average of 35.5%.

* Jaya Jumrani is Senior Scientist, ICAR-National Institute of Agricultural Economics and Policy Research (NIAP), New Delhi.

† Kanishk Dutta and Samridhi are Young Professionals, ICAR-National Institute of Agricultural Economics and Policy Research (NIAP), New Delhi. Views expressed are personal.



Source: National Family Health Survey 4 (2015-16) and 5 (2019-21)



Source: National Family Health Survey 4 (2015-16) and 5 (2019-21)

ST communities' poor health outcomes result from a complex interplay of economic, social, and cultural disadvantages. Geographic isolation and inadequate healthcare infrastructure impede timely access to medical services, while poverty, food insecurity and inadequate sanitation increase susceptibility to chronic illness and infection. Low literacy levels and deeply held cultural beliefs frequently lead to reliance on traditional healers and home remedies, which delays professional treatment. Inadequate awareness of maternal health, nutrition, and hygiene practices contributes to malnutrition and anaemia, trapping many tribal families in a never-ending cycle of poor health and preventable disease.

The Development Action Plan for Scheduled Tribes and the Pradhan Mantri Janjatiya Unnat Gram Abhiyan form the foundation of India's ongoing efforts to strengthen healthcare, education, and infrastructure in tribal regions. In addition, POSHAN Abhiyaan, Integrated Tribal Development Projects and Tribal Sub-Plan scheme aim to improve nutrition and health outcomes. The National Health Mission further supports these goals through 1,498 Mobile Medical Units, including 694 serving Particularly Vulnerable Tribal Group areas, ensuring access to essential healthcare in remote locations. A recent joint initiative by Ministries of Ayush and Tribal Affairs have also started the National Health Screening and Management Project, targeting over 20,000 tribal students in 55 Eklavya Model Residential Schools across 14 states addressing anaemia, malnutrition, genetic disorders such as sickle cell disease, and tuberculosis through Ayurvedic interventions and preventive health practices.

Closing the tragic gap, we see in the data is not the sole responsibility of governments or NGOs. It is a shared responsibility that begins with recognizing the human cost of inequality. Improving the health of ST communities calls for integrated, community-led solutions that blend modern healthcare with traditional practices. Expanding programmes like Mission Poshan 2.0 toward holistic wellness, promoting health literacy, and engaging local healers and leaders can strengthen trust and participation. Sustained impact will require recruiting skilled health workers, improving connectivity and infrastructure, and aligning health initiatives with nutrition, livelihoods, and education to build lasting resilience and self-reliance in tribal regions. Ultimately, a sustainable path forward lies in co-developing culturally appropriate solutions that integrate traditional knowledge with modern healthcare—ensuring that tribal communities are not only healthy but thrive with dignity and self-reliance.