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In the Shadows of the State: Structural Barriers to Tribal Health in Tamil Nadu

Dr. S. Anitha

Assistant Professor

Department of Sociology, Manonmaniam Sundaranar University, Tirunelveli – 627012,

Email id: sv.anithamsu2016@gmail.com

Abstract

In India, Scheduled Tribes still face some of the poorest health conditions across almost every major indicator. This includes infant and maternal deaths, nutrition levels, and even life expectancy. Tamil Nadu is usually praised for its strong social welfare policies and good healthcare system. But the situation looks quite different when we focus on the health of its tribal (Adivasi) communities. This paper examines the deeper structures that shape these health gaps, looking at the role of the state, environmental policies, and the social and political exclusion that tribes continue to experience.

Using a political ecology approach, the paper argues that poor health among tribal groups is not only because they live in remote areas or because health services are weak. It is rooted in long-term marginalization, loss of land, destruction of forests, decline of traditional food systems, and even the criminalization of indigenous healing practices. Drawing from field observations, policy documents, and existing studies from regions like the Nilgiris, Jawadhu Hills, and Kalrayan Hills, we show how environmental damage and the weakening of traditional rights to forests and land increase health risks.

The paper also points out the gap between formal healthcare and Adivasi cultural beliefs. Many times, the biomedical system does not recognise tribal knowledge and treats it as inferior. Our findings challenge the usual idea that Adivasi groups are simply "beneficiaries" waiting for help. Instead, we argue for a shift in health planning, one that respects their land, culture, and ecological knowledge. We suggest a rights-based model where indigenous voices play a central role in designing fair health systems.

Keywords: Tribal health, Adivasis, Political ecology, Tamil Nadu, Health disparities, Indigenous.

1. Introduction

Tamil Nadu is often seen as a progressive state with strong welfare systems. Yet Adivasi communities here remain among the most disadvantaged in terms of health. Groups like the Irulas, Kattunayakans, Paniyas, and Todas continue to face major gaps in nutrition, maternal health, and access to proper healthcare (Ganesh et al., 2021). These problems are not simply because they live far from cities. They come from deeper issues like environmental loss, long-term marginalization, and overall neglect (Seshadri et al., 2019).

Across areas such as the Nilgiris, Kalrayan Hills, and Jawadhu Hills, poor health outcomes reflect a mix of ecological decline, social exclusion, and policy failures (Craig et al., 2018). As traditional livelihoods weaken, many Adivasi families lose access to diverse local foods, which increases the risk of malnutrition and even some lifestyle diseases (Finnis, 2007). Low literacy, sanitation problems, and stigma within the formal healthcare system make things worse, especially since tribal health beliefs are rarely understood or valued (Thresia, 2018).

Political ecology helps us understand these issues better. It shows how health is shaped not only by personal behaviour or biology but also by environment, governance, and power (Nichols, 2015; Vandana & Bhattacharya, 2023). In Tamil Nadu, this means Adivasi health problems must be seen alongside state conservation policies, land displacement, and their limited involvement in decision-making (Sen, 2021). These layers together create what Bhowmick (2024) calls an "ecology of vulnerability."

Research shows that many government interventions ignore the social causes behind tribal health problems, such as discrimination, weak transport networks, and a lack of culturally sensitive care (Nallala et al., 2023; Nayar, 2007). Even Tamil Nadu's strong public health model struggles to reach remote Adivasi settlements (Kalaiyarasan & Vijayabaskar, 2021).

So, this paper places tribal health within the larger context of marginalization. It argues that improving Adivasi well-being is not only about providing hospitals or services. It is also about land rights, environmental justice, and respect for indigenous knowledge.

2. Literature Review: The Political Ecology of Tribal Health

2.1 Indigenous Health Inequities in India

Across the country, tribal groups experience worse health outcomes than others. They face higher levels of malnutrition, maternal deaths, and infectious diseases (Haddad et al., 2012). In Tamil Nadu, groups like the Irulas, Kattunayakans, and Paliyars remain socially and economically deprived, often living in hill or forest areas with very limited healthcare (Ganesh et al., 2021). Even when services are available, language barriers and discrimination make access difficult (Seshadri et al., 2020).

2.2 The Socio-ecological Determinants of Tribal Health

Many studies link environmental change and livelihood loss to poor health. As forest access reduces and traditional crops disappear, diets change and nutritional diversity falls (Finnis, 2007). Finnis' study in Kolli Hills showed how market forces pushed people away from traditional foods. Sonowal (2025) also noted that losing traditional ecological knowledge weakens tribal control over their own health.

2.3 Cultural Interfaces and the Biomedical Dominance

Health programmes in tribal areas often fail because they ignore indigenous healing systems. Evidence from Gudalur shows that tribal healers play a crucial role, yet they are not included in official health systems (Rajeev et al., 2025). As Thresia (2018) argues, the biomedical model treats indigenous knowledge as backward instead of recognising it as valuable. This tension is worsened by centralised policies that rarely consider local cultures (Mukhopadhyay & Paul, 2020).

2.4 Political Ecology and Structural Barriers

Studies in political ecology highlight how land alienation, displacement, and governance failures contribute to poor health (Soman et al., 2024). In Tamil Nadu, conservation and plantation activities have restricted forest dwellers' access to medicinal plants and traditional food sources (Craig et al., 2018). Scholars like Thresia (2018) and Kuttiatt et al. (2025) argue that solutions must address these deeper structural issues.

2.5 Gaps in Literature

While India's tribal health concerns are well documented, studies focusing specifically on Tamil Nadu are limited. Many existing works treat tribal health only as a welfare issue rather than examining political and ecological

factors. There is a clear need for interdisciplinary research that connects environment, governance, and cultural exclusion.

3. Methodology

3.1 Research Design

This research uses a qualitative design based entirely on secondary data. The political ecology framework helps link health outcomes with environmental and governance systems (Nichols, 2015; Sen, 2021). Instead of collecting new field data, the study brings together existing academic, policy, and institutional information to understand how health inequalities are reproduced.

3.2 Data Sources

The study uses secondary data from academic literature, government reports, policy documents, health datasets (like NFHS-5 and Census 2011), and reports from civil society and global organisations. These sources offer a wide view of tribal health in Tamil Nadu.

3.3 Data Collection and Selection Criteria

A systematic review was carried out from May to November 2025 using databases like PubMed, JSTOR, and Google Scholar. The selection focused on English-language publications from 2000–2025 that discussed tribal health, environment, and governance. In total, 62 academic papers, 11 government reports, and 7 datasets were included.

3.4 Analytical Framework and Method

The analysis used thematic synthesis (Braun & Clarke, 2019). Data from health surveys and reports were summarised first, and then key patterns were identified,structural barriers, ecological factors, and cultural or institutional exclusion. Political ecology guided the interpretation, helping connect these themes to issues of power and resource control.

3.5 Limitations

Since the study depends on existing literature, some tribal regions are underrepresented. But using multiple data sources helps maintain accuracy.

4. Findings and Analysis

The analysis shows that despite Tamil Nadu's overall strong health indicators, its tribal communities face persistent disadvantages. These stem from structural barriers, ecological vulnerabilities, and institutional exclusion (Manna et al., 2022; Kuttiatt et al., 2025).

4.1 Structural Inequities and Health Access

NFHS-5 shows that only 61.4% of tribal households live within 5 km of a government health facility, compared to 83% of the general population (MoHFW, 2021). Poor roads, displacement, and low literacy have limited the reach of health programmes. In places like Jawadhu and Kalrayan Hills, antenatal care and immunization services remain underused due to these challenges.

4.2 Nutritional Deficiencies and Ecological Vulnerability

Nutrition remains a major concern. NFHS-5 reports that 41% of tribal children are stunted and 37% are underweight in Tamil Nadu (Shanmugapriya et al., 2025). Environment loss and market dependency have weakened traditional food systems (Craig et al., 2018). The shift from millet-based diets to subsidized rice has reduced micronutrient intake (Mazumdar & Roy, 2025).

4.3 Emerging Non-communicable Diseases and Behavioral Risks

Studies show rising cases of hypertension and diabetes among tribal groups (Vennam et al., 2024). Lifestyle changes and high alcohol consumption, especially among Irula and Malayali groups, worsen the problem (Shivdasani, 2024).

4.4 Policy Gaps and Institutional Exclusion

Even though policies exist, implementation is weak. Poor coordination between departments and lack of cultural sensitivity contribute to alienation (Kanrar et al., 2023). Multidimensional poverty adds further pressure on health outcomes (Biswas & Sharma, 2025).

4.5 Synthesis: The Political Ecology of Tribal Health

Overall, the findings show that tribal health is shaped by a mix of structural, environmental, and cultural exclusions. Without including indigenous perspectives and restoring ecological rights, health interventions may continue to fall short.

5. Discussion

5.1 Governance, Exclusion, and the Political Ecology of Health

Political ecology helps explain how overlapping and uncoordinated government departments create governance gaps. These gaps often leave tribal settlements underserved (Vandana & Bhattacharya, 2023). Health outcomes, therefore, reflect political neglect rather than personal choices.

5.2 The Erosion of Indigenous Autonomy and Knowledge Systems

Loss of land, changing food habits, and the dominance of biomedical systems have weakened indigenous autonomy. Traditional healers and local ecological knowledge, once central to community health, have been pushed aside (Seshadri et al., 2019).

5.3 Welfare, Rights, and the Limits of Policy Reform

Tamil Nadu's welfare model is progressive, yet it struggles in tribal regions because policies remain top-down. Participation in local governance is limited, and ecological dispossession continues to affect health (Durai & Babuji, 2023).

5.4 Toward a Transformative Framework

Improving tribal health requires shifting from welfare-delivery to empowerment. This includes decentralised governance, recognition of traditional knowledge, and policies that support ecological justice.

6. Conclusion and Policy Recommendations

Tribal health disparities in Tamil Nadu are deeply tied to structural and ecological marginalization. Despite strong welfare systems, many Adivasi communities remain excluded due to weak governance, environmental loss, and lack of cultural recognition. Health policies often address immediate problems but ignore the deeper causes.

6.1 Policy Recommendations

1. **Decentralised and Culturally Sensitive Governance** – Local committees with tribal participation and traditional healers can make health planning more relevant.

2. **Integrating Traditional Ecological Knowledge** – Programmes must respect and incorporate indigenous healing and ecological knowledge.

3. **Ecological Justice and Food Sovereignty** – Ensuring rights to forest produce and promoting traditional crops can improve nutrition and autonomy.

4. **Better Coordination Between Departments** – A dedicated task force can help bridge gaps across health, forest, and tribal departments.

5. **Participatory Monitoring** – Community health workers and local organisations should play a key role in evaluating policies.

6.2 Concluding Reflections

Real change requires recognising Adivasi health as a matter of justice and self-determination. Without empowering indigenous communities and valuing their knowledge, health inequality will continue. Sustainable solutions must combine equity, ecology, and meaningful participation.

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