



Editorial

The why & the how of research for the tribal people's health

Health of the tribal people in India is replete with problems and paradoxes waiting to be studied and solved. On that background, a special issue of the Indian Journal of Medical Research (IJMR) focussed on tribal health is a very timely and welcome happening. I congratulate the IJMR and the Indian Council of Medical Research (ICMR) for this initiative.

What is the main paradox of tribal health in India?

Globally, there is increasing inquiry into the health and rights of the tribal people (also called 'the Indigenous people' or 'the Aborigines' or 'the First Nations')¹. The past colonial masters in Australia and Canada are accepting the dark history of injustice including the genocide perpetrated on these people and are making the amends^{2,3}. On the other hand, the much poorer India, where nearly 110 million tribal people live, treated them much better than the Western colonizers - at least in the recent past. As India completes and celebrates the 75th year of Independence, she can be justly proud that the Constitution of India recognizes the tribal people as equal citizens and promises several protections. Yet, paradoxically, as a society and the nation, as the people and the governments, we (with some glorious exceptions) are generally ignorant or callous and inactive towards the tribal people and their health. Reportedly, 110 million tribal people suffer the worst socio-economic and health status in India⁴.

Two positive developments in the past few years offer the early signs of change. One, the two ministries of the Government of India (Ministry of Health and Family Welfare and The Ministry of Tribal Affairs) jointly appointed an Expert Committee on Tribal Health in 2013. This 13 member committee, which I chaired, after five years of work, submitted its final report in 2018 - Tribal Health in India: Bridging the Gap and Roadmap for the Future⁵ (Box). This report was the first comprehensive, evidence-based review of

the health of the tribal people in India. Moreover, it makes about 80 recommendations and provides a road map for the future.

Secondly, the ICMR took the lead and established a 'Tribal Health Research Network' to promote coordinated research on tribal health. This special issue of the IJMR, the flagship journal of the ICMR, is one more step in this direction.

In this special issue, the readers will find articles and studies on diverse topics. These include studies on communicable diseases (malaria, leprosy, HIV and COVID-19) in tribal populations, non-communicable diseases (screening or causes of death), nutrition (zinc and vitamin D status), genetic diseases (sickle cell disease - newborn screening and the hydroxyurea therapy), on healthcare delivery (preparedness and barriers), maternal and reproductive health of women, participation of tribal people, and finally, a systematic review of 11 studies on mental health in the tribal population. It is noteworthy that the articles include studies covering the far ends of India, such as the North East, Kashmir and Nicobar Islands.

I congratulate the authors, most often from the national institutes of the ICMR, for having explored such diverse topics in tribal health. The aspiring researchers will find a rich list of potential topics in the chapter 9 of the Report on Tribal Health⁵. I might be permitted to reveal that the draft of that chapter, titled, 'Research, Generating Knowledge and Data on Tribal Health' was written by the leading scientists from the ICMR, namely (late) Dr Neeru Singh and Dr Soumya Swaminathan, the then Director General of ICMR.

Besides the topics for research, even more fundamental, are the purpose and the approach - the Why and the How of research. I may be excused if I offer a few tips to the present and future researchers on tribal health about these two aspects:

Box. Report of the Expert Committee on Tribal Health in India (2018)

Main findings and recommendations

Although there has been a significant improvement in the health status of the tribal people in India during the past 25 years

- The health and nutritional status of tribal people is worst in India.
- Tribal people continue to suffer a triple burden of disease.
- Epidemiologic transition has already started in the tribal population.
- The health care in tribal areas is deficient, inefficient, demoralized and starved of the necessary human resource and funds.
- Participation of tribal people in the planning, delivery and monitoring of health care is almost completely missing.
- Tribal health is neglected due to the serious lack of tribal specific data, and the absence of a separate administrative mechanism to plan, deliver and monitor health care in tribal areas.
- The present design of health-care delivery in the rural areas needs appropriate modification for the tribal geography, culture and the healthcare needs.
- Huge amount of research focussed on tribal health is needed.
- Funds matching with the commitment in the National Health Policy (2017) must be allocated to tribal health, amounting to nearly ₹ 2700 per capita (tribal) per year, at the prices in 2015.
- Separate Tribal Health Council, Directorate, Action Plan and Research Cell are recommended at the national and the state level.

One, go to the tribal areas and the people. This, of course, requires leaving the comforts of the institutes and cities. Hundreds of researchers, from the colonial era till today, have done that with rich rewards in the form of emotional satisfaction and new research findings.

Two, begin by listening to the tribal people. We are often in too much of hurry to collect data on the topics and questionnaires already framed. If we do that, we have already missed the bus! First, look and listen.

Three, do not plan an imitative research on the topics of insignificance merely to get one more publication (which nobody will care to read). Edward Huth, the doyen among the editors of medical research journals, offered a simple test, the 'So What' test. Before undertaking a new study, ask a single question to yourself. Imagine, that you have completed this study and even published it. 'So what?' What difference will it make to the thinking, practice or policy in the real world? This test will provide you the guidance on the worth of the study you wish to undertake – Huth advises⁶.

Fourth, select or design studies which ask inconvenient questions; bold questions. If your questions and findings do not disturb anything and anybody, probably they are a waste. Research must aim to change, even if fractionally, the present state of tribal health.

Finally, no change in tribal health is possible without the tribal people. Connect with them and involve them; enable and empower them. The

ultimate purpose of research on tribal health must be to empower the tribal people to change the present state. For that to happen, we need a paradigm shift in our mindset.

Research, not *on* the tribal people, but

Research *for* the tribal people. Even better,

Research *with* the tribal people, and finally,

Research *by* the tribal people.

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Abhay Bang

SEARCH, Gadchiroli 442 605, Maharashtra, India
search.gad@gmail.com

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