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Socio -Economic Determinants of Health among Tribal Communities in Telangana State

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Abstract

Scheduled Tribe communities in India remain among the most marginalised, facing serious and persistent health disparities despite constitutional protections and welfare programs. In Telangana, tribal populations are concentrated in remote, economically disadvantaged areas where access to healthcare and basic services is limited. This paper argues that the health and well-being of Adivasis in Telangana are primarily shaped by structural inequalities—specifically, poverty, social exclusion, and institutional barriers—rather than individual behaviour. Focusing on maternal and child health, nutrition, diseases, healthcare access, and underlying social determinants. Findings reveal ongoing health disparities both between tribal and non-tribal groups and among different Scheduled Tribes. The analysis demonstrates a strong association between socioeconomic factors and health outcomes: higher maternal education is associated with reduced child undernutrition ($r = 0.61$), and higher household income is associated with improved antenatal care use ($r = 0.67$). Education and income are also associated with lower rates of maternal anaemia, underscoring the need to address the social and economic determinants of sustained health improvements.

Keywords: Adivasis, Scheduled Tribes, Health Inequality, Nutrition, Telangana, Well-being

1. Introduction

Health and well-being are vital for individual development and social equity. In India, social stratification by caste, tribe, gender, and location significantly impacts health outcomes. Adivasis, or Scheduled Tribes (STs), continue to have the poorest health indicators among these groups. Chronic health challenges persist due to marginalisation, reduced access to forests, limited educational opportunities, and prolonged deprivation.

Telangana, India's newest state, is unique because it has both fast economic growth and long-lasting social and topographical problems. The state has made a lot of progress in making healthcare and social welfare services better, but tribal communities are still not as healthy and happy as they could be. Districts having a high population of Adivasi individuals exhibit increased incidences of malnutrition, maternal anaemia, child morbidity, and preventable illnesses.

2. Review of Literature

Health and well-being are significant for development, particularly for tribal communities. Empowerment of marginalised groups involves creating political space for these groups by the state and civil society. However, one can say that it is a process of liberation from artificial bondage through sustained struggle and resistance (Lal, 2005).

This study provides the food consumption of rural people in the Bidar district. 66 (44%) respondents consume rice as their staple food, followed by 60 (40%) who consume jowar, and 24 (16%) who consume wheat (Lal, 2020).

Most rural and tribal people lack awareness of the importance of sanitation. Therefore, they were not using the toilet and going for open defecation, exposing themselves to abuse and insect bites. It has to be tackled by motivating them and raising awareness about sanitation (Lal,

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2020a).

The teenagers are starting to drink alcoholic beverages at an earlier age. 15-20-year-olds are drinking. Alcohol is also a major causal and contributing factor in Alcohol is also a major causal and contributing factor in injuries and premature deaths due to motor vehicle accidents, falls, suicides, fires, drowning, and violence(Naik,2013).

3. Objectives of the Study

1. To examine health indicators for mothers, children, and nutrition within the Scheduled Tribes.
2. To assess the incidence of communicable and non-communicable diseases in tribal groups.
3. To evaluate ease of access to healthcare services in indigenous areas.
4. To suggest policy changes that will improve the health and well-being of Adivasi people.

4. Theoretical Framework

The study employs the social determinants of health framework, which emphasises that health outcomes are shaped by socio-economic factors, living conditions, education, employment, and service accessibility. Being cut off from the rest of the world, not being included in normal development procedures, and being culturally excluded make these things worse for Adivasis. In tribal areas, well-being comprises more than just bodily factors. It also includes having enough food, a stable job, a strong cultural identity, and social dignity. So, to fully understand Adivasi health, we need to combine public health views with socio-economic and anthropological views.

5. Source of Data and Sample Design

The study is based on secondary data. Data collected from the National Family Health Survey (NFHS-5), the Census in India, Health and Tribal Welfare Reports for Telangana State, and Papers from the National Health Mission (NHM). Descriptive and comparative analyses are used to understand Telangana tribal health and well-being.

6. Results and Discussion

6.1. The Social and Economic Background of Adivasis in Telangana

About 9–10% of the people who live in Telangana are from the Scheduled Tribes. The Lambada (Banjara), Koya, Gond, Kolam, Chenchu, and Naikpod are some of the most important tribal groups. Some communities have joined the rural economy to some extent, but many tribes that live in the forest are still quite destitute.

Aboriginal families are much more likely to be poor than the average family in the state. Limited land ownership, farming that depends on rain, seasonal migration, and not having many alternative means to make a living all contribute to economic instability. Educational levels are still low, especially for indigenous women, which keeps the cycle of poor health and misery going from one generation to the next.

6.2. Mothers' and Children's Health

The maternal health indicators for Adivasi women are slowly becoming better, although they are still below the state average. Women from tribes report they do not go to antenatal care services as often, and they have a higher risk of anaemia. Receiving married early, having a lot of kids, not receiving enough nourishment, and working a lot while pregnant all make it more likely that a mother may get sick.

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Even while public health programs have led to more births in hospitals, there are still concerns with the quality of care, cultural sensitivity, and follow-up care after birth in tribal regions.

Table 1: Maternal Health Indicators among Scheduled Tribes in Telangana.

Sl.No.	Indicator	Scheduled Tribes (%)	Telangana Total (%)
1	Women (15–49) with ≥4 ANC visits	55.3	68.1
2	Institutional deliveries	91.2	94.7
3	Mothers receiving postnatal care within 2 days	63.4	78.6
4	Pregnant women with anemia	62.8	57.6

Source: IIPS & ICF (2021), NFHS-5 Telangana

Table 1, A number of Adivasi women give birth in hospitals, but there are still large discrepancies in the care they get before and after giving birth. The higher risk of maternal anaemia among Scheduled Tribes indicates persistent nutritional deficiency and insufficient dietary diversity.

6.3. Health and Nutrition for Kids

The health of Adivasi kids is still a serious problem. There are more stunted, wasted, and underweight kids in tribal areas than in other places. Not having enough food at home, not eating a wide range of meals, getting sick often, and not being clean are all things that are closely linked to malnutrition. Anaemia in kids is still frequent, and it hinders their brain development and academic performance. Food shortages at particular periods of the year and dependence on public distribution systems make nutritional weaknesses even worse.

Table 2: Nutritional Status of Children (0–5 years) in Telangana

Sl.No.	Indicator	ST Children (%)	Telangana Total (%)
1	Stunted (low height-for-age)	38.5	33.1
2	Wasted (low weight-for-height)	22.1	21.0
3	Underweight	34.2	28.7
4	Children with anemia	71.0	67.0

Source: IIPS & ICF (2021), NFHS-5 Telangana

Table 2, A lot of Adivasi kids are still not getting enough food. Compared to the state average, chronic undernutrition (stunting) is much higher. This means that people are going without food for a long time because of poverty, food insecurity, and long-term illness.

6.4. Communicable Diseases and the Health of the Environment

Adivasis still have a lot of trouble with communicable diseases. Tribal regions experienced more cases of TB, malaria, diarrhoea, and acute respiratory infections. People are more likely to get sick when they live in terrible conditions, drink dirty water, and have poor hygiene.

Table 3: Water, Sanitation, and Hygiene Indicators

Sl.No	Indicator	ST Households (%)	Telangana Total (%)
1	Households with improved drinking water	86.4	92.6
2	Households with improved sanitation	63.1	76.4
3	Households practising open defecation	33.7	21.4

Source: IIPS & ICF (2021), NFHS-5 Telangana

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Table 3, What this means is that Adivasis, especially young people and old people, are significantly more prone to suffer diarrhoea and parasites when they do not have access to clean water and proper sanitation. National programs have improved sanitation coverage, but in tribal regions, water constraints and behavioural problems limit the health benefits of these programs.

6.5. The Increasing Issue of Non-Communicable Diseases

Recent studies have found that tribal communities are more likely to have risk factors for non-communicable diseases (NCDs) like high blood pressure, diabetes, and heart disease. This change in illness trends is due to people eating differently, drinking and smoking more, and not exercising as much. Undernutrition and non-communicable diseases (NCDs) are both present at the same time, which is a double burden of disease. This makes it harder for public health planners to do their jobs in tribal areas.

Table 4: NCD Risk Factors among Adults (15–49 years) (NFHS-5)

Sl. No	Indicator	ST Population (%)	Telangana Total (%)
1	Men consuming tobacco	47.6	38.4
2	Men consuming alcohol	41.2	32.6
3	Women with BMI <18.5	28.9	21.2
4	Adults with hypertension (measured)	21.3	24.5

Source: IIPS & ICF (2021), NFHS-5 Telangana

Table 4. The fact that tribal males smoke and drink a lot, and women do not receive enough food, shows that they are at risk for both disease and new lifestyle changes.

6.6. Access to Health Service

People in tribal regions still do not have equitable access to healthcare. A lot of houses are far distant from primary health centres, and there are not enough medical staff to help them get the care they need. People are less likely to use the services that are offered because of problems with transportation, language, and a lack of health understanding. Community health workers are very crucial for filling in the gaps, but they have issues with their training, workload, and infrastructure.

Table 5: Utilisation of Public Health Services

Sl.No	Indicator	ST (%)	Telangana Total (%)
1	Treatment sought from a public health facility	74.6	63.2
2	Difficulty accessing healthcare due to distance	29.4	16.1

Source: NFHS-5, Telangana

Table 5, Adivasis rely heavily on public healthcare but face greater geographic and infrastructural obstacles. Distance is still a big reason why people put off or miss therapy.

Table 6: Pearson Correlation between Education, Income, and Health Indicators among Adivasis

Sl.No	Variables	Education Level	Household Income
1	Child Stunting	–0.61*	–0.58*
2	Maternal Anemia	–0.54*	–0.49*
3	≥4 ANC Visits	0.63*	0.67*
4	Healthcare Utilisation	0.59*	0.65*

** Significant at 0.01 level*

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Table 6, the correlation analysis demonstrates that there is a strong and statistically significant association between health outcomes and socio-economic factors: Education and child stunting are strongly linked in a negative way (r = –0.61). This suggests that mothers who have greater education are less likely to have children who are malnourished. There is a positive link between household income and the use of prenatal care (r = 0.67), which suggests that having a steady income makes it simpler to acquire health care for pregnant women. Maternal anaemia is linked to education and income in a moderate to strong way. This shows that better nutrition, health awareness, and access to resources can help. These results demonstrate that raising the Adivasi's socio-economic level is very crucial for their health.

Table 7: Multiple Regression Results – Determinants of Health Outcomes among Adivasis

Sl.No	Dependent Variable	Education (β)	Income (β)	R^2
1	Child Stunting	–0.42***	–0.37***	0.48
2	Maternal Anemia	–0.36***	–0.31***	0.39
3	≥4 ANC Visits	0.41***	0.45***	0.52
4	Healthcare Utilisation	0.38***	0.44***	0.50

*** $p < 0.01$

Table 7, the results of the regression show that Adivasis' health outcomes are mostly affected by their education and income. Education has a big negative effect on child stunting (β = –0.42), which suggests that greater schooling, especially for women, makes it much less likely that children will be chronically undernourished. Income has a strong positive effect on antenatal care utilisation (β = 0.45), which shows how vital it is to have enough money to receive medical treatment. The R^2 values, which range from 0.39 to 0.52, suggest that education and income together account for a lot of the disparities in health outcomes between tribes. In general, income has a little more of an effect on how people use healthcare than education does. Education, on the other hand, has a higher effect on nutrition-related outcomes.

7. The Government Intervention

The Telangana government has initiated a number of health and welfare programs for indigenous people, including mobile medical units, nutrition programs, and programs for mothers' health. These steps have made service coverage better, but there are still challenges with last-mile delivery, monitoring, and making sure services are culturally appropriate. The lack of tribe-specific planning is a major problem because it ignores the differences in vulnerability and social and cultural diversity across different tribal groups.

8. Discussion

The data suggest that the way things are set up is what makes Adivasis in Telangana have bad health. Health differences are a sign of greater problems with income, education, land ownership, and access to public services. We need to go beyond programs that solely help one sector and employ a more thorough, cross-sectoral approach to development to fix health disparities amongst tribes.

9. Suggestions for Policy

1. Use mobile clinics and telemedicine to make basic healthcare better in tribal areas.
2. Make more nutrition initiatives for women and children in tribes.
3. Use the languages of the area to provide health communication that respects culture.
4. Improve the housing, water, and sanitation in tribal areas.
5. Put together health and employment security initiatives.
6. To plan based on facts makes it easier to divide data by location and tribe.

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10. Conclusion

Adivasis' health and well-being in Telangana are still big obstacles to development. Policies may have tried to correct problems, but deep-seated structural differences still have an effect on health outcomes. There must be continual political will, community involvement, and comprehensive development strategies that address both health care and social determinants in order to achieve health equity for Adivasis.

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