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A STUDY TO UNDERSTAND THE DIFFICULTIES AND SOLUTIONS ENCOUNTERED IN IMPARTING THE HEALTH EDUCATION AMONG TRIBAL STUDENTS

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ABSTRACT

Health education plays a vital role in improving awareness, promoting healthy behaviors, and enhancing the overall well-being of tribal students. However, several challenges hinder the effective delivery and understanding of health-related knowledge within tribal communities. This study aims to understand the difficulties encountered in imparting health education among tribal students and to identify practical solutions for overcoming these barriers. The research will examine factors such as language differences, cultural beliefs, limited educational resources, inadequate healthcare infrastructure, low literacy levels, and insufficient teacher training that may affect the effectiveness of health education programs. A descriptive research design with primary data collection through structured questionnaires and interviews will be used to gather information from tribal students, teachers, and health educators. The findings are expected to provide insights into the major obstacles and recommend culturally appropriate teaching strategies, community participation, improved educational materials, and policy interventions to strengthen health education and promote healthier lifestyles among tribal students.

Keywords: Health Education, Tribal Students, Tribal Communities, Health Awareness, Educational Barriers, Cultural Beliefs.

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INTRODUCTION

Individuals are better able to take charge of their health and avoid illness when they receive health education, which is why it is an important part of any comprehensive curriculum. Due to increased rates of communicable illnesses, poor sanitation, nutritional inadequacies, and restricted access to healthcare, health education takes on a larger significance among children from indigenous communities. The efficient transmission of health education among indigenous kids still faces multiple problems, despite several government efforts and school-based health programs. Many factors hinder the effective execution of health education programs, including language hurdles, cultural attitudes, geographical remoteness, inadequate infrastructure, low literacy rates, and a lack of training for educators and instructors. Students in many indigenous communities are influenced by traditional health practices and a lack of knowledge when it comes to contemporary health principles. Consequently, we need to figure out the unique challenges of health education delivery and look for solutions that work, solutions that are both practical and culturally relevant. Finding ways to improve health awareness and learning outcomes while also understanding the main obstacles impacting health education among tribal students is the goal of this study. Our hope is that the results will be useful for tribal students' health, education, and well-being as a whole, as well as for healthcare providers and policymakers in their pursuit of more equitable and culturally competent health education programs.

REVIEW OF LITRETURE

Koley, Bikram et al., (2024) Higher education presents several obstacles for Indian tribal students since they frequently face significant socio-cultural, linguistic, pedagogical, and financial disadvantages. Promoting equality through inclusive educational practices is given top priority in the National Education Policy 2020, with special attention paid to tackling the particular difficulties faced by marginalized groups in society, such as tribal communities in higher education. The challenges and support system for tribal students in higher education are examined in this semi-systematic review, with a special emphasis on pedagogical, social integration, learning style, and language-related issues. In this study, the researchers searched five relevant databases-Google Scholar, ProQuest, Science Direct, Scopus, and Shodhganga-using specific keywords from the period between 1994 and 2023, resulting in the retrieval of 227 articles and theses, with 85 studies selected for the study. The literature reveals the

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difficulties in including Indigenous students and promoting their active engagement, as well as the difficulties in using culturally relevant pedagogical strategies. Instructional tactics must be modified to accommodate their distinct learning styles, which have a strong foundation in their cultural background, values, and traditions, to effectively assist their learning. Across the studies, methodologies varied, including surveys (30.59%), case studies (14.12%), explorative studies (15.29%), phenomenological studies (17.65%), mixed-method research (10.65%), grounded theory (2.35%), and empirical analysis (4.71%) etc. Publication trends showed a growing emphasis from 2009 onwards, with 76.47 % of relevant articles published during 2009-2023. There is a dearth of literature on the challenges faced by tribal students in higher education, including how pedagogy, gender dynamics, language barriers, learning styles, and social interaction produce these challenges and the potential solutions.

D.Bhaisare, Dr.Archana (2023) The complete health required to play a social role effectively, physical and mental health is also important as well as the economic, political, social and religious aspects of culture. A person's health is related to the religious beliefs or superstitions of his culture. In tribal societies, various treatment methods such as herbal or modern medicines exist in the society. Tantra-mantra and religious treatments are also found especially in tribal societies. There are professionals who practice medicine in every society. Similarly, the influence of 'Bhagat' or Vaidu is seen in tribal areas. Because they have good knowledge of the plants in the forest. Similarly, they also use tantra-mantra for treatment. Also, they are from the Gotya family, and they are always available for treatment. Therefore, they have faith in them. Due to not getting the right treatment at the right time and being illiterate, health and educational problems are found in large numbers among tribals.

Joji Ottaplackal, Joshen & Anbu, K (2022) Education is one of the liberating forces anticipated for an egalitarian society based on equality and justice. Makers of the Indian Constitution cognized of its value have set a deadline of 10 years after the promulgation of the constitution to achieve universal compulsory education for all children up to the age of 14. To much distress, after 74 years of independence, even primary education is far from being universal, but the state has relentlessly pursued the goal. Much of the population have reaped the fruits of Modern Education, but a significant population is lagging. Scheduled Tribe, with more than 104 million people, has poorly performed compared to the rest of the people. The current study will comprehensively review the issues and challenges for imparting education to children fromindigenous communities. The article is entirely based on secondary data gathered from various government sources and derived from numerous

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research studies conducted in India. The study's outcome can improve the implementation of the fundamental right to education in its true spirit while giving due regard for the tribal identity.

Siva, Saraswathi & Karibeeran, Sathyamurthi (2016) In India, Tribal constitute 8.61% of the total population numbering 104.28 million (2011 Census) and cover about 15% of the country's area. Nilgiri district had the highest percentage of (3.16%) scheduled tribe population in Tamil Nadu. About 50% of the tribal population is concentrated in Gudalur taluk, the remaining 50% of the tribal population is distributed in the other three taluks. Toda, Kota, Irula Kurumba, Kattunayakan and Paniya were the six primitive tribal groups found in Nilgiri. The study facilitates to understand the health and educational status of the tribes in 3 villages Kadalakolly, Muttimoola and Thangamalai at Gudalur taluk using qualitative method. The finding shows that there exist less importance to health and education and lack of motivation in progress of education and health which leads to the poor health and lack of knowledge and awareness. The study suggests the implementation of the community organization as a social work method to stimulate a professional approach to develop them.

Dash, Anjali (2013) Education and health are commonly devolved functions to sub-national governments, even in nations which have a unitary rather than a federal structure. Education and health are the two major factors which are influencing more to the economic development. So without improvement of these two factors economic development impossible and now a day India vs. Odisha under privilege Schedule Tribe population are deprive more in all aspect. What are the main reasons behind their backwardness in health and education? On behalf of illiteracy health and nutritional consciousness among these STs Communities are low. Through various programme government can eradicate diseases. Educated mothers are more conscious about child health.

HEALTH STATUS AND EDUCATIONAL CHALLENGES IN TRIBAL COMMUNITIES

There is a sizable population that identifies as tribal, and within this demographic there are unique ways of life, languages, and cultural practices. Despite their long history of success, they are disproportionately underserved in areas like healthcare and education. Poverty, insufficient food, lack of sanitation, contaminated water, and restricted access to good healthcare are only a few of the socioeconomic and environmental variables that impact the health condition of indigenous communities. Healthcare facilities, qualified medical

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personnel, and necessary medications are not easily accessible in many tribal territories because of their distant and geographically isolated locations. Consequently, issues related to maternal and child health, infectious infections, anaemia, malnutrition, and other avoidable diseases continue to be widespread. Traditional healing traditions may not always be beneficial for current health concerns, and there is a lack of health knowledge among the general population, which further delays diagnosis and discourages people from obtaining medical help when needed.

These health-related concerns are made more worse by educational obstacles. Challenges that tribal kids often face in the classroom include a lack of resources, a lack of trained educators, language issues between the home and school, inconsistent attendance, and outdated or nonexistent textbooks. Schools in many indigenous communities struggle to provide a safe learning environment due to a lack of resources for health education, adequate sanitation, and potable water. Children in low-income households are more likely to be absent from school or to drop out altogether because they are forced to help out with farming or other forms of subsistence. Formal education and health awareness may also suffer from cultural attitudes, social isolation, and low parental literacy. Another factor that diminishes the efficacy of health education programs for indigenous kids is the fact that these programs are often implemented using approaches that fail to sufficiently address their cultural background or educational requirements. Schools, healthcare providers, communities, and government agencies must work together to tackle these interrelated health and education issues. Improving educational achievement and health outcomes among tribal students is crucial for their overall development and long-term well-being. This can be achieved through culturally sensitive health education, better school infrastructure, trained educators, community participation, and accessible healthcare services.

BARRIERS TO EFFECTIVE HEALTH EDUCATION IN TRIBAL AREAS

Although health education plays a crucial role in promoting healthy lifestyles and disease prevention, its effective implementation in tribal areas is hindered by a number of obstacles. A major obstacle is the lack of infrastructure, such as schools and hospitals, which many indigenous groups face since they are located in inhospitable areas, such as far-flung woodlands or steep terrains. Healthcare access and the regular delivery of health education programs are both hindered by the absence of adequate communication and transportation

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infrastructure. Another major barrier is the fact that students often struggle to grasp critical health concepts because health education materials are written in national or regional languages instead of local tribal dialects. Cultural beliefs and traditional practices also have a role in shaping health-related behaviours. For example, many indigenous families still use traditional medicines and indigenous healing systems rather than contemporary healthcare, which limits their access to scientifically-backed health information.

Another important factor limiting access to adequate health education is socioeconomic status. People in low-income, jobless, and illiterate communities are less likely to be educated on the importance of personal cleanliness, healthy eating, illness prevention, and healthcare access. Poor sanitary facilities, a lack of qualified educators, overcrowded classrooms, and a lack of resources all work against health promotion and education in many tribal regions' schools. Furthermore, classroom teaching is frequently ineffective because instructors are not well trained to provide health education that is culturally relevant. Students from indigenous communities have additional challenges to receiving consistent health education due to factors such as irregular school attendance, migratory patterns, and early school dropout. Girls may be less likely to participate in health education programs, especially those that focus on reproductive health and menstrual cleanliness, due to societal norms and gender inequity. Comprehensive health awareness programs are also hindered by a lack of cooperation among healthcare departments, local communities, and educational institutions. Collaborative efforts incorporating culturally appropriate curriculum, professional development for educators, better facilities for learning, active engagement of the community, healthcare outreach, and policy support from the government are necessary to overcome these obstacles. Tribal students and their communities will benefit from improved health literacy, health-related behaviours, and general well-being as a result of these reforms, which will make health education programs more widely available, acceptable, and effective.

CONCLUSION

Health education is a crucial tool for enhancing the physical, mental, and social well-being of tribal kids. However, its successful implementation is sometimes limited by constraints such as geographical remoteness, language hurdles, cultural beliefs, poor healthcare and educational facilities, dearth of skilled instructors, and low levels of literacy and awareness. These limitations restrict students' access to correct health information and lessen the

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effectiveness of health promotion activities. Therefore, resolving these difficulties needs a comprehensive and culturally sensitive strategy that encompasses schools, healthcare experts, community leaders, parents, and government organisations. Developing health education materials in local languages, boosting teacher training, upgrading school facilities, promoting community engagement, and extending healthcare outreach may considerably increase the efficacy of health education programs. By implementing inclusive and sustainable techniques, indigenous kids may learn greater health information, establish good health behaviours, and enhance their quality of life. Ultimately, increasing health education in indigenous communities will lead to healthier people, empowered communities, and more equitable educational and public health outcomes.

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