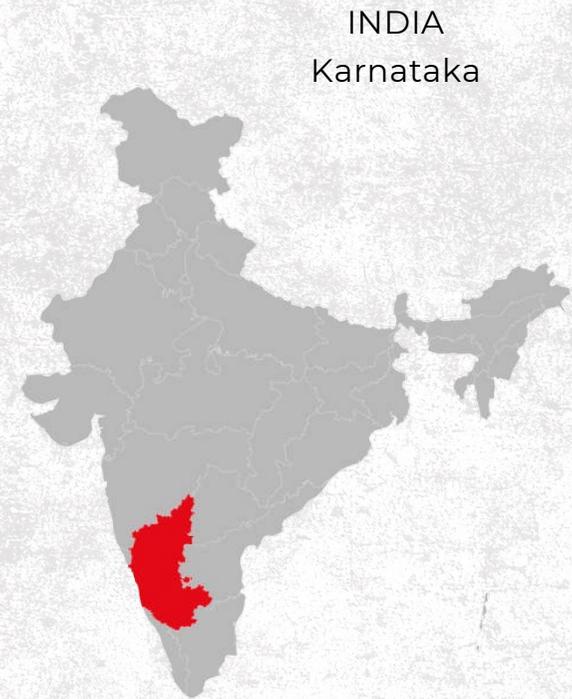


# Indigenous Children and their Right to Healthcare Services

Reflections from Karnataka, India

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## **Presentation overview**

- Introduction
- Indigenous children and their Right to Health-Normative frameworks
- Profile of indigenous population in Karnataka, India
- Bio-ethical dilemma-Who protects the child's interests?
- Reflections from Karnataka, India
- Key learnings

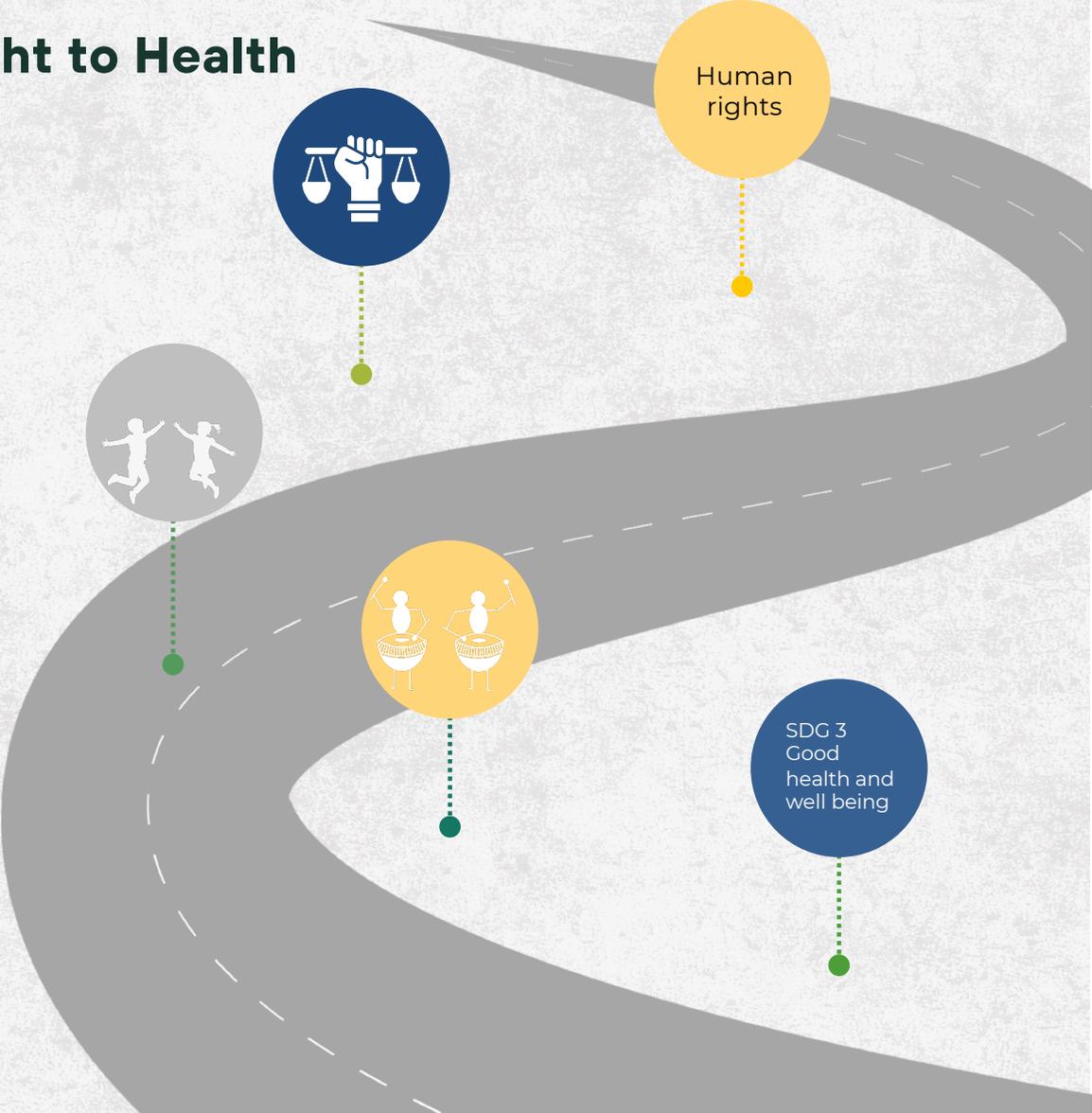
## Introduction

- A child's right to healthcare services is governed by a wide gamut of factors that include:



# Normative frameworks governing Right to Health

- 01** Universal Declaration of Human Rights, 1948
- 02** International Covenant of Economic, Social and Cultural Rights, 1966
- 03** United Nations Convention on the Rights of the Child, 1989
- 04** United Nations Declaration on Rights of Indigenous Peoples, 2007
- 05** Sustainable Development Goals, 2015



# Profile of Indigenous population in Karnataka, India



- Population in Karnataka: 6.11 crore (As per Census, 2011)
- Indigenous population: 6.95% of the total population in Karnataka
- Current projections estimate the total population: 6.70- 7.86 crore



- Number of children belonging to indigenous communities in Karnataka-?



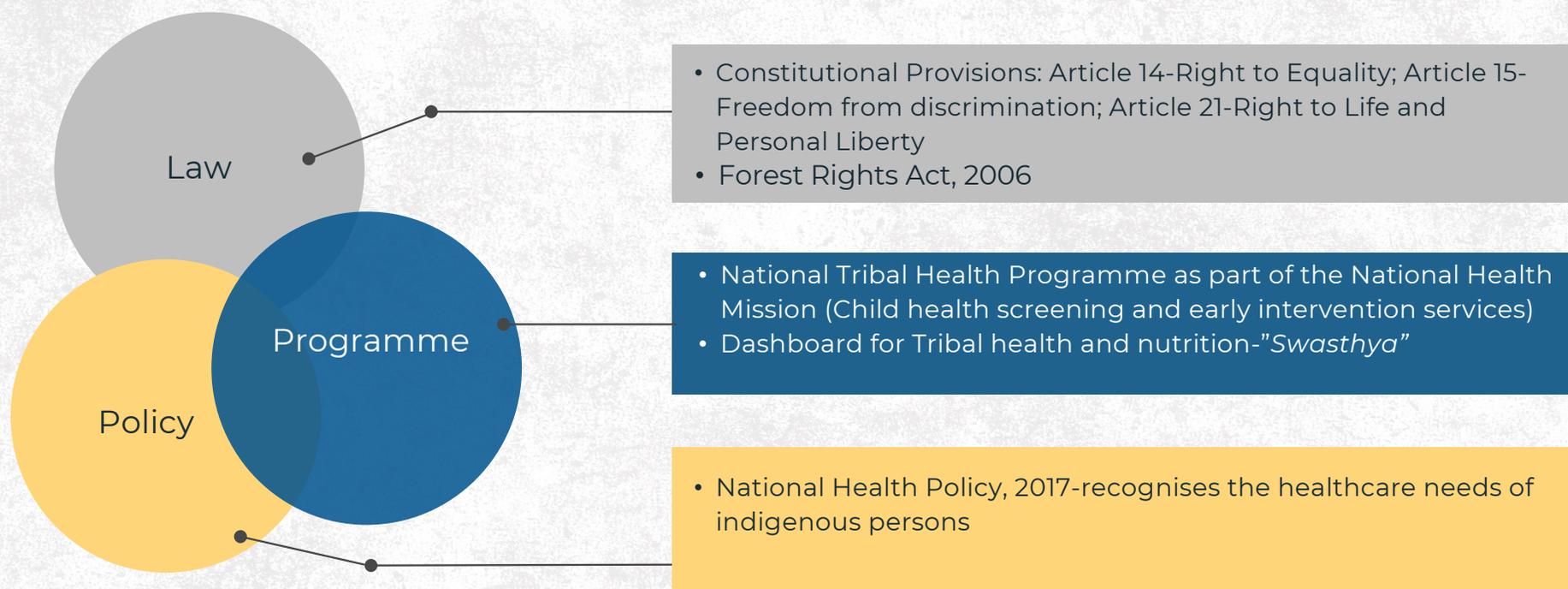
- 50 notified scheduled tribes/*Adivasis* in Karnataka; 2 are “Particularly vulnerable Tribal Groups” (PVTGs)



## Indigenous groups in India

- 705 Ethnic groups; population of 104.3 million
- 8.6% of the total population in India

## Policy, Legal and programmatic frameworks governing Right to Health of Indigenous people in India



# Bio-ethical dilemma

## “Children are an anomaly in liberal legal order”-Tamar Ezer

- **Objective of the presentation:**

- To examine disparities in healthcare services for indigenous people
- To reflect on the questions of accessibility, availability, utilisation of healthcare services from the perspective of the **child**

- **Leading questions:**

- Who is responsible for the decisions concerning health-seeking behaviour that impacts indigenous child ?
- How do the principles of autonomy, justice, beneficence and non-maleficence manifest in an eco-system of Right to health concerning indigenous children?
- What happens when communities choose traditional, cultural, faith-based healing methods over medical/clinical/institutional care?

## Reflections from Karnataka, India



- Access to healthcare services for indigenous children is significantly impacted and impeded by a combination of factors
  - Barriers:
    - Locational and cultural remoteness
    - Lack of trust in facility-based treatment/institutional care
    - Poor infrastructure in community and primary health centres
    - Lack of coherence between institutions governing nutrition and healthcare needs of indigenous children
    - Lack of collaborative healthcare systems

## Key learnings

- Promote **child-centric decision making** through perspective building and sensitization
- Foster collaborative healthcare systems that draw a balance between traditional practices and institutional care
- Invest in sensitizing systems and healthcare practices to be more respectful and accommodating towards the needs of indigenous persons, particularly children
- Address underlying determinants of poor health and malnutrition among indigenous communities

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**Thank you!**