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An Appraisal of Prevailing Issues in Rural Tribal Health Care System in India

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Abstract

Better health is one of the most important aspect of the overall development and progress of any country. In the context of India, tribals are an integral part, which are 8.6 percent of the total population of the country. Scarce public health care services in India and related issues are currently the most discussed topic with recent outbreak of Covid-19 affecting human life terribly and still persisting. Health care issue affects every individual in the society. In tribal areas health care issues become even more important because as it seems that this section of society is still comparatively in unprivileged condition and not properly exploited the benefits of development process.India's development cannot be imagined without improvement of rural and tribal health. This article highlights major issues prevailing in the rural tribal health care system of India, which arises many barriers to tribal health and the holistic development of the country. Based on the blending results of several multi-factual studies, it is known that there exist many issues prevailingin the rural tribal health care delivery system. Many issues are there which are responsible for poor and complex tribal health status among the tribes, such as, low awareness about health, different religious and cultural beliefs, unrealistic health practices, living in difficult and inaccessible areas, financial problems, various infectious diseases, nutritional deficiencies, and poor public health care facilities, etc. These issues have attracted renewed attention from physicians, health policy experts, various health agencies as well as the general public, particularly tribal societies, which are most affected by these issues.

Keywords: Health Status; Health Infrastructure; Rural Health Care Services; Tribal Culture And Practices; Health Policy; Public Involvement And Awareness.

INTRODUCTION

Health care issue affects every individual in the society, in tribal areas health care issues become even more important because as it seems that this section of society is still comparatively in unprivileged condition and not properly exploited the benefits of development process. India's goal of becoming a developed country cannot be imagined without improvement of rural and tribal health. Health-related issues and debates are not new; rather this issue has always been a topic of discussion and will always be. Scarce public health care services in India and related issues are currently the most discussed topic with recent outbreak of Covid-19 affecting human life terribly

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and still persisting.

According to Negi and Singh[1] tribes are found in almost all the states in India except Punjab, Haryana, Chandigarh, Delhi, and Pondicherry, which constitute 8.6 percent of the total population of the country. Tribes in India are considered to be the most economically backward and vulnerable population. Tribals cannot be kept in a homogeneous group, as the tribes of India are divided into various socio-cultural and ethno-linguistic groups. Each tribe has diverse beliefs, which are at different levels of development economically, educationally, culturally, and politically. The Indian tribes live in different regions under ecological and geo-climatic conditions. Most of the tribes are found in remote, difficult and inaccessible rural areas in mountainous, wooded and desert areas. The majority of the tribal population of India is facing the problem of poverty and lack of basic and minimum services especially insufficient access to health services. Therefore, better health services are also a competitive demand for society. Health is a priceless gift given by nature, which is also a basic need and birth-right of human being. Many epidemics endanger human lives, and thus need for better health services for treatment and prevention can be understood from the loss of life due to the COVID-19 pandemic. Despite the government's efforts and concern for tribal development, the health condition of this underdeveloped section of the society is quite inadequate. The health status is low, pitiable and complex among the Indian tribes due to various reasons such as low awareness about health, different religious and cultural beliefs, unrealistic health practices, living in difficult and inaccessible areas, financial problems, various infectious diseases, nutritional deficiencies, and poor quality of health care services. Such reasons have led to people's distrust of the public health care system, which is responsible for the rapid increase in the use of the private health sector. Private health services are obtained easily and with better quality than public health facilities, for this reason, people see more trust in these private medical services. This resulted in extra financial burden, which roses due to an increase in out-of-pocket expenditure on families. For many such reasons, the rural tribal areas of India are prone to various infectious diseases such as diarrhoea, whooping cough, pneumonia, amoebiasis, typhoid, hepatitis, measles, malaria, tuberculosis, reproductive health problems, etc. The apathy of the government and employees towards the rural health care system leads to the further spread of these infectious diseases. Access to quality health care services for rural communities and tribes plays a vital role in achieving and sustaining better health. There is an urgent need to significantly increase the quality and access of public health services to reduce tribal health problems and provide health benefits. Therefore, unless the governments take a serious approach to solve them by focusing on the existing health problems in the rural tribal areas, the health condition of the rural tribal people will continue to worsen.There are many barriers in reducing such infectious diseases and improving the rural health system. To overcome these barriers, there is a need to enhance coordination between primary to tertiary level health institutions.

RURAL HEALTH CARE SYSTEM

Bulgir[1] believes that health care is the most important of all human efforts to bring about quality improvement in the lives of all human beings, especially tribals. This effort is necessary for the normal physical, mental and social development of both the individual and the group. The Government of India is providing health care services to tribal people through a three-tier rural health care infrastructure under the Minimum Needs Programme, consisting of Sub-Centres (SC), Primary Health Centres (PHC), and Community Health Centres (CHC). One CHC should be constructed per 120,000 population in the plain area and 80,000 population in the tribal area, one PHC is constructed per 30,000 population in the plain area and 20,000 population in the tribal area, and one SC be constructed for every 5000 population in the plain area and 3000 population in the tribal area. SC is considered the first point of contact between the primary health care system and the rural community. Apart from these modern health services, the traditional health system practiced by rural and tribal people in India is also accepted. Traditional medicine is primarily recognized as cheap, eco-friendly, and related to indigenous values, which are consistent with the cultural beliefs of the people and the community. Therefore, at present, apart from modern medicine, the Government of India is also emphasizing the wide-spread application of the Indian traditional healthcare system.

Prevailing Issues About Tribal Health

As per the commonly acclaimed observation of Venkatramana and Latheef[2], whenever a person is ill in the family the tribes in India firstly try home remedies and after that people also contact local

traditional healers for treatment. Even after these efforts if the health does not recover, in that situation private hospitals are contacted. This type of health-seeking behaviour is found in most of the tribes in India. This behaviour is influenced by the following factors lack of health infrastructure, manpower, and their behaviour, inconvenient transportation, disease conditions, etc. as well as personal issues such as fear of losing daily earnings, cultural beliefs, affordability, illiteracy, unacceptability, etc. Rao[3] believed that poor housing conditions, poor and insufficient health infrastructure, absenteeism of health workers, unskilled and poorly trained manpower, etc. are the main causes responsible for poor health care services in the rural tribal area.

Indigenous Socio-cultural beliefs and health practices

Basu[4] found in his study that the tribes of India strongly believe in supernatural therapy for the treatment of various diseases. He also quotes about unhygienic conditions in tribal areas, lack of personal hygiene, and lack of health education among the tribes are the factors responsible for poor health. The author also believes that the main reason for the high maternal and child mortality is the over-reliance on the primitive practices of child-birth by the tribes. For example, there is a belief among the tribes that consuming iron, vitamins, and calcium during pregnancy leads to poor health, and sometimes the death of both women and children. Vaccination rates for children and women are also inadequate among tribes. Health problems are further more complicated by such beliefs and taboos among the tribes. Chakma et al.[5] studied seven different primitive tribes of Madhya Pradesh and Chhattisgarh and found that these tribes believe more in primitive or traditional medicine for the treatment of various diseases, due to which sickle cell, diarrhoea, thalassemia, nutritional disorders, and Skin diseases are widespread. The prevalence of these diseases has been found to vary with the change in nutritional habits and socio-economic status among the tribes. Islary[6] found that socio-cultural factors, environment, individual tendencies, autonomy in decision making, magical religious beliefs and practices, and taboos influence health-seeking behaviour in tribal communities.

The National Family Health Survey 1998-99[7] found that the infant and child mortality rate among tribals is very high and the nutritional status of tribal women is low as compared to the non-tribal population of India. About 64.9 percent of tribal women and 80 percent of the child population are found to be anaemic. De[8] believes that most of the tribals in India are suffering from the problems of inadequate food resulting in malnutrition. The food consumed by the tribes is low in calories, due to which most of the tribes suffer from many diseases related to diarrhea, filariasis, malaria, tuberculosis, anemia, and malnutrition. Tribals especially women have to face a lot of problems due to the non-availability of PHC in the proper area. All tribals especially women have to face a lot of health problems due to the non-availability of PHC in the proper area, lack of skilled health workers and facilities, lack of awareness of health and hygiene, and marriage at an early age. According to Kumar & Gupta[9] the health infrastructure of India is going through a gloomy condition at present as still every year thousands of rural people lose their lives due to many common diseases like dengue, malaria, cholera, diarrhoea, pneumonia, etc.

Health Infrastructure, facilities and services in rural and tribal areas

Baru et al.[10] alleged that three problems in the Indian health sector have not changed significantly since the colonial period. Some of the three problems in the health sector are socio-economic inequalities, class, caste and gender inequalities, and inequalities in access to health care services, etc. The author has said in the conclusion obtained from the research work that the health condition of communities like Scheduled Castes and Scheduled Tribes has always been worse than other classes. These communities are more vulnerable to low health status due to their lower socio-economic status. Banerjee, Deaton and Esther[11] examined the health care delivery system in Rajasthan in their study. The author found in the conclusion of his study that the quality of public health services in Rajasthan is in very poor condition. In Rajasthan, the delivery of quality health care services is intimidating. The health care services vacancy in Rajasthan is filled by unqualified private healthcare providers. Such unqualified private providers are providing bulk health care in rural areas of Rajasthan. Sarkar[12] in his study found high rates of various diseases among tribal women in Godam Line village of Darjeeling district of West Bengal. The findings of the study found that among the tribe diarrhea is 50%, cough and cold 50%, and dysentery 50% are present. It was also found that high blood pressure, vision problems, gout, etc. are more prevalent among the tribes of the district. The author has presented in his study that the biggest problem in the tribal area is the lack of health care facilities, due to which the number of cases of the disease is not taken into account and the disease

remains untreated.

Soni and Pradhan[13] conclude in their study that "The tribals are neither educated about the modern system of medical treatment nor provided with the required facilities in their residential areas. Usually, no qualified doctor is found available in Sub-Health Centres and Primary Health Centres of rural areas at the time of urgent need. Moreover, Illiteracy, unawareness, blind-faith, unfamiliarity and uneasiness sometimes stop them to go to the local dispensaries and health centres. Even costly modern medical treatment is out of reach of poor tribal and rural people. The modern medicinal facilities are not easily approachable by the tribals and they mostly depend upon the traditional medicare and healing systems prevalent in their areas". According to Iyengar & Dholakia[14], there are many barriers to a strong network of health care facilities. These barriers prevent access to health care facilities. In particular, these constraints become more complex in rural areas. These constraints can be of both structured and unstructured nature. Structured constraints can include poor roads, unorganized transport systems, and the absence of essential skilled health workers (such as doctors, nurses, and midwives). Unstructured constraints include socio-economic and cultural status such as religious affiliation, ethnicity, income, literacy, and awareness level. Choudhary, et al.[15] conducted a survey of teachers and health workers on absenteeism at work. During the survey, about 45 percent of doctors in India were found absent in primary health centres, while the absenteeism rate of nurses in health centres is 27 percent in Madhya Pradesh and more than 50 percent in Bihar, Karnataka, Uttarakhand, and Uttar Pradesh. The authors believe that the factors responsible for such a high frequency of absenteeism of health workers in health centres are lack of enthusiasm of health workers and lack of administrative action for effective service provision. Dangmei and Singh[16] conducted a study to assess the quality of care and patient satisfaction in primary health care services provided inaugural section of the Anuppur district. The authors found that there is very limited evidence on the quality of primary health care provision in rural areas of India. The findings from this study found a significant relationship between quality of care and patient satisfaction. The author has suggested that the quality of care has a profound effect on patient satisfaction and that if the quality of health care is increased, the rate of recovery will also increase.

In a study on PVTG tribe Baiga, Soni[17] quotes that 'Swasthya Sahayika' (Health worker) or 'Mitanins' work is present in every village for primary medical attention, child and women health awareness, vaccination, pregnancy checkups and delivery in hospitals, etc. Still there is a lot of work to be done in health sector in Baiga areas for developing health infrastructure and health awareness. The main draw back in the Baiga society is excessive drinking of the country liquor and their dependency on the traditional healers due to shortage of modern medical facilities. "Shrivastava[18] as per India's Rural Health Survey 2017, India's tribal abundant states have shortage of sub-centres (SCs), primary health centres (PHCs), and community health centres (CHCs). For example, in the most tribal-abundant states, such as, Rajasthan has 52 percent, Madhya Pradesh 53 percent, Jharkhand 58 percent, Telangana 36 percent, and Maharashtra 30 percent lacking in Primary Health Centres (PHCs). Patil, Somasundaram and Goyal[19] found that despite various development-oriented policies in India, the growing economic, regional, and gender disparities have posed many challenges in the health sector. For example, 75 percent of the health care infrastructure, better medical facilities, trained staff, and other health resources are concentrated in the urban areas, where only 27 percent of the population lives. At present, there is a need for a health policy that addresses existing disparities and proves to be effective in the long run for rural health.

Expensive private health services over gloomy public health services

Gangolli, Shukla and Duggal[20] say that "India's health care sector is one of the largest in the world. It is characterized by a large, unregulated, poor quality, expensive and dominant private health sector, and an inadequately resourced, selectively focused, and declining public health sector". According to Kumar and Gupta[9], in India the number of private providers in the health care sector is increasing rapidly, due to which health services are becoming expensive and out of reach of rural, poor and tribal sections. Government hospitals are facing the problems of lack of resources and infrastructure, inadequate number of beds, rooms, and medicines, lack of monitoring of funds and resources on the part of the government, which is responsible for the pitiable condition of the rural health care system.

Mehta[21] has attempted to find out the pattern of public and private expenditure on health in India. The study found that only 17 percent of health expenditure in India is borne by the government,

with the rest privately borne out of pocket by the public. This position declares India's health system as one of the most privatized healthcare systems in the world. He also revealed that rich and government employees in India benefit from health insurance to a great extent but poor people find it very difficult to get it. The study concludes that the allocation of government expenditure and provision by the centre and the states is more in favour of better states which adversely affects the people of poorer states. Chilimuntha, et, al.[22] presented an analysis of comparative data of patients and hospitals in their article. The data obtained show that hospital characteristics like the size, ownership, and distance of rural hospitals and patient characteristics like payment sources, medical condition, age, and caste, respectively, cause the rural population to ignore the local rural hospitals. Therefore, in rural hospitals, whether closed or open, patients do not prefer to use them. Moreover, the total expenditure on public health in India is estimated at 5.2% of GDP, while the investment in public health by the Government of India is only 0.9%, which is not sufficient to meet the health needs of poor, needy and tribal people.

As per the Rural health Statistics 2020-2021[23], as of 31st March 2021, a total of 156101 (SC), 25140 (PHC), and 5481 (CHC) are working in rural areas in the country. There has been a significant increase in the number of SCs, PHCs, and CHCs over the years, with many PHCs being upgraded to CHCs in many states of the country. The number of sub-centers has been estimated to increase by about 6.9 percent, the number of PHCs by about 8.2 percent and the number of CHCs by about 63.8 percent by 2021 as compared to 2005. Moreover, as per the Rural Health Statistics 2020-2021, there are shortages of 83.2 percent surgeons, 74.2 percent obstetricians and gynaecologists, 82.2 percent physicians, and 80.6 percent paediatricians of the existing infrastructure requirement. Altogether 58 CHCs have a shortage of 79.9 percent specialists as compared to the existing CHC requirement. In the case of PHC, the shortfall of health assistants (male and female) is 72.2 percent.

FACTS AND DISCUSSION

Lack of basic health services- Lack of health care services is a very serious issue that deeply affects the rural health care system. Patil, Somasundaram and Goyal[19] found that more than 75 percent of the health infrastructure, better medical facilities, trained staff, and other health resources are concentrated in urban areas, where only 27 to 29 percent of the population resides. Apart from this, Kumar and Gupta[9] also confirm that rural health centres are facing the problem of a lack of resources like an inadequate number of beds, rooms, medicines, etc. which is responsible for the poor condition of the rural health care system.

Under utilization of existing hospitals- Under utilization of existing health hospitalsis another important issue in the rural health care system. Increasing the quality of essential medical services is more necessary than building hospitals to increase health care in tribal communities. In Indiafactors like distance from the hospital, sources of payment, lowquality of health services, age, gender, illiteracy, etc., irrespective of the availability of medical services in tribal areashinder access to health services. Therefore, in most rural hospitals, whether closed or open, patients do not prefer to use them.

Health-seeking behaviour- Health seeking behavi -our is a very prominent factor inaffecting accessing health facilities in rural tribal areas. The personality development of any person is based on the cultural environment in which they grow up, this influence is found most in tribal life because tribes have the most attachment to their culture and environment. Many studies confirm this fact, such as, Islary[6] believed that socio-cultural factors, environment, individual tendencies, autonomy in decision making, magical religious beliefs and practices, and taboos influence health-seeking behaviour in tribal communities. Similarly, Basu[4] found that there is a belief among the tribes that consuming iron, vitamins, and calcium during pregnancy lead to poor health, and sometimes the death of both women and children. Vaccination rates for children and women in tribes are also inadequate. Health problems are further more complicated by such beliefs and taboos among the tribes.

Dominance of private health services- The rapidly increasing number of private providers in the health care sector is also a major issue, making health services costly and out of reach for rural, poor, and tribal sections of the population. According to Chillimuntha, Thakor and Mulpuri[22], the total expenditure on public health in India is estimated at 5.2% of GDP, while the investment in public health by the Government of India is only 0.9%. The rest of the expenditure is met out of pocket by the patent and some non-government organizations. In addition to this, Mehta[21] says that India's health care sector is one of the largest in the world and it is characterized by a large, unregulated, poor quality, expensive and dominant private health sector.

Malnutrition and poverty- It is a well-known fact that due to many reasons like poverty and lack of resources there is an excess of malnutrition in the tribal population, especially women, and child malnutrition is found to be very high. Malnutrition affects children's growth and development, which is the main cause of high mortality rate among the tribes. Such as, the National Family Health Survey 1998-99[7] found that the infant and child mortality rate among tribals is very high and the nutritional status of tribal women is low as compared to the non-tribal population of India. About 64.9 percent of tribal women and 80 percent of the child population are found to be anaemic.

Inadequate human resources, availability and behaviour- the behaviour of doctors and other health workers are also vary serious issue for the poor condition of the rural tribal health care system. In rural tribal areas, doctors and other health workers spend more time in private hospitals than in health centres for personal gain. Personal gainful exploitation of health workers has given rise to many problems like lack of communication with patients, lack of counselling, ineffective monitoring and unhygienic condition of health centres. Due to this situation, patients in tribal areas shy away from accessing public health services despite their need for health services. In this context, Choudhary et al.[15] stated in their article that 45 percent of doctors in India were found absent in primary health centres, while the absenteeism rate of nurses in health centres is 27 percent in Madhya Pradesh and more than 50 percent in Bihar, Karnataka, Uttarakhand, and Uttar Pradesh. This condition expresses the profound negligence of the health professionals towards their work and responsibilities.

CONCLUSION

It is clear that the poor rural tribal health care system is one of the major issues in the country; this situation plays an important role in determining tribal health. Various efforts are made by the government to rectify this issue, such as the number of sub-centres has been estimated to increase by about 69 percent, the number of PHCs by about 8.2 percent, and the number of CHCs by about 63.8 percent by 2021 as compared to 2005.[23] Therefore, it can be assumed that the government is committed to bringing positive changes in tribal health. Despite the efforts made by the government, the majority of the population in the rural tribal areas do not have access to basic and quality health care services. In most of the tribal areas of India, many people lose their lives due to common diseases for which prevention and diagnosis are available such as diabetes, malaria, flu, tuberculosis, etc. Only a small number of patients are treated in these areas by medical specialists, the rest of the patients usually have to move to the urban areas, the distance from the urban hospitals and the cost of treatment becomes a major obstacle to getting quality health care services. Apart from low-quality health care services in tribal areas, lack of knowledge about disease prevention and diagnosis, health seeking behaviour, underutilization of existing health hospitals, Dominance of private health services, malnutrition, poverty, etc. negatively affect the quality of health services.

According to Rao[3], "tribal development strategies need to be more human-centred with a focus on health. Instead of looking at tribal health issues from a traditional bureaucratic perspective, the approach needs to be changed to suit local tribal needs, which can have a greater impact on achieving tribal health goals". In this approach, morbidity and mortality among tribals can be reduced by establishing an inter relationship between income, food security, female literacy, and good health up to the primary health centre level.

The health issues and challenges of tribals are more serious and complex than those of other sections of society. Therefore, meaningful improvement in the tribal health status in India cannot be imagined unless the tribal people themselves are involved in the process of health care development. With the inclusion of tribals in health care policies, their lifestyle and needs can also be included in the policies, which will be a necessary step to improve tribal health. Apart from this, there is a need to spread health care awareness at the grassroots level in the tribal areas through various programs, Anganwadi, schools, and various media can play an important role in this work. Traditional medicine also has an important role in tribal lifestyle, which requires intensive research; traditional medicine can also be scientifically integrated with the modern health system. Soni and Pradhan[13] recommend that traditional healers may be promoted for the welfare of the rural society. The government may give proper training to them through Rural Medical Service (RMS) program and appoint some of them as RMS doctors or Rural Health Workers in the village areas as already done by the Chhattisgarh government in the case of Mitanin (Dokri Dai). This will not only promote the community involvement and awareness but also raise the status of healthcare, traditional healers and healing practices

in the rural areas. Appropriate health and medical policy, adequate medical infrastructure and health care services and strong motivation and awareness towards health and hygiene practices are utmost mandatory to enhance health status and maintain the quality of life of the people in India.

RECOMMENDATIONS

Health awareness **-** To increase health awareness in tribal areas, it is necessary to understand firstly the tribal lifestyle and act accordingly in planning and implementation. Meaningful results of health care awareness can be achieved only when communication strategies are conducted through various programs in a participatory manner with the tribes. Through such tireless efforts, efforts should be made to bring about a change in the behaviour of the tribes. It's most meaningful effort is to include tribal children in health awareness strategies because children are the easiest and most reliable stakeholders in any community. If children are involved in the dissemination of health-related information, then a huge change can be brought about health awareness in the community. Therefore, health literacy should be included in the curriculum of children at the school level and knowledge should be disseminated through various health awareness programs. Apart from various media sources, Anganwadi can also play an important role in spreading health care awareness in the community.

Incorporating traditional medicinal knowledge **-** It is a well-known fact that tribes in India have indigenous traditional medicinal knowledge and they have practice it with strong faith on it. The traditional medicinal knowledge is in line with the local culture and nature, so the relevance of this knowledge is found more among the tribes. So, the importance of traditional health care practices in tribal health care cannot be ignored. Therefore, in order to bring about a radical improvement in tribal health, if modern medicine, as well as traditional health care practices, are integrated and merged into the health care system, better results can be achieved.

Changing health plans **-** Tribal health care needs a new paradigm that is more human-centred. Instead of planning for tribal health care in a top-down approach by non-tribal people, the tribals themselves should be involved in health policy making so that services can be accessed according to the tribal lifestyle and needs. If health strategies are prepared after understanding health-seeking behaviour at the grassroots level, then all the people especially children, women, old people, and widows will definitely get its meaningful benefits, and the success rate of the schemes will also increase.

Enhance the quality of health care services **-** Low quality of health services and pathetic behaviour of health probational is a big issue in the rural health care system. Along with the construction of hospitals in tribal areas, it is also necessary to improve the quality of health services and the workers should be aware of their responsibilities, only then some meaningful change can be imagined in the tribal areas.

Mobile-based health care system **-** Rahar[24] found that this service was started in the field of health in 2005, through this service health professional can remotely monitor patients suffering from serious diseases across the country based on their vital signs. The main objectives of the mobile-based health care service are health education, promotion of nutrition, basic sanitation, provision of mother and child family welfare services, immunization, disease control, and provision of a wide range of appropriate treatment services for disease and injury. If mobile-based health care system is used for the betterment of rural tribal health, then surely beneficial results can be obtained.

Reduce malnutrition and poverty in tribal areas **-** Strong Anganwadi is the most important and easy solution to tackle the acute problem of malnutrition or under-nutrition among tribal children and women. For which Anganwadi centres will have to be enabled to deal with more budgetary allocation, necessary resources, and health issues of children especially the problem of malnutrition. Apart from Unemployment is also a very big issue in tribal areas, which is partly related to all tribal problems. Especially health problems are directly related to nutrition, if a person gets enough nutrition, then the immunity of the body increases which becomes ready to fight against many diseases. If the tribes have employment, then they can get the necessary nutrition, which will be definitely helpful in reducing health problems.

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