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A STUDY OF HEALTH CARE SERVICES IN TRIBAL AREA

Dr. Tukaram Vaijanathrao Powale

Assistant Professor of Economics

Late Babasaheb Deshmukh Gorthekar

Mahavidyalaya, Umri, Dist. Nanded - 431807 (India)

E-mail. : tuks.powale@gmail.com

Research Paper :

Introduction :

Kinwat is the backward and tribal block in the Maharashtra State where several schemes for economic upliftment of the tribal people have been implemented. Special public health care schemes are also being implemented in this area and therefore Kinwat block is chosen for the study. The study is depending upon primary and secondary data. Primary data is collected from questionnaires filled by tribal people in area of health care centers. There are 9 PHC in study area out of which five beneficiaries are selected. In this questionnaire, especially, data is collected on information of nutrition, food consumption, income, drinking water problem, implantation of special schemes and malnutrition etc. The secondary data is collected

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on different aspects to PHC such as number of bed, patients, malnutrition of children, doctors and paramedical staff, birth rate, death rate, infant mortality rate, child death rate, expenditure on public health etc, is collected for during 2000-01 to 2009-10 from the office records of District Health Officer, Nanded and Taluka Health Officer, Kinwat.

Rao K Sujata (1998): Rao K. Sujata has studied on 'Health care services in Tribal Areas of Andhra Pradesh'. It is observed that lack of accommodation, poor infrastructure, large-scale absenteeism and vacancies, poorly trained and unmotivated manpower, are the reasons for poor condition of health care services[5].

Mujumdar and Upadhyay (2004): Mujumdar and Upadhyay has studied on, 'An analysis of the primary health care system in India'. It is observed that the negative coefficient of education, poor concern for health, lower status of women, distance to rich health facilities and equipment category, hospital bed has become insignificant in this study area[6].

Balgir (2007): Balgir has studied on 'Tribal health problems, disease burden and ameliorative challenges in tribal area'. It is observed that tribal communities in general and primitive tribal groups in particular are highly disease prone. Also they do not have required access to basic health facilities. They are most exploited, neglected, and highly vulnerable to diseases with high degree of malnutrition, morbidity and mortality[7].

Murthy (2011): Murthy has studied on Health care system in tribal areas. It is observed that a total health programs for the tribal villages is pre-requisite to check and eradicate vector-prone and water-prone diseases. Facilities may be created in the tribal areas so as to attract hundred percent deliveries in the hospitals. All preventive vaccinations and injections may be given free of cost to the tribal people including Hepatitis B and anti-measles vaccines. It is therefore essential to update and provide 24 hours hospital facility to the people in the tribal area. It is necessary to conduct frequent surveys on the food habits, nutrition, health practices of the tribal. It will help the authorities to take suitable measures to improve the health of the tribal[8].

This paper is divided in two sections, A and B. Section 'A' depends upon secondary data and section 'B' depends upon primary data.

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Section 'A'

1. Health Services:

The table 1 refers to the different health services provided by the government at different levels. From this table one can clearly notice the increase and decrease in some of them. For example, there were three health care centers up to 2002-03 but afterward this number came down to two in the tribal block under study. As per the table, number of primary health centers, hospitals, sub-primary health centers, primary health squads and flying squads remained constant during the study period. But there has been a bit of increase in the number of doctors, number of nurses and bed. The table also shows that the number of nursing has been fluctuating during the study period.

Table 1

Public and Government Health Services in the Tribal Block

Year	Health Care Centers	Hospitals	Primary Health Centers	Sub Primary Health Centers	No. of Doctors	No. of Nurses	Primary Health Squads	Flying Squads	No. of Beds
2000-01	3	3	9	65	27	80	4	4	100
2001-02	3	3	9	65	25	90	4	4	110
2002-03	2	3	9	65	24	90	4	4	120
2003-04	2	3	9	65	29	98	4	4	120
2004-05	2	3	9	65	44	84	4	4	140
2005-06	2	3	9	65	48	80	4	4	140
2006-07	2	3	9	65	48	80	4	4	140
2007-08	2	3	9	65	48	92	4	4	140
2008-09	2	3	9	65	48	98	4	4	140
2009-10	2	3	9	65	48	139	4	4	140

Sources : 1. District Health Officer, Zilla Parishad, Nanded.

2. Economic Survey, 2000-01 to 2009-10

3. Taluka Health office, Kinwat.

The tribal population was 1, 05,720 in the 2000-01 which increased to 2, 10,630 in 2009-10. The public health service in the block remained almost stagnant. The public health service falls short to this tremendous increase in population and even if the services reach the tribes the implementation is not that much effective which gives rise to certain health problems for the people in the tribal block under study.

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2. Birth and Death Rates:

The birth rate in the tribal block has increased, whereas that of India remained constant. Death rate and Infant mortality rate for the tribal block have fairly decreased in comparison to India, during the period 2000-01 to 2009-10. On the other hand, one can find a tremendous decrease in child death in the tribal block as well as in India. Table 2 clearly shows that there is an overall improvement in birth, death and infant mortality rates in the tribal block in comparison to India during the study period.

Table 2

Birth rate, Death rate, Infant Mortality rate, Child death Rate in the Tribal Block and at all – India Level

Year	Birth Rate (Per 1000 population)		Death Rate (Per 1000 population)		Infant Mortality Rate (Per 1000 population)		Child Death Rate (Per 1000 population)	
	Tribal Block	India	Tribal Block	India	Tribal Block	India	Tribal Block	India
2000-01	18.82	25.80	8.10	8.70	50.90	70.00	17.24	23.70
2001-02	16.20	25.40	7.82	8.40	47.90	68.00	12.69	22.50
2002-03	23.60	25.00	5.60	8.10	40.84	60.00	11.50	20.40
2003-04	24.05	24.10	7.20	7.50	36.57	58.00	8.87	18.40
2004-05	22.67	25.00	6.72	7.10	40.60	48.00	5.40	16.00
2005-06	21.10	25.00	8.20	7.20	36.50	48.00	5.30	16.00
2006-07	19.50	23.80	7.1	7.60	47.40	48.00	13.50	16.00
2007-08	18.90	23.50	5.5	7.40	27.20	47.00	8.30	14.50
2008-09	19.20	22.50	6.0	6.40	39.00	44.00	12.50	14.00
2009-10	17.60	22.30	7.6	7.30	42.30	44.50	13.90	14.00

Sources : 1. District Health Officer, Zilla Parishad, Nanded.

2. Economic Survey, 2001-02 to 2009-10.

3. Malnutrition:

Table 3 shows grade-wise number of child due to malnutrition during the study period. Grade 'A' shows an increase in the year 2002-03. But, it has decreased after 2006-07 to 2009-10. Child malnutrition (grade 'B' and 'C') shows a decrease in the child death rate caused due to malnutrition. The category i.e. grade 'D' is given to the

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children of the last stage of malnutrition. Comparing to all the tribal blocks in Maharashtra and India, the problem of malnutrition is not much severe in the Kinwat block of Maharashtra state, which is due to the effective implementation of 'Child Development Project'.

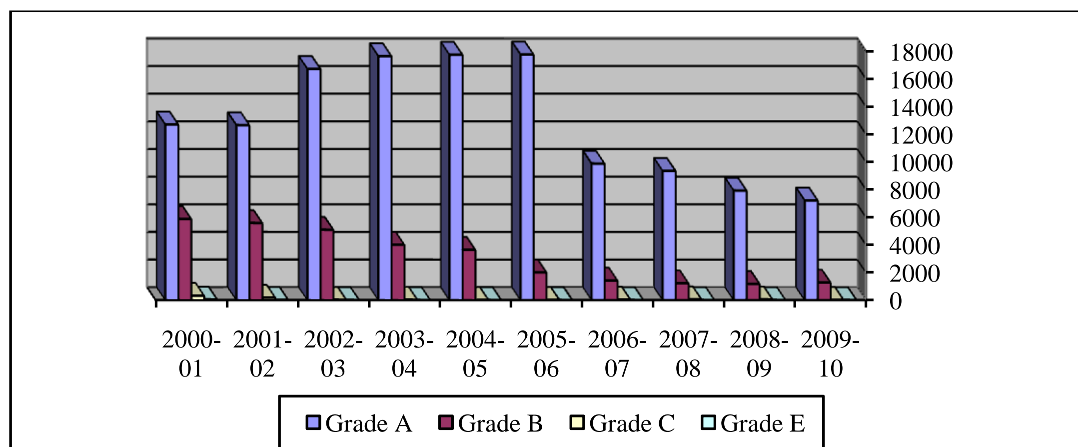
Table 3

Grade Wise Number of Child Due to Malnutrition in the Tribal Block

Year	Grade A	Grade B	Grade C	Grade D
2000-01	12690	5863	310	37
2001-02	12648	5569	167	13
2002-03	16715	5082	19	03
2003-04	17633	3995	21	00
2004-05	17735	3627	13	00
2005-06	17755	2000	10	00
2006-07	9865	1402	26	01
2007-08	9338	1208	51	00
2008-09	7916	1160	38	01
2009-10	7200	1261	14	02

Sources: 1. District Health Officer, Zilla Parishad, Nanded.

2. Child Development Project Officer, Kinwat.



4. Health Facilities Availed:

Table 4 shows the number of patients who have taken the benefit of medical facilities as indoor patients and outdoor patients during the study period. The benefit of internal facilities taken was much less in comparison to the outdoor patient facilities. It is also noticed that the number of patients taking the medical facilities is constantly on the

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decline which may be due to the people in private hospitals and the modern facilities provided there.

Table 4

Number of peoples Taking Medical Facilities in the Tribal Block

Year	Internal Patients			Outdoor Patients		
	Male	Female	Child	Male	Female	Child
2000-01	64	89	56	598	608	498
2001-02	67	99	51	387	608	556
2002-03	18	31	22	304	441	433
2003-04	20	32	21	294	460	441
2004-05	23	27	16	354	413	313
2005-06	16	20	16	360	412	310
2006-07	15	19	14	364	401	308
2007-08	12	15	12	337	378	294
2008-09	17	12	11	312	356	287
2009-10	11	12	12	290	390	260

Sources: 1. District Social and Economic Report 2000-01 to 2009-10.

2. Taluka Health office, Kinwat.

5. Problem of Impure Drinking Water:

Table 5 shows the condition of drinking water in the tribal block during the study period. It is the primary duty of the state government to provide pure and safe drinking water to the people. As per the records of 2009 in India not even 15 per cent of the population is provided with the facilities of drinking water by the government. In the tribal block 30 per cent of the population was not provided the facility of drinking water from the government till the year 2010. The table shows the number of samples of drinking water which were taken for test and the results show that 50 per cent (2008-09) of the population was not receiving pure drinking water in the study area.

Table 5

The Condition of Drinking Water in the Tribal Block

Year	Particulars		
	Samples treated	No. of Impure samples	Percentage of impure samples

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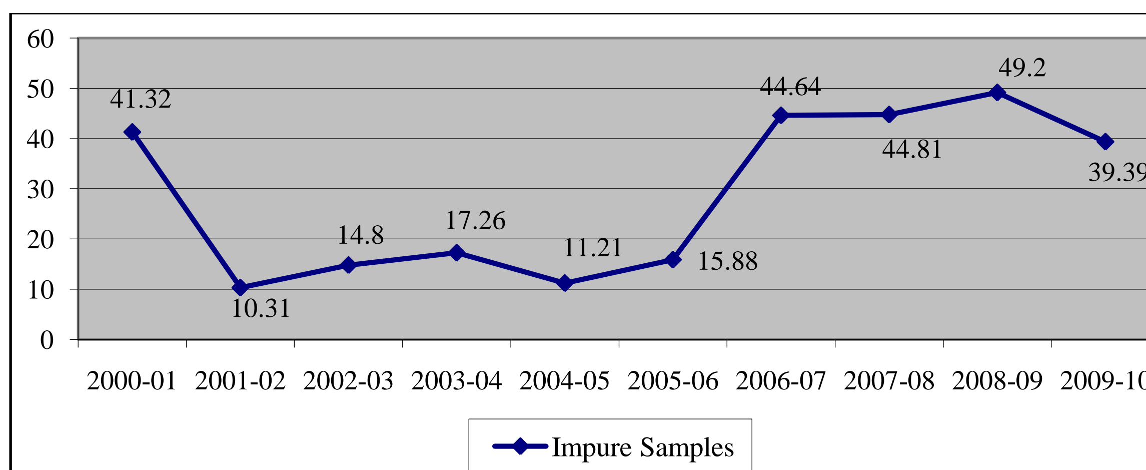
2000-01	5577	799	41.32
2001-02	5312	548	10.31
2002-03	4553	674	14.80
2003-04	5259	908	17.26
2004-05	5459	612	11.21
2005-06	2487	395	15.88
2006-07	9722	4340	44.64
2007-08	12570	5632	44.81
2008-09	25590	12590	49.20
2009-10	33283	13107	39.39

Sourses : District Health Officer, Zillah Parishad, Nanded and Taluka Health office, Kinwat.



6. Expenditure on Health:

Table 6 shows that the total expenditure made by the government on health services in the tribal block. Expenditure on health was increased more after 2002-03. During the study period, there was a tremendous increase of expenditure for the year 2004-05, but after 2005-06 health expenditure decreased mainly because a lot of extra amount was given by the government to purchase generator, vehicles etc. In India out of the total expenditure, almost 3 per cent is spent on health facilities, which looks quite insufficient. As for the tribal block, the flow of expenditure is also insufficient and hence many problems in providing health facilities to the growing population do occur.

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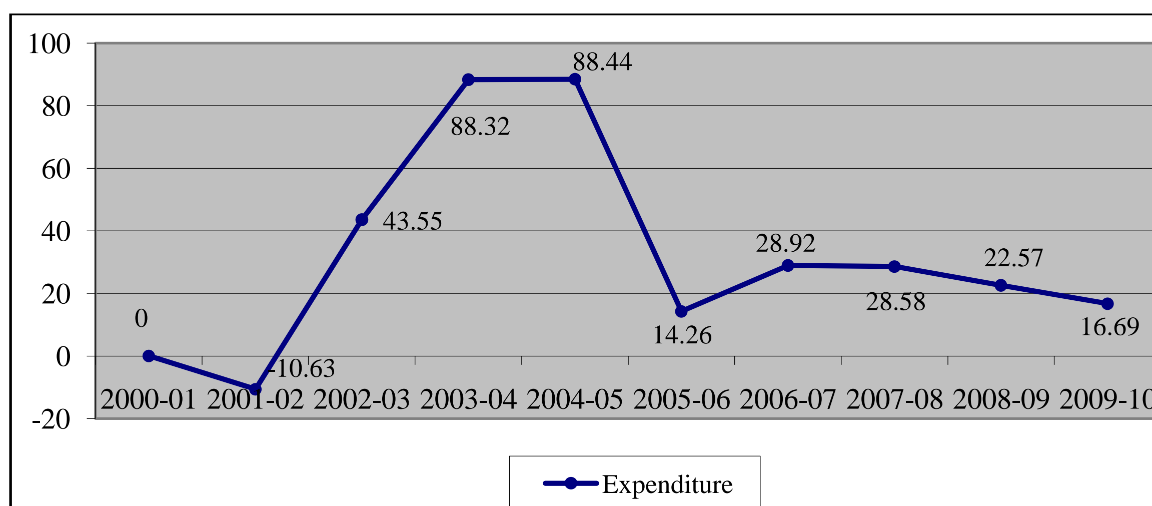
Table 6 : Government Expenditure on Health in the Tribal Block

Year	Total Expenditure (Rs.)	Increase/Decrease	Percentage Change
2000-01	781000	---	---
2001-02	698000	-83000	-10.63
2002-03	1002000	304000	43.55
2003-04	1887000	885000	88.32
2004-05	3556000	1669000	88.44
2005-06	4063000	507000	14.26
2006-07	5238000	1175000	28.92
2007-08	6735000	1497000	28.58
2008-09	8255000	1520000	22.57
2009-10	9633000	1378000	16.69

Sources: District Health Officer, Zillah Parishad, Nanded.



Section 'B'

In this section, problems were identified from questionnaires filled by tribal people in area of health care centers. There are 9 PHC in study area out of which 5 beneficiaries are selected. Especially, related to nutrition, malnutrition, income, education, food, availability of health services, problems of tribal patients, doctors and other servant, calories, poor sanitation, family size, impure drinking water etc. observations are as follows:

1. It is found that 80 per cent of the people fall under the poverty line in terms of per capita income needed to generate a level of expenditure of food, which would meet basic nutrition levels.

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2. 42 per cent beneficiaries of medical facilities are depending upon age old traditional system. They do not consult to the PHC's which affected badly on their health.
3. One major conclusion that the health problem was an integrated aspect of tribal life. This also means that the health problem is closely tied upon the problem of land production, income, family size, consumption and nutrition.
4. Nearly 72 per cent of the sample people more than 70 per cent of their income on food, but the nutritional standard are aping, nearly 62 per cent of the sample people suffered from calories deficiency. The normal diet of the tribal consists mainly of 'Hybrid Jowar'. It may sometime be accompanied by 'rice' and 'tur dal'. Vegetables are consummated seasonally; consumption of eggs, meat, fish and milk is negligible. There are no special diet pregnant and nursing mothers or children.
5. There is an actual water shortage problem as far as impure water. They may sometime have to go 4 or 5 mails to take water. During the visits to tribal people, in selected PHC area. Like Wadas and Guddas, it was observed that 40 per cent of the population was not supplied with pure drinking water, which directly affects their health.
6. Over the 60 per cent of the survey area, are not connected with pure road. Patients generally have to walk to the PHC during the monsoon and early winter, when they are cut off completely, that may not go to PHC.
7. Many times the doctors at the PHC run out of medicines. They are then asked to buy the required medicine with their own money and charge for the same. This creates an imbalance, as some people get the medicine free while other have to pay for the same. This leads to a lack of confidence among the tribal regarding the doctor and government facilities.
8. There are some administrative problems like; (i) there is often an inordinate delay regarding payment to the staff at the field lend. (ii) Budget provisions need to be made more flexible at taluka PHC level. (iii) The doctors are forced to do too much of administrative paper work, due to lack of properly trained secretarial help. (iv) No food is provided to the patients. (v) There is no provision for visits by specialist from the district level.

Special Health Schemes for Tribal Areas in Maharashtra:

(i) Padas Scheme:

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As per this scheme, the Primary Health Center gives training in the medical fields to a man and a woman, who are then appointed in the village and interior parts of the tribal block. These trained persons provide the sick people with medicines supplied by the Primary Health Center from time to time, which naturally help to keep away from minor diseases.

(ii) Navsanjeevani Yojana : This scheme was started in 1995-96 with the aim of reducing IMR and MMR. Since the scheme is only for tribal area it is being implemented in 15 tribal distracts of Maharashtra. The Major components of this scheme are related to employment, health, nutrition, food supply are implemented by various departments. The main purpose of this scheme is to provide some kinds of material with which the population can improve the quality of drinking water. The water purifying material is supplied by the primary health center. To achieve this plan health department has developed master plan and is presently implementing following schemes.

A. Mobile Medical Squad: 172 mobile medical squads have been constituted with one Medical Officer with a vehicle and Para Medical staff to go to each and every village and hamlet to identify malnourished and sick children and provide medical health at their homes and if required also shift them to the nearest health center. Appropriate medical treatment or intensified food supplementation is given to all children.

(B) Maternal Grants Scheme: The scheme of government is about their health and also about the problem of increasing population. As per this scheme, the tribal women are given a grant of Rs. 1000/- and medical facilities but only till the third child of a particular women, and this has helped to promote the work of family planning. It was found that 55179 people have responded to family planning programmed up to October 2011.

(C) Dais Meetings: Regular re-orientation of trained Dais and untrained also being carried by organized quarterly meetings of Dais at sub centre level. Dais meetings have organized in 6222 sub centers during March 2011.

(D) Water Quality Monitoring: Water samples are collected from all the water sources used for drinking in the village per month and are tested at public health laboratory for bacterial contamination and results are communicated to concerned Gram Panchayat through PHC for further necessary action.

Findings: From the above discussion following findings can be derived:

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1. It is observed that there is almost no change in the health facilities in this tribal block. An increase was seen in the number of nurses, doctors and beds.

2. A decrease is found in the death rate, infant mortality rate and child death rate in the tribal block. But an increase is seen in the birth rate in this block as compared to India.

3. The deaths caused due to major child malnutrition are decreased but deaths caused by minor child malnutrition are increased.

4. A study indicated that 40 per cent of the population in this tribal block is not provided with pure drinking water, which is the main cause for many diseases.

5. The amount spent as health expenditure was insufficient to meet the health care needs of the growing population in the block under study.

6. On the field survey observed that not available in pure water in study area, not pure roads, lack of budget to medicine, lack of physical facilities in PHC centers, low income of tribal people, poor level of pure nutrition, lack of co-ordination, low level of income and education.

Policy Measures:

1. In order to improve the public health facilities in the block there is need of increasing the availability of health centers, primary and sub-primary health centers and hospitals and timely supply of medicines and equipments.
2. This would help to bring down death rate, child death rate and infant mortality rate in the study area.
3. The government should pay attention towards provision of pure drinking water in this area and the tribal people should make themselves aware of cleanliness and sanitation.
4. All the grants should reach directly to the concerned agency for the effective implementation of the health care programmers in the study area. Also there is need to increase grants for the ongoing health schemes for tribal area.
5. After a discussion with some patients, it was found that many diseases are not properly diagnosed at the public health centers and that may be the main reason for the common man moving to private health facilities.
6. Creating an institution basis for the improvement of health and overall development, penetrating to the smallest level of settlements and integrating plans and actions initiated beneficiary groups.

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