Accessibility of Health Resources of Tribal area in Kolli Hills, Namakkal District

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Abstract

The tribal population in India is 84.51 million, which constitutes 8.14% of the tribal population. There are about 449 tribes and sub tribes in different parts of India. Half of India's tribal people live in the forests and forest fringes and their economy is linked with the forests. Tamil Nadu has 7.21 lakh tribal populations as per the 2011 census which constitutes 1.10% of the total population. There are 36 tribes and sub tribes in Tamil Nadu. Most of the tribes in Tamil Nadu are cultivators, agriculture labourers or dependent on forests for their livelihood. 120 tribal peoples are selected randomly in the Kolli hills and Interview schedule was used to study the present status and availability of resources of from the methods of treatment, medical expenses, reasons for approaching Government hospital, private hospital and Ayurveda hospital, distance from the residential area to hospital, availability of doctors, and infrastructure facility, resources in the emergency time.

Key words: Health resource, tribes, accessibility

Introduction

The tribal population in India is 84.51 million, which constitutes 8.14% of the tribal population. There are about 449 tribes and sub tribes in different parts of India. Half of India's tribal people live in the forests and forest fringes and their economy is linked with the forests. Tamil Nadu has 7.21 lakh tribal populations as per the 2011 census which constitutes 1.10% of the total population. There are 36 tribes and sub tribes in Tamil Nadu. Most of the tribes in Tamil Nadu are cultivators, agriculture labourers or dependent on forests for their livelihood (Tamil Nadu Forest Department, 2018). Tamil Nadu the major tribes that inhabit the state include Kadar, Muduvan, Paaliyan, Kanikkar, Malayali, Soliga and Konda Reddi. The majority of them are economically deprived, socially marginalized and lack resources. Their access to health, education, employment, and other income generation opportunities is limited. The literacy percentage of the scheduled tribes is low when compared with the general

population. Despite several programs and projects for the upliftment of tribal communities are still marginalized and remain invisible to hilly tribes (K. Indumathy & P. Muthiah Manoharan, 2013).

The study focused on Kolli Hills in Namakkal District and covers 14 villages. In all the hills, the tribal areas are divided into nadus. Kolli malai, the tribal area is divided into 14 nadus. There are fourteen nadu in the region of Kolli hills as follows,Vazhavanruinadu, Thinnurnadu,SelurNadu,DevabyrnaduValapurnadu,AriyurnaduGundurnadu,Alaruurnadu,Gundaninadu,Thinpulgin adu,Perakkarainadu,Citurarnadu,Edapulinnadu and Bailnadu (C. Prem Naseer, 2015). The present study analyses the accessibility of health resources in the tribal area in Kolli Hills, Namakkal district.

Methodology

The tribal people who are called Malayali tribal areas of Kolli hills in Namakkal District were selected for the study. 120 tribal peoples are selected randomly in the Kolli hills and Interview schedule was used to study the present status and availability of resources of from the methods of treatment, medical expenses, reasons for approaching Government hospital, private hospital and Ayurveda hospital, distance from the residential area to hospital, availability of doctors, and infrastructure facility, resources in the emergency time.

Result and Discussion

The measure the availability of health related resources in the tribal areas, which is explained by the following data information;

Age Group

S. No.	Age	No. of Respondents	Percentage
1	20 – 29	10	8.3
2	30 – 39	48	40
3	40 – 49	30	25
4	50 – 59	21	17.5
5	above 60	11	9.16
	Total	120	100.0

Source: Computed – field data

The data in the table shows that 40 percent of the respondents come under the age group of 30-39. The age group 40-49 covers about 25 of the respondents and 17.5 percent from the age group of 50-59, 8.3 percent from the age group 20-29 and 9.16 percent from the age group of 60 and above. The data shows that the majority (40 percent) of the respondents are adulthood belongs to the age group of 30-39, the study focused on all age groups of respondents but the majority of the respondents are that age group.

Method of treatment

S. No	Treatment	No. of Respondents	Percentage
1.	Ayurveda	14	12
2.	Government hospital	64	53
3.	Private hospital	42	35
	Total	120	100.0

Source: Computed – field data

The above data shows the way of treatment of the respondents. 12 percent of the respondents go for treatment in the Ayurveda method, 53 percent of the respondents go for treatment in the Government hospital, and the remaining 35 percent of the respondents go to the private hospitals. Thus, the data concluded that the majority of the respondents go to Government hospital for treatment in the tribal areas.

Annual Medical expenses of household

S. No	Medical expenses	No. of Respondents	Percentage
1.	Within 5000	57	47.5
2.	Within 10,000	42	35
3.	Above 10,000	21	17.5
	Total	120	100.0

Source: Computed – field data

The above data shows the expenses amount for the medical purpose of the respondent's family. 47.5 percent of the respondents spending amount within 5000, 35 percent of the respondents family spending amount within 10,000, and 17.5 percent of the respondents spending amount 10,000 and above for their family treatment. Thus, the data explains that the majority (47.5 percent) of the respondent's spending amount to 5000 for their family treatment.

Treatment of Government Hospital

S. No	Government hospital	No. of Respondents	Percentage
1.	Quick recovery	9	7.5
2.	Easy availability of medicines	21	17.5
3.	Less expensive	34	28.33

Source: Computed – field data

The table shows that the reasons for the respondents go for government hospitals, 7.5 percent of the respondents go to Government hospitals for quick recovery, 17.5 percent of respondent's reason is the easy availability of medicines, and 28.33 percent of the respondents go to Government hospital for less expensive. Thus, data shows that the majority of the respondents go to the government hospital for less expensive only and it is shown that their economic status.

Treatment of Ayurveda Medicine

S. No	Reason for Aayurveda Medicine	No. of Respondents	Percentage
1.	Have knowledge about herbs	3	2.5
2.	Available naturally	9	7.5

Source: Computed – field data

The data shows that the reasons for respondents approaching herbal medicine for the treatment. 2.5 percent of the respondents taking Ayurveda medicine for having knowledge about herbs, 7.5 percent of respondents taking for available naturally. Thus, the data present that reasons for respondents approaching Ayurveda medicine are having knowledge about herbs and available naturally.

Treatment of Private Hospital

S. No	Private hospital	No. of Respondents	Percentage
1.	Good environment	13	10.83
2.	Any time available of specialists	29	24.16

Source: Computed – field data

The data present that the reasons for respondents approaching the private hospitals, 10.83 percent of the respondents go to the private hospital for the reason of a good environment and 24.16 percent of the respondents go for the reason of any time available of specialists. Thus, data present that the respondents approaching private hospitals for a good environment and any time availability of specialists.

Distance from Household to Hospitals

S. No	Hospital distance	No. of Responders	Percentage
1.	1 km	15	12.5
2.	2-5 kms	63	52.5
3.	5-10 kms	15	12.5
4.	Above 10 kms	27	22.5
	Total	120	100.0

Source: Computed – field data

The above table shows that the distance between the hospitals to the respondent's household which may be government, private or Ayurveda hospital. 12.5 percent within 1 km, 52.5 percent 2-5 km, 12.5 percent 5-10 km, and the remaining 22.5 percent of the respondents go to the hospital 10 km and above. Thus, the table shows that 22.5 percent of the respondents travel above 10 km for medical purposes at the same time it is one of the problems they are facing in emergency time also.

Adequate infrastructures in Government Hospital

S. No	Infrastructure	No. of Respondents	Percentage
1.	Yes	23	19.16
2.	No	41	34.16

Source: Computed – field data

The data present the status of the adequate infrastructure of the Government hospital. There is 34.16 percent of the respondents say that there is no adequate infrastructure in the government hospital and 19.16 percent of the respondents say that they have enough infrastructures in the government hospital. Thus, the table displays that the majority of the respondent's answers is, not enough facilities available in Government hospitals.

Reason for Inadequate infrastructures in Government Hospitals

S. No	No infrastructure	No. of Respondents	Percentage
1.	Inadequate instruments	14	12
2.	Inadequate beds	22	18.33
3.	Inadequate buildings	9	7.5
4.	Unsanitary surrounding	19	16

Source: Computed – field data

The above table presents the reasons to have no adequate infrastructure facility in the Government hospital. 12 percent of the respondents say that the inadequate instruments, 18.33 percent say inadequate beds, 7.5 percent of the respondents say inadequate buildings, and 16 percent of the respondents says that the reason of unsanitary surrounding. Thus, the result displays those details of inadequate infrastructure in Government hospitals is inadequate instruments, inadequate beds, inadequate buildings, unsanitary surroundings, etc.

Availability of Doctors

S. No	Adequate doctors	No. of Respondents	Percentage
1.	Yes	25	21
2.	No	39	32.5

Source: Computed – field data

The table presents the availability of doctors in the Government hospital by the respondent's answer. There is 21 percent of the respondents say that enough doctors available and 32.5 percent of the respondents say that there are no adequate doctors in the Government hospital. Thus, the data concluded that the majority of the respondent's answer is no adequate doctors in the Government hospital in the study area.

Satisfy for the Government treatment

S. No	Satisfy	No. of Respondents	Percentage
1.	Yes	28	23.33
2.	No	36	30

Source: Computed – field data

The data from the respondents shows that the satisfaction level of Government hospitals by the respondents. It is 22.33 percent of the respondents satisfied with the treatment of Government hospital and 30 percent of the respondents did not satisfied with the treatment of Government hospitals. Thus, the majority (30 percent) of the respondents are not satisfied with the treatment of Government hospitals.

Reasons for Unsatisfied treatment

S. No.	Unsatisfied	No. of Respondents	Percentage
1.	Non availability of doctors	34	28.33
2.	Problem of servants	13	11
3.	Inadequate beds	17	14.16

Source: Computed – field data

The data from the table shows that the reasons for the respondents unsatisfied by the treatment of Government hospitals. There is 28.33 percent of the respondents say that the non-availability of doctors, 11 percent of the respondents say that reason for the problem of servants, and 14.16 percent of the respondents say that the reason for inadequate beds. Thus, the table explains that unsatisfied with the respondents for the treatment of government hospitals is non-availability of doctors, problems of servants and inadequate beds.

Resource availability in Emergency

S. No.	Source for Emergency	No. of Respondents (%)
1.	Ambulance	44(36.6)
2.	Private car	51(42.5)
3.	Two wheelers	25(21)

Source: Computed – field data

The data from the table shows that respondents are using way of source in the emergency period. 36.6 percent of the respondents using Ambulance for an emergency, 42.5 percent of the respondents using private cars for an emergency time, and the remaining 21 percent of the respondents using two wheelers for emergency time. The data concluded that in the emergency time respondents are using an ambulance, private car and two wheelers but the majority of the respondents are using private cars in emergency time.

Findings

In the Kolli Hills, there are 98.8 percent of tribes living who are called Malayali tribes and there are mainly depending on agricultural activities. Their economic status also not well sound. According to the health status, the majority (63.3 percent) of the tribes are approaching government hospitals because of less expense. Here, many

respondents are facing problems like inadequate infrastructure (66 percent) and not availability of doctors (78 percent) at any time. That is also the reason for respondents approaching private hospital (35 percent).

In the study area, there are 5 hospitals available, which are two government hospitals in Thiruppulinadu and Valavanthinadu, two private hospitals in Ariyurnadu and Valavanthinadu, and an Ayurveda hospital in Thiruppulinadu. The Kolli hill covers 14 villages and all the villagers using these hospitals, at the same time some of the villages areas is a remote area and they are too away from the hospitals. In the early stage of pregnancy time, only women go to check up to these hospitals at the same time in the emergency time tribes suffer to take immediate treatment and they go outside of the hills area.

Conclusion

Health facility is a very major and basic source in the tribal areas and this study displays that the outcome of the health resources in a tribal area in Kolli hill. According to the data, health resources are not satisfied in the study area. According to the data, health resources are not satisfied in the study area. Some remote villagers are traveling more than 10kms for treatment and it is difficult for women and children also. The availability of doctors and infrastructure facility also should improve in the tribal areas. At the same time, Panchayat side also takes necessary action for improving the health status of the study area.

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