



Health Care Accessibility of Tribal Populations of Amarkantak Region

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Abstract:

Neglected tropical diseases (NTDs) and other communicable diseases are one of the important health issues affect the physical, mental and socioeconomic status of the tribes, leads to poverty, disability, etc. The intervention and treatment are primarily required for the people affected by these diseases. In the present investigation, the accessibility of healthcare facility in the tribal dominated villages where tribal are affected by various diseases including sessional conditions, unhygienic water, food and other environmental conditions. The studies showed that the PHC is the nearest health care facility to a vast majority of the respondents (90.8%). Two-fifth of the respondents (42.4%) had the distance of 0 to 2 KM to the nearest health care facility and one-fifth of them had to travel 5 to 10 KM for a nearest health care facility. Only one-third of the respondents (33.6%) were visiting hospital from time to time for health their check-up. Three-fifth of the respondents (61.2%) had transport facility to travel to the health care facility and the remaining did not have at all. Three-fifth of the respondents and their family members (59.6%) preferred Government hospitals for the treatment of any health issues.

Keywords: Health care facility, Socio-economic, World Health Organization (WHO), diseases, water.

Introduction:

Globally, in the tropical and subtropical regions, the tribal populations are abundantly distributed and recognised as socially and economically vulnerable. The insufficient diet and lack of knowledge about occurrence of several diseases and failure to take proper medicines cause occurrence/return of diseases¹.

The World Health Organization and Government of India are working to eradicate the health issues of people. However, the effective implementation of the health policies in tribal belt is poor, which leads to increased morbidity and child mortality rate. The health policies developed by the Government is not reaching to the tribes

because they are hesitant to come in to the main stream to avail the benefits, unaware of the policies, their culture and believes, etc^{2,3}.

The tribal belt in Madhya Pradesh and Chhattisgarh consists of tribal peoples with poor socio-economic backgrounds. The tribes are ear-marked as a community of people who live in forests and hills and are considered the primitive segment of the Indian society. The unawareness of sanitation, health, and hygiene, affects their routine and social well-being. Madhya Pradesh is one of the states in India that has many tribal populations residing in Eastern Madhya Pradesh (Anuppur, Shadhol, Mandela, Dindori)^{4,5}. The protection of people, especially tribes in India, from the diseases and provide a healthy environment is the government's ultimate goal and society. Hence, it is required to take critical care in the tribal populations from the diseases and providing basic amenities including health care facilities, water, sanitation, etc. Further interventions are to be implemented, such as improving socio-economic status, proper healthcare facilities through required government plans, need-based funding for sustainability, tribe specific, region-specific, and geographic-specific policymaking, developing additional primary health centers in the high incident areas, etc^{6,7}. In the present investigation, the accessibility of healthcare facility in the tribal dominated villages where tribal are affected by various diseases including sessional conditions, unhygienic water, food and other environmental conditions.

Materials and Methods

Research Design: In this study, explanatory type survey design has been adopted.

Universe and Sampling

To perform the health care accessibility in the tribal population, the villages in Amarkantak region of Pushprajgarh Tehsil, Anuppur district had been taken and these villages constituted the universe. This region has dense tribal population and they have 01 Nagar panchayat and 267 villages (gram panchayats).

Totally 25 villages and urban wards in Amarkantak region of Pushprajgarh Tehsil, Anuppur district were selected purposively from the above-mentioned total number of villages. The villages which were located in the very remote places and which did not have access to transport were taken for the study. The total population of the universe (study area) of the study is not known and hence, non-probability sampling method was adopted for this study. In each village or ward, 10 households were studied using accidental sampling method and total of 250 respondents (tribes). The data were collected through Primary sources i.e. through direct interview method (self-structured interview schedule) (Table 1). The collected data was analysed using SPSS software.

Results and Discussions:

In the present investigation, we have performed fieldwork in the study areas as per the protocol/methodology. The access to health care facility study results provided in Table 2 showed that an absolute majority of the respondents conveyed that their family members did not have any health related symptoms, their family members did not have any health issues currently and in the past. Further, it revealed that a vast majority of the respondents (80%) informed that they and their family members did not undergo any blood test. Only 20% had undergone blood test while they had Malaria and typhoid diseases.

As the Amarkantak region is located very far from the district headquarter, the distance to Government Hospital are more than 30 to 50 km. Hence, 90.8% respondents stated that PHC is the nearest and accessible health care facility to them. The distance between the health care facility and the respondents villages is provided Figure 1. Approximately, two-fifth of the respondents (42.4%) expressed that the distance of the nearest health care facility from their villages is 0 to 2 KM and about one-third of the respondents (37.2%) told that the distance of the nearest health care facility from their villages is 2 to 5 KM. Rest of the respondents (one-fifth) had to travel 5 to 10 KM to the nearest health care facility in any circumstances. The rural populations which live such a remote places had depend on their village level local private doctors and sometime health workers too. Only one-third of the respondents (33.6%) were visiting hospital time to time for health check-up and this shows that their low sensitivity about health.

Three-fifth of the respondents (61.2%) told that they had transport facility to travel health care centers and the remaining did not have. There is no public transport is available in this place and a limited number of private transport services are available as source of transport and they do not cover the entire region. Hence, the people had to have their own vehicle to travel anytime.

Three-fifth of the respondents and their family members (59.6%) preferred Government hospitals for the treatment of any health issues. The government hospitals were preferred because of the free services and private hospitals were preferred due to easy access and quick response.

Conclusion:

This study concluded that the access for healthcare facilities are one of the important health issues affect the physical, mental and socioeconomic status of the tribes, leads to poverty, disability, etc. The study revealed that significant number of health care centers should be established in the identified tribal areas to reduce the morbidity and mortality rate. Governments can prepare required strategic plans for health care camps and awareness programs in addition to the existing plans.

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Conflict of Interest

The author does not have any conflict of interest on this manuscript.

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Table 1: Self-structured interview schedule used for the study.

General Information	<u>Access to Health Care Facility</u>
Name (Optional)	Which is the nearest health care facility from your village?
Age	What is the distance?
Gender	Do you go to the hospital for health check-up?
Name of Tribe (ST)	Do you have the necessary transport facility to travel to the nearest health care facility?
Marital status	Which type of treatment facilities are preferred by you and your family members? Why?

Table 2: Detail of access to health care facility

S. No	Questionnaire	Number of Respondents		Percentage	
		Yes	No	Yes	No
1	Having major health related symptoms	5	245	2	98
2	Having health issues	5	245	2	98
3	Having health issues in the Past	8	242	3.2	96.8
4	Undergone blood test	50	200	20	80
Access to Health Care Facility					
5	Health Check up	84	166	33.6	66.4
6	Transport Facility to Travel to the Health Care Facility	153	97	61.2	38.8

Figure 1: Distance of Health care facility from the villages of respondents