

# Medicinal cultivation in tribal community and its economic management

Dr. Bharti Satankar

Assistant professor Rajeev Gandhi management institute Bhopal (M.P.)

## Abstract-:

India has one of the biggest tribal populations in the world. There is no exact equivalent for “Tribe”, but close synonyms are “Vanavasi (forest dwellers)” or “Adivasi”. Tribal people and medical practices are correlated with forest ecology. Tribal communities are stakeholder of Indian economy they plays vital role in our GDP by producing different type of herbs, seeds, flowers, and bark. These herbal medicines are very useful in various diseases so the demands of these medicines are high by cultivating of these medicine tribes are strengthen their economical and social potential. While many strategies have been attempted over the years to discuss some of the economic social and physical factors preventing tribal population to get access to healthcare services the ultimate outcome has remained for less than the expectations. Present view point reflects inadequately of medical facilities in tribal areas. Tribal population lives in forest and forests are good to cultivate medicinal plants. Tribes have good knowledge of aayurvedic plants and their uses. In Indian language,

**Keywords-:** medicinal cultivation, tribal community, economic management.

**Introduction-:** The tribal community and their habitation constitute very important parts of our country environment and ecology. About half of the total tribal population of the world lives in India. They include about 18% of country’s land and 8.2% cent of its population. (Ram prakash 2015)

Tribal people in India as in other part of the world reside mostly in forest and hilly areas. Their prime concern are related to health problem and water scarcity most tribal people live in hilly forest or desert areas where illiteracy malnutrition inadequate access to potable water lack of sanitation and personal hygiene make them more vulnerable to disease. This is compounded by the lack of awareness among these population about the measures needed to protect their health, Their distance from medical facilities etc. government programme to raise their health awareness and improve their accessibility to primary health care have not had the desired impact. In other hand they cultivate their medicine in forest and tribal areas these medicines have good medicinal and economic value.

Medicinal plants have strong acceptance in religious activities and ritual & belief system of north Indian native communities, who worshiped the plants in the form of god, goddesses, and minor deities.

Tribal suffers from nutritional deficiencies such as protein and energy malnutrition's and micronutrients deficiencies, gastrointestinal disorders and malaria are common in them as well.

The National Policy on tribal peoples seeks to:

1. Strengthen the allopathy system of medicine in tribal areas with the extension of the three-tier system of village health workers, auxiliary nurse mid-wife and primary health centres. Expand the number of hospitals in tune with tribal population
2. Validate identified tribal remedies (folk claims) used in different tribal areas
3. Encourage, document and patent tribals' traditional medicines
4. Promote cultivation of medicinal plants related value addition strategies through imparting
5. training to youth Encourage qualified doctors from tribal communities to serve tribal areas
6. Promote the formation of a strong force of tribal village health guides through regular
7. training-cum-orientation courses Formulate area-specific strategies to improve access to and utilisation of health services
8. Strengthen research into diseases affecting tribals and initiate action programmes

Tribal health is further compromised by social issues such as excessive consumption of alcohol and in some areas tobacco consumption is rapidly increasing as well. General impression and some studies in few tribal districts of Gujarat and Madhya Pradesh, India under maternal Health India project showed that these are much less private or public doctors and obstetrician and gynaecologist in tribal areas. Mere availability of Public Health workforce cannot improve the health status in tribal areas. Access to health services become more difficult in tribal areas as the record are poor or nonexistent. Rural Health statistics 2012 reported of Health and Family Welfare, the Government of India reported a huge short fall of physician paediatricians or any other specialist at community health centre and doctors at PHC in tribal areas. While various states are trying to come up with solutions to the shortage of doctors on adhoc. manner based understanding of the problem there is no guidance from the central government on

this matter. in tribale dominated areas medical facilities is carried out through various schemes of concerned Central Ministries and the state government. while the Ministry of Tribal Affairs provide additive to these initiative by way of plugging gaps.

Ministry of Tribal Affairs through its scheme special Central assistance to tribal sub schemes, grant in aid to voluntary organisations and grants under article 27 (1) of the constitution provides funds to the state government aid and attitude based on their proposal after approval of project appraisal committee in the ministry besides, Ministry of Health and Family Welfare through the scheme national Health Mission where in tribal sub plan funds have been earmarked, provides supports to states for strengthening their health care system including up gradation of existing and setting up New Public Health infra structure based on requirements posed by the state governments and union territories in India, In their program implementation plan.

total amount of GST funds provided to the states during 2014 and 15 to 2018 and 19 is given below:-:

Years	fund provided to States (Rs. in crore)
2014 – 15	1885.83
2015 – 16	2038.64
2016 -17	106.12
2017- 18	2402.78
2018- 19	2032.00

**various schemes-:** the Ministry of Health and Family Welfare has allocated significant protein of its budgeting resources for the schedule caste and Scheduled Tribes population. Facilities available to the SC ST population under a few major scheme are detailed below:-:

**National Health Mission-:** NHM is major instrument of financing support to the states to strengthen Public Health system and health care delivery a budget outlay of 36576 crores has been made for NHM in 2021-22.

**National Rural Health Mission-:** NRHM seeks to accessible affordable and Good health care to the rural population.

**National Urban Health Mission-:** NUHM seeks to improve the health status of the Urban population particularly urban poor and other vulnerable sections by facilitating their access to quality Primary Health Care.

**National programme for control of blindness and Visual impairment:-** this program was launched in the year of 1976 as a two central sponsored scheme with the goal of reducing the prevalence of blindness to 0.3% by 2020.

**Challenge:-** there are various challenges in implementation of Health Programme in tribal areas:-

1. Lack of health facility in remote rural areas.
2. Lack of awareness of health issues.
3. lack of emergency transportation
4. Discriminatory behaviour by Health Care providers.
5. Financial constraints.

On these ground government can train tribal areas to cultivate all type of medicinal plants and also should provide allopathic medicine training for first use. Government should constitute a committee to cultivate plants this plan can enhance economy of country to import good medicinal plants this will also increase standard of tribes. Tribe human resource management and use of this HR can be used easily by plant cultivation.

**Discussion and Conclusion:-** The study concludes that the role of herbal medicine for the treatment of various diseases and disorders among tribe is crucial. They used many different forest plants, weeds, flowers, seeds, bark in their traditional treatment. Indian government pays attention on tribes and find role of tribal people on economy government find that skill and understanding of tribes about herbs, seeds, flowers and bark can be used on this ground government has decided to promote medicinal cultivation on tribal areas. Beyond documented plants after many five years plans Government of India recognised the need to view tribal peoples health with serious and a special concern and constituted an expert committee on tribal health jointly by Ministry of Health and Family Welfare and Ministry of Tribal Affairs in 2013. According to the report the health status of people from ST community had significantly improved over the last 25 years and yet it is the worst when compared to other social groups. Only availabilities of Healthcare facility do not indicate good health of the people of those particular areas, If the people do not utilize this facility.

Tribal boys and girls with minimum education can be trained as Community Health workers in India in tribal areas so they can provide primary health system to their community. These will strength traditional herbal medicines and Medicinal cultivation in tribal community successful medicinal cultivation will enhance economic management all over India.

## References-:

1. Hite, L. M., & McDonald, K. S. (2020). Careers after COVID-19: Challenges and changes. *Human Resource Development International*, 23(4), 427–437.
2. ILO. (2020). Working conditions. Retrieved from Ismail, H., & Gali, N. (2017). Relationships among performance appraisal satisfaction, work–family conflict and job stress. *Journal of Management & Organization*, 23(3), 356–372.
3. Kaufman, E., Lovich, D., Bailey, A., Messenböck, R., Schuler, F., & Shroff, A. (2020). Remote work works – where do we go from Here?
4. Koirala, J., & Acharya, S. (2020). Dimensions of human resource management evolved with the outbreak of COVID-19.
5. Kretchmer, H. (2020). How coronavirus has hit employment in G7 economies.
6. Leighton, P., & McKeown, T. (2020). *Work in challenging and uncertain times: The changing employment relationship*.
7. Liu, Y., Lee, J. M., & Lee, C. (2020). The challenges and opportunities of a global health crisis: The management and business implications of COVID-19 from an Asian perspective. *Asian Business & Management*, 19, 277–297.
8. Lund, S., Madgavkar, A., Manyika, J., Smit, S., Ellingrud, K., Meaney, M., & Robinson, O. (2021). The future of work after
9. Maclean, J. C., Pichler, S., & Ziebarth, N. R. (2020). Mandated sick pay: Coverage, utilization, and welfare effects. National Bureau of Economic Research,(No. w26832). Retrieved from

