

# IMPROVING HEALTHCARE SERVICES AMONG *THARU* OF LAKHIMPUR KHERI DISTRICT, UTTAR PRADESH, INDIA.

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**Abstract:** Parseya village comes under District Lakhimpur Kheri of Uttar Pradesh. The village is located close to the Indo- Nepal border and is inhabited by Rana *Tharu*, notified as Scheduled tribes in 1967. They are the largest of the five scheduled tribes of the Uttar Pradesh state and are residing in Tarai at the foothills of Himalayas in U.P. Both qualitative and quantitative research methods were used to collect data. Due to their residence in remote border areas, accessing healthcare becomes difficult for them, which makes them vulnerable to various health issues. The objective of the paper is to highlight the complications faced by the *Tharu* in accessing healthcare services. Also to provide valuable insights to improve the health care including availability, affordability, accessibility, effectiveness and satisfaction according to the people. The paper will also suggest the state government to provide healthcare to the *Tharu* living in the areas which is not easily accessible considering their social and cultural background keeping in mind their regional context. As it is observed that people's behaviour, attitudes and beliefs towards illness pain and wellbeing as a whole have important implications for healthcare.

**Index Terms-***Tharu*, health, healthcare, problems.

## I. INTRODUCTION

“The International Monetary Fund (IMF) reaffirmed that India will be the fastest growing major economy in 2018, with a growth rate of 7.4 percent that rises to 7.8 percent in 2019 with medium-term prospects remaining positive”(The New Indian Express, 2018). In spite of the worldwide progress, healthcare progress in India is still to be achieved. Many Efficient steps has been taken by India about the tribal health issues, they are Sustainable Development Goals (SDGs) and Millennium Development Goals (MGDs) have been decided. Government of India (GOI) implemented many initiatives like, launching National Rural Health Mission (NRHM) in 2005, now under National health Mission (NHM) launched in 2013 to address health needs of the rural India. Despite all of these initiatives, India still lags behind in providing healthcare services to the people residing in interior and remote areas.

There are people residing in remote areas, with their own beliefs, rituals, and customs, values who suffer from distinct health problems and are unable to access health care services. “India is home to about 700 tribal groups with a population of 104 million, as per 2011 census”(Bahuguna, Srivastava, mahapatra, & chakravartty, 2016) “Tribal constitute 8.61% of the total population of the country, numbering 104.28 million (2011 Census) and cover about 15% of the country's area”(Meena & Nitesh, 2014). Most of the tribal inhabit in the remote part of India, vulnerable to various health issues and with unavailability of healthcare services. They are not able to access the care due to numerous reasons like financial constrain, unavailability of transportation, unawareness of health issues among indigenous people, lack of communication, discrete cultural background of the care provider and care recipient, and so on. Hence there is a need of better system based framework and an evidence based approach to provide successful health care to this part of Indian population. Indian government should consider cultural dimensions of Indigenous people before constructing policies and plans and implementing health care services in the area. “As it is believed that health care programmes should always be designed not only to address medical concerns, but also to take into account what the people in the community actually believe about their own ill- health and how it should

be treated- and also the social, economic, and political context in which that ill- health occurs”(Helman, 1990)

“*Tharu* are the largest among the five Scheduled tribes of Uttar Pradesh. They inhabit in Lakhimpur Kheri, Pilibhit, Gonda, Bahraich and Gorakhpur Districts in the state of Uttar Pradesh, Nanital and Udham Singh Nagar in Uttaranchal. They are also located in Assam, Bihar, Bengal and Nepal”(Maiti, 2004). “According to 2011 census the total tribal population in Uttar Pradesh is 11,34,273. It is 0.6 percentage of total population of Uttar Pradesh. In Kheri *Tharu* inhabit the Northern areas bordering Nepal”(DIRECTORATE OF CENSUS OPERATIONS UTTAR PRADESH, 2011). “There are several theories regarding the origin of the *Tharus*, all of which remained unproved. According to one popular theory, *Tharus* are considered the descendants of Rajput clans of Rajasthan, while some assert that they have Mongoloid origins basing their premise on physical features”(GENE Campaign, 2000). “They are Patrilineal and Patrilocal group, both joint and nuclear family is found among them. The eldest member of the family is the head of the household. Agriculture is the main source of livelihood for the *Tharu*. Besides agriculture they also earn their livelihood by fishing, repairing houses, basketry, pottery, making net, rope and mat. After their declaration as Scheduled Tribes, there are several measures implemented by government and also due to their frequent contact with the main stream population several social and economic improvement have been noticed among them”(Maiti, 2004)

The objective of the present study is to highlight the pulling factors faced by the *Tharu* in accessing healthcare services and to provide valuable insights to improve the health care including availability, affordability, accessibility, effectiveness and satisfaction according to the people. As it is observed that people’s behaviour, attitudes and beliefs towards illness pain and wellbeing as a whole have important implications for healthcare. Therefore, the paper will also attempt to suggest some emphatic effective measures to provide healthcare to the *Tharu* living non accessible areas considering their social and cultural background keeping in mind their regional context.

## II. METHODOLOGY

The researcher has adopted historical and analytical method in making the study. The researcher is depended on both primary and secondary data, whereas the secondary data includes books, articles, journals, newspaper readings etc., and primary data includes interview and observation method etc. The key informant from the *Tharu* community and outside the *Tharu* community were approached to know about the village area and the people. The data collection was done by the respondent consent and they were assured that the information obtained from them would be kept confidential. The researcher chose Parseya village in Paliya block of Lakhimpur Kheri district. The primary study covered 150 households and the information was gathered by employing simple random sampling technique through semi-structured questionnaires. In-depth interviews was used to have a better understanding of the socio cultural background of the people and its impact on their health care.

## III. CONCEPT OF HEALTH

Health is a fundamental factor for Human development and is indispensable for the wellbeing of individual and society as a whole. It is a function not only indicates towards the physical improvement but also the holistic development of the society. Therefore to have a healthy life, the other (social, cultural, economic, educational, political and so on) depending factors should also be considered.

“WHO defined health, as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”(Jambroes, Trudi, kalijouw, Vilet, & Essink-Bot, 2016)

The above given definition has been criticised by Huber and many others with regard to ““the ability to adapt and to self-manage, in the face of social, physical and emotional challenges ””(Jambroes, Trudi, kalijouw, Vilet, & Essink-Bot, 2016). Hence primarily health is considered only as a physical phenomenon but in the current scenario, it is no longer understood in purely physical terms, rather it involves mental, social and economic health etc. It has now a highly multi-dimensional impact on every aspect of life.

### 3.1 Health status of *Tharu* tribe in Uttar Pradesh.

India is known for the hub of different tribes. Several factors (social, cultural, financial, environmental, geographical, and so on), makes their health condition very poor and vulnerable. *Tharu* tribal community is one of the earliest and largest indigenous group, inhabiting in the region of Lakhimpur Kheri, Uttar Pradesh. “They are declared as Scheduled Tribes by the President of India in 1967” (Maiti, 2004). They reside in the remote areas of Indo –Nepal border due to which they remain disconnected from basic health necessities. Their residence in remote tribal areas has a negative impact on their health status. Earlier they practiced child marriage because of social awareness marriage age has increased among they follow Hindu religious beliefs. “Economically they are dependent on farming and timber business, also engaged in hunting and fishing also” (Rajpoot, Kumar, & Sharma, 2016). As they are dependent on natural resources and cannot access modern technical source of income, this makes them financially deprive.

“According to *Tharu* belief, good health is a prerequisite for good life and good health, one must have a proper diet and keep oneself and one surroundings clean. The common diseases found among the *Tharu* are Malaria, Skin diseases, fever, dysentery, eye infection, cholera, leprosy, etc.” (Maiti, 2004). They try to cure themselves with the help of traditional medicine other superstitious activities. “According to them nature caused diseases can be cured by medicines where as those caused by supernatural powers can only be cured by magical devices, propitiation, of the spirit concerned and sacrifices offer to them.” (Maiti, 2004). *Tharu* use different medicinal herbs to cure their health and diseases. However, their approach towards modern medical treatments needs to improve with appropriate constellation of **health care** facilities.

## IV. HEALTHCARE

Campbell, Roland, Buetow (2000) defined health care as *Defining quality of care* as “healthcare is composed of health care systems and actions taken within them designed to improve health and well-being” (Campbell, Ronald, & Buetow, 2000). Health care implies to protect and maintain health from injury, illness, sickness and other physical deterioration. Healthcare can be provided in different ways by professional healthcare providers in allied health fields, Professional doctors and their associates like dentistry, midwifery, nursing, medicine, optometry, audiology, pharmacy, psychology, occupational theory, physical therapy and other health professions all together provide healthcare. In India, because of diversified regional and cultural context, providing healthcare is a challenging task. Different varieties of people live in this country and have their own culture, norms, values, beliefs and traditional healthcare system. Accessibility of healthcare varies from geographical setting, population and individuals. Based on the diversity of Indian population, Government of India has formed different programmes and policies to provide healthcare to all in India.

*Tharu* have a vast knowledge of medicinal plants and they believe in spirits and supernatural powers. Due to excess availability and easy access to the medicinal plants as they prepare the medicines by following their traditional and religious procedures which is accompanied by reciting mantras. Medicines prepared by them is made by their own religious procedures so it can cure their illness and diseases easily. Gradually due to industrialization and urbanization the younger generation is getting attracted and migrated to the urban areas in search of better living which is also leading in disappearing of the traditional knowledge and medicines from them.

## V. MAJOR CHALLENGES FACED BY *THARU* TO AVAIL HEALTHCARE SERVICE

“Accessibility is one of the principles of *Health for All* sated in *Alma Ata* declaration on primary health care” (Shrivastava, Shrivastava, & Ramasamy, 2013). But equality in health cannot be fully achieved, due to many reasons including unaffordable costs, poor interactions between care provider and receiver, unavailability, lack of accessibility, lack of efficiency and satisfaction of the providers etc. Hence, there is a need of care receiver centred tribal development strategies among *Tharu*. The challenges *Tharu* face to avail healthcare are as follows:

**5.1 Cultural Background:** - Cultural background of *Tharu* has an influence on every aspect of their living. Since they have lived in isolation for quite long period of time they have developed their own cultural beliefs, social institutions, techniques to cure from illness and disability. The researcher has found that respondents follow their own traditional way of curing themselves. For illness and disease they first and foremost consult their traditional medicine man (Bharra). And if they don't get cured by him/her than they seek ailment from the institutionalized doctor. The local beliefs, customs, practices all together have direct influence on their health care. Based on the religious beliefs they develop therapeutic methods to cure the ill health. They also believe in evil spirit which causes evil eye and makes the person ill. Based on this they go to the traditional curer instead of going to the professional health care provider

**5.2 Lack of awareness of health issues**– As it is discussed above, *Tharus* have their own traditional treatment for illness and totally rely on the traditional medicine man instead of an institutionalized curer. While conversation with the respondents it was found that they are unaware of the policies and programmes formed for their healthcare. As a result, they are still unaware of many diseases and consequences on their health. Respondents suffering from diseases like paralysis, several skin diseases and dehydration were taking treatment from their traditional medicine man (Bharra) instead of professional health care provider.

**5.3 Lack of proper implementation of health policies and programmes**- Many measures have been taken to improve the health facilities of *Tharu* people. According to Ministry of Health and Family Welfare, there have been increase in the number of Sub Centres (SC), Primary Health Centre (PHC), Community Health Centre (CHC), in our country during the period of 2005 – 2017. Health camps and mobile health units have been organised but still the remote tribal areas are found to be poor in health care. Due to inadequate amount of health care provider positions are vacant in the premises built, insufficient, old medicines and methods practiced to cure illness, vehicles broken and unavailable instead the people use bullock carts, bicycle and motor bikes to reach the health centres. Health care can be provided and improved by increasing the staff characteristics instead of increasing the premises only.

**5.4 Less availability of means of emergency transport** – Their situation gets worst due to their residence in remote and difficult area with no proper roads and transport which can connect them to the other facilities. Distance between their houses and the health care premise makes their situation more vulnerable to health issues. All this constrains accessibility of healthcare services for the pregnant women, sick person or people in need.

**5.5 Failure of health care provider in interacting**- The care provider and recipient come from different social cultural background. Because of the differences in their language, behaviour and the perception on diseases, they are not able to understand each other. Even if the care provider belongs to the same region he is unable to understand the recipient's indigenous language which becomes a major challenge to provide health care. According to the *Tharu* respondents, due to their illiteracy and lack of information about their illness, they become the victims of exploitation in different ways. Which leads to trust issues regarding the professional health care providers.

**5.6 Financial constraints**– Financial crises is prevalent among the *Tharus*. Most of them fall under below poverty line. They unable to avail health care because their expenditure on health care effects on their households living standards. Insufficient funds leads them to borrow money or sell their land and cattle for the medical expenses. Sometimes they leave the ill person unattended because they are unable to leave their crops, cattle, field unattended because it is only the source of income to them. Also the other reason to not able to avail healthcare is sometimes after bearing the travel costs and visiting the doctor very less amount of money is left with them which is insufficient for them to bear the costs of diagnostics and medicines. Which leaves them with no option to go to visit the doctor.

From the above discussion it can be seen that there is a gap between the plans formed and implemented. So there is a dearth to adopt a more feasible approach that would be constituted by an integrated, collaborative and sustainable management.

## VI. EFFECTIVE MEASURES TO BE ADOPTED TO IMPROVE HEALTHCARE AMONG THARU HABITAT

Healthcare of *Tharu* community is a relevant issue which needs to be considered efficiently. In India government institutions are doing laudable job to uproot this issue. But this counter measures is performing behind its potentiality. Hence, some of the following innovative measures can help in improving the healthcare services in tribal areas-

**6.1 Understanding the cultural background of *Tharu*** - As cultural background turns to be an obstacle to deliver care services in tribal communities, understanding the recipient's culture and the social groups can help in explaining the causes, the types of treatment they believe in, and whom they turn if they become ill. As it is observed that people's behaviour, attitudes and beliefs towards illness pain and wellbeing as a whole have important implications on healthcare.

**6.2 Promoting awareness regarding health issues** –it is the foremost step towards the improvement in health and health care system While the public health programs have often conducted information. Education and communication (IEC)Champaign- such as stressing the importance of hand washing, regular antenatal check-ups, institutional deliveries, immunizationetc. they have had little impact.(Shrivastava, Shrivastava, & Ramasamy, 2013). To improve tribal population access in health issues, several states in India has taken several ingenious initiatives. “In Rajasthan, health messages were most commonly disseminated using live performances by drummers, dancers, folk musicians, magicians, puppeteers etc. similarly in Tamil Nadu, In addition to posters, hoardings, bus boards, and personalized letters of communication for the literate members of a family, radio jingles and video broadcasts featuring popular film stars were found to be effective means for disseminating health messages to the state's tribal people”(The World Bank, 2012). An alternative approach should be adopted by Community- based participatory research (CBPR) and traditionally trained experts which focus on capacity building, co-sharing and mutual benefit and so on.

**6.3 Improving interactions among the care recipient's and provider-** The recipient and the care giver comes from different cultural background, due to language barrier they are not able to understand each other. This leads to harsh or derogatory behaviour form either side which effects in providing healthcare. Therefore effective measures need to be done regarding all the barriers for which they are facing problems. There should be no conflicts between the recipient and giver. And also women recipient in particular should be given spatial privacy.

**6.4 Recruiting the *Tharu* community in health care system-** – Recruiting the *Tharu* community in the healthcare services by giving them training can be a great step ahead in improving the healthcare facilities. As the *Tharu* healthcare provider will be from the *Tharu* cultural background, they can help the care seekers who have difficulties in navigating the medical facilities, understanding language etc. According to the respondents, there are no NGOs working in the Parseya village area, an NGO in collaboration with the government can take the initiatives to. train the tribal community people and place them in community hospitals to guide them, help in explaining medical facilities, schemes and prescriptions and can also encourage them for the follow up of the medications by visiting the houses of the care receivers.

According to the World Bank Report, in the states like Rajasthan, patient counsellors were placed at all facilities to guide and help the healthcare receivers in partnership with NGO. In Tamil Nadu, tribal counsellors were placed from the tribal communities to help the healthcare receiver. And also these counsellors visited the hamlets of the tribal to raise awareness regarding the health issues and promote healthy behaviours which increased the attendance of tribal communities in the facilities. “In Karnataka, it is the first time that the ANMs from the tribal community who have passed class 10 and are willing to work were recruited and trained to bring health care closer to the tribal settlements. Citizen help desks has also been established to provide round-the-clock assistance to tribal and other vulnerable groups in selected district and taluk level hospitals”(The World Bank, 2012).

**6.5 Appropriate constellation of services-** Appropriate constellation of services includes the availability of both care givers and medicines based on the diseases and illness found in that particular region. As the tribal come from very far places leaving their household and field work which is only source of their income, so they should not be kept waiting for long period of time. The location of the services and premises should be feasible by the recipient. Mobile health clinics with effective professional care provider, ANM/ Nursing staff, pharmacist with availability of drugs, and diagnostic facilities with male and female support staff should be made available in the interior part of the village areas.

**6.6 Educating and empowering the Tharu people-** To achieve the national demographic goals committed by national population policy and Millennium Development Goals by United Nations Development Programme (UNDPs) and National Health Policy, *Tharu* community especially the women and their children needs to be educated as they are the most vulnerable in the Tribal community. The best way to empower any community is to educate them.

## VII. CONCLUSION

The above mentioned methods are not new they have already been implemented in many states and are working successfully. The state government needs to understand the cultural context of the *Tharu* and their health care needs according to the people before implementing healthcare programmes. Despite of so many efforts made by Indian government to provide health care to all, still there are tribal people living in rural remote areas suffering from distinct health issues unable to access health care services. Accessing health care services for them is a big issue due to various reasons as they are illiterate and unemployed they suffer from financial crises which makes them vulnerable to access health care. Due to residing in difficult geographical area which leads to unavailability of telephone network also makes them poor to access health care services. As the tribal areas are remote areas it becomes difficult for the health care providers to stay in these areas and provide services, this is also a major issue in providing health care in tribal areas. the poor construction of roads, less availability of public/private transport and unavailability of ambulance, communication barrier as the health care services provider and the care recipient comes from different cultural background brings difficulty for people to access health care services. Apart from above mentioned issues there are many more difficulties which makes tribal people vulnerable to access health care and also some of the issues are faced by the health care providers because of which they are not able to provide health care.

Effective measure adopted by the states like Tamil Nadu, Karnataka, and Rajasthan brought an innovative change and improvement in the healthcare services. Similarly, there should be some inventive measures adopted by the government of Uttar Pradesh to provide affordable, effective, accessible, satisfactory and healthcare services to the *Tharu* community. Therefore serious efforts has to be taken. Apart from this at individual level genuine initiatives should be developed to counter healthcare otherwise all other efforts will not be fruitful.

## References

- Bahuguna, k., Srivastava, K. S., mahapatra, r., & chakravartty, A. (2016). Indegeneous Prople in india and the web of Difference. *Down to Earth*, 1-18.
- Campbell, S., Ronald, M., & Buetow, S. (2000). Defining quality of Care. *Social Science and Medicine*, 1611-1625.
- DIRECTORATE OF CENSUS OPERATIONS UTTAR PRADESH. (2011). *DISTRICT CENSUS HANDBOOK : KHERI*. Lakhimpur Kheri: Census of India.
- GENE Campaign. (2000). *INDIGENOUS KNOWLEDGE AMONGST THE THARUS OF THE TERAJ REGION OF UTTAR PRADESH*. NEW DELHI: GENE Campaign.

- Helman, C. G. (1990). *Culture Health and Illness :An Introduction for Health professionals*. trowbridge: butterworth Heinemann.
- Jambroes, M., Trudi, N., kalijouw, M., Vilet, K. v., & Essink-Bot, M.-L. (2016). Implications of health as 'the ability to adapt and self-manage' for public health policy: a qualitative study. *European Journal of Public Health*, 412–416.
- Maiti, S. (2004). *The Tharu : Their Arts and Crafts*. New Delhi: Northen Book Centre.
- Meena, S., & Nitesh, M. P. (2014). Historical Perspectives of Different Tribal Groups in India. *International Journal of Interdisciplinary and Multidisciplinary Studies (IJIMS)*, 48-57.
- Rajpoot, A., Kumar, V. P., & Sharma, J. (2016). Current Health status of Uttarakhand, Tharu Tribe on the basis of Blood Clinical Parameters: A Bio- Cultural Perspective. *nternational Clinical Pathology Journal*, 1-5.
- Shrivastava, S. R., Shrivastava, P. S., & Ramasamy, J. (2013). Implimentation of Public Health Practices in Tribal Population of India; Challenges and Remedies. *Healthcare in Low-Resourse Settings*.
- The New Indian Express. (2018). *India fastest growing economy at 7.4 percent in 2018: International Monetary Fund*. New Delhi: IANS.
- The World Bank. (2012, february 28). *Improving Health Services For Tribal Populations*. The World Bank.

