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Challenges on Health Accessibility among Tribes in Dindigul District

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Abstract

Health is an imperative sector of Government and essential element for human being. It has necessary source of productivity because of life expectation and life span have determined as major indicators. The part two decades, more than 30 per cent of the expenditure which goes to medical and its related purpose. A larger number of hospitals were launched (mostly private) and well equipped for infrastructural facilities in the light of acceleration of health services to entire category of the people who living in various economical background. But, this sector is unable to fulfill the acute demand and services to the poor people. A well economically sound and sustained with high income background people who spent more money to the various aspects of medical such as; casual disease trauma, surgery, major surgery met with accident for minor and serious level. Despite of various schemes and provisions have made by the govt under health sector, the poor and vulnerable group of people who unable to cope up with medical service and its utilisation by the government. Therefore, This paper will focus into health care accessibility inTribal zone of DindigulDistrict .

Key words: Health expenditure, AyushmanBharath, Ministry of Health, accessibility,

Introduction

There are significant challenges related to healthcare among tribal populations, particularly concerning public health services for Scheduled Tribes. One of the main issues is the lack of healthcare professionals who are willing, trained, and equipped to work in Scheduled Areas. This creates a considerable barrier to providing adequate public healthcare to tribal communities. In these areas, the public healthcare system suffers from shortages of personnel, high vacancy rates, absenteeism, and a lack of engagement from healthcare providers such as doctors, nurses, technicians, and managers. Another critical factor is the minimal involvement of Scheduled Tribe members or their representatives in shaping health policies, planning, and service implementation. This lack of participation contributes to poorly designed, disorganized, and inadequately managed healthcare services in Scheduled Areas. The medical insurance coverage, such as the Swasthya BimaYojana (RSBY), is extremely limited in these regions. As a result, Scheduled Tribe populations often lack

protection against catastrophic and acute illnesses. The infant mortality rate (IMR) among tribal people is alarmingly high, estimated to be between 44 and 74 deaths per 1,000 live births.

Review of Literature

Gangadharan*et.al,*(2014) argued that malnutrition is associated with a cluster of related factors that together constitute what may termed as poverty syndrome. The health and nutrition status of tribal children is very poor and it is mainly due to lack of nutritional and health awareness, bad perception about health followed by them, non-availability of health services, worst infrastructure facilities in the existing health centres, lack of proper transportation and communication facilities in the tribal hamlets, lack of proper and needy human resources required to cater the health care needs of the mothers and children in the tribal hamlets, and the dietary pattern of the tribal's and above all their economic deprivation .

Asitava Deb Roy (2023) describes that the healthcare challenges faced by tribal communities in India requires a comprehensive and culturally sensitive approach. By investing in healthcare infrastructure, strengthening human resources, promoting health education, and enhancing outreach services, significant progress can be made in improving access to healthcare for tribal populations. Besides, integrating traditional healing practices and beliefs, along with engaging tribal communities in decision-making processes, will foster trust and better healthcare outcomes. Government support, research, and data collection are essential for evidence-based interventions and policies that target the unique health needs of tribal communities. It is imperative that all stakeholders, including government bodies, healthcare professionals, community leaders, and tribal representatives, collaborate and prioritize the health and welfare of tribal communities to ensure a brighter and healthier future for all.

Statement of the Problem:

In India health sector has probably achieved in a dynamic way of peoples need best approach or push factor of expensive in nature. After intervention of ICMR with special privileges of Ayushman Bharat scheme, a larger number of infrastructures were implemented to entire category of the people. In particular, tribal areas where exclusively allocated with infrastructure and need based facilitating functions with PHC and doctors nurses and local conveyance. At the same time, utilisation services and impact also assessed by the concerned Pro or Panchayat or special official persons were belong to essential service on health aspect but till now most of the tribal areas were particularly deprived category of health service accessibility due to road facilities and interior places or unable to covered ambulance services and other accessory functions. Besides the hub of tribal resident and accessibility on mobile hospital is going to faced some issues as a local conveyance of drivers need and road facilities which leads to absents of duty doctors nurses and primary health centre assistant this much of hitting issues are going to address in order to explore the current situation of hospital services in tribal areas what are the ultimate reasons for less access in transport does it negligible by the panchayat in the way of facilitating functions of the health sector is there any other affecting factors or influence in factors what are the

specific need or demand by the tribal in order to getting health services would probably served by the ICMR and the privileges by Ayushman Bharat scheme.

Scope of the study

Health and education are imperative for the growth of humans and sources of livelihood operations have enabled lifelong requirements. In the part of tribal growth indicators which represent that "catalyst nerve centre" of knowledge developed incorporated with their routine life. These factors are considered promoting their life, it means a larger numbers of provisions to the health care for Tribal areas, utilization is not achieved as per the population index in the study area. Therefore, this study which will covered the service utilization and reason for deprivation of health care activities by Tribals .

Objectives

To study the constraints faced by the tribes for health accessibility and provisions by the

ICMR

To analysethe health service utilization and its mode of operation for physical distribution

Methodology

This study is basically from Descriptive cum explorative with empirical in nature. Primary data was adopted with coverage of interview from selected PHCs and hospitals where located in Tribal areas in Dindiguldistrict ; namely Vadakavunji, Poombarai and KC Patti in kodaikanal block. Both Government and Private hospital service utilization by the people during 2023-2024. The selected respondents only interviewed on the basis of random sampling. The purpose of analysis,factor analysis were used.

Results and Discussion: The collected information were classified as qualitative and quantitative aspects with the support of statistical tools and techniques.

Table -1

Type of Hospitals Used

S.No	**Nature of Hospital**	**No of Respondents**	**Percentage**
1	Government	62	40
2	Private	20	13
3	Government & Private	31	20
4	ACCORD	39	25
	Total	152	100.0

Access to healthcare is a crucial component of human development, especially in remote tribal areas. The table illustrates the nature of hospitals utilized by tribal respondents in the study area. 40 per cent of the respondents who depends on government hospitals for their healthcare needs.Secondly, 13 per cent of them reported that they were followed private hospitals, indicating limited access or affordability of private healthcare among the

tribal population. About 20 per cent of them are stated that they utilized both government and private hospitals, possibly depending on the availability of services or the severity of illness. About 25 per cent of the respondents use the services provided by ACCORD (Action for Community Organisation, Rehabilitation and Development) in tribal regions.

Table -2

Proximity to Public Health Centres

S.No	Distance in Kilo Matters	No of respondents	Percentage
1	1 km	58	38
2	2-5 km	42	27
3	6-10 km	27	17
4	above 11 km	25	16
5	Total	152	100.0

This study reveals that, 38 per cent of the respondents areliving within1 kilo meter of a PHCor Government Hospital. About 27 per cent of them reside at a distance of 2 to 5 km. and17 per cent of them are located 6 to 10 km away. Only 3.8 per cent live from more than 11 km from a healthcare facility. This indicates that a majority of tribal households (nearly 83%) have relatively good physical access to primary healthcare within a 5 km range. However, the remaining 17 per cent faced longer distances, which may hinder access during emergencies, especially at night or during monsoons when transportation becomes difficult.

Table -3

Health Status-Availability of Ambulance facility

S.No	Availability of Ambulance facility	No of respondents	Percentage
1	Available	83	54
2	Not Available	69	45
	Total	152	100.0

Accessibility to emergency medical services is crucial in tribal areas, particularly due to challenges like difficult terrain, forest cover, wildlife presence, and poor road conditions. The data reveals that 54 per cent of respondents reported the availability of ambulance services in their area.Only 45 per cent of respondents mentioned that ambulance services are not available.

This indicates a significant improvement in emergency healthcare outreach, even in remote tribal hubs. Despite natural and infrastructural challenges, such as tree blockages during rain, wildlife along roads, and terrain issues, ambulance services have reached most areas effectively.

Table - 4

Financial Assistance for Healthcare among Tribal Respondents

S.No	Financial assistance	No of respondents	Percentage
1	Utilisation of Government Health Benefits	39	25
2	Treatment cost -Insurance	43	28
3	Free treatment	47	30
4	Utilisation of Government health benefits and free treatment & own money	23	15
	Total	152	100.0

The table reveals that the different ways in which tribal communities manage their healthcare expenses. The data shows a diverse pattern in financial dependency, 30 per cent of the respondents received free treatment, which reflects the strong presence of public health services in tribal areas, and 25 per cent of them managed their treatment costs through a combination of government health benefits, free treatment, and personal expenditure, indicating partial coverage and the need for out-of-pocket spending despite support. About 28 per cent of the respondents utilized insurance schemes to cover their treatment costs, showing a growing but limited reach of formal health insurance in tribal regions.

Table - 5

FACTOR ANALYSIS

Components of Health Service Utilisation

Variable code	Variables	Factor Loading
3	Preference on Government Hospital	.825
13	Preference on Private Hospital	.566
17	Treatment choice	.589
23	Monthly income	.495
32	Impact Approach – Journal	.409
31	Visit by doctors	.750
38	Availability of Ambulance	.601
40	Treatment cost	.880
	Eigen Value	3.24
	% of variance	10.82
	Cumulative %	36.22

Source: Primary Data

Independent variable: Ag Constant – Monthly Income

Interpretation

The factors on health service utilisation by tribes and their approach with the stake holders of their resident area. The availability of doctors and preference of tribes choice on treatment by primary health centre and ACCORD or private hospitals are highly associated with their occupational category are moderately dominated in this study area, (factor loading 0.825). The components of financial assistance and support for government welfare schemes or partially benefited due to deprivation of local infrastructure. Instead of emergency service utilised while major treatment they had lifted to the patient due to less accessibility of ambulance services and road facilities.

Conclusion. Based on the assistance and welfare schemes by the government, the medical provisions are sufficient to the peoples in urban and rural areas. The local conveyance of facilitating aspects of tribal groups' access for medical treatment is difficult due to the structural form of allocation of resources based on availability of the population in the tribal areas. Because of this, equipment and advancement of treatment instruments are available in the hospital. The accessibility and service utilisation of health services are going to be affected by spatial distribution of facilitating functions where unable to forecast by Tribals areas.

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