

## Public Health Policy Management Perspective in Tribal Peoples

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### KEYWORDS

Public Health, Health Policy, Public Health Management

### ABSTRACT

According to the report, 27% of tribal children in India under five years old are wasted (low weight for height), 45% are underweight (low height for age), and 44% are stunted (low height for age). Six Diseases such as endemic goitre, anaemia, pellagra, and beriberi are caused by nutritional deficiencies. Issues including unhygienic food sources, contaminated water supplies, and inadequate dietary intake have an impact on tribal people's health. Everyone agrees that tribes have appallingly poor health conditions. The inaccessibility and remoteness of the locations further exacerbate and aggravate the already complex status of health. The majority of Indian tribes reside in hilly areas that are inaccessible to health care systems and staff. As a result, it is impossible for them to access these resources. The presence of the health care system (HCS) and facilities inside the community's boundaries might provide insight into its overall health. Overseeing the magico-religious health care system is tribal HCS. Numerous studies have shown that the traditional, or magico-religious, health care system plays a major role in HCS in tribal areas. Based on their knowledge of plants and bushes as well as their custom of using shamans (traditional medicine men) to diagnose and treat illnesses, tribes have their own medical and healthcare systems. Their ability to combat illnesses is enhanced by their understanding of medicinal plants.

### 1. Introduction

An essential factor in determining a community's overall well-being is its health. One of the most important aspects of human growth and development is thought to be health. A person's physical and mental states are considered to be indicators of their health [1]. For both individuals and communities, the World Health Organisation (WHO) has distinct meanings and purposes. The definition of "health" is "a condition or a state of well-being." Rather than focussing primarily on a person's bodily functioning, the concept of health was more closely linked to mental and moral stability as well as overall well-being. The conventional medical paradigm is based on the earliest and most fundamental understanding of health, which was a state free from sickness. The doctors and other medical staff agreed with it. The only way to define health was as the absence of illnesses, symptoms, indicators, or issues. This definition of health has placed more emphasis on sickness than it has on a person's particular state of wellbeing. The idea of individual well-being ought to be at the centre of health and related concepts [2]. "A state of complete physical, mental, and social well-being and not merely absence of disease and infirmity" is how the World Health Organisation defines health. i.e., being in good physical, mental, and social health is a condition that goes beyond simply not having any diseases in the body. Accordingly, a person's physical, biological, and sociocultural circumstances, as well as their relationship to them, are considered factors in their state of well-being. The existence of physical, mental, and social well-being as well as their interactions are more prominently conceived and stressed in the WHO's definition of health [3]. A necessity for the advancement and expansion of human civilisation is health. It is the state of being well for a person on a social, psychological, and bodily

level. Another important measure of social development is health. If the country's health is sufficiently good, it will advance along the correct developmental route. Consequently, good health is a prerequisite and a crucial indicator of the overall development of the nation [14].

In this instance, section 1 of the article examines the introduction, and section 2 examines the relevant literature. The purpose of the work is explained in Sections 3 and 4, and the project is concluded in Section 5 [7].

### **Dimensions Of Tribal Public Health Approachs**

There are numerous tribes in India, each of which reflects a different level of economic deprivation and backwardness. At over 10.2 crore, India has one of the highest populations of indigenous people worldwide. Based on data from the 2011 Census, 8.6% of India's population is classified as tribal and is dispersed throughout the nation's many regions. There are over 700 tribes according to the announced Schedule under Article 342 of the Indian Constitution (with overlapping categories in certain States/UTs). The majority of tribal people reside in hilly or forested areas where physical conditions, hunger, lack of access to clean water, illiteracy, and poor personal hygiene and sanitation make them more susceptible to disease than the general population [5]. As a result, their health indicators are worse than those of the general population. One of the most significant and fundamental aspects of tribal life and culture is tribal health. Understanding tribal health is seen to be essential to comprehending the manner that indigenous people live. The state of tribal health in the modern world is poor. Among the indigenous people, a variety of infectious and communicable diseases remain prevalent. In addition, the tribal population's lack of information and limited access to healthcare services exacerbate their health conditions. Tribal people may be diverse in number, but they share a few characteristics, including low health indicators, a higher rate of illness and mortality, and little to no access to medical care [6].

Human development is contingent upon good health, which is also essential to the expansion and advancement of any given nation or community. The tribal populations' sociopolitical and economic structure has a big impact on how healthy the communities and its people will be in the future and now. The socio-political structure of the tribal people is distinct and based on a strong belief in chieftainship. Tribal health and nature's power have a completely distinct, but understandable, relationship [12]. They have a strong affinity for forests and other natural settings, which has a direct impact on the health of the general public, especially women. On the one hand, they believe in the efficacy of supernatural powers in curing or treating various health issues and problems. Women are more vulnerable to different health risks and exploitation because of their intimate connection to and relationship with the forest. The distances between the communities and the forested areas had grown due to the vested interest's massive tree-cutting, which forced the tribal women to go great distances in search of fuel and other small forest produce [8]. It is not surprising that tribal women and children have higher rates of health-related problems due to their physical characteristics and vulnerable status, which further increases their susceptibility as a group within the tribe. Another murky aspect of tribal health is the level of malnourishment. According to studies, there is a high prevalence of malnutrition in the indigenous people. There are also very high reports of malnutrition among children under five. The much-anticipated reality that undernutrition among STs has remained poor, and far greater than that for other groups combined, despite improvements, was once again brought home by the recently issued NFHS-4 report [9].

The tribe members are the true custodians of the medicinal plants because of their beliefs and customs surrounding health care [4]. Through oral culture, the knowledge of medicinal plants is passed down from one generation to the next. Their reliance on the herbal remedy stems from two factors: their long-standing faith in the traditional herbal remedies and the lack of access to medical care in the hamlet and surrounding areas. Numerous studies in ethnomedicine show how dependent tribal people are on natural medicinal plants, which they employ to treat a wide range of illnesses, from malaria to the common cold [11].

### Conceptual Model For The Public Health Management In The Present Era.

Numerous health research studies and surveys have been conducted in tribal communities throughout various states, however Telangana state has not conducted any research specifically pertaining to the functioning of PHCs in these areas. The current study focused on how PHCs in 30 Indian communities provided healthcare to Scheduled Tribes [10].

Health is determined by a variety of things, not just health care. Individual actions, social and environmental variables, education, income, and heredity are further determinants. When human being thinks of an individual as a health producer, the key inputs in the production are the time and money spent on improving health and health care activities [13]. Health-improving activities can include individual choices regarding exercise, nutrition, and lifestyle. Health care can include hospital care, outpatient visits to medical providers, nursing home care, and medication. According to the 2011 Census the availability of medical facilities in sample villages.

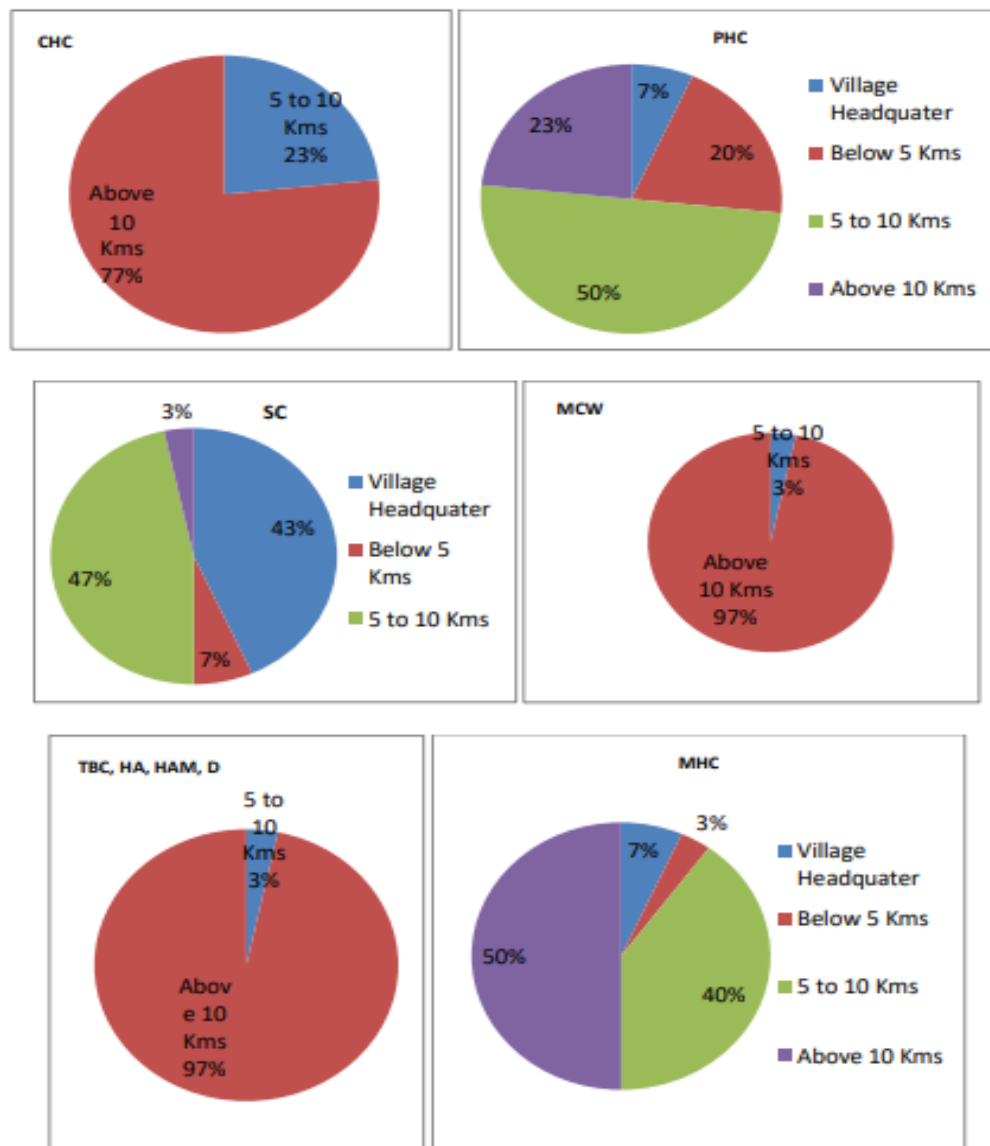


Figure 1: Conceptual model for the public health management

In rural areas, non-governmental medical facilities are equally crucial to the provision of healthcare. The facilities in a few typical villages are included in the following table. Among all the villages, Khandow was the only one with a faith healer, a medical shop, an MBBS-eligible physician, an RMP,

a traditional practitioner, and a charitable nongovernment hospital/nursing home. Regarding the specific non-governmental medical facility, out of all the villages, only 4 (10%) had a medical practitioner with a different degree, only 5 (10%) had an RMP, only 5 (8%) had faith healers and traditional practitioners, and only 6 (13%) had a medical shop. The aggregate data indicates that most communities still rely on private healthcare providers in addition to the government.

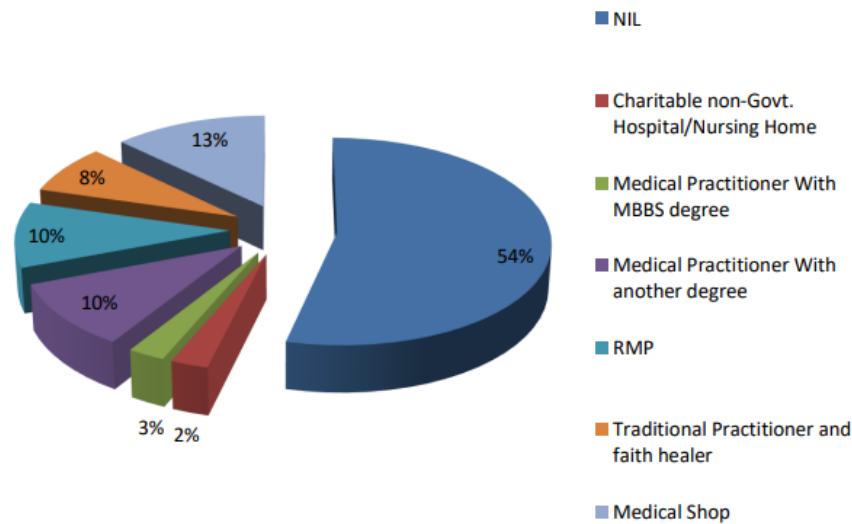


Figure 2: Medical Facilities Organized by Non-Government Institutions

Additionally, drinking clean, fresh, and safe water aids in the removal of all toxins from the body, including those that are produced by internal processes, acquired from other sources, or brought on by consuming tainted water. Clean water is a crucial component in the food production process. The following provides an accurate image of the drinking water availability in the selected settlements.

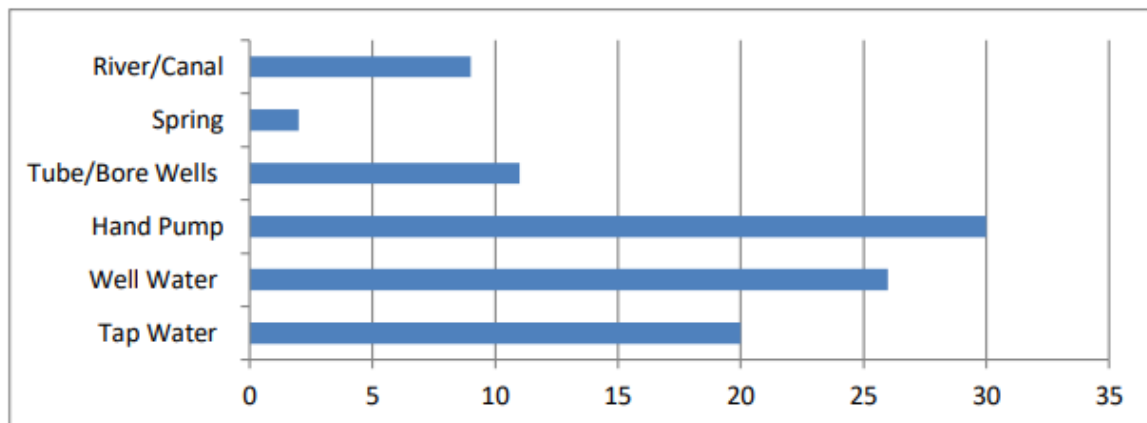


Figure 3: Water Service

The study noted that the sample villages' availability of various utilities. With respect to Self-Help Groups (SHGs), all villages have them; that is, the women in the sample villages are SHG members.

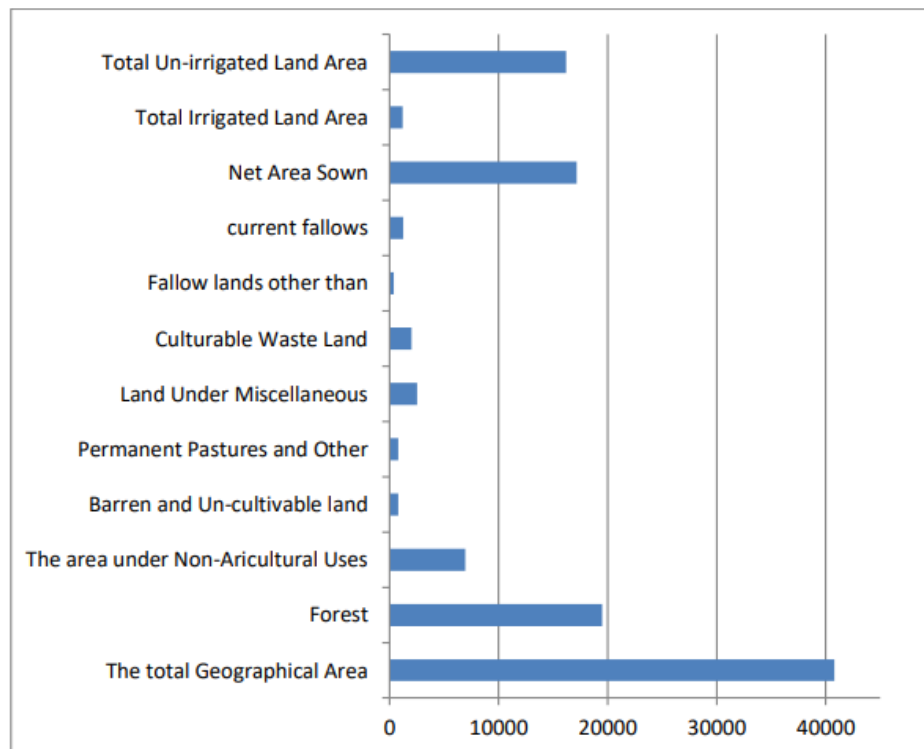


Figure 4: Area specification

The demographic profile of the sample villages chosen for this investigation was the main focus, and this chapter also provided an explanation of the demographic profile of India's tribal areas. This section describes the current state of the following facilities in the chosen sample villages: health care facilities, educational facilities, sources of drinking water, land use, irrigational sources, banking facilities, transportation facilities, communication facilities, electricity facilities, other miscellaneous facilities, lavatory facilities, and village connectivity facilities.

## 2. Conclusion and future scope

There are gaps and insufficiencies in the rural HCS in a large number of tribal and rural communities. It is also discovered that a lack of funding resulted in an issue with health management, making government clinics and dispensaries unusable. Low patient satisfaction in rural and tribal settings is portrayed by inadequate facilities, personnel attitude, and administrative failure. In addition to the many health-related publications that have been released, there have been several health-related research projects, health programs, and creative health initiatives. Numerous scholars have studied health-related issues and recommended improving the administrative system, staff management, and referral system. However, when examining the health situation from all angles, the research shows that the current norm is inadequate. Numerous health research studies and surveys have been conducted in tribal communities throughout various states, however Telangana state has not conducted any research specifically pertaining to the functioning of PHCs in these areas.

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