SUMMARY OF FINDINGS AND SUGGESTIONS

The study has been conducted in the districts of Mysore, Kodagu and the coastal district of Uttar Kannada in Karnataka. Tribals in Taluks of H.D. Kote (Mysore), Virajpet (Kodagu) and Kumta (Uttar Kannada) were enrolled in the study. The findings are presented on the basis of the objectives and hypotheses set for the study.

The questionnaire was administered separately to 535 sample respondents. Sample was further segregated into tribal adults, health care professionals serving in health care centers in tribal belts and school going tribal children.

Total sample of tribal adults covered under the study was 300 out of which 147 were male and 153 female. Among the sample members majority of them were in the middle age that was between 31 to 60 years, followed by 32.3 percent below 30 years and 11 percent in age group of above 60 years. Among the sample members there were no graduates or postgraduates. 49.3 percent had completed primary school education and 41.7 did not go to school at all. Only 0.3 percent of sample tribals had passed tenth standard.

Total number of health care professionals included in the study was 35. There was an inherent limitation with regard to samples of health care professionals as the number of health care centers in and around tribal areas is very small.

Total sample of school going tribal children was 200, out of which 97 were boys and 103 were girls. Tribal schoolteachers were interviewed on behalf of children.
The findings of the research are listed below:

- Among the tribal samples 24.3 percent of the tribal patients chose to visit only the tribal doctors to seek medical advice at the time of their sickness. But, almost an equal number of respondents 22.3 percent said that they would like to go to government hospital only and 53.3 percent of the respondents were indecisive and said that they would seek medical advice from both tribal and government health professionals.

- The study showed that tribal medicine is still predominantly practised in tribal society. Almost half of the respondents are not averse to visit tribal doctors for the medical treatment. But respondents from younger age group of tribal were decisive and wished to go to government hospital only.

- It was observed that primary occupation of the tribals is agriculture besides collecting forest produce. According to respondents, tribal health problems and minor injuries are common during the monsoon season. Occasional falls from the tree have also been noticed. Tribals are poor and cannot afford medical treatment when they are sick during the season. 36.3 percent of tribal patients said that work related (occupational) problems make them to seek the advice from medical professionals.

- Among the sample 33 percent said that it was sickness of children, which made them go for medical advice. Tribal mothers prefer to take their children to government health care center.

- It was observed that most of them suffer from one or the other physical ailment, as the tribals put in hard physical work during their lifetime. Most of them were suffering from chronic arthritis (Pain in Joints) and symptoms of gastric ulcers (pain in the stomach).
16.7 percent of the respondents said that, home remedies, which were traditionally used, were highly effective. In all 45.4 percent of the tribal respondents opined that their traditional treatment was effective even today. 37 percent of the tribal respondent said that modern and traditional medicines were equally effective and it was not possible to prefer one to the other between the two systems of medicine. But 17.7 percent among the tribal respondents from the younger age group said that the home remedies were ineffective and modern medicines were much better.

Among the tribals who visit the health care centers, female visited the health care center more frequently compared to their male counterpart. This shows that women had to visit the health care center more often either for themselves or for their young children to seek medical advice or treatment.

It was revealed by the study that availability of specialist’s services would instill confidence in tribal women and cast a great influence on tribal society as a whole, as the presence of trained and specialist doctors in health care centers has been equated with the high service quality.

30.3 percent of tribals go to government hospital only when health conditions are life threatening and very serious, owing to emergencies. Emergencies generally arise from unforeseen occurrences like accidents, insect bite. Analysis of the study showed that unless the symptoms of the diseases conditions are very severe and unbearable, the tribals wish to use their own home medicine only.

Among the respondents, 31.7 percent had reached the health care center in time and received treatment but 24.3 percent of the respondents could not reach in time. Poor practice of punctuality owing to illiteracy is also one of the contributing factors for tribal patients to reach late.

It was revealed that the distance by road from the tribal settlements was the main reason for their not being able to reach the center in time. Transportation systems are not convenient to reach health care centers.
Most of the respondents did not have a clear picture about the working hours of the health care centers. Many of the respondents expressed that working hours in health care centers as “two hours before and after lunch”.

39 percent tribal patients felt that distance was the prohibitive factor in their efforts to seek timely medical advice. The next hindering factor (23.3 percent) was that health care professionals were not available when they had visited the hospital.

Female tribal patients did express displeasure on the unavailability of the health care professionals during their visit to health care center, more than their male counterparts.

Despite government’s concern and the media support, implementation and delivery of the health care programmes are poor and not in tune with ground realities.

29.7 percent of respondents could not receive medical treatment as doctors were not available to treat them and 9.3 percent of the respondents experienced non-availability of the medicine. There were 9 percent of the respondents who could not afford to buy the medicines from private medical stores owing to cost.

26.3 percent of the tribal respondents opined that there was a good response and 3.7 percent of the respondents received poor response from health service staff when they visited health care centers.

20.3 percent of the tribal patients could avail of medical advice when they were ill. Another 27 percent of the tribal patients had received treatment but it was late and they had to suffer.

Tribal patients would approach health care centers only on account of uncontrolled infection even after the administration of tribal medicines. Further,
they may fail to buy the medicine prescribed, partly or fully and hence the delayed visit may become a futile exercise.

- 52.7 percent of the tribal respondents opined, it was necessary to have resident health care professionals with free supply of medicines.

- Tribal respondents were also conscious of the fact that medicinal equipments and drugs from private drug stores were unaffordable and there is a dearth of health care professionals, facilities and free medicine in the healthcare center.

- A small number, about 11.3 percent, of the tribal respondents said that they wished to have the services of both tribal and professional doctors. Another 36 percent of the respondents gave the response that there should be a government hospital in the proximity with all facilities and free supply of medicines.

- There was a significant difference in the number of the health care centers, which could be approached on foot and with the help of motor vehicles. Of the available health care centers in the study area 54.3 percent of the health care centers were approachable only when a patient used transport system like bicycles, bullock cart or motor vehicles and only 5.7 percent of them could be reached on foot and rest of them could not be reached immediately.

- It was observed in most of the cases, in tribal health care centers the service providers like doctors, nurses, and pharmacists do not stay in the hospital vicinity. Health care staffs commute from their residence located in taluka or district headquarters. During monsoon seasons commutation to the health care centers located in remote areas becomes all the more difficult. There are no frequent buses to these remote places from taluk headquarters.

- Tribal patients have very few health care centers to depend on. It can be observed that 37.1 percent health care professionals have to meet the requirements of more
than 10 settlements each and 28.6 percent respondents said 5 to 10 settlements depend on them for health care services.

- At times, bureaucratic works like office administration, court duty to attend to, medico–legal cases (to report before judicial magistrate) cause delay in attending to the patients.

- Organizational reporting system of health care professionals demands monthly meeting with their superiors, in taluka head quarters and sometimes with district medical officer (DMO) in district head quarters. This is, again, a causative factor for the unavailability of a medical officer in health care centers.

- Public holidays, periodic training programmes in district headquarters, could be yet another reason for not being able to be present in health care centers.

- Difficulty in reaching the health care centers due to transportation problems affects the services. Inadequate number of medical officers on one hand and unavailability of them due to various reasons on the other hand would push the tribal patients to the state of despondency.

- Previous experience of unavailability of medical officer in health care centers makes the tribal patients to go to the nearby clinics of unqualified medical practitioners many a time.

- Health care centers are surrounded by a number of non-tribal villages also. Consequent to overcrowding of patients in out patient department (OPD) the time to be utilized by health care professionals for diagnosis of disease would be restricted. Tribal patients may not be left with enough time to exhibit the signs and describe the symptoms of the disease conditions he/she is suffering from.

- 68 percent of health care professionals opined that facilities are poor and need urgent up-gradation as against which 31 percent of the respondents said they could manage with the existing facility. This suggests that the mere presence of a medical officer and basic infrastructure does not mean that services can be
delivered efficiently and effectively. Although there has been increased outlay on the infrastructure, emphasis on effective translation into benefits for those who are targeted is missing.

- Lack of infrastructure causes a great deal of inconvenience for highly skilled health care professionals and consequently pushes them to the brink of dissatisfaction. Some of the health care professionals opined that most of the time their professional skills could not be utilized due to inadequate facilities.

- It is evident that many health care professionals are continuing with their services only out of compulsion as a result of which their dedication to work and morale will be low. This will have a negative effect on the quality of health care service delivery.

- 74.3 percent health care professionals reported that tribals turn up to them for treatment only when all other mode of treatments at their disposals are exhausted. Only 5.7 percent of the health care professionals opined that tribals came to them for the medical advice as a first choice.

- Health care professionals expressed their concern that patients do not visit the health care centers early to facilitate the treatment to be effective, timely and economical. There is a direct relationship between the early visit of patient and total cost of health care services. Health care professionals opined that effective utilization of the available health care services depends on tribal perception of quality of modern health care services and preference.

- 65.7 percent of the health care professionals felt that it is necessary to go to tribal area to address the health care needs of tribals. Only a very small percentage of respondents (2.9 percent) reported that it was not necessary to visit tribal area to treat them.

- Health care professionals opined that tribals are receptive and open to suggestions. 45.7 percent of respondents gave opinion that the tribals were very receptive and 5.7 percent said the tribals were extremely receptive. Only 11.4
percent of the respondents reported that the tribals were not receptive to the suggestions.

- Health care professionals are of the opinion that tribals of the younger age group are more open to suggestions when compared to the aged ones.

- 60 percent opined that illiteracy was the root cause for tribals being deprived of the health care benefits. 34.3 percent of health care professionals suggested that it was probable that formal education could bring about changes among the tribals.

- In all, 94.3 percent of the respondents felt that education alone could make the tribal patients to appreciate the rational and scientific soundness of modern medicine and the importance of seeking early medical advice. Even within the confines of this study, education can play a pivotal role in transforming the society as health care services go beyond providing medicines and services.

- Respondents opined that inculcation of proper hygiene habits through education would go a long way in controlling the outbreak and spread of epidemics and communicable diseases. One urgent need in the rural side is to end the use of open fields as public toilets.

- An overwhelming 54.3 percent of the respondents during the survey agreed that they had a great liking for the job and to serve in a tribal area and 11.4 percent of respondents said they had a strong desire to work for the poor.

- It was observed that 65 percent of respondents derived a great deal of professional satisfaction by serving the tribals in rural areas. However, a small percentage of respondents (17.1 percent) said that they experienced difficulty in balancing their personal need and professional expectations on account of employment of spouses, education of children, transportation facilities, poor social living etc.

- 80 percent of health care professionals agree that tribal patients get their investigations, diagnosis, treatment and medicine free of cost in the health care center. But it was also revealed that 17.1 percent of the respondents remained
silent denoting that due to lack of infrastructure and manpower tribal patients
cannot avail of treatment.

- But the impact of “health services for cost” could cause a demoralizing effect on
  the tribal psyche. Paid health services can be an independent discouraging factor
  for tribals and can trap them in the vicious cycle of deprivation and despair.

- A small fraction of the respondents (2.9 percent) vented their feeling that their
  counterparts with equal professional skills enjoyed a better standard of life in
  urban areas. Hence, they collect a small amount as their professional fees for the
  service they rendered to patients.

- A significant point to be noted is that health care centers are due for up-
  gradation for a long time. Decades of neglect by policy makers have virtually left
  the health care centers without sufficient resources. Of late, modern evolving
  technology considerably influences the services of hospitals. It is against this
  background that health care professionals in these centers are delivering
  reasonably decent services and are striving to accomplish the organizational
  goals.

- 2.9 percent of the respondents agreed that tribals accept their professional advice
  whole-heartedly if they volunteer to treat. Astonishingly, 60 percent of the
  respondents said volunteering to serve evoke a poor response and 25.7 percent of
  the respondents did not give their opinion. It can be emphasized here that the
  contours of patients –hospital relation have to undergo radical changes. Patients
  counseling has never been part of the treatment and integrated into health care
  services.

- It was observed in the study that professional satisfaction has been an important
  component in delivering the health care services, although overall satisfaction of
  patients (over all productivity) is too complex a phenomenon to be measured with
  any single yard-stick.
74.3 percent of the respondents agreed that they had been able to provide overall health care benefits to the tribal patients when the tribal patients approached health care centers.

Nearly half of the respondents (48.6 percent) are of the opinion that Tribal patients who are victims of accidents cannot be given adequate care, either due to the late visits or due to the nature of the accidents. The diseases, which cannot be treated adequately, are contagious diseases and epidemic breakouts according to 28.6 percent and 20 percent of the respondents respectively. Modernization efforts must primarily address the facilities on one hand and its delivery on the other. In the absence of modern medical investigative facility health care professionals are handicapped to deliver the services effectively.

Senior respondents of the health care centers observed that consequent to inadequate infrastructure facilities and limited manpower, they have to motivate the employees constantly for an effective service delivery. Seniors have to strive to mobilize the internal available resources at times of emergency. The seniors need to train and impress upon the juniors and the paramedical to enrich the behavioral profile with sympathy and empathy.

31.4 percent among the respondents felt that it is greatly, the late visits that deprive the tribals of the effective and timely treatment.

Respondents were of the opinion that responsibility of developing general awareness among the tribals must be shouldered by the government as it is very essential that tribals need to be sensitized on the need of early visit to health care centers and optimizing the resources available at their disposal to meet the emergency need.

Patients have to buy medicines from private medical shops either due to the non-availability of a particular medicine or for an advanced molecule.

Respondents opined that patients turn up to them after visiting unqualified doctors in their areas and it was their helplessness due to the circumstantial
pressure and poor inventory which forces them to suggest purchase of medicines from outside.

- 54.3 percent respondents said, quite a lot of patients were missing vital health care benefits. Respondents were of the opinion that a host of reasons deprive the tribal patients of many benefits.

- Organizational infrastructures were yet to develop. The poor facilities have caused a major fall in the productive efficacy of health care delivery system. Supportive activities for like health care services, like transportation, and campaign on formal education are yet to be aligned.

- 80 percent of the respondents agreed that there was a need for specialist doctors for comprehensive health care in tribal area. Only 2.9 percent of the respondents disagreed with the concept that specialist’s services were needed. But a good number of respondents namely 17.1 percent remained indecisive.

- Among the school going tribal children, majority of them abstain from the school due to sickness. It was observed that 52 percent of tribal school children had an attendance between 50-80 percent and 43 percent of them had an attendance of 30-50 percent.

- Teachers assessed that sickness (34.5 percent) is the second most important reason for the tribal students to remain absent from school, next only to the discouragement factor (43.5 percent) from parents.

- During the survey, teachers of the tribal schools reported that 66.5 percent of the school children have maintained overall good health. Teachers also opined that the students who maintain good health display high levels of mental alertness. 33.5 percent of the children suffered from poor health.
Among unhealthy students 38.8 percent of the school children were girls, who had chronic debilitating conditions like anemia, dry cough and fungal infections. Only 27.8 percent of the boys had such chronic ill health.

Teachers assessed that 46.5 percent of the school children had potbelly, which could be mostly attributed to untreated worm infections. Physiological symptoms of potbelly were apparent. A diet of low protein and worm infection will hamper physical growth. Fungal infection was observed in 11 percent of the children.

Among sick school children 38 percent did not go to seek treatment, instead took home remedies. Among those who did not go to health clinics 34 percent were girls. 79.5 percent of the School children did not undergo any medical investigations and just had received symptomatic treatment.

97 percent of the school children who visited the hospital had no medical records with them at all. Therefore it is difficult for the service providers to follow up properly.

In view of the findings enumerated above an attempt has been made to compare the inferences drawn with hypotheses set for the purpose of this research.

The first hypothesis was that “**Better health care infrastructure results in better health care services delivery**”. An overall summary of the findings reveals that despite a perceptible improvement in the infrastructural facility, owing to many other reasons, the quality of service delivery has not been improved. And hence the hypothesis is disproved. The second hypothesis was “**The perception of quality in health care services delivery are negatively associated among health care professionals and Tribals**”. During the study it was observed that there was a considerable perceptual gap of the health care services delivery between the tribals and the service providers. Most of the services providers have exhibited a social commitment and highlighted the delivery of quality services where as the tribals have a strong and negative opinion about the quality of services due to non-availability of staff and medicines. Hence, there is a service gap between these two groups. Hence
the hypothesis was proved. Third hypothesis was “There is an inadequate knowledge about the merits of modern health care system among tribals” was supported by the findings of the research. As the survey revealed the fact that a considerable size of the respondents were unaware of the government schemes and the available health care facilities at their disposal. The fourth hypothesis “The lack of communication between health care professionals and tribals has resulted in ineffective delivery of the benefits of the modern health care system” is supported by the survey findings. The survey revealed that there is a communication gap due to unawareness of Government schemes, inability to reach and interact with the service providers, illiteracy and ignorance to understand and appreciate the modern health care and its delivery. The fifth hypothesis “The sense of accomplishment or achievement is lower among the health care professionals serving in tribal belt” has been supported by the findings of the survey. A sizeable number of health care professionals have developed a feeling of regret rather than accomplishment. Barring a few, most of them have indicated a low morale due to poor transportation, communication, paramedical facility, shortage of drugs and qualified technical staff. Their presence in the health care center was due to more of compulsion than commitment and hence this hypothesis also holds good. The sixth hypothesis “School going tribal children are deprived of health care coverage which has adverse effect on their education” has been supported. During the survey it was noticed that 69.5 percent tribal school going children had one or the other symptoms of unhealthy conditions. Only 31.5 percent of them were in good health. Among the unhealthy students 38.8 percent of them were girls who sought treatment at home rather than going to hospitals. As a result the aggravated health problems they abstain from schools. Hence this hypothesis has been proved and reminds the need for developing an effective healthcare system to ensure healthy childhood in order to develop a healthy society.
SUGGESTIONS

Effective health care service delivery assumes paramount importance in health care management system. In relation to tribal welfare, it is a continuous process of injecting newer but practical concepts in order to make the benefits of existing system reach the tribals. Following are the suggestions made on the basis of observations, discussions and the findings of the research.

Health care-

⇒ In order to meet the shortage of manpower in the critical areas of health care centers, district authorities in health care departments should be adequately authorized so that time is not lost in replacement of manpower and the work is effectively managed. Eligible candidates from near by areas can be considered for employment to facilitate the uninterrupted service.

⇒ Continuous training of paramedical staff to increases the productivity must be considered. The training must include special interpersonal relations, awareness of tribal problems that can foster a sense of belongingness. Compensation for the mobility of health staff must be considered. This will take care of cost effectiveness and designed implementation monitored and evaluated.

⇒ It is suggested to formulate a committee under the aegis of the district medical officer (DMO) at district level to design, implement, monitor and evaluate the progress of tribal health programmes. This would facilitate faster response to the need in health care centers. This committee also should be empowered to check and maintain an inventory of laboratory chemicals, medicines and hospital disposables apart from manpower resources.

⇒ Motivated healthcare professionals have to be posted in the tribal belt. It is difficult to expect health care staff to serve continuously in tribal areas due to their personal reasons and the nature of geographical locations and climatic
conditions. Therefore, job rotation of employees may be considered to motivate and develop commitment among the staff.

⇒ Special wages and incentives package need to be evolved with a focus on proper promotion, housing, skill based training for the health care professionals and paramedical to enhance their competency and involvement in the job.

⇒ Working in rural area be made compulsory for fresh medical graduates and students. Government agencies, NGO’s and private nursing school should unite and work jointly to deliver health care services in the tribal settlements.

⇒ Present rule of serving in rural hospital for medical students has to be further strengthened. Government agencies can collaborate with nursing training colleges for cost effective nursing services.

⇒ Providing treatment to cure diseases (therapeutic) is far more expensive than preventing (prophylaxis) them. Therefore a robust system must be in place for planning, organizing, developing and utilization of the resources to achieve the objective of health care for tribals.

⇒ Tribal family should be educated on importance of immunization to maintain good health; especially tribal mothers must be educated.

Education-

⇒ Education of tribal children is still an unachieved goal. Compulsory education for the children can only be achieved through encouragement and counseling the parents. Most of the time children abstain from the school due to the sickness or sickness of parents or relatives at home. Therefore, children in the school be taught the significance of good health and precautions to avoid sickness of all types. In order to motivate the slow-learning children special coaching classes be conducted and bright students be recognized and felicitated suitably.
⇒ A clean environment, a good playground and sports activities can kindle interest in school children. Both indoor and outdoor games must be encouraged. Teachers should be rewarded with special incentives to prevent discontinuation of schooling of tribal children.

⇒ Committed teachers play a major role in the transformation of any society. To attract tribal children to school, there is a need to strengthen the number of teachers in these schools. Single teacher school may be converted into multi–teacher school in a phased manner. Whenever it is possible, lady teachers who are specially trained and have an inclination to serve the cause may be appointed.

⇒ Eligible candidates from tribal areas preferably from a tribal community should be preferred for the teacher’s job in a tribal area

**Demographic Data**-

⇒ Reliable and stable statistical data is essential to develop any policy. An independent agency has to be instituted to record the census of tribals in general and monitor the morbidity and mortality status in particular. There is a need to develop more reliable and stable statistical data. There is a shortage of medical manpower in our country. Therefore, this agency can identify the gaps and recommend to the Government, the measures for the effective utilization of available valuable manpower.

⇒ An independent agency must study the status of undernourishment. As tribals put in a lot of physical work, it is important that seasonal variations in their food intake (calories and nutrients) are studied and government should consider subsidizing essential food products as malnutrition can make tribals vulnerable to diseases and weaken their body immune system.
Government programmes-

⇒ As the tribals have to put in a lot of physical work, poor source of income is the main cause of malnutrition and the resultant health problems. Therefore government agencies must develop income-generating programmes. Their field of excellence can be identified and can be trained further under the guidance of professionals.

⇒ Government must build houses for tribal populations to provide minimum space of living and toilet facility.

⇒ The NGOs working within the tribal area be strengthened further by government. The role of NGOs in educating tribals in general and on health care in particular, be appreciated. The government must sponsor training and development programmes for the NGOs and the services of experts be made available to the tribes by facilitating the working of NGOs.