CHAPTER-VII
SUMMARY AND CONCLUSION

7.1 Introduction

Health is an essential input for the development of human resources and ultimately for the social and economic development of the nation. It is of paramount importance as a national asset and basic to sustain as well as to stimulate optimum level of efficiency. Now-a-days it is widely recognized that human capital plays a dominant role in the context of economic development and health is a greater importance from the point of view of both individuals and the nation. Indian Tribal is traditional, conservative and under-privileged people. They are socially and economically weaker and live in a subsistence economy and general backwardness. This is because of their ill-health which is a cause and consequence of poverty. The major impediments to good health are inequity in health system and radical poverty of the masses. Illness lowers learning ability, reduces productivity, income and savings and it leads to poor quality of life and thus perpetuating poverty.

As per health policy in India, has three main links, i.e., Central, State and Local peripheral. In the recent year, two main themes have emerged in delivery of health services. First that health services should be organized to meet the needs of entire populations and not merely selected groups. Health services should cover the full range of preventive, curative and rehabilitation services. Health services are now seen as part of basic social services of a country. Secondly, it is now full relaxed that the best way to provide health care to the vast majority of the underserved rural and urban poor people to develop effective primary health care services supported by an appropriate referral system. The social policy throughout the worked was to build up health system based on primary health care towards the policy objective of Health for All by 2000 in year. Overall in India 62.1 percent of infant mortality rate are scheduled tribes than the other category (42 per cent). However, the 61 per cent of infant mortality rate are scheduled tribes and compared to others 37 per cent of infant mortality rate in Tamil Nadu.
On the other hand, literacy rate are low level in India as well as in Tamil Nadu. Though the central and state governments have introduced many health and educational programmes or schemes for the improvement of all people, the health status of scheduled tribes population is not developed well as compared with others. Hence, the study is focused to analyse the health status of scheduled tribes in Kolli hills with the major objectives of the study are; (1) to analyse the health status of scheduled tribes in India and Tamil Nadu, (2) to analyse the factors influencing the health status in Tamil Nadu, (3) to study the socio-economic conditions of scheduled tribes in Kolli Hills, Namakkal District of Tamil Nadu, (4) To analyse the health status of scheduled tribes in Namakkal District of Tamil Nadu and (5) To analyse the availability, accessibility, awareness and utilization of health care facilities in Kolli Hills.

The present study is based on both primary and secondary data. The multi-stage random sampling method has been adopted to collect data about socio-economic conditions, healthcare and health awareness from about sample of 386 respondents (1 per cent of the total population) in 14 Panchayat of Kolli Hills among the total population of 38,678. After collection of primary data the researcher has thoroughly verified the data. Afterwards the data have been edited and coded. Master table has been prepared to sum up all information contained in the interview schedule.

The secondary data has been collected for a period from 1995-96 to 2013-14. Due to availability of population related data for census years, the study has been carried out form 1995-96 and 2013-14. The requisite data for the study has been obtained from Deputy Director of Health Service (DDHS) Office in Namakkal District, various sources / publications like statistical Abstract of India, Ministry of Health and Family Welfare Reports, Census of India, Reports of Health Information of India, Human Development reports, Planning Commission Reports, Economic Surveys and World Health Reports.

Both descriptive and quantitative tools have been used for the analysis of data. Descriptive methods of analysis like simple averages and percentages in addition to Graphs and diagrams have been used in this study for easy understanding. Appropriate
statistical tools and percentage, compound growth rate and regression technique have been used to draw inferences from the collected data.

7.2 Review of Literature

From the earlier studies, it is evident that maximum numbers of studies are concentrated on general health like health facilities, health expenditure, determination of health, malnutrition and rural health. Some of the studies are related to tribal community education, poverty, hills farming, employment opportunity and nutrition livelihood. Only few studies are related to tribal health, reproductive health, women health and health awareness. Further a very few studies are concentrated on Kolli Hills where more tribal people are living. Hence there is need of a study about tribal health studies in Kolli Hills.

7.3 Health Status in Tamil Nadu

From the analysis it is evident that health determinants of the health status factors of female literacy rate, number of primary health centres and health sub-centres, per capital food availability, per capita income, population per doctor ratio and public health expenditure are strongly correlated in crude birth rate, infant and life expectancy based on this observed, health status has improved in Tamil Nadu.

7.4 Analysis of Inter Block Efficiency of Health Care Services in Namakkal District

From the analysis it is evident that the operational efficiency of the primary health care system was found in urban areas is better than rural areas. Further there was an improvement in human development with index for health indictors suggested that there were two critical ways to improve health outcomes. The first was to enhance the efficiency of health sector. The second was to create more infrastructures and thus provide better health access to rural people and make more physicians available in rural areas. So, in order to cure what ail the health systems in many health rural areas, efforts need to be made in the direction not only of proving more infrastructures but also using them in the most efficient way.
7.5 Socio-Economic Conditions of the Scheduled Tribes in Kolli Hills

From the analysis it is evident that most of the people depend on agricultural works; many people were holding small land. Peoples are still depending on moneylenders for their domestic purposes and social liabilities and their living conditions are still worse, infrastructure facilities like transport and water. It makes their economic conditions are very low. Because of unreached schemes to these people who need this type of scheme. Hence, the government should bring schemes in order to improve this socio economic condition of scheduled tribes in this study area.

7.6 Health Care Awareness among Scheduled Tribes in Kolli Hills

From the analysis it is evident that most of the tribal people are illiterate and have poor awareness regarding availability of maternal children healthcare services, routine immunization and family planning methods. Looking to the under utilization of services by the community, organizing fortnight mobile camps in such remote and inaccessible areas should be considered to render on site essential medicines, immunizations, vitamin A administration and family planning services.

7.7 Conclusion

From the overall analysis it may be concluded that differences in the availability of health care facilities have largely led to regional disparities. Provision of adequate health facilities is must for human development which is essential for poverty alleviation as well as for realizing the goal of economic development. Special policy packages must be provided to especially tribal areas which are lagging in health infrastructure. Therefore, governments must give serious thought to the administrative, regulatory, financial and institutional framework and frame appropriate policies for optimizing development gains from health sector.

7.8 Suggestions and Recommendations

Health policies, several Committees and Commission recommendations have spelt out several measures to improve the quality and quantity of rural primary healthcare system and its services. Their strategy is to generate demand for public Health Facilities, provide options to population and increase participation by NGOs and private sector in the healthcare provision. Simultaneously, it rightly does not treat the
problem as exclusive to the public health department. An integrated approach involving different departments like sanitation, construction, water supply, education, power, roads, etc. is well recognized. NRHM is a comprehensive effort in this direction. Appointment of ASHA and AYUSH practitioners and full involvement of Panchayati Raj Institutions (PRIs) in monitoring and delivering healthcare services to local population are important ingredients of the strategy.

1. Introduce the accreditation system for Health Facilities for their infrastructure, human resources, drugs and medical supplies based on the annual visits and can be graded based on the compliances of the norms.

2. Creating the better and hygienic living condition for the BPL families with basic necessities like toilets, bathing, drainage and good drinking water. Such living condition in the villages reduces the burden of morbidity.

3. Create special incentive schemes for the rural doctors and nurses to attract them for the service for stabilized stay of the health professionals in the villages.

7.9 Area for further Research

The present study about the health status of tribal people in Kolli Hills of Namakkal district is an indepth study about health status of Kolli Hills only.

There is a scope for further research in the following areas.

1. Health status of tribal people in other hilly areas.
2. Comparative analysis of health status between tribal population in various regions.


70. **Raddy (2002),** “Does India Perform Medical Research in Areas where it is most Needed”, *National Journal of Medicine of India*, pp. 27-34.


**Website**

1. www.who.in
2. www.tn.gov.in.