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Study on Healthcare Service of the Tribal Peoples Kendujhar District in Northern Odisha

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ABSTRACT

The This study examines the healthcare services available to tribal populations in Kendujhar district, Northern Odisha, highlighting the challenges and progress in meeting their healthcare needs. The tribal communities in this region have traditionally relied on indigenous healing practices, such as the use of herbal remedies and spiritual healing by Gunias. However, there has been a gradual shift towards utilizing government healthcare services due to increased awareness and improved access. The establishment of Primary Health Centers (PHCs), Community Health Centers (CHCs), and the efforts of Accredited Social Health Activists (ASHAs) and Anganwadi workers have enhanced healthcare delivery in remote areas. Despite these advancements, challenges such as geographical isolation, inadequate infrastructure, socio-economic barriers, and cultural beliefs still limit the effective utilization of healthcare services. Issues like malnutrition, maternal and child health concerns, and waterborne diseases persist, underscoring the need for targeted, community-specific interventions. A holistic approach integrating both traditional knowledge and modern healthcare practices, supported by sustained government efforts and active community participation, is essential to improve the condition and happiness of the ethnic inhabitants in Kendujhar district.

Keywords: Healthcare Services, Tribes, Kendujhar, District, Northern, Odisha.

INTRODUCTION

The tribal communities of Kendujhar district, Odisha, grapple with significant health challenges arising from socio-economic disadvantages, pervasive illiteracy, and insufficient access to sanitation and potable water. Geographic isolation, entrenched cultural barriers, and an underdeveloped healthcare infrastructure exacerbate their difficulties in obtaining quality medical services, rendering them susceptible to diseases and chronic health inequities. Women and children, in particular, bear the brunt of these disparities, manifesting in widespread malnutrition, elevated morbidity rates, and limited access to essential maternal and child health services. The consumption of contaminated water, unsanitary living conditions, minimal awareness of fundamental health and hygiene practices, and enduring superstitious beliefs further amplify their vulnerabilities. This study investigates the healthcare services and practices within two tribal sections of Bhanra village, underscoring the pressing need for tailored interventions, enhanced healthcare infrastructure, and culturally inclusive strategies to dismantle systemic and cultural barriers that perpetuate poor health outcomes.

Objectives of the Study

To identify the healthcare problems of the tribal people in the Kedujhar district

To study the impact of traditional medicine and healthcare practice among the tribals people

Area of the study

The Kendujhar district in northern Odisha is home to a large tribal population, primarily residing in remote, rural, and hilly areas with limited access to healthcare services. Despite efforts by the government to provide healthcare through Primary Health Centers, Community Health Centers, and various health programs, challenges such as geographical isolation, poverty, illiteracy, and cultural beliefs continue to hinder access to modern healthcare. This study explores the healthcare services available to the tribal populations of Kendujhar, focusing on the integration of traditional and modern practices, the effectiveness of government initiatives, and the need for culturally sensitive interventions, particularly in maternal and child health, communicable diseases, and nutrition.

METHODOLOGY

This study on healthcare services for tribal populations in Kendujhar district uses both qualitative and quantitative methods to gather data. A descriptive research design is employed to examine healthcare practices, government initiatives, and community challenges. The study focuses on two blocks in Kendujhar, with purposive sampling to select villages with significant tribal populations. Key informants, including tribal leaders, healthcare workers, and local officials, were interviewed. Primary information was collected through interviews, prepared questionnaires, and group discussions. Secondary information was taken from health records and government reports. The data was studied using themes for descriptive information and basic statistics for numerical data. Ethical practices, such as taking consent from participants and respecting cultural beliefs, were followed carefully throughout the study.

REVIEW OF LITERATURE

Samantha Y Rowe et al. (2022) found that the effectiveness of supervision strategies is more helpful by the Health Care Provider (HCP) In the field of law and middles income countries (LMIC) but their studies got with a high risk of bias most of finding are low quality evidence the routine supervision was difficult to characterized as results varied widely from the few studies that tested this strategy.

A. B. Otta (2021) the focus was on the particularly vulnerable tribal groups (PVTGs), formerly known as primitive tribal groups (PTGs), among the 62 tribes in Odisha. The author provided a detailed description of their demographic profile, social life, rituals and festivals, language, and health status. The government of Odisha has implemented 20 micro-projects aimed at facilitating the integration of PVTGs into mainstream society, focusing on their social, economic, educational, and healthcare needs.

Kandan Hanshdah et al. (2023) discussed healthcare issues and challenges faced by the Santal tribe in Mayurbhanj district. The study revealed negative behaviours such as intoxication and reliance on traditional medicine, along with a strong belief in superstitions. Additionally, government health programs were found to have limited impact on the tribal community, compounded by financial difficulties. It is crucial to raise awareness and promote modern healthcare facilities specifically targeted towards the Santal tribe.

Research Gaps

Thus, a review of the available literature makes it clear that the subject of tribal Healthcare service of development issue has long been a rural area. In the context of Kedujhar district of Odisha and even more so in Kedujhar district and its north region, hardly any study has been made in this respect. Although some studies have addressed the problem of the healthcare

service it is only suggestions and observations without any conduct experiment in the Kendujhar, district of Odisha.

Healthcare Condition of the tribal people of kedujhar District

The tribal community is more likely to suffer from many diseases. Their problems increase due to poverty, lack of education, poor sanitation, unsafe drinking water, and blind beliefs. Because basic facilities like drinking water, electricity, and communication are missing, they live in difficult conditions in remote areas. Most tribal people depend on collecting forest products for food and extra income. They gather items like Mahua flowers and seeds, mangoes, honey, tamarind, Harida, Amala, Sal seeds and leaves, green leaves, mushrooms, edible roots and tubers, firewood, thatching grass, rope-making fibers, and plants used as medicine. Rice is their main food, and they also drink homemade wine. Tribal people use their traditional methods to make medicines. They depend on a "medicine man" to identify and treat illnesses. Their knowledge of medicinal plants protects them from many diseases. This knowledge is passed down by word of mouth from elders to the younger generation, which makes them caretakers of traditional medicine. They trust herbal treatment because there are very few healthcare services in their villages and because of their belief in the healing power of herbs. Common diseases found among tribal communities include malaria, fever, colds, coughs, headaches, stomach problems, skin diseases, pneumonia, typhoid, piles, anemia, diabetes, and many others. Women and children often suffer from weakness and anemia due to poor nutrition. Many children have weak eyesight because their diet lacks vitamins. Tribal people often believe that illnesses are caused by bad luck, poor habits, or sinful acts. They think diseases come from supernatural forces such as angry gods, spirits, witchcraft, black magic, or the "evil eye." Healthcare facilities are limited, and many people leave treatment early because they want quick results.

Health Problems

Tribal children often suffer from common diseases such as malaria, typhoid, stomach problems, skin infections, and viral illnesses because of poor health and nutrition. Many tribal people believe that diseases are caused by supernatural spirits or black magic. They worship their household god, Debata, and sometimes sacrifice birds or animals to cure illnesses. Some visit traditional healers (Gunia) for rituals like Jhada Phumka to treat sickness. Nowadays, a few tribal people also go to government hospitals for treatment. In the Kendujhar district, many tribal families are still not aware of basic health practices. They often do not wash their hands with soap before eating food.

Preparation Herbal Medicine

Preparation medicine the medicine specialist prepares his medicine plants have certain intrinsic, qualities such *Leem Apamar, Tulasi, Bel, Bhumi Leem, Juna, Arakha Harada tree and Gonga Sohali* etc. These traditional medicines contain active ingredients that help in healing diseases. Nowadays, tribal people prefer modern medical services because many traditional treatment methods are no longer available. They have also started trusting modern medicines and injections.

Folk Medicine Used by Tribal People

The *Kabiraj*, also known as the village medicine man, provides herbal medicines for many common illnesses. He follows traditional and interesting methods to diagnose diseases. The Kabiraj treats problems like malaria, jaundice, stomach pain, and joint pain. He collects various fruits, roots, and plants from the forest and prepares medicines based on his traditional knowledge.

Neem (Azadirachtaindica)

Neem bark has a bitter taste, and almost every part of the plant is used as medicine. It

is commonly used to treat fever and as a health tonic. Oil made from neem seeds is applied to cure skin problems caused by parasites and to treat infected or foul-smelling wounds. The bark, leaves, and seeds are also used in traditional remedies for snake bites and scorpion stings.

Bel (Aeglemarmelos)
The ripe fruit pulp has a pleasant smell and is used as a cooling and mild laxative. The unripe or half-ripe fruit is astringent and helps in digestion, stomach pain, and diarrhea.

Peepal (Ficusreligiosa)
The bark of the Peepal tree is astringent and is used to treat gonorrhea. The fruit works as a laxative, and the seeds have a cooling effect. The leaves and young shoots act as a purgative. A drink made by boiling the bark is also given to treat scabies.

Traditional Methods by the Treatment
Traditional methods of treatment among tribal communities are deeply rooted in their cultural and spiritual practices, often relying on natural resources and age-old rituals. Herbal remedies play a significant role in their healthcare, with plants such as Tulsi, Neem, and Bel used to treat ailments like respiratory issues, skin infections, and gastrointestinal problems. Traditional healers, known as Gunias, perform spiritual healing (Jhada Phunka) to address illnesses believed to be caused by evil spirits or black magic, often reciting incantations and conducting rituals. Animal sacrifices, such as offering hens or goats, are performed to appease deities and ancestors, accompanied by communal feasts. Village priests (Pujaris) also play a role in religious ceremonies aimed at curing diseases. Environmental remedies, such as using sacred water, burning medicinal plants to ward off insects, and natural bone-setting techniques using bamboo splints, are common practices. Tribals observe dietary restrictions during illness and consume a diet rich in wild fruits, roots, and tubers, believed to promote health. While modern healthcare services are gradually being adopted, these traditional methods remain an integral part of tribal life, valued for their accessibility and cultural significance.

Gunia
The Gunia plays a vital role in the traditional healthcare of tribal communities, serving as a healer and spiritual guide. Trusted for their knowledge passed down through generations, Gunias are consulted for ailments believed to be caused by evil spirits or black magic. Their methods include rituals like Jhada Phunka, which involves chanting and sacred objects to drive out illness, as well as prescribing herbal remedies from local plants. They may also perform animal sacrifices to appease deities or ancestors. Despite the rise of modern medicine, the Gunia remains a respected figure, symbolizing the deep connection between tribal beliefs and traditional healing practices.

Health Hazards of Tribal Communities
Tribal communities face numerous health hazards due to their socio-economic vulnerabilities, geographic isolation, and inadequate access to healthcare services. These challenges are compounded by traditional practices, lack of awareness, and environmental factors. Some of the significant health hazards include:

Waterborne Diseases
The use of contaminated water from streams, wells, and rivers exposes tribal communities to waterborne diseases like diarrhea, cholera, and typhoid. Lack of proper sanitation exacerbates these conditions.

Malaria
Living in forested areas makes tribal populations highly vulnerable to vector-borne diseases such as malaria, particularly the deadly Plasmodium falciparum. Other diseases like dengue and chikungunya also pose significant risks.

Gastrointestinal Disorders
Poor hygiene practices and unclean living environments contribute to gastrointestinal problems such as stomach infections, intestinal worms, and chronic diarrhea.

Skin Infections
Limited hygiene and exposure to unhygienic conditions lead to skin infections, fungal diseases, and parasitic infestations.

Maternal and Child Health Issues
High rates of maternal and infant mortality are linked to inadequate access to maternal healthcare services, lack of skilled birth attendants, and malnutrition during pregnancy.

Cultural and Superstitious Beliefs
Reliance on traditional healers and superstitious practices often delays seeking professional medical care, worsening the health outcomes for treatable conditions.

Chronic Diseases and Lifestyle Changes
With the gradual adoption of modern lifestyles, tribal communities are increasingly exposed to non-communicable diseases such as diabetes, hypertension, and cardiovascular diseases, further straining their limited healthcare resources.
Implementation of Government Scheme
Healthcare service of tribal people

Ministry of Health and Family Welfare (MOHFW)
The Ministry of Health and Family Welfare (MOHFW) provides different services to improve the health and well-being of people. These services include:

Maternal and Child Health Services
MOHFW focuses on initiatives to enhance maternal and child healthcare, ensuring access to quality antenatal care, safe deliveries, immunizations, and nutrition programs for pregnant women and children.

National Health Mission (NHM)
Launched in 2013, NHM encompasses the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). It aims to provide affordable, accessible, and quality healthcare to rural and urban areas, focusing on maternal and child health, immunization, communicable diseases, and non-communicable diseases.

Rastriya Swasthya Bima Yojana (RSBY)
Although this is a centrally sponsored scheme, it is implemented in Odisha as well. RSBY provides health insurance coverage to below-poverty-line families and other vulnerable groups, offering cashless treatment for hospitalization expenses up to 30,000 per annum. Now it is available as Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY): AB-PMJAY, launched in 2018, is a health insurance scheme that provides coverage to economically vulnerable individuals and families. It offers cashless treatment for serious illnesses and hospitalization expenses through a network of empanelled public and private hospitals.

Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)
PMSSY, initiated in 2003, aims to upgrade and strengthen healthcare infrastructure across the country. It focuses on setting up AIIMS (All India Institutes of Medical Sciences), upgrading government medical colleges, and improving regional cancer centers and tertiary care hospitals.

Biju Swasthya Kalyan Yojana (BSKY)
Started in August 2018, BSKY aims to give health benefits to all people of Odisha. Under this scheme, eligible people can get cashless treatment in selected hospitals for major medical treatments. The scheme provides health coverage to more than 70 lakh families in the state.

Mukhyamantri Swasthya Seva Mission (MSSM)
This initiative focuses on strengthening primary healthcare services in rural and urban areas of Odisha. It aims to provide quality healthcare services at the grassroots level, including health promotion, preventive care, and basic treatment facilities.

Rashtriya Bal Swasthya Karyakram (RBSK)
RBSK is a major program that focuses on early health care for children from birth to 18 years of age. It aims to identify and treat four types of health issues (known as the 4 Ds). Defects at birth deficiencies diseases development delays including disability early detection and management disease including deficiencies bring added value in preventing these conditions to progress to its more several and debilitating form (Datt, 2011, p.320).

Reproductive Child Health (RCH)
The Reproductive and Child Health (RCH) program is an integral component of India's public health initiatives aimed at improving the health outcomes of women and children. It focuses on reducing maternal and child mortality rates, addressing reproductive health issues, and promoting family welfare through a comprehensive approach. All services under this scheme are provided free of cost. Pregnant women also receive cash support for delivering in a hospital Rs. 1400 in rural areas and Rs. 1000 in urban areas.

Janani Suraksha Yojana (JSY)
Janani Suraksha Yojana is a program under the National Rural Health Mission that focuses on the safety of mothers during childbirth. Its main aim is to reduce the deaths of mothers and newborn babies by encouraging pregnant women, especially from poor families, to give birth in hospitals. The scheme provides cash assistance for delivery and care after childbirth. This cash help is given to mothers who deliver in government health centers or hospitals. All mothers from rural area irrespective of age birth BPL, APL will get cash assistance Rs-1400 if delivery is happened in Government Hospital (Wills, 1919, p.340).

Role and responsibilities of Accredited Social Health Activist (ASHA)
The Accredited Social Health Activist (ASHA) plays a vital role in India's rural healthcare system, serving as a link between communities and public health services. ASHAs promote health awareness, encourage the use of maternal and child healthcare services, and support immunizations and family planning. They assist with antenatal and postnatal care, facilitate institutional deliveries, and ensure proper nutrition. ASHAs also identify and refer cases of diseases, provide first-aid, distribute contraceptives and oral rehydration solutions, and educate on hygiene, sanitation, and government health programs. Their efforts significantly improve healthcare outcomes in rural and underserved areas.

Sanitation System in Tribal Areas of Kedujhar
The sanitation system in the tribal areas of Kendujhar district faces significant challenges, primarily due to geographical isolation, limited infrastructure, and traditional practices. Many tribal communities lack access to basic sanitation facilities, leading to open defecation and unclean living environments. This situation is exacerbated by a lack of awareness about hygiene practices and the use of contaminated water from unprotected sources such as streams, rivers, and wells. Poor waste disposal methods further contribute to unsanitary conditions, creating breeding grounds for disease-carrying vectors like mosquitoes and flies. Efforts by the government, such as the construction of toilets under the Swachh Bharat Abhiyan and initiatives to provide Safe drinking water is provided through wells, tube wells, and tap connections, have begun to improve the situation. However, behavioral change communication and sustained community

participation are essential to ensure the effective adoption of hygienic practices and long-term improvement in sanitation standards in these tribal areas.

Hygienic Habits of tribal people

The hygienic habits of tribal communities are largely shaped by their traditional lifestyles, limited resources, and environmental factors. Many tribal households lack access to clean water and proper sanitation, affecting daily hygiene practices. Common habits include bathing in rivers or streams and using these water sources for drinking and cooking, often without purification. Handwashing with water alone is common due to limited awareness and availability of soap. Waste disposal practices are informal, with waste discarded in open areas. However, traditional knowledge, such as using neem sticks for oral hygiene, plays a role in their hygiene. With increased exposure to government health initiatives like the Swachh Bharat Abhiyan, there is a gradual improvement in hygiene practices, including better water storage, soap use, and toilet adoption.

Medical Therapy

Medical Medical therapy among tribal communities is a blend of traditional practices and modern healthcare interventions. Traditionally, herbal remedies made from roots, leaves, and bark are used to treat common ailments like fever, cough, and stomach issues. Spiritual healing, performed by traditional healers (Gunias), involves rituals such as Jhada Phunka to address perceived supernatural causes of illness. Animal sacrifices and offerings to deities are made in cases of serious ailments. However, with increased access to government healthcare facilities like PHCs and CHCs, tribes are gradually adopting modern medical therapies. Vaccination drives, maternal and child health programs, and health workers such as ASHAs have encouraged tribal communities to seek professional medical treatment, reflecting a transitional phase in healthcare.

Mental Therapy

In some areas, mental illness is treated through traditional magic practices. A healer called the *Gunia* or Shaman believes that mental problems are caused by evil spirits or unhappy deities. They perform rituals, prayers, and sacrifices to remove these spirits and calm them. When the person gets better after these rituals, it is known as white magic or sympathetic magic.

Finding of the study

Healthcare services for tribal populations in Kendujhar district are characterized by a combination of traditional healing methods and modern healthcare interventions. Geographical isolation and poor infrastructure limit access to modern healthcare, leading many to rely on traditional remedies, often provided by the Gunia. While government health initiatives, including maternal and child health services, immunization, and sanitation programs, have made some progress, cultural barriers and low awareness impede full utilization. Sanitation issues, such as poor hygiene practices and open defecation, remain widespread, while nutritional deficiencies and common diseases like malaria and gastrointestinal problems continue to affect the community.

CONCLUSION

In conclusion, healthcare services for the tribal people of Kendujhar district in Northern Odisha reflect a blend of traditional practices and modern interventions. While tribal communities have historically relied on indigenous healers like Gunias, there is a growing shift toward using government healthcare facilities due to increased awareness and access. The establishment of Primary Health Centers, Community Health Centers, and the work of ASHAs and Anganwadi workers have improved healthcare delivery in these remote areas. However, challenges such as geographical isolation, inadequate infrastructure, and socio-economic barriers continue to hinder full service utilization. Addressing issues

like malnutrition, maternal and child health, and waterborne diseases requires targeted interventions. A holistic approach that combines traditional and modern healthcare practices, along with continued government support and community involvement, is crucial for improving the health of Kendujhar tribal populations.

Declaration by Authors

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