

## PROBLEM OF PRIMARY HEALTH SERVICES IN TRIBAL AREAS OF HIMACHAL PRADESH

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### ABSTRACT

The tribal areas of Himachal Pradesh are not fully developed. The geographical condition of the tribal areas is not good. Therefore the health care facilities in the tribal areas are not well developed. The present study deals with the problem of medical staff in tribal areas in Himachal Pradesh at Primary Level with special reference to Pangri Integrated Tribal Development Project (ITDP). There are five Integrated Tribal Development Projects in Himachal Pradesh. The researcher has selected Pangri ITDP for the purpose of research because Pangri is most interior ITDP among all the five ITDPs. The study is restricted to the Primary Level of health care services because secondary and tertiary level of health care services is not available in Pangri. This study was based on primary as well as secondary data. The data was collected from the office of the Tribal Development Department and other offices dealing with the tribal affairs and also from the selected respondents.

**Keywords:** Problem, Primary Health Services, Tribal Areas, Pangri, Himachal Pradesh

### INTRODUCTION

Health is one of the fundamental rights and it is vital responsibility of the state to look after the health of its people. In recent years, health has been accorded a privileged place on the global agenda, with its recognition as a central issue and condition for development. Growing poverty and inequity in a globalised world, heightened risks posed by ecological, demographic and socio-economic changes and their impact on public health had define health as a priority for the state. Consequently the state has intended to deliver health care services to meet the needs of entire population through various health care systems such as Sub-Centres, primary Health Centres, Community Health Centres and hospitals. Hospital is a health care agency of health care delivery system which is manned by different groups of professionals using a variety of equipments and supplies for rendering patient care and expansion of medical knowledge. An expert committee of the World Health Organisation defined the hospital as an integral part of a social and medical organisation, the function of which is to provide for the population complete health care, both curative and preventive and whose outpatient services reach out to the family in its home environment; the hospital is also a centre for the training of health workers and for bio-social research. The first important landmark in health services in the country was the appointment of Royal Commission in 1859 to enquire in to the heavy morality in the military and civilian population in India. Several other commissions followed ending which the Bhore Committee (1943), which was the first body to suggest a plan for national health services. The WHO defined the health as "a state of complete physical, mental and social well-being and not merely an absence disease.

### TRIBES IN HIMACHAL PRADESH

The tribes in Himachal Pradesh are mostly engaged in semi agricultural activities; such as rearing of cows, sheep, goats, etc. and ploughing small fields, which are their sources of sustenance. Agriculture, supplemented by animal husbandry and trade, is the main occupation of these tribes. In Himachal Pradesh mostly Pangwal, Gaddi, Lahaulas, Swangla and Kinnaura tribes are inhabited. Tribes in India have come to be conceptualized primarily in relation to their geographical and social isolation from the larger Indian society and not in relation to the stage of their social formation. This is why a wide range of group and communities at different levels of the social formation have



all come to be categorized as tribes. By virtue of the fact that tribes lived in isolation from the larger Indian society, they enjoyed autonomy of governance over the territory they inhabited. They held the control over the land, forest and other resources and governed themselves in terms of their own laws, traditions and customs. Pangi is totally rural area. In Pangi Praja system is one of the most popular systems of governance. The tribal areas have generally less communication facilities, lack of proper infrastructure, different customs and traditions, cultural and social diversity, low population density, bad geographical conditions, less health and educational facilities etc. Due to such basic problems the implementation of any scheme and programme become very difficult. In Himachal Pradesh the Lahaul and Spiti and Kinnaur districts are entirely covered with tribal population. Pangi and Bharmour sub-divisions of Chamba districts are also covered with most of the tribal population.

**Table 1 Integrated Tribal Development Project (ITDP) wise Distribution of Tribes in Himachal Pradesh**

ITDPs	Area (Sq. Km)	Total Population	Scheduled Tribes	Density per Sq. Km.	Sex Ratio	Literacy %age
Kinnaur	6401	84121	48746	13	819	80.00
Lahaul	6250	19107	15163	3	931	74.97
Spiti	7591	12457	10544	2	862	79.76
Pangi	1595	18868	17016	12	970	71.02
Bharmour	1818	39108	32116	22	945	73.85
Total	23655	173661	123585	7	877	77.10

*Source: Compiled from Directorate of Tribal Development Shimla-2*

#### STUDY AREA (PANGI): AN OVERVIEW

The Pangi covers 1,601 square kilometers having a population of 18868 and it's sandwiched between two sub-systems of the Himalayas the Zaskar and the Pir Panjal. The river Chanderbhaga, flows from Lahaul and passing through the length. Pangi has 16 panchayats and 54 inhabited villages. Pangi valley is divided into the Saichu, Hudan Bhattori and Sural Bhattori valleys. These are inhabited at elevations of 7,000 feet (2,100 m) to 11,000 feet (3,400 m) above sea level. The Sach Pass at an altitude of 14,500 feet (4,400 m) is open for vehicular traffic between mid-July to last of October, but closed by heavy snow at other times of the year. With recent improvements to the roads, the villagers have started to grow cash crops such as peas, apples and other fruit. The valley is mostly inhabited by Pangwal and Bhoti people, mostly Hindu with some Buddhists. Language spoken by Pangi people is called as Pangwali. The mountains are surrounding the valley range between 5,400 and 6,700 meters.

**Table 2 Population Growth in Pangi Block**

Census Year	Total Population	Decadal Growth	Male Population	Female Population	Sex Ratio	Density Per Square km.
1971	9794		4996	4798	960	6
1981	12256	+24.62	6401	5855	915	7
1991	14960	+27.04	7722	7238	937	12
2001	17598	+26.38	9259	8339	901	14
2011	18868	+12.70	9579	9289	970	15

*Source: Statistical abstract, District Statistical Office Chamba.*

With the passage of time the population of Pangi also increases. It was 9794 according to 1971 census. The latest data shows a huge increase. It increases almost double in the last five decades. According to 2011 census it is 18868. The sex ratio of Pangi Block is 970 the sex ratio of the country is 940. Sex ratio of Pangi Block is quite high than the average rate of India.

## REVIEW OF LITERATURE

Verma (1998) describes in his book "Pangi a Tribal Habitat in Mid-Himalayas" the historical perspective and early administration, religion and customs, folk culture and economy a profile of Pangwals tribe. He describes the history of Chamba under various rules, right from Thakuian period to Shiri Singh period. Book depicts that Hindu religion is pre dominant amongst the Pangwals and he also mentioned in his book the name of the Devi Devtas prevailing in the Pangi Himalayas. He has mentioned so many love, religious, heroic, marriage and dance songs in his book. Book describe that even today the agricultural practice are no different from those followed by their forefathers centuries ago. In Mindhal Gram Panchayat of Pangi by course of Mindhal Mata (famous Devi of Pangwals) plough the field with a single ox instead of two. The author further describes that there was not even a single village electrified in 1974 in the Pangi. There were 439 solar panels installed to electrify 59 villages and in addition, single point light connections were provided in 18 villages by installing four diesel generator sets at Killar, Karyas, Sach and Dharwas. The power supply was restricted to four hours a day that is two hours in the morning and two hours in the evening.

Bharti(2001) has highlighted the natural beauty and socio-economic and cultural aspect of Pangi Valley. Study shared some practical experiences of single line administration in this valley. In the book author has also focused on the developmental programmes running in the valley at that time. Author has described some success stories of single line administration by which the fast growth in developmental works of the valley has become possible with the proper supervision and planning under the leadership of Resident Commissioner (RC) the head of the all the departments in the Pangi Valley.

Singh (2008) has conducted a study in Pangi on "An Assessment of Single Line Administration in Tribal Development of Himachal Pradesh: A Study of Chamba District". He concluded very beautifully about the concept and impact of Single Line Administration. Pangi was the first block of Himachal Pradesh where the model of SLA was introduced. Due to fast working process of SLA out of 16 Gram Panchayats 11 were connected with road facilities and the work connected to rest of the Panchayats was in progress. Earlier no lightening facilities were there. Roads were very less and poor. Health and educational facilities were not of good quality and sufficient. After SLA the people were provided solar lights and the construction of micro power projects at Killar, Sach and Sural was in progress. There was a rapid growth in health and educational institutions. SLA has helped the people in catalysing the process of social transformation. The functioning of Panchayati Raj Institutions was improved. SLA has got a number of achievements in Pangi; however a lot needs to be done in the various spheres so as to achieve even better results.

Agnihotri & Singh (2015) conducted a study on Socio-Economic Impact of Mahatma Gandhi National Rural Employment Guarantee Act in Tribal Areas in Himachal Pradesh: A Study of Pangi Block of Chamba District. The authors concluded that this is the biggest and the very important scheme for employment in rural areas of the country. In Pangi there is no other source of the income for those having no government jobs. The women of the Pangi are more active than men in this scheme. Women are getting financially empowered which is the positive sign of this scheme. In its first phase the MNREGA was implemented in two districts Chamba and Sirmaur of the state on 2nd February, 2006 along with 200 districts of the country.

## RESEARCH GAP

Very few studies have been conducted on Pangi. This is because the Pangi is the most interior tribal area in Himachal Pradesh. Therefore it is not easy to the every researcher to go to their easily to conduct the research. To visit the Pangi is very expensive. There is also not a governmental mechanism to motivate the researchers to go to Pangi to conduct the research. However no study in the field of Health Services in the Pangi Valley has been conducted. The area of Health Services has remained neglected from the



research point of view in Pangri. The present study is an attempt to analyse the Primary Health Services in Pangri Block.

### OBJECTIVES OF THE STUDY

- To evaluate the health care facilities in tribal areas of Himachal Pradesh.
- To analyse the people satisfaction about the health care facilities at primary level in tribal areas.
- To suggest measures to improve the health care services at Primary Level in tribal areas in Himachal Pradesh.

### HYPOTHESIS

The present study hypothesized that there are lot of problems in Pangri regarding health care services are. The health care facilities in Pangri are not up to the mark. People are not satisfied with the health care services in Pangri. The hypothesis based on the selected indicators has been accepted.

### DATA COLLECTION

To reach on a conclusion both primary as well as secondary sources of data were used. The primary data was collected with the help of questionnaire/schedules. The data was also collected through personal interviews and discussion conducted with respondents. The secondary data was generated from books, journals, and magazines. Various publications of Government of India, Government of Himachal Pradesh and the departments deal with the tribal matters were also consulted.

### SAMPLING

For the purpose of sampling for present study random-cum-purposive sampling technique was used. The entire Pangri Block was divided in to 16 Gram Panchayats. The Gram Panchayat is the lowest unit of administration and hence it was easy to collect the required information by taking Gram Panchayat as a unit of sample. To know the perception of the respondents regarding the primary level of health care services in Pangri Block a sample of 25 respondents were selected from each Panchayat. The total number of sample respondents was 400 in all the 16 Gram Panchayats. As for as the samples of 25 people concerned random-cum-purposive sampling was used, because there was no other possible way to collect the required information.

**Table 3 : Opinion Regarding Situation of Health Institution in the Area**

Opinion	No. of Respondents	Percentage
Yes	268	67.00
No	132	33.00
Total	400	100.00

Source: Primary Prove

The data in the table number 3 reveals that out of total 400 respondents 67 percent having response that there is health institution in their respective areas. 33 percent of the respondents were having no health institution in their respective area.

**Table 4 : Opinion Regarding Situation of Health Institution for away from the House**

Opinion	No. of Respondents	Percentage
Yes	259	64.75
No	141	35.25
Total	400	100.00

Source: Primary Prove

The data in the table number 4 shows that out of total respondents 64.75 percent responded that the health institutions situated in their areas are for away from their house. 35.25 percent of the responded that the health institutions situated in their areas are nearby their house. This is because of scattered populations.



**Table 5: Opinion Regarding Punctuality of Doctors in the OPDs**

Opinion	No. of Respondents	Percentage
Yes	182	45.50
No	218	54.50
Total	400	100.00

Source: Primary Prove

The data in table 5 shows that 45.50 percent of the respondents respond that the doctors came timely in the OPDs and 54.50 percent responded that the doctors come in the OPDs timely. Majority of the respondents having negative response regarding the punctuality of the doctors.

**Table 6 : Opinion Regarding Class Four Employees perform as Para-Medical Staff**

Opinion	No. of Respondents	Percentage
Yes	348	87.00
No	52	13.00
Total	400	100.00

Source: Primary Prove

The data in the table number 6 shows that out of 400 respondents 87 percent of the respondents responded that the fourth class employees of the health department act as para-medical staff. Only 13 percent respondents responded that the fourth class employees do not act as para-medical staff. This is because of inadequacy of para-medical staff in the department.

**Table 7 : Opinion Regarding Behaviour of Doctors/Para-Medical Staff**

Opinion	No. of Respondents	Percentage
Very Cooperative	62	15.50
Sometimes Cooperative	241	60.25
Not Cooperative	97	24.25
Total	400	100.00

Source: Primary Prove

The question of behaviour of the doctors and other Para-Medical staff with the patients is very important. But in the table number 7 the data depicts that only 15.50 percent of the total respondents revealed that doctors behaviour is very cooperative while 60.25 percent responded that doctors behave sometimes cooperative and 24.25 percent of the respondents responded that the doctors do not behave cooperative.

**Table 8 : Opinion Regarding Satisfaction with Medical Check Up**

Opinion	No. of Respondents	Percentage
Yes	146	36.50
No	254	63.50
Total	400	100.00

Source: Primary Prove

The table 8 reveals that 36.50 percent respondents were satisfied with the medical check-up and majority of the respondents (63.50 percent) were not satisfied with the medical check-up.

**Table 9 : Opinion Regarding Provision of Lab Facilities**

Opinion	No. of Respondents	Percentage
Yes	25	6.25
No	375	93.75
Total	400	100.00

Source: Primary Prove

In the table 9 the opinion regarding availability of lab facilities shows that, 6.25 percent respondents responded to have provision of lab facilities, while 93.75 percent responded that they have no provision of lab facilities.

**Table 10 : Opinion Regarding Irregularities in the Supply of Medicines**

Opinion	No. of Respondents	Percent
Always	48	12.00
Sometimes	199	74.75
Never	53	13.25
Total	400	100.00

Source: Primary Prove

The data in the table number 10 reveals that 12 percent of the respondents feel always irregularities in the supply of medicines. 74.75 percent respondents responded that they sometimes feel irregularities and 13.25 percent of the respondents never feel irregularities in the supply of medicines.

**Table 11 : Opinion Regarding Shortage of Medicines especially in the winters**

Opinion	No. of Respondents	Percent
Always	292	73.00
Sometimes	102	25.50
Never	6	1.50
Total	400	100.00

Source: Primary Prove

The table number 11 depicts the response regarding the shortage of medicines in the winters. The data shows that 73 percent respondents always feel shortage of medicines in the winters, 25.50 percent sometimes feel shortage of medicines and 1.50 percent respondents never feel shortage of medicines during winters. Because of uncertain heavy snow fall in the tribal area these areas experienced shortage of medicines especially in the winters.

**Table 12 : Opinion Regarding Adequacy of Health Facilities**

Opinion	No. of Respondents	Percentage
Yes	55	13.75
No	345	86.25
Total	400	100.00

Source: Primary Prove

In the table 12 the data shows that 13.75 percent respondents responded that the health facilities at primary level in Himachal Pradesh are adequate and majority (86.25 percent) of the respondents responded that the health care facilities at primary level in Himachal Pradesh are not adequate.

## RESULTS AND DISCUSSION

Whole area of Pangi covered under health institutions, but the institutions are not situated at right places. The staff working in Pangi is not punctual. It is also found that the class four employees in the study area act as para-medical staff. The behaviour of the medical staff is not cooperative. People of the study area are not satisfied with the medical check-up. The lab facilities in the study area are negligible. There is also irregular supply of medicines and the study area also feels shortage of medicines in the winters. The overall health care facilities in the study area are not up to the mark. During the winters Pangi remains cut for more than six months from rest of the world due to heavy snow fall. Therefore the health services also become very poor during winters. It becomes very difficult to lift the very serious patients out of the valley. During winter helicopter service is the only way to lift the patients out of valley. The helicopter services also depend on the weather condition and availability of helicopter. Even some times some of the very serious patients lose their life due to unavailability of quality of health services.

Due to poor health care facilities the people of Pangri use to go out of Pangri for treatment and spent huge amount of money on their treatment. The government should development the secondary level of health care facilities in Pangri to deal with the health care problems. There should be special arrangements of medicines, specialist doctors and other health care facilities during the winter to reduce the casualties. There should be easily availability of helicopter to lift the serious patients out of the valley. Shortage of staff should be reduced and there should be provision of extra staff during winter. Ensure quality of health care facilities to the people of Pangri at door step. It saves lives, time and money of the people of Pangri valley. Develop the political will to provide the better health care facilities to the people of Pangri at their door steps.

### CONCLUSION

Health is an important factor today in human life because if we are physically and mentally healthy then we can definitely enjoy a healthy life too. A good and a strong health is not something that is sold at a grocery store but it is something that we have to create and also maintain at the same time. A good health is achieved by following some preventive measures which are health related. If we follow this logic then we will also realise the importance of having a healthy lifestyle which will add to the benefits of having a healthy life. One can start with following the pattern of eating the right things at the right time and also exercising too. Besides this there is a responsibility of the government to spread the awareness among the people regarding the preventive measures which can be helpful to reduce the illness. It is also the responsibility of the government to establish more and more health institutions and provide quality of health services through these institutions. Rural areas should be primarily focused. Better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more.

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