



# EXPERIENCES OF PUBLIC HEALTHCARE SERVICES PROVIDERS IN DELIVERY OF PUBLIC HEALTHCARE SERVICES IN TRIBAL AREAS IN MANDLA DISTRICT OF MADHYA PRADESH

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**Abstract:** The main objective of this study is to explore the experiences of Public Healthcare Services Providers, working in tribal area and perceptions of tribal communities on public healthcare providers. This comprehensive study investigates the experiences and viewpoints of public healthcare providers working in tribal regions through in-depth interview and focus group discussions (FGDs) in Bijadandi Block of Mandla District in Madhya Pradesh, India, who confront distinct challenges related to healthcare access, cultural differences, and socio-economic factors. To address these critical issues, it emphasizes the importance of not only improving healthcare infrastructure but also promoting community engagement and trust-building initiatives. This research contributes significant insights to the discourse on tribal healthcare disparities, serving as a foundational resource for evidence-based policies and interventions aimed at improving the well-being of tribal communities in Madhya Pradesh, and potentially guiding similar initiatives in other regions with indigenous populations. To accomplish the goals of this study, in-depth interviews with healthcare service providers working in public healthcare centers in the tribal area were conducted, alongside facilitating Focus Group Discussions (FGD) among tribal communities.

**Keywords:** FGDs, Healthcare, In-depth Interviews, Mandla, Madhya Pradesh, Tribal etc.

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## **Introduction**

Mandla district is a region featuring hills, forests, and valleys. Most of the communities are made up of numerous tiny hamlets and are located in uneven

topography with forest areas (Census, 2011). The district is covered with numerous tributaries and perennial water streams that surround numerous villages and provide breeding grounds for mosquitoes<sup>1</sup> the main source of income is agriculture, combined with forestry, animal husbandry, and fisheries. Rice, wheat, kodo (*Paspalum scrobiculatum*), maize, gramme, tur (pigeon pea), masur (lentil), ramtil (niger seed), and mustard are the major crop grown in the area.<sup>2</sup>

The provision of healthcare services provider in tribal areas presents a unique and complex set of challenges that significantly differ from those encountered in urban or sub-urban settings. The experiences of public healthcare service providers operating in tribal area and remote often underserved regions are particularly noteworthy. Healthcare providers working in tribal areas face a myriad of obstacles and opportunities that shape their professional journeys and impact the health and well-being of the communities they serve. They do not have the option to grow, no differences in salary in urban and tribal areas, lack of good education facilities for their children and structure and social and family isolation (Mavalankar, 2016). A research endeavor aimed to delve into the endeavors and encounters of Junior Public Health Nurses (JPHNs) as they deliver maternal healthcare to tribal women in Kerala. JPHNs, functioning as Multi-Purpose Health Workers, play a crucial role in offering essential services, particularly in maternal and child healthcare at sub-centers. However, navigating the diverse lifestyles, attitudes, and health-related beliefs of tribal communities presents challenges for these nurses in their interactions and care provision (Jose et. al., 2013). Rituals and cultural customs have formed an inseparable component of the well-being and recovery traditions across numerous communities, notably among tribal societies (Prasad, 2023). According to the 2021 Rural Health Statistics report from the Ministry of Health and Family Welfare, Government of India, there is a significant shortage of physicians, pediatricians, and various other specialists at Community Health Centers (CHCs), as well as a lack of doctors at Primary Health Centers (PHCs) in tribal area (RHS, 2021). This exploration delves into the experiences of public healthcare service providers operating in tribal areas, shedding light on their daily challenges, triumphs, and the critical role they play in bridging the healthcare gap.

Other than shortage of healthcare services provider, Poor health is challenging for tribes due to the localities where they are residing because they do not have sufficient health infrastructure, road connectivity, transportation facilities, poor economic condition, lack of education, social barrier, and poor

social networks are the added problems for them. Tribal communities bear a disproportionate burden of the disparities in both the accessibility and quality of healthcare services at public healthcare centers in rural areas (Mishra, 2016). Indigenous communities around the world often face significantly worse health outcomes when compared to the majority populations. This disparity can be attributed to various factors, including living in rural areas, limited access to communication resources, and lower socio-economic status, poverty, isolation and communication barriers etc. These challenges act as significant obstacles to accessing healthcare services, particularly impacting Indigenous communities in a way that is disproportionate when compared to the general population.

In some previous studies, tribal reported about the healthcare provider's behavior which is not found to be suitable for the tribes, with discriminatory practices reported at public healthcare centers along with interpersonal interactions between healthcare service providers and tribal or vulnerable communities (Prasad et. al., 2023). Furthermore, certain healthcare providers refrain from physical contact during checkups and deliver medication without direct contact due to social taboos of untouchability in India (Acharya, 2010). There is significant room for enhancing interpersonal communication between ethnic groups and healthcare professionals in primary care settings. This improvement entails cultivating bidirectional communication and fostering patient-centered attitudes among healthcare providers (McKinn et al., 2017). Language barrier between patients and healthcare services providers are also play a crucial role to access adequate healthcare services (Sonia, 2007; Bramley et al., 2004; Chan et al., 2006; Anderson et al., 2003).

The main objective of this study is to explore the experiences of Public Healthcare Services Providers, working in tribal area and Perceptions of Indigenous Communities towards Public Healthcare Services.

## **Materials and Methods**

This study was conducted between Augusts to November 2019 in Bijadandi block of Mandla District in Madhya Pradesh. Bijadandi block has the highest proportion of tribal population (82%) compared to the other blocks (Census, 2011). This distinction prompted an investigation to know health and healthcare status of tribal communities in this block. However, this research articles aim to know the experiences of public healthcare service providers, working in tribal area. Also tried to know about perception of tribal communities regarding public healthcare services providers.

To fulfill the objectives of this study, focus group discussions and in-depth interviews were conducted among tribal peoples and healthcare professional, working in tribal area to know about the health and treatment seeking behavior of tribal peoples. A format to guide and interviews was made to bring uniformity across groups and participants. Participants were recruited through purposive sampling.

The in-depth interviews were conducted among public healthcare workers, such as Medical Officers, doctors and nurses who were employed in public health centers such primary health centers (PHCs) and sub-health centers (SHCs) in tribal areas. The interviews aimed to understand the health status of tribal communities, their attitudes towards public healthcare behavior and their experiences with healthcare providers. A total of six healthcare workers were interviewed, consisting of one Medical Officer, one OPD doctor, and four ANMs, all are working in different sub-health centers in tribal area.

Furthermore, group discussions were held among tribal community members using the Focus Group Discussion (FGD) method. Five FGDs were conducted in the study area, with three FGDs conducted among tribal men and women. The primary objectives were to assess their health status, explore their perceptions of healthcare and treatment-seeking behavior, investigate communication and interpersonal relationships with healthcare professionals, and identify challenges related to healthcare accessibility and services and quality of care at public health centers. Each FGD included 8-10 participants, including head of the village and other community members. The duration of each Focus Group Discussion (FGD) ranged from 50 to 60 minutes."

## **Result from In-Depth Interviews**

The experiences of Public Healthcare Services Providers, Working in Tribal Area

### **Medical Officer**

A Medical Officer at the Primary Health Center (PHC) mentioned that tribal people tend to be less vigilant about their health. They often do not take minor illnesses seriously, which leads them to rely heavily on public health centers for treatment. The doctor also explained that language-related issues between the tribal population and healthcare workers in the vicinity pose a significant challenge. Due to this, tribal individuals may not fully understand the proper methods of taking medication, resulting in improper usage and exacerbation of health problems. Consequently, there is a prevalent negative attitude towards

public health centers, leading tribal people to distance themselves from seeking treatment there. They prefer to rely on their own understanding of healthcare. Furthermore, an OPD doctor at the PHC noted that there is a prevalent issue of infertility among women in the area, possibly due to poor water quality in the region. Tribal women expressed that they face difficulties in conceiving. On the other hand, skin-related problems are also common among the tribal population, which can be attributed to poor hygiene practices.

Additionally, approximately 60 to 70 percent of the population in the area experiences frequent illnesses such as cold-cough, fever, body ache, and stomach pain. They initially attempt home remedies and then visit the PHC or Community Health Center (CHC) when their conditions do not improve. It is also believed that around 40 percent of tribal individuals engage in traditional activities like "*Jhād-Phūk*" (ritualistic practices involving herbs and incantations) before seeking medical care at the PHCs or other healthcare centers.

### **Auxiliary Nurse Midwife (ANM)**

In-depth interviews were also conducted with ANMs working in tribal areas. They shared their experiences about the tribal health situation and the behavior of allopathic treatment and traditional practices-

#### **ANM-1: Sub-Health Centre (SHC), Berpani Village**

This ANMs appointed in Sub-Health Centre (SHC) Berpani Village in Bijadandi Block in Mandla District in Madhya Pradesh. According to her many villages are located in remote and inaccessible areas, far from the mainstream, lacking proper transportation facilities, which hinders access to both government and private healthcare centers. Most of these villages have limited transportation available only on specific days, mainly for the local market. Only on the market days, transportation becomes more accessible, but apart from market days, private vehicles are the only means of transportation which is not everyone possesses. Consequently, most people cannot reach government healthcare centers for treatment. The lack of transportation availability also poses significant challenges for pregnant women, making it difficult for them to undergo timely Antenatal Check-ups (ANC). Therefore, many women are unable to reach a hospital and end up delivering their babies at home which is one of the reasons for low institutional delivery among tribal area. Due to old custom and senior peoples at home, they do not make informed decisions regarding their deliveries and often follow traditional practices instead of seeking allopathic medical care.

In some cases, tribal communities still hold traditional beliefs in practices like 'Jhād-Phūk' (ritualistic practices involving herbs and incantations) over allopathic treatment. Sometimes, these practices lead to time wastage, and as a result, family members' lives are at risk. This ANM also recalled an incident that occurred 15 days before this interview. A child was bitten by a venomous snake, leading to the child's death. The child's parents believed in 'Jhād-Phūk,' which caused a delay in seeking hospital care. When the child's condition deteriorated by evening, they finally took him to the hospital, but it was too late, and the child passed away during treatment. The family blamed the community health center doctors for this tragic incident."

### **ANM-2: Sub-Health Centre (SHC), Udayapur**

She is working in Sub-Health Centre Udayapur, located in tribal area. She said that tribal people are mostly affected by minor illnesses such as cold, cough, fever, and body pain. In addition to these diseases, they also suffer from serious illnesses like tuberculosis (TB). Furthermore, tribal people prioritize private healthcare systems over public healthcare because they are not satisfied with public health services. They have always complained that in public health centers, doctors mostly prescribe pills and do not administer injections, whereas in private healthcare centers, they provide injections for every treatment. Therefore, tribal people attach greater importance to private healthcare services over public health services because they believe that if an injection is not given, the treatment is not effective. Hence, they are not satisfied with public health services.

In addition to allopathic treatment, they also believe in 'Jhad-Phuk' and use this method before modern treatments. The primary reason for using 'Jhad-Phuk' is the belief in supernatural forces, deities, and external powers. In fact, they attribute even serious diseases like tuberculosis (TB) to some divine or external force, which is becoming increasingly common as the number of TB patients is rising day by day.

For the elimination of malaria in the tribal area, government has started mosquito nets distribution programme in tribal area and government distributes mosquito nets among people in tribal areas for malaria prevention. Although, if more than five people in a village are confirmed to have malaria during government health center check-up, every household in that village is provided with a mosquito net. However, if malaria diagnosed in private hospitals or clinics they are not eligible for getting mosquito nets to patients. Consequently, mosquito nets are distributed only in villages where cases of

malaria are diagnosed in public health centers. Additionally, under the malaria prevention program, one malaria worker is appointed for every six villages. These workers visit each village once a week and report malaria cases to the Community Health Center (CHC), although they visit the village any day if required.

### **ANM-3: Primary Health Centre (PHC), Samanapur**

She is working in Primary Healthcare Centre Samanapur, located in tribal area. In the tribal areas, public health centres receive an average of 50-70 patients every day with the majority being children. Approximately 85-90% of these children have minor illnesses such as fever, cold, cough, and body pain. On average, 3-4 cases of diarrhoea are reported daily. Additionally, common complaints include vomiting, diarrhoea, body aches, headaches, weakness, and stomach issues. These problems are primarily due to irregular eating habits, inadequate rest, strenuous work in the sun, lack of nutrients and insufficient food. In tribal area region, the practice of '*Jhad-Phuk*' is highly prevalent. Even today, if someone is bitten by a snake or other venomous creature, the first response is to prioritize '*Jhad-Phuk*' before seeking allopathic treatment. For ailments like snakebites, they never go to the hospital for treatment first.

### **ANM-4: Sub-Health Centre (SHC), Chauwaki & Ghughari**

The nurse at the sub-health center mentioned that most women experience a reduction in their weight after childbirth which is main causes for becoming malnutrition and illness. Doctors often advise pregnant women to take specific medications to maintain their health, but these recommendations are not always followed seriously by the tribal women. The ANM also shared that tribal women typically stay at home for 9-10 days after childbirth and then resume their household and economic activities, just as they did before. During and after childbirth, there is not much difference in their dietary habits, which results in weight loss and the appearance of malnutrition. This has an impact on the proper development of the newborns, as they also suffer from inadequate nourishment.

The ANM also provided information about the family planning methods used by tribal women. Some tribal women in these areas continue to use traditional methods alongside modern contraceptive methods. The ANM shared an incident where a hospital team visited a woman's home to encourage her to undergo sterilization for family planning. However, the woman declined, saying that she would use traditional herbal methods for contraception.

Later on she got conceived again and went to the hospital for a checkup and doctor asked about this pregnancy while she had used herbal methods for contraception then she admitted that she had used herbs, but herbs only became effective after she had another child. This highlights how some tribal women rely on traditional methods even when modern contraceptive options are available.

### **Perceptions of Tribal Communities on Public Healthcare Services Providers: Outcomes from the Focus Group Discussions (FGDs)**

For this study, focus group discussions (FGDs) were also conducted within the tribal community with the main objectives of understanding the health status, their attitudes toward treatment, and awareness about healthcare availability. Male participants in the group expressed their concerns about the lack of transportation and poor road infrastructure, which makes it challenging to reach healthcare centers. They mentioned that the rural population is very concerned about their health but is not satisfied with government health services because they find the medicines ineffective. They also mentioned that language barriers in government health centers often lead to misunderstandings about the proper use of medication, resulting in people taking medicines incorrectly. Healthcare providers do not always exhibit appropriate and empathetic behavior. The local itinerant doctors (Local Quack) are the only healthcare providers who assist tribal people in the villages during illness. If it weren't for these local doctors, they would face many health problems. This information provides valuable insights into the challenges and concerns faced by the tribal community in accessing and utilizing healthcare services.

The economic condition of tribal communities is not favorable, and they constantly grapple with financial challenges. Seeking treatment from local itinerant doctors has its advantages, including the fact that even if someone doesn't have money for treatment, these doctors still provide care. In tribal regions, healthcare service providers are insufficient, which is a major reason for their reliance on basic healthcare services. From this group discussion, also expressed dissatisfaction with the quality of medicines available at government health centers. They believe that people are not content with the healthcare services, offered at public health facilities which often leads them to seek treatment from private medical practitioners and hospitals, despite the high cost associated with private healthcare services.

In the FGD, a group of women mentioned some reasons related to healthcare providers and interactions between healthcare workers and tribal



communities. They stated that government healthcare provider often do not conduct proper examinations before treatment and tend to prescribe medicines without thorough check-ups, which leads to dissatisfaction among tribal people. Tribal women also highlighted issues related to privacy at some health centers, such as inappropriate behavior during treatment and discomfort with physical examinations.

Furthermore, they expressed mistrust in government health centers and difficulties in accessing necessary medications. The lack of healthcare centers in their vicinity and the general disbelief in the quality of services provided at government hospitals discourage tribal communities from seeking treatment at public health facilities. Tribal people also said that SHC are functioning proper in their village. It is open once in three or four months or opens occasionally on vaccination days for children or pregnant women only. The healthcare services provider is also inadequate in the tribal area, which is the reason for low-level healthcare services utilization among them.

In all these FGDs, it was found that indigenous people are dissatisfied with government health services, which is why they prefer not to go to government health centers for treatment. On the other hand, private healthcare is very expensive, and indigenous people are unable to afford such costly treatment; therefore, they are compelled to resort to home remedies or religious practices.

### **Challenges facing by Public Healthcare Service Providers in Tribal Areas**

1. According to health workers, several sub-health centers are located far away from the main roads and in dense forest areas, which is one of the reason for facing many challenges. Transportation is a problem in getting to and from these centers, as private vehicles are the only means of travel there. Additionally, the roads are not in good condition, and it is not safe to travel alone. We always have a fear of encountering thieves, thugs, and criminals coming from the jungle.
2. It is often very challenging to explain the use of medicines to tribal people. Even sometimes literate individuals sometimes struggle to communicate their problems effectively and resort to traditional practices for treatment.
3. During illnesses, these individuals often find it difficult to communicate their problems properly to doctors or nurses, which makes it us challenging to give appropriate treatment to them.
4. Due to the dense forests on all sides, people often cannot stay in the villages for long periods because returning can be difficult. Sometimes, our vehicle

breaks down in the middle of the jungle, causing us a lot of inconvenience in returning.

5. Healthcare service providers often do not have access to good schools near their residences for their children. District headquarter is only option for sending them for schooling which is so far away from this place.

### Field Observation

1. Their perception regarding healthcare providers is that they always believe injections are the only effective treatment. This is why tribal communities often demand injections, even when they may not be necessary, and sometimes they file complaints against us in the Community Health Centers (CHC) or other authorities for this.
2. Home remedies and ritual practices are still a way of treatment for various illness and diseases.
3. Tribes always do ritual practices for small pox and chicken pox, they never use allopathic treatment because they have some notions.
4. The local doctors at village level are the first contact person for allopathic treatment and then visit to Public Healthcare Centers because of Distance and transport problem.
5. Tribes are more believe in “*Jhad Fuk*” and Home remedies rather than Allopathic treatment.
6. ASHA workers are very helpful for tribes at village level. ASHA workers provide medicine for TB, HATHI PAV (Filarial), fever, loose motion and vomiting etc. These medicine provided by PHC to ASHA worker for distribute in the village.

### Conclusion

During this study, it was observed that there is a significant lack of transportation for tribal areas to accessing healthcare services. On one hand, tribal communities are deeply rooted in their traditions and customs, which has created a negative attitude towards the public health system. On the other hand, healthcare workers in public health centers are dedicated to their service, but due to certain misconceptions held by some tribal individuals, there is often a negative perception towards public health centers. Additionally, this study also revealed that there are language-related challenges between tribal communities and healthcare workers that need to be addressed. The focus group discussions within the tribal community highlighted several key issues

affecting healthcare access and utilization. These include poor transportation infrastructure, dissatisfaction with government health services due to ineffective medications and communication barriers, reliance on local itinerant doctors, financial challenges, and concerns about the quality of medicines at public health facilities. Additionally, the lack of thorough examinations, privacy issues, and a general mistrust in government health centers contribute to the reluctance of tribal communities to seek treatment there. As a result, they often turn to home remedies and religious practices as alternatives due to the unaffordability of private healthcare services.

These insights underscore the urgent need for improving healthcare services and addressing these pressing concerns in tribal areas. These factors collectively highlight the need for culturally sensitive and community-engaged healthcare interventions in tribal areas.

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### *Notes*

- 1 District-wise area, production and yield of different crops 2015–16 Bhopal: Farmer Welfare and Agriculture Development Department, Government of Madhya Pradesh; [http://mpkrishi.mp.gov.in/hindisite\\_New/AreaProduction\\_DifferentCrop\\_PartII.aspx](http://mpkrishi.mp.gov.in/hindisite_New/AreaProduction_DifferentCrop_PartII.aspx).
- 2 Madhya Pradesh Agriculture Contingency Plan for District Mandla: National Innovations on Climate Resilient Agriculture: ICAR, Madhya Pradesh; 2019. [http://www.nicra-icar.in/nicrarevised/images/statewiseplans/madhya%20pradesh/MP39\\_Mandla\\_07.06.2013.pdf](http://www.nicra-icar.in/nicrarevised/images/statewiseplans/madhya%20pradesh/MP39_Mandla_07.06.2013.pdf)

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