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A Study on Healthcare Expenditure of Tribal People in Pechiparai of Kanyakumari District

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Abstract

Tribes, also known as 'Adivasis' in India, constitute a significant portion of the country's population and represent an integral part of our diverse cultural heritage. They are characterized by their shared ancestry, culture, and preference for closed societal structures. Indigenous tribes are scattered throughout India, contributing to its rich tapestry of traditions and customs. A tribe, in essence, is a social unit within traditional societies, comprising families bound by social, economic, religious, or blood ties, and sharing a common dialect and culture. These groups possess distinct qualities and characteristics that delineate them as unique cultural, social, and political entities. Indian tribes, often referred to as 'Adivasis,' are marked by their traditionalism, conservatism, and socio-economic vulnerability. Many live in conditions of abject poverty, relying on subsistence economies and facing various forms of backwardness. These challenges are compounded by widespread ill-health, which both stems from and perpetuates poverty within tribal communities. The health disparities experienced by tribal populations are exacerbated by inequities within the healthcare system and the pervasive effects of poverty. Poor health not only diminishes individuals' learning abilities and productivity but also undermines their income and savings, ultimately leading to a diminished quality of life and further entrenching the cycle of poverty within these communities.

Keywords: Tribal, Healthcare, Expenditure

1. Introduction

The colonial era in India witnessed significant interference by the British in tribal regions, primarily driven by the exploitation of natural resources abundant in these areas. As part of their imperialist agenda, the British administration facilitated the occupation of tribal lands by moneylenders, zamindars (landlords), and traders who provided loans to tribal communities. This economic entanglement further entrenched the socio-economic disparities within tribal societies, as the indigenous populations found themselves indebted to external parties. Furthermore, the Forest policy implemented by the British government during this period reflected a prioritization of commercial interests over the well-being of the tribal inhabitants. Under this policy, certain forests were designated as reserved areas, where only authorized contractors were permitted to harvest timber. Consequently, forest-dwelling tribes were deliberately isolated within these reserved forests, with limited access to economic opportunities or educational resources. The socio-economic landscape of tribal communities was characterized by a reliance on simple occupations such as hunting, gathering, and agriculture, all of which employed primitive technology. However, the yields from these occupations were often insufficient to sustain the communities, resulting in meager incomes and widespread poverty. This economic vulnerability left many tribal individuals and families indebted to local moneylenders and zamindars, who imposed heavy interest rates on their loans. The cycle of poverty and indebtedness perpetuated by colonial policies compelled many tribal inhabitants to mortgage or sell their land in order to repay their debts. Consequently, the socio-economic conditions of tribal communities deteriorated further, exacerbating their marginalization and vulnerability within Indian society.

Educationally, tribal populations in India exhibit diverse levels of development, yet formal education has had limited impact on overall

educational attainment within these communities. Historically, the government lacked direct programs focused on tribal education. However, subsequent implementation of reservation policies has brought about some changes. Several factors contribute to the low levels of education among tribal people. Firstly, formal education is often not perceived as essential for fulfilling their social obligations. Additionally, deep-rooted superstitions and myths within tribal cultures may act as barriers to embracing formal education. Moreover, pervasive poverty makes it challenging for tribal families to prioritize education, with children often seen as additional labor resources. Formal schooling fails to capture the interest of tribal children, particularly as most schools are ill-equipped to cater to their unique needs and interests. Furthermore, the geographical remoteness of tribal settlements presents logistical challenges, discouraging teachers from working in these areas. These factors collectively contribute to the persistent educational disparities experienced by tribal communities in India.

2. Objectives

The study aimed to comprehensively examine various aspects of the sampled respondents' socio-economic and health-related circumstances. Firstly, it delved into understanding the income and expenditure patterns of the sample population, shedding light on their financial dynamics. Additionally, it sought to uncover details regarding their savings and borrowings, providing insights into their financial behaviors and challenges. Moreover, the study analyzed the prevalent health issues faced by the respondents, aiming to identify key areas of concern within their health status. Furthermore, it aimed to ascertain the healthcare expenditure patterns of the sample group, highlighting the financial burden associated with accessing healthcare services. By addressing these objectives, the study aimed to offer a holistic understanding of the socio-economic and health landscape of the sampled population.

3. Sources of data

For this study, both primary and secondary data were collected. A tailored questionnaire was designed to gather primary data directly from the participants. Additionally, secondary data were sourced from a variety of published materials, including journals, magazines, books, reports, and reputable websites. This comprehensive approach ensured a robust dataset for analysis and interpretation.

Selection of sample

For this study, primary data were gathered from respondents in Pechiparai using a convenient random sampling method. A total of 120 individuals from the tribal population in Pechiparai participated in the study. To collect primary data, a structured questionnaire was meticulously crafted. This approach ensured a representative sample and allowed for the systematic collection of relevant information from the target population.

Tools of analysis

The collected data underwent thorough analysis, and the findings were presented through consolidated figures, including tables, percentages, and diagrams. This approach facilitated a comprehensive examination of the data, allowing for clear visualization and interpretation of the results.

Limitations

This study is a micro-level investigation focused on a specific village, providing detailed insights into the socio-economic and health-related aspects of its inhabitants. The sample size is deliberately limited to one hundred and twenty respondents, ensuring a focused and in-depth analysis of the village's population. Despite its narrow scope, the study's targeted approach allows for a comprehensive examination of the village's unique characteristics and challenges. By narrowing its focus, the study aims to uncover nuanced details about the community's income, expenditure, savings, borrowing habits, health problems, and healthcare expenditure. Through this micro-level analysis, the study aims to contribute valuable insights into the socio-economic and health dynamics of the village, which can inform targeted interventions and policy decisions to address its specific needs.

4. Area Profile

Kanyakumari District, situated in the southernmost part of India within the state of Tamil Nadu, is renowned for its unique geographical location. It is bordered by the Arabian Sea on the west and the Indian Ocean on the south, offering breathtaking coastal vistas. To the east, it is flanked by the districts of Tirunelveli and Thoothukudi. This district stands as a picturesque convergence point of the vast Indian Ocean and the Arabian Sea, making it a significant landmark in the southern landscape of India.

Tribal Communities: Pechiparai and its nearby areas are inhabited by various indigenous tribal communities. These communities have a unique cultural heritage and maintain a close connection with the natural surroundings. The tribal population contributes to the cultural diversity of the region. Pechiparai, with its natural beauty, the presence of the Pechiparai Dam, and its proximity to the Western Ghats, offers a tranquil and scenic environment. The town provides a glimpse into the rural life of the region, along with opportunities for nature-based activities and exploration of the surrounding

wilderness.

5. Analysis of data

Table – 4.1 Demographic Profile

Age	**Number of Respondents**	**Percentage**
Below 30	35	29
30 – 40	46	38
40 – 50	20	17
Above 50	19	16
Total	**120**	**100**
Gender		
Male	72	60
Female	48	40
Total	**120**	**100**
Education		
Illiterate	46	38
Primary	31	26
Secondary	28	23
Graduates	15	13
Total	**120**	**100**
Occupation		
Farmer	38	32
Labourer	39	33
Skilled worker	15	13
Unemployed	28	23

Total	**120**	**100**
Marital Status		
Married	86	72
Unmarried	34	28
Total	**120**	**100**
Type of Family		
Nuclear family	113	94
Joint family	7	6
Total	**120**	**100**

Source: Primary Data

The demographic profile, as presented in Table 4.1, offers insights into various aspects including age distribution, gender representation, educational levels, occupational diversity, marital status, and family structure. Notably, 38 percent of the respondents fall within the 30-40 age bracket, showcasing a significant portion of the sample. Gender representation shows a near-even split, with males comprising 60 percent and females 40 percent of the sample. Educational attainment varies, with 38 percent being illiterate and 13 percent holding graduate degrees. The occupational landscape is diverse, with 32 percent engaged in farming, 33 percent as laborers, and 23 percent unemployed. Marital status data indicates that 72 percent of respondents are married, while 94 percent belong to nuclear families. This comprehensive overview provides valuable insights into the demographic composition of the sample population.

Figure - 4.1 Demographic Profile

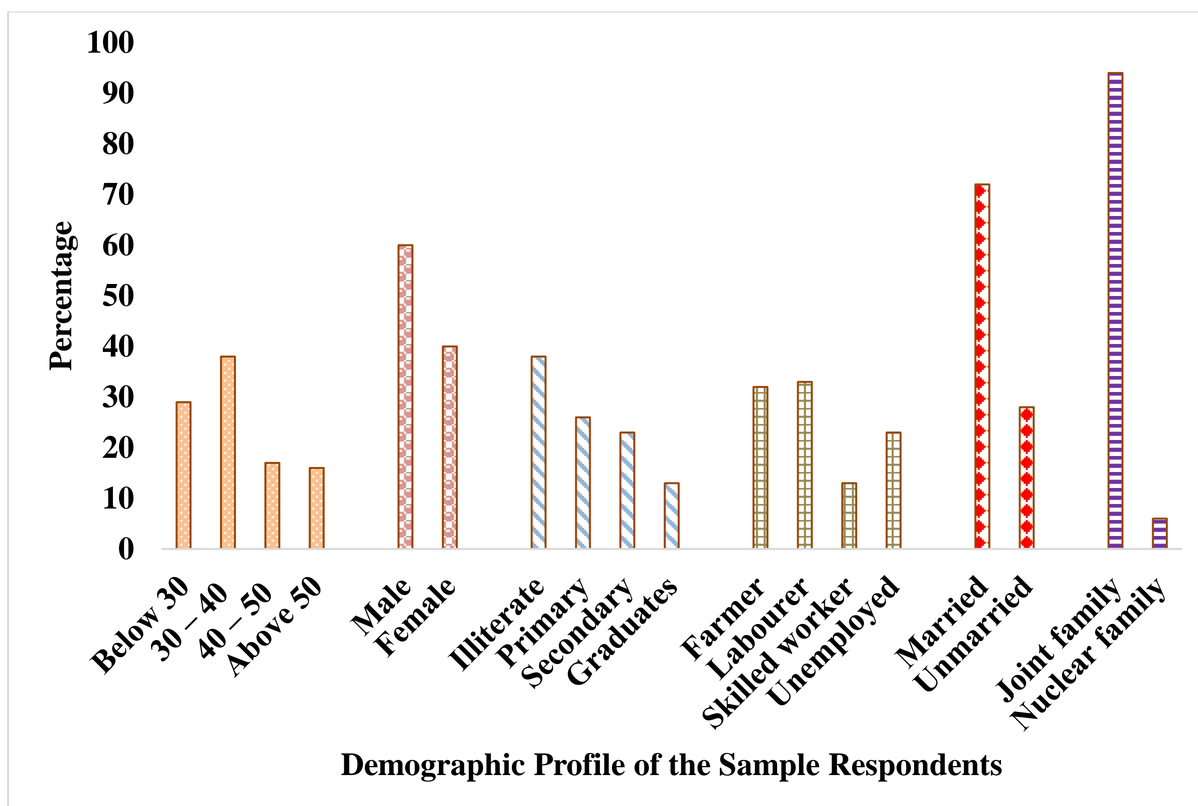


Table – 4. 2 Economic Profile

Monthly income (in Rs)	**Number of Respondents**	**Percentage**
Below 5000	74	62
5000-10000	29	24
Above 10000	17	14
Total	**120**	**100**
Monthly Expenditure (in Rs)		
Below 2500	68	57
2500-5000	31	26
Above 5000	21	18
Total	**120**	**100**
Borrowing		
Yes	99	83
No	21	18
Total	**120**	**100**
Amount of Borrowing (in Rs)		
Below 50000	71	76
50000-100000	16	17
Above 100000	7	7
Total	**94**	**100**
Purpose of Borrowing		
Medical	53	**56**
Education	14	15
Marriage	7	7
Others	20	21
Total	**94**	**100**
Savings		
Yes	46	38
No	74	62
Total	**120**	**100**
Amount of Savings (in Rs)		
Below 1000	23	50
1000-2000	4	9

Above 2000	19	41
Total	**46**	**100**
Sources of Savings		
Chit-Fund	19	41
Post Office	11	24
Others	16	35
Total	**46**	**100**

Source: Primary Data

Table 4.2, deals with the economic profile sample respondents. Monthly income distribution indicates that 62 per cent earn below Rs 5000, while 57 per cent have monthly expenditures below Rs 2500. A significant portion engages in borrowing (83 per cent), with 76 per cent borrowing amounts below 50,000 Rs. education expenses emerge as a prominent purpose for borrowing (56 per cent), and only 38 per cent of respondents having savings. For those with savings, 41 per cent save through Chit-Funds. This economic perspective is vital for comprehending the financial challenges faced by the tribal population and gauging their capacity to afford healthcare services. It highlights the reliance on borrowing, the purposes for which funds are borrowed, and the extent of savings, providing a nuanced understanding of the economic dynamics within the community.

Figure - 4.2 Economic Profile

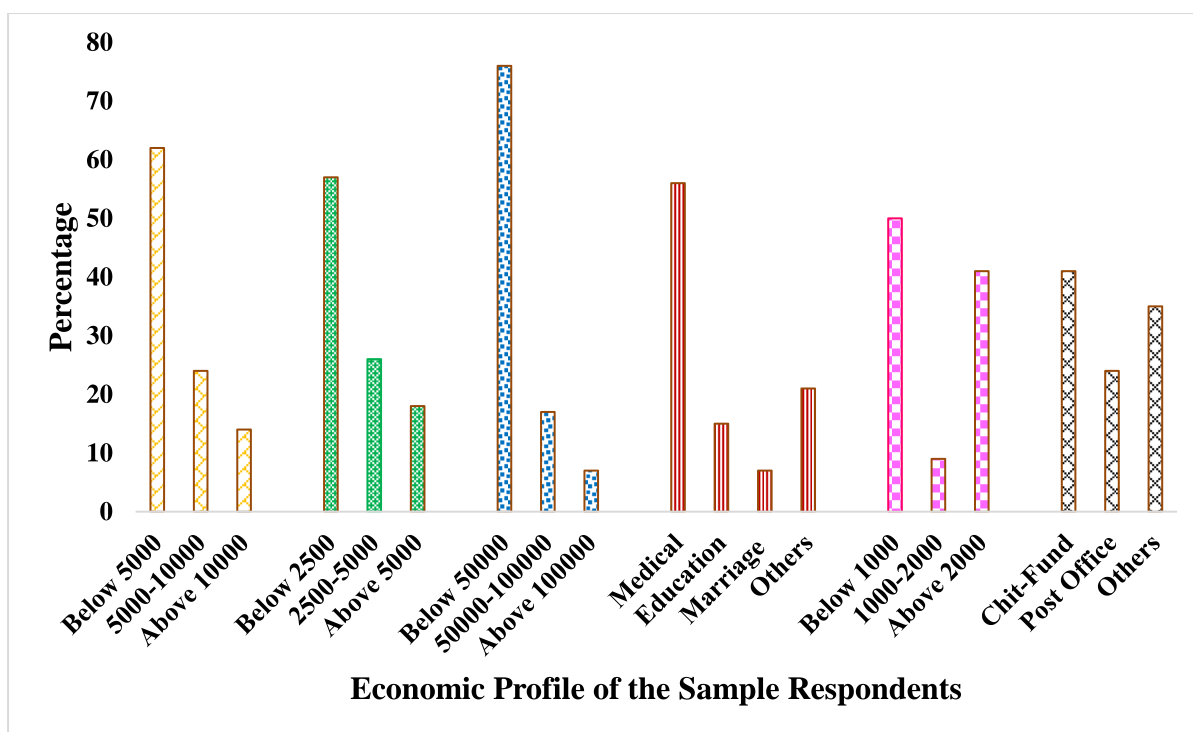


Table – 4. 3 Health Care Pattern

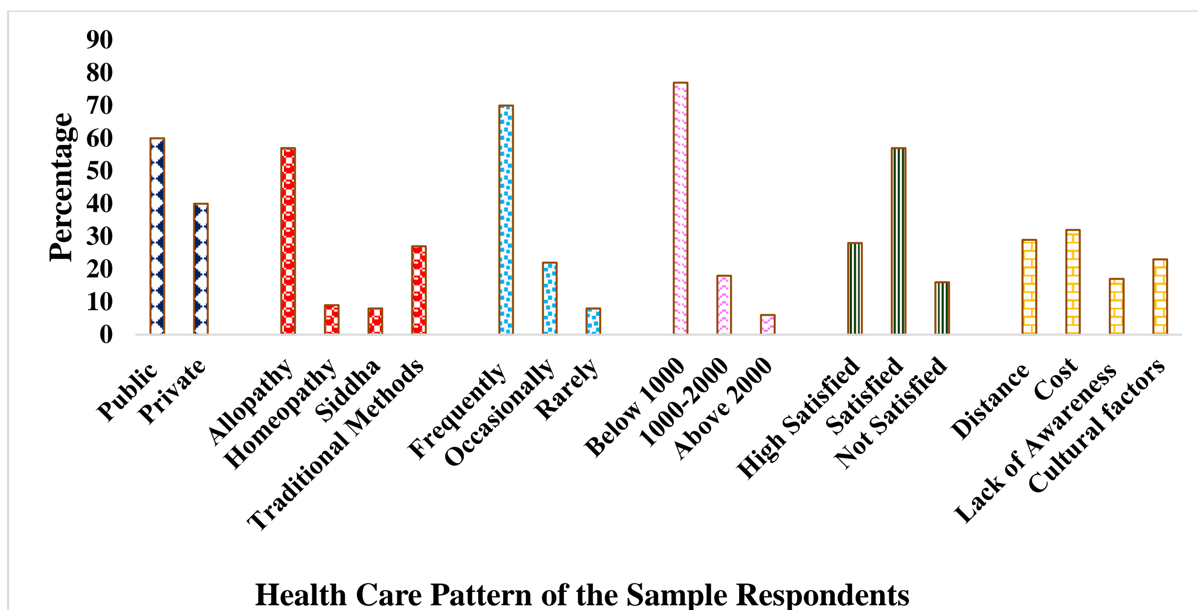
Type of Hospital	**Number of Respondents**	**Percentage**
Public	72	60
Private	48	40
Total	**120**	**100**

System of Medicine		
Allopathy	68	57
Homeopathy	11	9
Siddha	9	8
Traditional Methods	32	27
Total	**120**	**100**
Use of Traditional Healthcare Services		
Frequently	84	70
Occasionally	26	22
Rarely	10	8
Total	**120**	**100**
Health Care Expenditure (in Rs)		
Below 1000	92	77
1000-2000	21	18
Above 2000	7	6
Total	**120**	**100**
Quality of Healthcare Services		
High Satisfied	33	**28**
Satisfied	68	57
Not Satisfied	19	16
Total	**120**	**100**
Barriers of Accessing Healthcare Services		
Distance	35	29
Cost	38	32
Lack of Awareness	20	17
Cultural factors	27	23
Total	**120**	**100**

Source: Primary Data

Table 4.3 explores the health care patterns of the sample respondents, revealing that 60 per cent prefer public hospitals, and allopathy is the predominant system of medicine (57 per cent). Traditional healthcare services are frequently used by 70 per cent of respondents. Health care expenditure is predominantly below Rs 1000 for 77 per cent of the respondents. Satisfaction with healthcare services is notably high (57 per cent satisfied, 28 per cent highly satisfied). Barriers to accessing healthcare include distance (29 per cent), cost (32 per cent), lack of awareness (17 per cent), and cultural factors (23 per cent). Understanding these health-related patterns is essential for designing targeted interventions that address the specific needs and challenges faced by the tribal community in accessing and benefiting from healthcare services.

Figure 4.3 - Health Care Pattern



6. Findings

The data from the study reveal several significant findings about the sampled respondents. Notably, 38 percent of them fall within the 30-40 age bracket, indicating a sizable portion within this demographic range. Gender distribution shows that 56 percent of respondents are female, highlighting a slight majority in female representation. Educational attainment is concerning, with 38 percent of respondents being illiterate, indicating a need for educational interventions. A substantial 33 percent are engaged in labor-intensive work, reflecting the occupational diversity within the sample. Marital status data indicates that 72 percent are married, and an overwhelming 94 percent belong to nuclear families. Financially, 62 percent have incomes below Rs. 5000, while 57 percent have expenditures below Rs. 2500, revealing financial constraints. Additionally, 83 percent are in debt, with 56 percent attributing it to educational expenses, underscoring financial challenges in accessing education. In terms of healthcare, there's a preference for public hospitals among 60 percent of respondents, and 57 percent follow allopathic medicine. Furthermore, traditional healthcare services are utilized frequently by 70 percent. However, financial barriers persist, as 77 percent spend below Rs. 1000 on healthcare, and 32 percent cite cost as the main barrier to accessing healthcare. Despite challenges, 57 percent express satisfaction with healthcare services, indicating the importance of addressing cost barriers to improve healthcare accessibility.

Suggestions

- Implement targeted interventions to enhance accessibility and affordability of public healthcare services.
- Integrate traditional healthcare practices into the healthcare system to align with cultural preferences.
- Strengthen public healthcare infrastructure to meet the diverse healthcare needs of the tribal population.
- Collaborate with local healthcare providers and community leaders to facilitate healthcare education.
- Consider economic support programs to alleviate financial constraints on healthcare expenditures.
- Regularly assess and adapt interventions based on feedback and evolving healthcare needs within the tribal community.

Conclusion

The comprehensive analysis of the demographic, economic, and health care patterns among the sampled tribal population provides valuable

insights for crafting targeted interventions. The preferences for public hospitals, allopathic treatments, and traditional healthcare services underscore the need for culturally sensitive and accessible healthcare delivery. To enhance overall health outcomes, initiatives should focus on improving affordability, raising awareness about mainstream medical practices, integrating traditional healthcare into the system, and addressing barriers such as distance and cost. Collaborative efforts involving community leaders, local healthcare providers, and ongoing assessment of interventions will contribute to a more effective and responsive healthcare approach for the tribal community.

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