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A Study of Primary Health Services in Tribal Areas in Himachal Pradesh

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A B S T R A C T

Tribal areas in Himachal Pradesh face unique challenges in accessing primary health services due to their remote locations and distinct cultural practices. This study aims to understand the availability, accessibility, and quality of primary health services in these regions.The main goal of this research is to evaluate the state of primary health services in tribal areas of Himachal Pradesh and identify the barriers faced by the tribal population in accessing these services.The study was conducted using a mixed-methods approach. Data was collected through surveys and interviews with healthcare providers and residents of tribal areas. Additionally, visits to primary health centers and sub-centers were made to assess infrastructure and service delivery.The findings reveal significant gaps in healthcare infrastructure, a shortage of medical staff, and limited availability of essential medicines. Many tribal residents reported difficulties in accessing health facilities due to long distances and lack of transportation. Cultural factors and lack of awareness also contributed to the underutilization of available services.The study highlights the urgent need for improving healthcare infrastructure, increasing medical staff, and enhancing transportation facilities to ensure better access to primary health services in tribal areas of Himachal Pradesh. Tailored health awareness programs that respect cultural practices can also help in bridging the gap.

INTRODUCTION

Primary health services are crucial for ensuring the well-being of any population, providing essential healthcare that can prevent diseases, manage chronic conditions, and improve overall quality of life. In India, significant efforts have been made to improve health services across various regions, but challenges remain, especially in remote and tribal areas. Himachal Pradesh, known for its rugged terrain and diverse tribal communities, presents a unique set of difficulties for the delivery of primary health services. Tribal areas often suffer from inadequate healthcare infrastructure, a shortage of medical professionals, and logistical challenges that hinder access to health services. These issues are compounded by cultural factors and a lack of awareness about health services, making it even harder for tribal populations to receive necessary care. Himachal Pradesh has a diverse tribal population, especially dominated by the Gaddis, Kinnauras, Pangwala, Swangla and Lahaulis, who live in some of the most isolated regions of the state. The geographical isolation of these areas often means that health facilities are difficult to reach, and the available services are frequently under-resourced. This study aims to examine the current state of primary health services in the tribal areas of Himachal Pradesh, focusing on availability, accessibility, and quality. By identifying the barriers faced by these communities, this research seeks to provide insights that could help policymakers and health practitioners improve healthcare delivery in these regions.

Primary health services are crucial for ensuring the well-being of any population, providing essential healthcare that can prevent diseases, manage chronic conditions, and improve overall quality of life. In India, significant efforts have been made to improve health services across various regions, but challenges remain, especially in remote and tribal areas. Himachal Pradesh, known for its rugged terrain and diverse tribal communities, presents a unique set of difficulties for the delivery of primary health services. Tribal areas often suffer from inadequate healthcare infrastructure, a shortage of medical professionals, and logistical challenges that hinder access to health services (Government of India, 2017). These issues are compounded by cultural factors and a lack of awareness about health services, making it even harder for tribal populations to receive necessary care (WHO, 2019). Himachal Pradesh has a diverse tribal population, including communities like the Gaddis, Kinnauras, and Lahaulis, who live in some of the most isolated regions of the state (Sharma, 2020). The geographical isolation of these areas often means that health facilities are sparse and difficult to reach, and the available services are frequently under-resourced (National Health Mission, 2021). This study aims to examine the current state of primary health services in the tribal areas of Himachal Pradesh, focusing on availability, accessibility, and quality. By identifying the barriers faced by these communities, this research seeks to provide insights that could help policymakers and health practitioners improve healthcare delivery in these regions.

The Tribes

The aboriginal tribes of India are the country's oldest inhabitants. For thousands of years, these tribal communities have been dominated by newer groups; their land was taken away, and they were pushed into remote areas. They often had to work for others without being paid. Today, there are over 40 million tribal people who need special attention from the government, even though they mostly live separately from the rest of the country. If these tribes do not receive or prioritize education, they may face negative consequences.

Definition of Scheduled Tribes

The term “Scheduled Tribe” first appeared in the Constitution of India. Article 366(25) defines "Scheduled Tribes" as tribes or tribal communities, or parts of or groups within these communities, that are recognized under Article 342 as Scheduled Tribes for the purposes of the Constitution.

Article 342 of the Indian Constitution: Scheduled Tribes

The President of India, in consultation with the Governor of a State or Union Territory, can issue a public notification to specify which tribes or tribal communities are considered Scheduled Tribes for that State or Union Territory. Parliament can add or remove tribes from this list, but only through a law, not by any further notification. The first list of Scheduled Tribes for a State or Union Territory is issued by the President after consulting the concerned State governments. This list can only be changed by an Act of Parliament. The criteria for identifying Scheduled Tribes include characteristics like primitive traits, unique culture, geographical isolation, reluctance to interact with the larger community, and social and economic backwardness. Although these criteria are not explicitly stated in the Constitution, they have been well established through various reports and commissions over the years. So far, the President has issued nine orders specifying the Scheduled Tribes in relation to different States and Union Territories. Eight of these are still in effect, either in their original or amended forms. One order, related to Goa, Daman, and Diu, became defunct after the reorganization of these territories in 1987. The list of Scheduled Tribes for Goa was moved to a different part of the Constitution's Schedule, while the list for Daman and Diu was included in another order.

Demographic Status of Tribes in India

Demographically the tribes are scattered in both the rural and urban areas of the country. There is 23.7 percent increase in the tribal population in the country among which 21.3 percent in the rural areas and 49.7 percent in the urban areas of the country.

Table No. 1 Demographic Status of Tribes in India

ST Population & Decadal change by Residence 2011					
ST (2011)			Decadal change 2001-2011		
Total	**Rural**	**Urban**	**Total**	**Rural**	**Urban**
104281034	93819162	10461872	23.7	21.3	49.7
ST Population by Sex & Residence Census 2011					
Male			Female		
52409823	47126341	5283482	51871211	46692821	5178390
Sex Ratio among STs by Residence (2001-2011)					
Sex Ratio 2001			Sex Ratio 2011		
978	981	944	990	991	980
Percentage of Scheduled Tribes to Total Population 2001-2011					
Percentage of STs 2001			Percentage of STs 2011		
8.2	10.3	2.4	8.6	11.3	2.8

Source: compiled from Ministry of Tribal Affairs Government of India.

The data in the table number 1 shows that the total tribal population in the country is 23.7 percent. The sex ration of the tribes is 990. It is not up to the mark but quite good as compare to the country. In the population census of 2011, it was revealed that the sex ratio of India is 940 females per 1000 of males. There are 8.6 percent of schedule to the total population. Most of the tribal population lives in rural and hilly areas.

Tribes in Himachal Pradesh

The tribes in Himachal Pradesh mainly engage in semi-agricultural activities like raising cows, sheep, and goats, and farming small plots of land. Their main occupations are agriculture, animal husbandry, and trade. In this region, tribes like Pangwal, Gaddi, Lahaulas, Swangla, and Kinnaura are the main inhabitants. Pangi, a rural area in Himachal Pradesh, has a simple way of life. The people there follow their own rules, regulations, laws, customs, and traditions. The PangiPraja system is a popular form of governance in this region. Tribal areas in Himachal Pradesh often have limited communication facilities, inadequate infrastructure, unique customs and traditions, cultural and social diversity, low population density, challenging geographical conditions, and insufficient health and educational facilities. These factors make it difficult to implement any government schemes or programs. The districts of Lahaul and Spiti, as well as Kinnaur, are entirely populated by tribal communities. The Pangi and Bharmour subdivisions of Chamba district also have a predominantly tribal population.

Tribal Population in Himachal Pradesh

The population of the tribes are spread in both the scheduled and non-scheduled areas of Himachal Pradesh. All the 12 districts of Himachal Pradesh consists tribal population. Chamba district has highest number of tribal population with 135500 and Hamirpur district has less number of tribal

populations with 3044 among all the districts of Himachal Pradesh. District wise classification of tribal population is in the table below:

Table No. 2 District wise classification of Tribal population in Himachal Pradesh

District	Area (Sq. Km.)	Total Population	Scheduled Tribes	Density per sq, km.	Sex Ratio	Literacy %age
Kinnaur	6401	84298	48746	13	818	80.00
L &S	13835	31528	25707	2	916	76.81
Chamba	6528	518844	135500	80	989	73.19
Kangra	5739	1507223	84564	263	1013	86.49
Kullu	5503	437474	16822	80	950	80.14
Mandi	3950	999518	12787	253	1012	82.81
Hamirpur	1118	454293	3044	407	1096	89.01
Una	1540	521057	8601	338	977	87.23
Bilaspur	1167	382056	10693	327	981	85.67
Solan	1936	576670	25645	300	884	85.02
Sirmour	2825	530164	11263	188	915	79.98
Shimla	5131	813384	8755	159	916	84.55
Himachal Pradesh	**55673**	**6856509**	**392126**	**123**	**974**	**76.60**

Source: Compiled from Directorate of Economics and Statistics and Department of Tribal Development Himachal Pradesh.

Scheduled Areas in Himachal Pradesh

The Kinnaur, Lahaul, Spiti, Pangi and Bharmour are five Integrated Tribal Development Projects (ITDPs) constitutes the scheduled area in Himachal Pradesh, fulfilling the minimum criterion of 50 percent Scheduled Tribe (ST) population concentration in a Community Development Block. The most distinguishing mark of the tribal areas in the state is that they are very vast in area but extremely small in population with the result that per unit cost of infrastructure activity is very exorbitant.

Table No. 3 Integrated Tribal Development Project (ITDP) wise Distribution of Tribes in Himachal Pradesh

ITDP	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
Bharmo	1818	39108	32116	22	945	73.85

ur						
Total	**23655**	**173661**	**123585**	**7**	**877**	**77.10**

Source: Compiled from Directorate of Tribal Development Shimla-2

Health Service in Tribal Areas in Himachal Pradesh

Delivery of adequate health care to the people irrespective of caste and creed is a basic task before the nation. This is pre requisite for the poor to become employable productivity. Past experience suggest that the health delivery system has to become a part of a package programme in which other social services, such as education and women's programme are also brought in under this programme, it has been decided to provide:-

1. One Primary Health Centre for the population of 30,000in plains and 20,000 in tribal and hilly areas.
2. One Health Sub- Centre for a population of 3000 in tribal and hilly areas.
3. One Community Health Centre for population of 100000 or to cover the population of four Primary Health Centres.

Table No. 4 ITDPs Wise Medical Institutions in Himachal Pradesh

ITDPs	General Hospitals	Community Health Centers	Primary Health Centers	ESI Hospitals	Health Sub-Centers	Total
Kinnour	2	4	21	0	33	60
Pangi	1	0	4	0	17	22
Bharmour	0	2	2	0	19	23
Lahaul	1	2	11	0	26	40
Spiti	0	1	5	0	10	16
Total	**3**	**10**	**43**	**0**	**105**	**161**

Source: Compiled from Directorate of Health and Family Welfare SDA Complex Kusumpti-9

The data in the table number 4 depicts that there are 3 general hospitals in tribal areas of the state. Besides these there are 10 Community Health Centres and 105 Health Sub-Centres in the tribal areas of the state. There is not any ESI hospital in the tribal areas of the state. All the tribal areas comprise total 161 number of health institutions.

LITERATURE REVIEW

Singh and Negi (2016) explored gender equality and women empowerment among Kinnauri tribal women in a social work perspective. It highlights the challenges faced by tribal women in terms of property rights and education, along with the efforts made by social activists and women associations to address these issues. Qualitative research methods such as case studies, focus group discussions, observations, and interviews were employed to gather data. A sample size of 40 respondents from District Kinnaur was

selected, with 36 participants for focus group discussions and 4 tribal women for case studies. Field observations, photography, and qualitative measures were used to assess the status of Kinnauri tribal women and their living conditions. The research revealed that Kinnauri tribal women still face challenges in terms of property rights due to old customary laws, but there has been progress with increased education levels among tribal women. Despite improvements, tribal women continue to struggle with difficult living conditions, especially if they are working, as they have to manage household responsibilities along with their jobs. The study emphasizes the importance of education and awareness in empowering tribal women and promoting gender equality. Efforts should be made to implement legal reforms to ensure equal rights for tribal women in terms of property and marriage laws. The Himachal Pradesh High Court's judgment in June 2015, granting equal property rights to daughters, is seen as a significant step towards ending gender discrimination among Kinnauri tribal women. Education is identified as a crucial tool for uplifting tribal women and promoting their empowerment in the community.

Kapil and Kapil (2018) Socio-economic conditions encompass social, cultural, and economic resources, determining individuals' and groups' access to these resources and their relative value. It is crucial to understand the position of individuals or groups within a hierarchical social structure to analyze societal progress or stagnation. The study is descriptive, employing a systematic literature review methodology, collecting data from various secondary sources. Previous studies on socio-economic development in tribal and backward areas were thoroughly reviewed, studied, and analyzed to comprehend the current landscape. Households in rural areas with small land holdings supplemented their income by working as laborers, with the share of agricultural income increasing with the size of holdings. Weaker sections in rural areas faced challenges like a high dependency ratio, low literacy percentage, low income, high consumption expenditure, unemployment, and a high incidence of indebtedness in district Bilaspur. Future research should consider additional factors to enhance the understanding of socio-economic development in tribal and backward communities. Extending the study to other states in India and conducting surveys on specific communities can empirically test the conceptual discussions on socio-economic development. The study systematically analyzed the socio-economic development of backward communities in tribal areas of Himachal Pradesh, shedding light on the existing literature.

Paray (2019) Empowerment for women in India requires a crosscutting approach that addresses the diversity of social structures governing women's lives. Identity politics in India plays a critical role in various social movements, such as the Dalit rights movement and tribal rights movement. The present study is based on secondary source data, including books, journals, newspapers, governmental reports, census reports, and websites. Only 46.7% of the female population in the study are employed, with 80% working as agricultural laborers and 11% being self-employed. Women's income significantly impacts their decision-making role and autonomy within households. Empowerment approaches for women should not only focus on

providing services but also recognize the multiple layers of discrimination hindering their access to services. Economic self-independence through employment can empower women to make decisions and gain respect in society. Empowerment strategies for women in India must consider the complex social structures and discrimination they face, emphasizing the need for a comprehensive approach. Women's rights within social movements need more articulation to address inequalities and ensure inclusion in mainstream society.

Latha and Roja (2023) the authors focused on socio-economic and the health status of tribal women in paderu mandal of Vishakhapatnam district in Andhra Pradesh and found that there is a need for targeted interventions to improve the health outcomes of vulnerable populations. Tribal women in Paderu Mandal of Visakhapatnam District, Andhra Pradesh, face unique challenges due to their lower socioeconomic status and traditional values. The study aims to analyze the economic status, living conditions, and health status of tribal women to develop policies for rural improvement. A structured and pre-tested schedule was used to collect primary data from 193 women aged 19 to 49 in the Paderu ITDA division through random sampling. Structured interviews were conducted to gather data on the economic status, living conditions, and health status of the respondents. Education significantly impacts health outcomes, with literate respondents showing better personal health, reproductive health, and standard of living indices

Occupation plays a crucial role in determining health status, with cultivators having higher health index scores. Lower-income individuals are more health-deprived, emphasizing the need to improve access to resources and increase income levels. Targeted interventions should focus on improving health outcomes for vulnerable populations with lower incomes, including access to clean energy sources and health education campaigns. Policies aimed at enhancing the economic conditions of marginalized groups could have significant implications for public health. Improving access to resources and increasing income levels can positively impact health outcomes, particularly for individuals in lower socioeconomic groups like farmers and agricultural workers. Access to clean energy sources can reduce indoor air pollution, leading to improved overall health and well-being for communities.

Sahu et al. (2024) focuses on the financial empowerment of tribal women in India, highlighting the challenges they face in achieving economic independence and inclusive development. The study aims to explore the complex relationship between economic justice programs and sustainable approaches to achieve inclusive growth. The research employs a qualitative approach to investigate the economic landscape for indigenous women, considering societal, economic, and cultural factors that influence their financial well-being. Data collection involves in-depth interviews, focus group discussions, and analysis of existing literature to understand the barriers and opportunities for tribal women in India. Findings reveal the multifaceted challenges faced by tribal women in accessing financial resources and participating in economic activities. The study underscores the importance of

addressing identified barriers to enable tribal women to actively shape their financial destinies and contribute to community prosperity. Collective efforts from governmental, nongovernmental, and community stakeholders are essential to pave the way for economic equality and resilience for tribal communities. Aligning social interventions and economic policies can empower tribal women not only economically but also socially, psychologically, and politically. The financial empowerment of tribal women is crucial for inclusive development, requiring sustained efforts and a holistic approach to overcome existing challenges and promote economic justice initiatives.

Despite ongoing efforts to promote gender equality, there is a significant research gap in understanding the specific challenges faced by women in the tribal communities of Himachal Pradesh. Much of the existing literature focuses broadly on gender issues in India but does not adequately address the unique cultural and social contexts of these tribal areas. Traditional norms and practices in these communities play a crucial role in shaping gender roles, yet there is limited research exploring how these norms specifically impact women's access to education, healthcare, and economic opportunities. Another gap is the lack of detailed studies on the effectiveness of current initiatives and programs aimed at empowering women in these tribal areas. While some programs exist, there is insufficient data on how well they are working and what improvements can be made. For example, there is little comprehensive information on how educational initiatives are impacting girls' school enrollment and retention rates, or how healthcare services are addressing women's specific health needs. Moreover, the voices and experiences of women in these communities are often underrepresented in research. There is a need for more qualitative studies that capture women's personal experiences, challenges, and perspectives on gender roles and justice. Such insights are crucial for understanding the real-life implications of traditional practices and for developing culturally sensitive solutions. In summary, the research gap lies in the lack of focused studies on the unique gender dynamics in tribal communities of Himachal Pradesh, the effectiveness of existing empowerment programs, and they lived experiences of women in these areas. Addressing this gap is essential for designing effective policies and interventions that truly meet the needs of women in these communities and promote genuine gender equality.

METHODOLOGY

This study used a mixed-methods approach to gather both quantitative and qualitative data. This approach allowed for a comprehensive understanding of the primary health services in tribal areas of Himachal Pradesh. The research was conducted in Pangi tribal region of Himachal Pradesh, includes Pangwala tribe. This area was selected due to its geographical isolation and distinct cultural characteristics. Structured questionnaires were used to collect data from respondents. A total of 400 households were surveyed to ensure a representative sample of the population. In-depth interviews were conducted with healthcare providers, including doctors, nurses, and health

workers, to understand the challenges they face in delivering services. Interviews were also conducted with community leaders and residents to gain insights into their experiences and perceptions of the health services. Observations during these visits helped in understanding the real-time functioning and limitations of the health services. Quantitative data from the surveys were analyzed using simple percentage method to identify patterns and trends. Qualitative data from interviews and observations were analyzed using thematic analysis to identify common themes and issues. Informed consent was obtained from all participants before conducting surveys and interviews. Participants were assured of confidentiality and anonymity to encourage honest and open responses.

RESEARCH RESULTS AND DISUSSIONS

Table No. 5 Timely Opening of the Health Institution

Opinion	No. of Beneficiary	Percentage
Yes	321	80.25
No	79	19.75
Total	**100**	**100.00**

Source: Primary Prove

The data in the table 5 shows that 80.25 percent respondents responded that the health institutions in their areas open timely in the morning. Only 19.75 percent of the respondents responded that the health institutions in their do not open timely in the morning.

Table No. 6 Doctors Come Timely 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 6 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 do not come in the OPDs timely. Majority of the respondents havenegative perception towards the punctuality of the doctors.

Table No. 7 Honesty of Doctors' in Performance of their Duty

Opinion	No. of Respondents	Percentage
Yes	102	25.50
No	298	74.50
Total	**400**	**100.00**

Source: Primary Prove

In the table 7 it is clear that 25.50 percent respondents having opinion that the doctors perform their duties honestly in the OPDs and 74.50 percent respond that the doctors do not perform their duties honestly in the OPDs. Majority of the beneficiaries having negative response regarding the honestly performance of the duty in the OPDs

Table No. 8 Absenteeism of the Doctors'

Opinion	No. of Respondents	Percentage
Always	34	8.50
Sometimes	318	79.50
Never	48	12.00
Total	**400**	**100.00**

Source: Primary Prove

The data in the table 8 reveals that 8.50 percent of the respondents respond that the doctors remains always absent from the OPDs while 79.50 percent respond that doctors remain sometimes absent from the OPDs and only 12.00 percent of the total respondents respond that doctors never remains absent from OPDs. Majority of the respondents responded that doctors sometimes remain absent from the OPDs.

Table No. 9 Use of modern tools and Techniques of Diagnosis

Opinion	No. of Respondents	Percentage
Always	34	8.50
Sometimes	37	9.25
Never	329	82.25
Total	**400**	**100.00**

Source: Primary Prove

The data in the table 9 shows that 8.50 percent respondents responded that the health institutions use modern tools and techniques for diagnosis while 9.25 percent responded that the institutions sometimes use modern tools and techniques and 82.25 percent respondents responded that the health institutions never use modern tools and techniques of diagnosis.

Table No. 10 Adequacy of staff at Primary Level

Opinion	No. of Respondents	Percentage
Yes	117	29.25
No	283	70.75
Total	**400**	**100.00**

Source: Primary Prove

In the table 10 the data shows that 29.25 percent of the respondents responded that the staffs in health sector at primary level is adequate while 70.75 percent responded that the staffs in health sector at primary level is not adequate.

Table No. 11Awareness about the Health Problems and life Threatening Diseases

Opinion	No. of Respondents	Percentage
Completely aware	126	31.50
Aware for some extent	206	51.50
Not aware	68	17.00
Total	**400**	**100.00**

Source: Primary Prove

The table 11 shows that 31.50 percent respondents were completely aware about the health problems and life threatening diseases, 51.50 percent were aware for some extent and 17 percent of the respondents were not aware about health problems and life threatening diseases. The data reveals that more than 68 percent of the respondents were not completely aware about the health problems and life threatening diseases. This is because of illiteracy among the people of the locality and the ignorance of the health department.

Table No. 12 Organising the Seminars and other activity to aware about Health Problems

Opinion	No. of Respondents	Percentage
Always	0	0.00
Sometimes	0	0.00
Never	400	100.00
Total	**400**	**100.00**

Source: Primary Prove

The data in the table 12 reveals that the health administration never organises the seminar and other activities to aware the public about health care problems.

Sometimes the health institutions do not open timely in the morning. Staff do not come in the OPDs timely. Majority of the respondents have negative perception towards the punctuality of the doctors. It is evident that 74.50 percent respond that the doctors do not perform their duties honestly in the OPDs. Majority of the beneficiaries having negative response regarding the honestly performance of the duty in the OPDs. There is a lack of modern tools and techniques of diagnosis in the study area. Staff in health sector at primary level is not adequate. There was lack of awareness among the people about health problems and life threatening diseases. It is evident from the field survey that health administration never organises the seminar and other activities to aware the public about health care problems.

CONCLUSIONS AND RECOMMENDATIONS

This study sheds light on the significant challenges faced by tribal communities in Himachal Pradesh in accessing primary health services. The findings reveal that the availability, accessibility, and quality of healthcare in these remote areas are far from adequate. Many health centers lack proper infrastructure, essential medicines, and trained medical staff, making it difficult for residents to receive timely and effective care. Additionally, long distances, poor transportation, and cultural barriers further hinder access to healthcare. To address these issues, the study suggests several key improvements, including increasing the number of health centers, upgrading existing facilities, ensuring the availability of medicines and equipment, hiring more medical staff, improving transportation options, and implementing culturally sensitive health programs. By making these changes, healthcare services in tribal areas can be significantly improved, leading to better health outcomes and a higher quality of life for the tribal populations in Himachal Pradesh. The insights gained from this research can help policymakers and healthcare providers develop targeted strategies to enhance the delivery of primary health services in tribal regions, promoting health equity and social justice for these underserved communities.

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