

Health Status of Tribals of Rajasthan

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ABSTRACT The study deals with human settlements and amenities available among six tribal groups of Rajasthan in relation to its population structure and health status. Cultural processes play explicit part in sickness and health. The four main areas of human settlements: dwelling units, essential services, community's facilities and public utilities, and some major groups of factors affecting the health status of the community like Medical systems; Health services; Health and development; and Development and health have been identified. Other factors affecting the health of the tribals are historical, socio-cultural, economic and developmental. Traditional medical knowledge is coded in to household cooking practices, home remedies; ill health prevention and health maintenance beliefs and routines. The tribal response to health problems reveal a multiple and simultaneous usage of home remedies and multiple therapy. The various practitioners whose services are sought are spiritist (*Bhopa, Devala*) traditional herbalists (*Jaankar/Jaangar*) and public health practitioners. In view of lack of communication facilities and distance of health institutions from the villages, medical aid is not availed by tribals except in serious cases. Despite opening up of Public Health Centres and massive propaganda, traditional ideas of disease and health prevail. The indigenous medical system has sustained in society's social cultural complexes through deeply rooted processes. The study at hand corroborates the theory that social development level and availability of various facilities leads to lower mortality rates. This study is one of many that show that traditional medical practices as well as biomedicine co-exist. The state health programmes are well intended but lack anthropological consultation. The level of knowledge about causes of illness and its treatment is of low order among tribals. The network of public health services that is in reality obtainable to tribals is decidedly lacking in terms of infrastructure and personnel. The fact that even the poor tribals use private health facilities in preference to Primary Health Centre is an indication of the failure of the public health delivery system. However, until health awareness at the household and community level improves, success in upgrading health services, though necessary will be of little service. Cultural and social factors erect the barriers to the utilisation of health care. Health and education should be paired and developed side by side. While designing a health strategy for these tribals economic and social issues need to be tackled. In addition, distinction between supply of and access to health care should abide by. Access implies locational, economic and social access; access also implies access to quality health care as opposed to the mere physical presence of a health care facility. Among tribals of Rajasthan even locational access, let alone economic and social access, is beyond the majority of the population as is evidenced by the data on the distribution of health care facilities. The most important need among tribals is to bring about changes in the social attitude to biomedicine and health care. Given the social environment of the tribal areas, this could be achieved by social intervention to overcome social or psychological resistance. In these areas caste rigidities and social stratification are still rampant and social access is still a critical factor in access to health.