Research Paper

Health status of schedule tribe: evidence-based study

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Abstract
Schedule Tribe (ST) is most marginalized community in India who have always been neglected by both government as well as society. Their representation in education, employment, politics and beneficiary is abysmally low. In this paper, the health status of ST group is focused and analysis is done on the basis of National Sample Survey (NSS) 75th round data (2017-18) on 'Health expenditure'. The analysis reveals that the health status of ST group is poorer than SC, OBC and others. They have low access to health facilities. Proportion of people who don't avail healthcare services at all are from ST group. Even, the condition of ST women is more distressful. Further, there is a direct linkage is observed between education attainment and health status. The analysis also reveals that government's supports are not adequate. The existing schemes and policies are not in place with high spirit.

I.   Introduction
According to Census 2011, the total population in Schedule tribe (ST) is 10.45 crore which is around 8.6% of India's total population. Madhya Pradesh and Maharashtra accounts for 14.7% and 10.1% of total ST population respectively. Further, around 10% of ST population resides in urban area while 90% in rural area. In compare to Census 2001, there is 23.7% growth in ST population although, there is abysmal growth in their living determinants like health, education, job, access to public services, income and wealth. Several government schemes exist to support the ST community in leading a good life but all such efforts are not adequate. Even, where few developments are observable, they are not fulfilling their objectives for which they are meant to do so. Here in this paper, we have focused on the health status of ST community and tried to find out where they stand in compare to other castes and classes and what are their major obstacle in accessing the healthcare facilities. It is also tried here to establish the level of education and health status. The existing government's schemes and allocated budget (2020-21) are also analyzed. To proceed with the analysis, we have taken the 'National Sample Survey (NSS)' data on health expenditure 75th round (2017-18). Apart from it, the Union Budget on welfare of Schedule tribe is also studied in depth. The analysis is represented through tables and graphs and subsequently, they are critically discussed.

II.   Result and Discussion

Graph 1 shows the proportion of people from different social groups inflicted by Communicable disease and Chronic disease.

Graph 1: Proportion of Communicable and Chronic Disease
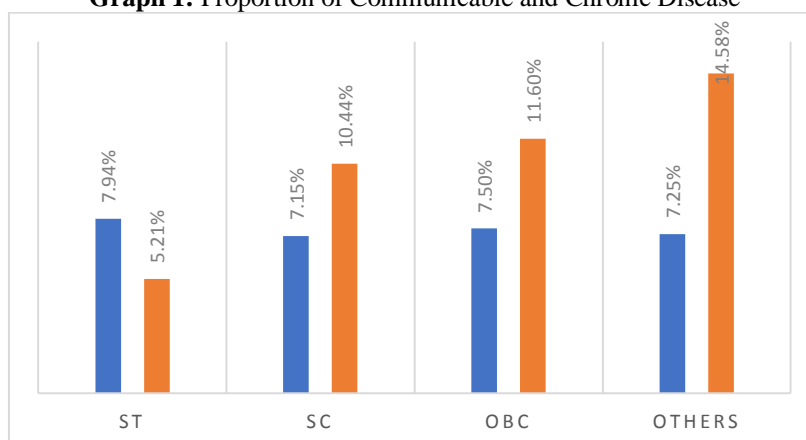
The proportions of ST people suffered with Communicable and Chronic disease are 7.94% and 5.12% respectively. The proportion of ST people suffered with Communicable disease is higher than SCs, OBCs. It shows the diseases like Malaria, Jaundice, Diarrhea, Dengue, Chikungunya, Measles etc are more inflicted to ST group than others. Proportion of Chronic disease is lowest in STs that shows diseases like cancer, heart stroke, arthritis, heart stroke etc are not major concerns for them.

Table 1 shows the different ailments used by the different social groups

Table 1: Proportion of ailments used by social groups

	Allopathy	Ayurveda / Unani	Homeopathy	Yoga & Naturopathy	Others
ST	97.8%	1.0%	0.4%	0.0%	0.8%
SC	99.5%	0.4%	0.1%	0.0%	0.0%
OBC	99.5%	0.4%	0.1%	0.0%	0.0%
Others	99.4%	0.3%	0.1%	0.0%	0.1%

ST community is highest user of Allopathy medicine, although marginally high users across the groups. Ayurvedic / Unani medicine and Homeopathy are also significantly highly used by STs than others. Thus, Allopathy is proved to be most widely used ailment across all social groups and ST group is marginally ahead of others in using it.

Table 2 shows the types of hospital used for treatment by the different social groups.

Table 2: Treatment at different kind of hospitals

	Govt. run hospital	NGO/ Trust run hospital	Private hospital
ST	76.8%	2.0%	21.2%
SC	61.3%	2.0%	36.7%
OBC	47.2%	2.4%	50.4%
Others	43.3%	2.3%	54.4%

Government run hospital for treatment is used by 76.8% of ST people followed by private hospital (21.2%) and NGO / Trust based hospital (2.0%). Thus, use of Govt. run hospital is highest in the case of ST group. The use of government hospital gets lower and use of private hospital gets higher as we move upward in social groups from SC to others.

Graph 2 shows the major reasons of not selecting the government hospitals for treatment

Graph 2: Major reasons of not selecting the government hospitals
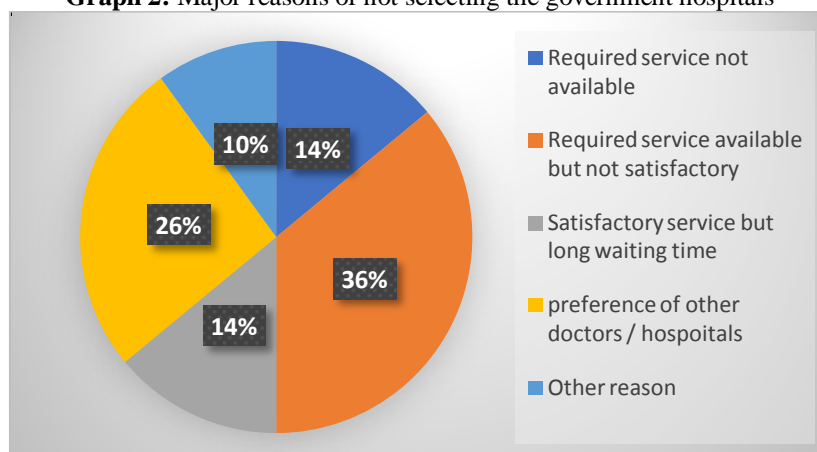
The highest, 36% of the respondents argue that government run hospitals have required available services but not satisfactory while 14% respondents say that even required services are not available in government run hospitals and another 14% don't want to go there because of long waiting time to check up. 26% respondents have other preferred doctors/hospitals and rest of the 10% have other reasons. So, on collectively, 64% respondents clearly explore the inefficiency of government run hospitals in treatment.

Table 3 shows the proportion of people covered through different kind of health expenditure supports under different social groups.

Table 3: Health expenditure support

	Govt. sponsored	Employer's sponsored	Health insurance	Not covered
ST	22.7%	4.3%	.6%	69.6%
SC	13.9%	1.8%	.6%	81.8%
OBC	15.7%	1.7%	1.2%	79.6%
Others	8.2%	3.8%	4.6%	79.8%

Around 22.7% of ST group's people are covered by government sponsored health expenditure support which is highest among all groups followed by OBC (15.7%) and SC (13.9%). Employer's sponsored health support is also highest at 4.3% to ST group while other groups have highest proportion of health insurance at 4.6%. The highest proportion of people not covered by any health expenditure support belongs to SC group (81.8%) while ST has least number of the cases of not covered.

'Medical expenditure' and 'Loss of income due to illness' are other two variables that need to be analyzed group wise. However, these two variables are not highly affected by the social groups because there are several factors that may significantly affect expenditure and losses irrespective of social groups and hence, data distribution can't yield any meaningful result. For example, a person from SC & ST group may do large expenses because of severe illness and loss of income to OBC or general group people may higher than people of SC & ST. So, these two variables are mainly attributed to severity of illness and illness doesn't differentiate among castes and classes. Hence, ANOVA test is used here to check whether the mean medical expenses and mean loss of income due to illness differ across the social groups.

Table 4 shows the result to ANOVA for both the variables.

Table 4: ANOVA output

	Total medical expenditure			Total loss of income		
	N	Mean	Std. Deviation	N	Mean	Std. Deviation
ST	11012	10950.02	46068.083	8630	1722.98	3769.934
SC	16094	14789.51	35259.465	13900	1890.45	4016.927

OBC	37870	19132.33	52944.172	31423	2093.36	4734.238
Others	28794	27292.37	63426.932	22641	2438.63	7049.379
	F = 341.358, P = 0.00			**F = 51.769, P = 0.000**		

In the case of 'Mean total medical expenditure', there is no significant difference across the different social groups as the p-value of F-statistic is 0.00 < 0.05. The similar result also comes with the variable – 'Mean total loss of income'. Hence, it is concluded that medical expenditure and loss of income due to illness are same across the SC, ST, OBC and others.

In the case of out-patient respondents, i.e., who got ill but not hospitalized, the story is more miserable for ST group. Graph 3 shows the proportion of people from different groups who didn't get the healthcare services at all.

Graph 3: Didn't get healthcare services
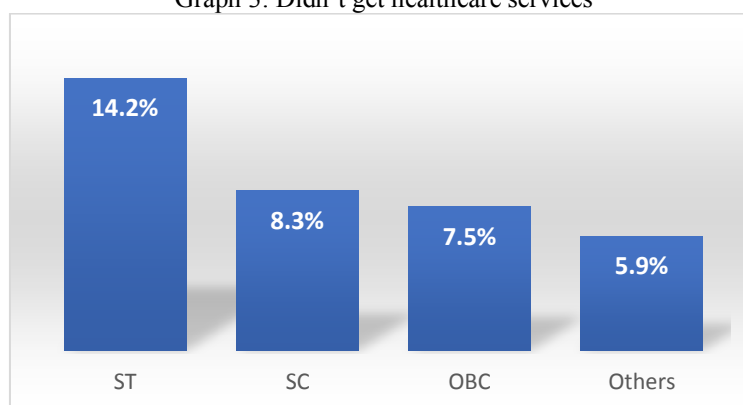
Around 14.2% people from ST group don't access healthcare services when they get ill, higher than SC (8.3%), OBC (7.5%) and others (5.9%). Families or religious belief is the major reason for not accessing the healthcare services that is confirmed by 59% of ST people. The other reason is non-availability of medical facility nearby that is confirmed by 8.3% of ST people.

The non-access to healthcare services across the gender in ST group show another miserable result. Graph 4 shows the non-access to healthcare services across the gender in ST group.

Graph 4: Gender wise non-access to healthcare access in ST group
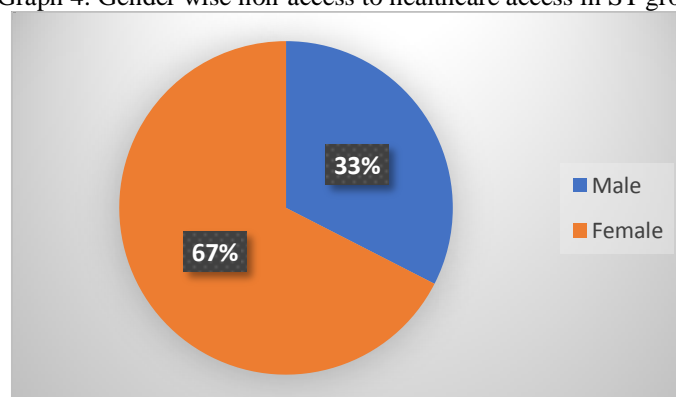
From the ST group, those who don't have access to healthcare services, the female proportion is staggering high at 67% while male has proportion of only 33%. Therefore, the female ST person has more poor condition than male counterpart.

Education is assumed to be the foundation of individual's development and growth. A more educated society better utilizes the resources with equitable access to profit across all caste and class. Hence, education status across the different social groups and their access to healthcare services need to be analyzed here. Table 5 shows the mean education level of different social groups.

Table 5: Mean education status of social groups

	Not literate	Primary	Secondary	Graduate	Post Graduate
ST	25.6%	26.68%	39.51%	5.1%	.8%
SC	30.7%	24.33%	37.45%	4.2%	1.2%
OBC	25.3%	23.01%	39.34%	7.7%	1.9%
Others	18.1%	19.11%	41.02%	13.7%	4.8%

Around 25.6% of ST people are not literate, significantly better than SCs (30.7%) but marginally poorer than OBCs (25.3%). For primary and secondary education, the condition of ST is better than both SCs and OBCs, although poorer in case of Post graduate. Others group are far better than others in all level of education.

Graph 5 shows the education level wise proportion of ST people who have no access to healthcare services.

Graph 5: Education level wise non-access to healthcare access in ST group
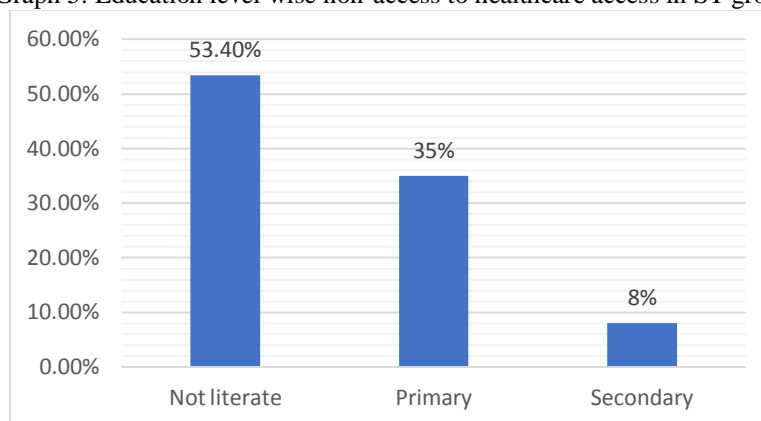
Among the people from ST group who have no access to healthcare services, 53.40% are not literate while 35% are primary educated and 8% are secondary educated. Further higher studied people have almost zero such case of non-access to healthcare services. The result shows no or poor education status leads to deprivation of access to healthcare services and hence, education plays a primary role in not only for our self-development but also equal distribution of social benefits and supports across every section.

Analysis of Union Budget 2020-21 on health and education for Schedule tribes
For Central schemes and centrally sponsored schemes (CS & CSS), the provision for ST women is made to only 0.34% out of total allocated fund which is too low in the case when the gender gap in utilizing the public services is wider among ST groups. Even, the proportion of allocation to ST schemes out of total outlay of CS & CSS is 5.99%, a 1.63% higher than budget allocation of 2016-17. The allocation is highly disproportionate against 10.4% of ST population according to 2011 census.
Government has allocated the fund under 'Health and Family welfare' head to SC and ST group as below –

All figures are in Rs. Crores	SC	ST
Modernization of Health Centres in Sc/ST areas	500	270
Paramedical and nursing colleges for SC/ST girls	400	260
Financial Medical Assistance for SC/ST families	400	200
Super speciality hospitals for disease in SC/ST areas	1000	200
Health contingency fund for SC/ST community	800	100

Source: mohfw.gov.in

The fund allocation to ST is still very low in compare to SC community and thus, needs to increase proportionally.
Post matric scholarship is allocated to only Rs. 2,987 crores, significantly lower than allocated fund of Rs. 5,928 crores in 2019-20 budget. Thus, there is a massive cut down of budget on education of ST community. Further, only 58% of the fund is utilized till date. For higher education, only Rs.1,900 crores have been allocated that is also too low. Small fund allocation and then, poor utilization of allocated fund are double edge sword that inhibits the higher education among ST group.

Utilization of fund is major concern for the government. It has been observed that due to negligence, unclear roadmap of expenses heads and bureaucratic hurdles, allocated fund is not utilized fully. Graph 6 shows the fund allocated and utilized over past few years.

Graph 6: Fund allocated and utilized
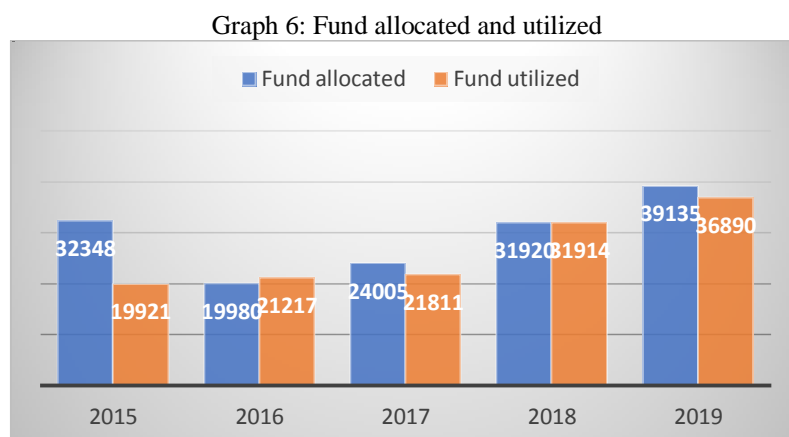
Source: Govt of India - Expenditure Profile of 2015-16, 2016-17, 2017-18, 2018-19,2019-20, Ministry of finance.

III.   Conclusion

The ST community is most deprived community in India followed by SC. A significant proportion of ST population needs adequate and equitable sharing of welfare support specially in health and education. The analysis on NSS 75th round survey data on Health expenditure reveals that health condition of ST group is poorer than rest all the social groups. One positive thing come to light that ST group has highest proportion in Govt. sponsored health expenditure support and of course, it is a great relieve for them. However, such expenditure support will only be fruitful if it is easily accessed and the good health facilities are available nearby tribal area. Being health is a state subject, it is the moral as well as legal duty of the State government to uplift the health and education status of ST community to bring them in mainstream. Ministry of Tribal Affairs through its schemes 'Special Central Assistance to Tribal Sub-Scheme (SCA to TSS)', Grant-in-Aid to voluntary Organizations and Grants under Article 275(1) of the Constitution provides funds to the State Governments as an additive based on their proposal after approval of Project Appraisal Committee in the Ministry. So, State government should avail this opportunity in full spirit. Program implementation of welfare projects, cutting bureaucratic hurdles and full utilization of fund can alone bring a significant change in the life of ST community. Central government also needs to increase the budget allocated to them. At last, we the people of India have also moral responsibility to embark all sections of society on the voyage of development and growth, then only the true nation's development can be asserted.

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