

## Perspectives on Health, Health Needs and Health Care Services among Select Nomad Tribal Populations of Rajasthan, India

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### Abstract

*Objective: To study the opinion of select nomad tribal communities of Rajasthan State in India on health, health needs, and health care services. Methods: A cross-sectional study involving 1113 nomadic populations in select districts of Jhunjhunu, Sikar and Churu were undertaken. A perception on regarding various health issues among the study populations were obtained through semi-structured questionnaires. Results: The major insight of nomad tribal populations on health, health need and health care services are lack of infrastructures, inaccessibility to health institutions, ill-treated by government hospitals staff, acceptability and affordability are some of the main problems contributing to their poor health status. Conclusion: The Nomad tribal environment and sense of community with its associated strong social networks are identified as key determinants for common perception in all communities. However, the inaccessibility to health care and reluctance to seek help for health issues remain a significant problem in nomad tribal areas. In considering priorities for health, greater effort and resources are required to increase their awareness and change attitudes towards health issues.*

**Key words:** Nomads, Community, Environment, Lifestyle, Social Support

### Introduction

These people are akin to gypsies who travel in large groups, often on a cyclical, seasonal basis, and move around providing their particular services for people in settled communities. Most of them are Gadoliya Lohars, blacksmiths known for their decorated carts. They repair and work with iron and other metals, and make everything from a shovel to a pair of scissors. Banjaras, was nomadic caravan runners who traveled with balaads or oxen-laden caravans. A lakhi or one hundred thousand bullocks leading a caravan has also found its mention among their caravans. However, as these caravans are of no use today, they now live a semi-nomadic life and drifted to other means of livelihood. Rabaris travel in the desert in search of pastures for their flocks of sheep and camels while there are Nayaks who are entertainers, Kanjars, Sansis, Nats and the well-known Kalbeliyas, a group of snake charmers who have gained immense popularity for their unique dance forms has also been shifted to other mode of livelihoods (URL). As per the 2001 census, the nomadic population in Rajasthan is 12.56 per cent of the total population. The nomad tribes in Rajasthan are not evenly distributed (URL). The Shekhawati regions of Rajasthan i.e. Jhujhunu, Sikar and Churu have fairly good number of nomad populations.

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Poverty, illiteracy, ignorance, unawareness resulting in malnutrition, lack of nearby government hospitals, poor sanitary conditions and scarcity of safe drinking water and electricity have contributed to the poor health status of these people all over the state. The available information of opinion of nomad population on health issues is viley inadequate, though studies have reported that these populations have been suffered from various health, health need and health care services by Paswan (1994), Bang, R. and Bang A. (1994), Mavli, B. L. (1980). Keeping in mind the above facts the aim of the present study is to focus on the awareness and perceptions of the nomad population on health related issues in select three districts of Rajasthan.

**Methods**

A total of eleven hundred and thirteen nomad tribals including males and females residing in various locations of three select districts of Jhunjhunu, Sikar and Churu are included in the study. Information regarding various diseases, their perceptions on health facilities, their affordability and accessibility are obtained through semi-structured questionnaires. The study was approved by the institutional human ethics committee at Birla Institute of Technology and Science (BITS), Pilani and performed according to the Declaration of Helsinki. All members included in the study received detailed explanation of the study in their regional language before giving informed consent

**Results**

It shows the frequency distribution of various castes among nomad tribal population residing in different locations of select three districts of Rajasthan (Fig.1)

Fig 1: Distribution of different caste among Nomad Tribal Populations in Shekhwati region of Rajasthan

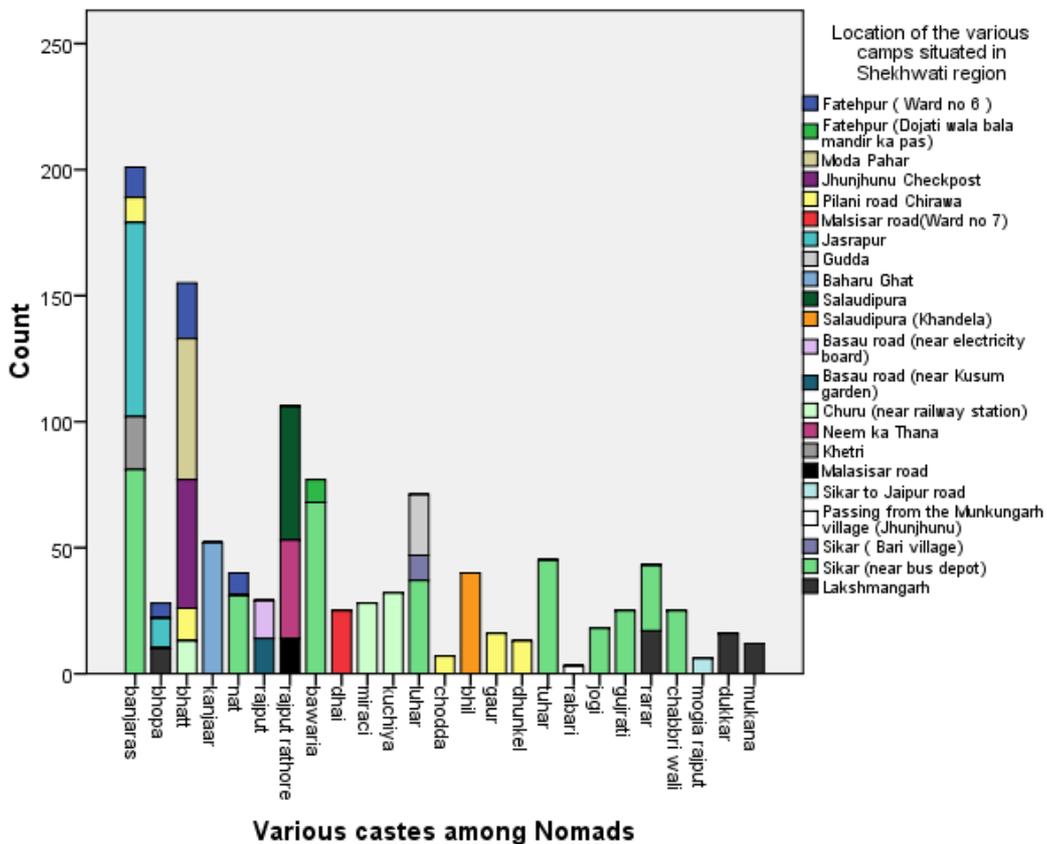


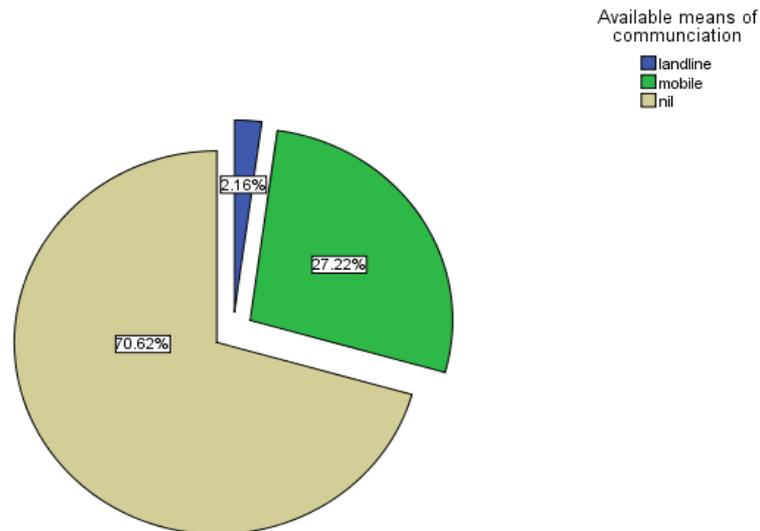
Table 1 shows the frequency distribution of various basic amenities, availability of electricity (15%), water (21.5%) and cooking fuel (1.8%) in different camps of nomad populations.

Table 1: Basic amenities available in the camps

		Electricity Frequency	Water Frequency	Cooking fuel Frequency
Valid	yes	167(15%)	239(21.5%)	20(1.8%)
	no	946(85%)	874(78.5%)	1093(98.2%)
	Total	1113	1113	1113

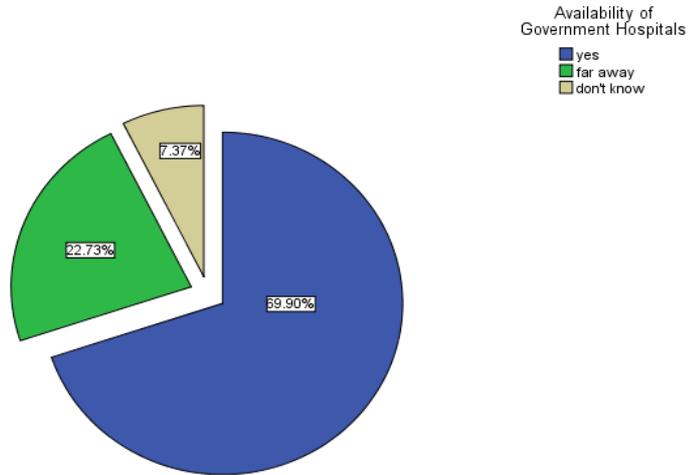
It is found that the available means of communication among these populations are landline (2.16%), mobiles (27.22). Whereas huge populations of these communities have no source of communications. (Fig 2)

Fig 2: Pie chart shows the percentage distribution of means of communications among nomad populations



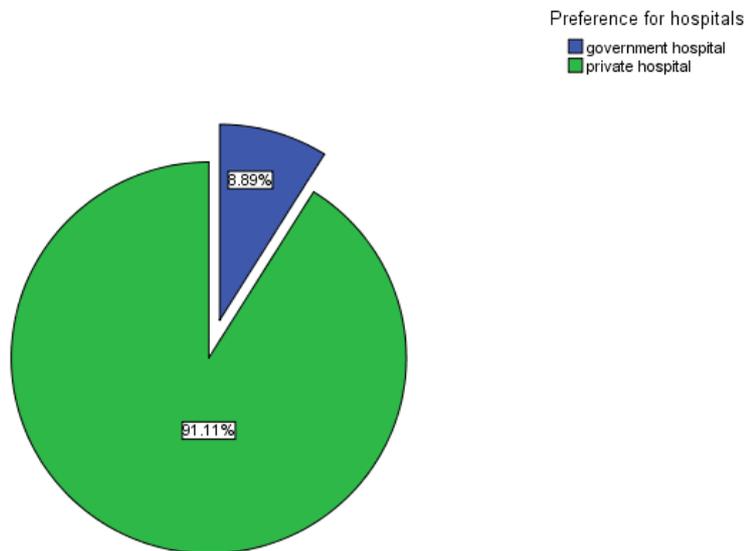
Huge populations (approx.70%) of Nomad Tribal are not aware of the presence of government hospitals near their camps as shown below in Fig. 3

Fig 3: Availability of government hospitals near by their camps



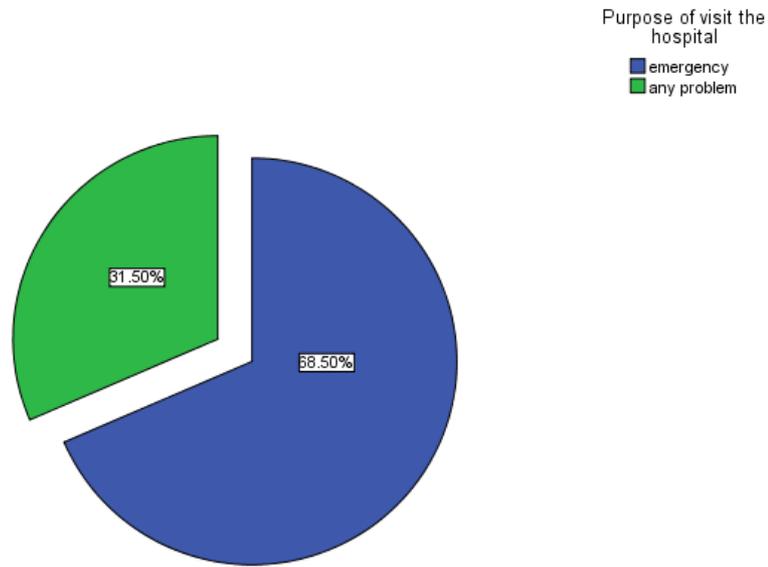
About 92% of the nomad population shows their preferences for visiting private hospitals as compared to government hospitals as shown below in pie chart 4

Fig 4: Preference for visiting hospitals



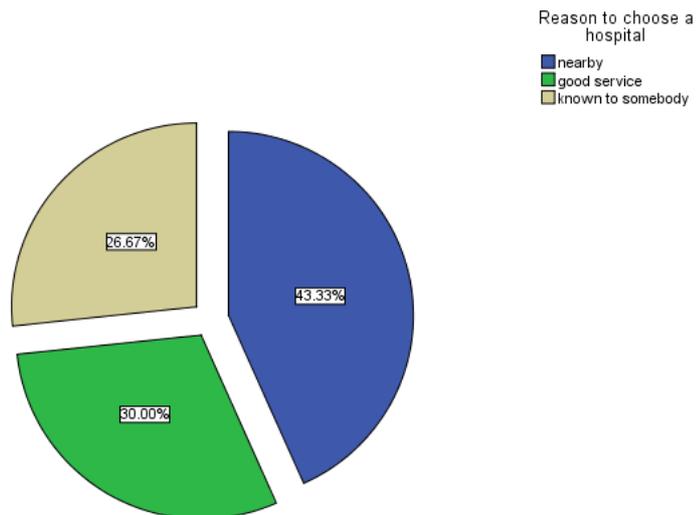
Nearly 69% of the respondents visited hospitals only in case of emergencies whereas rest of them does not visit hospitals for small problems like cold & cough.

Fig. 5: Reasons for visiting hospitals



It has been observed that the selection of hospital depends mainly upon the availability (43.33%), good service (30%) and referral by somebody (26.67%). (Fig 6)

Fig. 6: Reason to choose particular hospitals



It is seen that approximately 28% of the nomad populations are aware of the government health aided facilities and utilizing the facilities. Where as rest of the populations are not aware of all the facilities regarding health services. Fig 7 a, b,

Fig. 7(a): *Awareness and utilization of government health aided facilities*

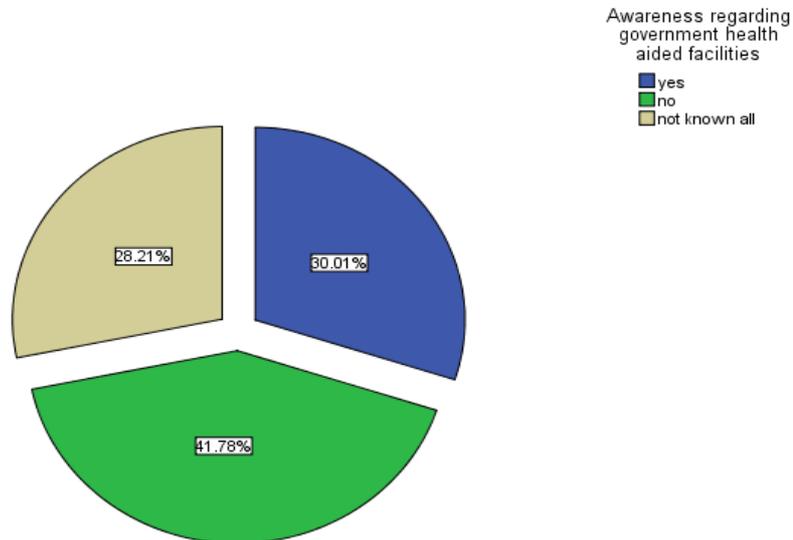
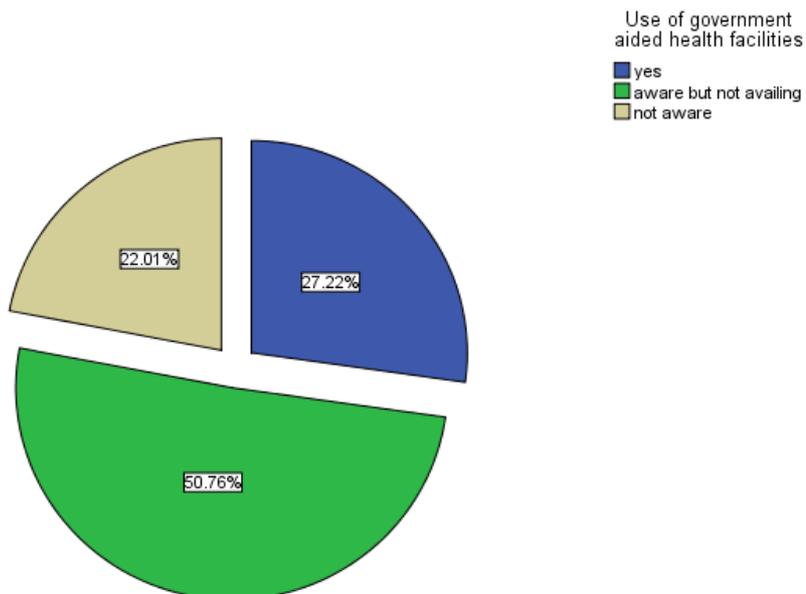
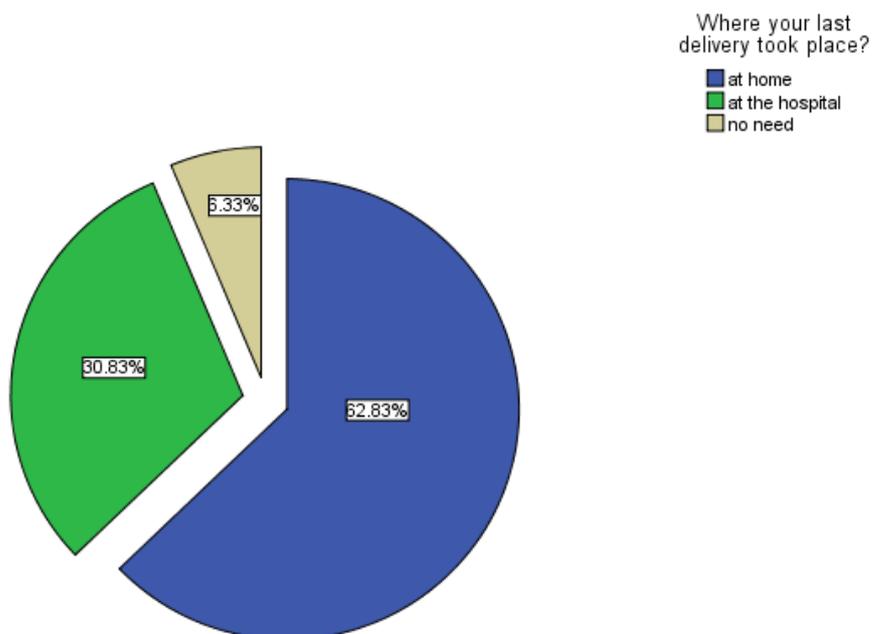


Fig. 7(b)



Similarly it has been found that large group of nomad tribal populations took delivery at home (63%) as compared to (30 %) of the nomads done their deliveries at hospitals .Six percent of them does not need due to unmarried or some other medical reasons (Fig 8)

Fig. 8: Preference for delivery of child



## Discussion

Socio-economic, ignorance, geographical isolation and their discernment of not using now days health care services are the great barrier for improving health status of nomad tribals. The tribal's socio.cultural norms are different to general population, having distinct civilization, rituals, depending on forest and traditional agricultural technology. The practices of poverished economy and exploitation have made them economically poor. It has been noticed that majority of the nomads are living in the extreme exterior where it is difficult to locate them. Similarly as in the paper of Nagda et al. (2004) documented that the tribes of southern region of the state inhabited in scattered type of settlement live on hills with 2-3 huts. In such situation of habitat, health improvement and physical infra structural facilities such as roads, electricity, buildings, and transportations are difficult task. A large number of nomad tribal populations are affected by unemployment, malnutrition, diseases, poverty and lack of physical resources such as forest, agriculture land, water, electricity and even cooking fuels, industries and mining. No doubt, the medical facilities are just rudimentary. But these people are not even willing themselves to go to hospitals for minor diseases like cold and cough as shown in the results of the present study. Although many of these populations has come out of their spheres of previous lifestyle due to the urbanization and modernization they are forced to adapt to new type of occupations but when taken in account of the health problems they still attached to their beliefs as it has been shown in the study of Elwin (1955) noted various gods associated with children's disease, cough, cold, blindness, madness, diseases of pregnant women, and so on. Propitiating the respective god associated with the disease either directly or indirectly through shams can cure most of these diseases. Above facts has been supported by the present study that they preferred to visit hospitals

only in case of emergencies. For minor health problems they deal with in their groups. Another study reported that the Bhopa and traditional Healers occupy prominent place in the treatment of diseases. If the reason of illness is identified as evil-eye, sorcery or witchcraft, the tribals always would call their Bhopa instead of consulting a doctor, as they strongly feel that the doctor are quite helpless against such evil forces which can only be counteracted by Bhopa (Nagda, 1992). Similarly the results of the present study also reveal the facts that these populations does not prefer to visit hospitals frequently. It further confirms that they did not prefer to visit hospitals even for delivering their child in spite of having aware about the incentives given for delivery of the child in the government hospitals. They still depend upon Dais more as compared to professional doctors. Elderly ladies of the community help in conducting the delivery. The naval cord is cut by mother herself with the help of a Bamboo strip, knife and stone. They prefer to cut the naval cord with a bamboo strip because it is more safe from infections Nagda, (1992). A study done by Chopra and Makol, (2004) showed the health and population of Baster tribe that they were suffering from various infectious diseases. Same results of suffering of these populations from diseases have been noted from other studies in different parts of India by Singh, (1994), Vyas and Vyas, (1980). The reasons that identified from the present study might be their ignorance, lack of trust on professional doctors, ill- treatment of the government staffs. Another recent studies done by Sachdev (2011) showed that now these populations have not only the victims of communicable or infectious diseases but they have started suffering from lifestyle related diseases like type 2 diabetes and hypertension and so on. So population and health conditions in tribals present an alarming situation; as such it is very difficult to provide satisfactory health facilities in tribal areas (Nagda, 2004). Similarly this present study has also supported the above facts that the nomad tribals are still in the state of misery due to their ignorance and fully acceptability of their society norms in term of health related issues.

### **Conclusion**

The main hindrance in the poor health status of nomad tribal are the nomad tribal environment and non acceptance of community towards professional doctors and their association with strong social networks identified as key determinants for common perception in all communities. However, the inaccessibility and unaffordability to health care and reluctance to seek help for health issues remain a significant problem in nomad tribal areas. In considering priorities for health, greater endeavor and resources are required to increase their awareness and change attitudes towards acceptance of now days health care services.

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