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Original Article

Health Challenges and Healthcare Accessibility among Tribal Communities in Madhya Pradesh: An Analytical Study

Mahima Joshika Lall[1], Dr. Prem Prabha Singh[2]
[1]Research Scholar, Department of Teacher Education,
Sam Higginbottom University of Agriculture, Technology and Sciences, Prayagraj
[2]Associate Professor, Department of Teacher Education,
Sam Higginbottom University of Agriculture, Technology and Sciences, Prayagraj

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Correspondence Address:
Mahima Joshika Lall
Research Scholar, Department of teacher education, Sam Higginbottom University of Agriculture, Technology and Sciences, Prayagraj
Email: mahimalall25@gmail.com

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Abstract

This research paper investigates health issues and healthcare accessibility among tribal communities in six districts of Madhya Pradesh—Jhabua, Ratlam, Khandwa, Khargone, Alirajpur, and Dhar. Using a descriptive survey design, data was collected through structured interviews. Sample selected was total 120 respondents (20 per district). A multistage stratified sampling method ensured representation at the district, village, and household levels. Data collection instruments included standardized checklists, health assessments, and socioeconomic surveys. Descriptive statistics (means, percentages, frequencies) were used to illustrate demographic, socioeconomic, and health trends, while inferential analyses (chi-square tests and correlations) explored relationships between socioeconomic status, education, health outcomes, and healthcare accessibility. Findings reveal persistent health challenges, limited access to healthcare services, and strong associations between socioeconomic factors and health outcomes. The study underscores the urgent need for culturally sensitive healthcare interventions, improved infrastructure, and targeted delivery models to address health disparities among indigenous populations.

Keywords: *Tribal Health, Healthcare Accessibility, Socio-Economic Status, Health Challenges, Tribal Development*

Introduction

Everyone has an inherent entitlement to health care, and it is also an essential component of any thriving society or economy. Nevertheless, underprivileged communities in India, especially tribal populations, nevertheless face persistent health inequities and limited access to healthcare. The majority of India's 8.6% tribal population lives in rural and outlying locations, where they face significant barriers to receiving adequate medical treatment. Persistent health difficulties are exacerbated in Madhya Pradesh, a state with one of the highest tribal populations, by factors such as socio-economic poverty, geographical isolation, and cultural obstacles. Low levels of awareness, insufficient use of healthcare services, and a lack of proper infrastructure all compound these problems.

India is home to a wide variety of peoples, including many indigenous communities known as tribes or Adivasis. Distinct from mainstream society, these indigenous groups have their own languages, rituals, customs, and social behaviors. Meeting the medical requirements of these underprivileged populations should be a top priority for the healthcare system. Nevertheless, there are a number of challenges that make it difficult to provide these indigenous people with adequate healthcare, despite admirable attempts. When contrasted with problems faced on a national or international level, the difficulties in providing healthcare to local communities are distinctive.

Geographical remoteness and limited infrastructure

Tribal tribes in India face substantial obstacles to healthcare delivery due to their geographical remoteness and inadequate infrastructure. These settlements tend to be in inconveniently situated places, such as those with poor transit options, thick forests, or steep terrains.

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Establishing and maintaining healthcare facilities and ensuring timely and effective delivery of medical supplies and services are made more challenging by the specific geographical characteristics of these places. People frequently have to travel great distances to get medical treatment because there aren't any healthcare facilities in the immediate area. It can be especially difficult in the event of a medical emergency. Additionally, healthcare providers are unable to access certain regions for childcare operations due to their remoteness. For this reason, there is a dearth of well-resourced medical facilities, making it difficult to provide timely and thorough healthcare services.

Language and cultural barriers

When it comes to providing healthcare in India's tribal regions, language and cultural obstacles are major obstacles. Because of these obstacles, indigenous patients and healthcare providers are unable to communicate effectively, which increases the likelihood of miscommunication and subpar treatment. Members of indigenous communities are unable to make educated decisions on their health due to a lack of health information available in their native languages. Healthcare practitioners must be culturally sensitive in order to build trust with tribal members and deliver treatment that is suitable to their beliefs and practices. Occasionally, the traditions conflict with contemporary healthcare practices. These problems are made worse since healthcare providers do not have the necessary cultural competency to provide quality healthcare to indigenous populations. Improving communication, offering language interpretation services, and developing culturally appropriate healthcare tools are all necessary to overcome linguistic and cultural hurdles. Better health outcomes and less inequities can result from better healthcare delivery in indigenous areas if these obstacles are overcome.

Limited access to healthcare professionals

A big problem with tribal health in India is that people don't have easy access to doctors and hospitals. Because many tribal settlements are located in inconveniently far-flung places, the government is responsible for constructing and funding healthcare facilities for these groups. There is also a severe lack of medical personnel, such as physicians, nurses, and paramedics, in these regions. Medical personnel may think twice about accepting a position in such a rural area. To entice young doctors to practice in rural locations, several state governments have instituted remote incentive programs. Nevertheless, scarcity persists. Delays in diagnosis, improper treatment, and restricted access to specialized medical care are consequences of a healthcare delivery gap caused by an insufficient supply of qualified healthcare providers. To improve the availability to excellent healthcare for tribal populations in India, it is necessary to expand the number of healthcare experts in these areas, build healthcare facilities closer to tribal villages, and improve transportation networks.

Socioeconomic disparities

Poverty and a lack of educational opportunities are only two of the many social and economic problems that tribal tribes in India confront. All of these things make it harder for people to get the medical treatment they need, which in turn keeps health disparities alive and well. Meeting their basic necessities is a problem for tribal groups. As a result, people may forego necessary medical treatment. Hence, many members of indigenous communities and their families face significant delays when trying to access medical treatment. Tribal groups already face significant health inequities, and this is made worse by a general lack of knowledge about preventative healthcare measures. Tribal populations are at a higher risk of contracting avoidable diseases due to a lack of knowledge and education regarding disease prevention. Providing equal healthcare to indigenous populations becomes especially tough due to the complicated terrain created by socioeconomic challenges and inadequate healthcare resources. Tackling these healthcare concerns calls for a comprehensive strategy that incorporates programs to reduce poverty and increase access to health education focused on prevention.

Cultural sensitivity and traditional practices

Indian indigenous groups' long-established methods of self-care are highly valued by the country's tribal health system. To meet the healthcare needs of indigenous communities, traditional healers and midwives are indispensable. They are quite well-versed in the indigenous healing practices, traditional treatments, and native botanicals. It is critical to respect and honor the cultural practices and beliefs of indigenous communities while also embracing modern medicine for its own benefits. Indigenous peoples may be reluctant to seek medical treatment from contemporary institutions if their traditional healing practices are not respected and included into mainstream medicine. In India, Ayurveda is recognized as a legitimate form of traditional medicine. In indigenous places, this system can be really helpful. Therefore, Ayurveda and other traditional medical systems can complement modern medicine in providing treatment to indigenous cultures. So, it's crucial to encourage teamwork that acknowledges the merit of conventional medicine while simultaneously guaranteeing the availability and usage of cutting-edge medical treatment. Integrating conventional and alternative medical practices allows for the delivery of holistic, culturally competent treatment to India's indigenous people.

When compared to healthcare systems on a national or international scale, the delivery of healthcare to India's tribal population faces a number of unique obstacles. To conquer these challenges, a concerted effort by the government, medical professionals, and indigenous communities is required.

Another important issue is the availability of healthcare. Long distances to health facilities, shortage of trained medical staff, and lack of culturally appropriate healthcare are still problems in many tribal areas, despite efforts to improve service delivery through programs like

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the National Health Mission (NHM), Ayushman Bharat, and tribal welfare schemes. Additionally, tribal households frequently avoid appropriate medical care due to inadequate health literacy, costly out-of-pocket expense, and unreliable transportation. Because of these obstacles, there is an immediate need to learn all we can about the ways in which indigenous communities' socioeconomic status, level of education, and cultural traditions influence health problems and healthcare consumption.

With this background, the current research aims to examine the health issues and healthcare accessibility

Objectives of the study

To analyze the relationship between socioeconomic and educational factors and the health challenges and healthcare accessibility among tribal communities in the selected districts of Madhya Pradesh.

Hypothesis of the study

H_1: There is a significant association between socio-economic status (SES) and the distance to the nearest healthcare facility among the respondents.

H_2: Education level is negatively correlated with the Health Challenges Index (HCI), implying that individuals with higher education levels experience fewer health challenges.

Review of Related Studies

Ramu, Hariharan. (2024). In order to achieve the objectives, set out by this study (India, 2013) and other research inquiries, cross classification analysis is employed. Consequently, the most of Tamil Nadu's tribal populations face extreme poverty. Based on the study's findings, the indigenous people of Tamil Nadu are currently facing incredibly dismal educational, job, and economic conditions. Consequently, the Tamil Nadu government should prioritize the problems experienced by the indigenous population and seek ways to improve their economic situation, job prospects, and educational possibilities. To that end, the state must ensure that members of indigenous communities enjoy economic and social equity.

Mula, Rimpa & Mundu, Grace. (2024). A "tribe" is a social group that practices endogamy, has territorial bonds, and does not follow functional specialization. Tribal leaders are bound together by a shared language or dialect, regardless of whether this is a hereditary trait or not. While they are cognizant of their social distinction, they do not face the same level of discrimination as other tribes and castes due to the caste system. Every person's and the community's quality of life is profoundly affected by women's socioeconomic status. It is possible to quantify this multi-faceted concept by joining together a number of distinct parts. Women from indigenous tribes are the subject of this study because of their unique socioeconomic situation. The present investigation is taking place in the Jhargram District's Gopiballavpur II block. Primary sources, namely a household survey carried out in four distinct villages, provide nearly all of the data used in this study. Conventional statistical procedures are employed to carry out the data analysis. The study indicated that tribal women's educational level and economic situation are quite low, which are important indicators of their social standing.

faced by tribal populations in six chosen districts of Madhya Pradesh: Dhar, Ratlam, Khandwa, Khargone, and Alirajpur. The study intends to examine patterns of health conditions, evaluate accessibility to healthcare facilities, and investigate the interplay between socio-economic status, education, and health outcomes by utilizing a descriptive survey design with both descriptive and inferential statistical techniques. In order to build health infrastructure and create focused interventions in the state's tribal regions, the results could give useful insights for development agencies, health experts, and legislators.

Maity, Manisha. (2023). The daily income of tribal people is quite poor, and they do not have a reliable source of revenue. You won't see them used very often. A recent study found that persons living in tribal communities are more prone to respiratory, cutaneous, and other types of ailments due to their less-than-ideal lifestyle choices. Many factors contribute to the poor nutritional health of people living in tribal groups, including reduced iron absorption, shortages of protein and micronutrients, and infections. People in indigenous communities also have a higher risk of developing a variety of health problems, including skin and respiratory problems, filarial illnesses, and accidents, due to the harsh nature of their daily lives. According to the research that has been done, there are a lot of therapies that are needed to improve the working lifestyle of indigenous people. Nutritional and health-related initiatives are part of these treatments.

Sreenivas, Parelli. (2022) The study set out to determine the economic and social status of the indigenous people that call the Bhadradri kothagudem area home. In order to understand the individuals' socio-cultural position, primary data was collected through a series of standardized questionnaires. The primary data came from interviews with knowledgeable and wise tribal elders, while the secondary material came from readings in tribal periodicals and other sources. According to the results of this study, the tribal community's socioeconomic standing has been rising throughout the years. There are some issues in the area, like poor communication, unemployment, power generation, social security, and a lack of clean water for drinking. However, there are also some positives, like the generally adequate primary education and health care, and the strong socio-cultural connections between the different tribes.

Kumar, Ravindra. (2021). The major goal of this research is to examine the health, education, and quality of life challenges faced by different Tripura tribal groups, as well as the current framework for their growth. Despite central and state governments implementing various social welfare programs to improve communities' socio-economic status, there is a lack of literature on socio-economic developmental indicators like health status, education status, and quality of life. The research will encompass all of these groups. The methods of simple random sampling will be employed in compliance with the study's requirements. We will use primary and secondary sources to compile our data. Appropriate statistical data processing procedures will be employed in order to analyze the acquired data. Data analysis, content analysis, and indexing/scaling technique-specific packages are all part of these methods. Many

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programs and plans affecting indigenous communities may benefit from the study's conclusions. The state of people's mental and physical well-being is a leading indicator of a society's economic and social development. Because of this, the research will be useful for understanding the indigenous people of Tripura and their health issues. Some may be let down by the fact that this study is very pertinent to the positive and sustainable development of indigenous people in Tripura State.

Research Methodology

Research Method

Health issues and healthcare accessibility among Madhya Pradesh tribal groups are examined in this study through the use of a descriptive survey method. Six districts inhabited by tribal peoples are examined in the research: Jhabua, Ratlam, Khandwa, Khargone, Alirajpur, and Dhar.

Sample and Sampling

A total of 120 people were surveyed, 20 from each of the 12 districts. The following steps are utilized in a multistage stratified sampling method: districts, blocks, villages, households, and finally, respondents.

Data Collection

Self-constructed standardize tools was used to collect data. These interviews last between 25 and 35 minutes.

Data Analysis

A combination of descriptive and inferential statistics is used to examine the data. To display demographic information and patterns of health problems, descriptive statistics are utilized, including frequency distribution, percentages, and mean values. Researcher has used inferential statistics, such as chi-square testing and correlation analysis, to look at how socio-economic status, health problems, and healthcare facility accessibility intersect.

Results and Discussion

Table 1: Gender Distribution of Respondents

Gender	Frequency	Percentage (%)
Male	62	51.7
Female	58	48.3
Total	**120**	**100.0**

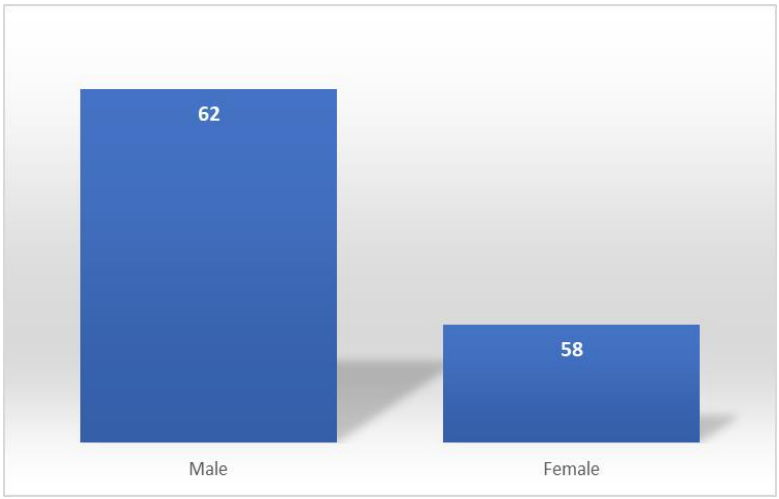

Figure 1: Gender Distribution of Respondents

Table 1 shows the breakdown of responders by gender. Of the 120 people who took part, 62 (or 51.7% of the total) were men and 58 (or 48.3%) were women. This suggests that the study's gender distribution is about even, with men making up a little larger percentage than women. The survey's results should fairly represent the opinions of both male and female respondents, given the nearly equal distribution of the sexes.

Table 2: Socio-Economic Status of Respondents

SES Category	Frequency	Percentage (%)
Low	68	56.7
Middle	38	31.6
High	14	11.7
Total	**120**	**100.0**

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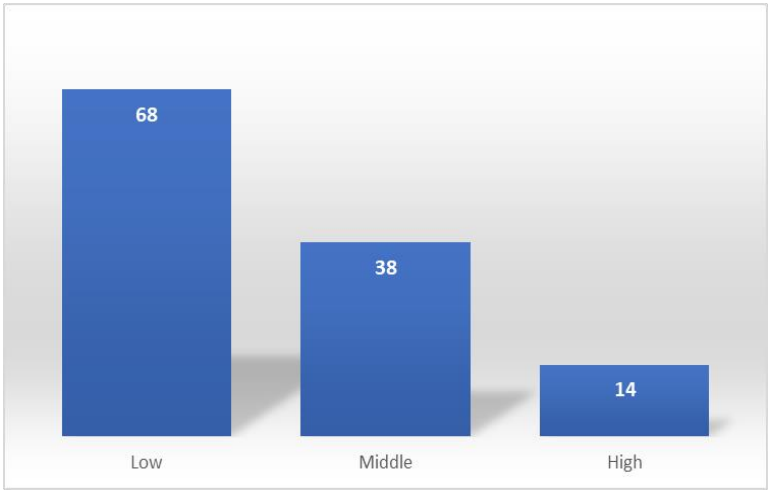

Figure 2: Socio-Economic Status of Respondents

Table 2 displays the respondents' socio-economic status (SES). Among the 120 people who took part, 68 (or 56.7% of the total) were classified as having low socioeconomic status. Just fourteen people (11.7%) fell into the high socioeconomic category, with thirty-eight people (31.6%) falling into the middle socioeconomic group. More than half of the respondents were from lower socioeconomic backgrounds, according to the data. This suggests that the study mainly represents the viewpoints and circumstances of people from economically weaker sections, with much fewer contributions from middle and high socioeconomic groups.

Table 3: Educational Attainment of Respondents

Education Level	Frequency	Percentage (%)
Illiterate	42	35.0
Primary	30	25.0
Secondary	28	23.3
Higher Secondary+	20	16.7
Total	**120**	**100.0**

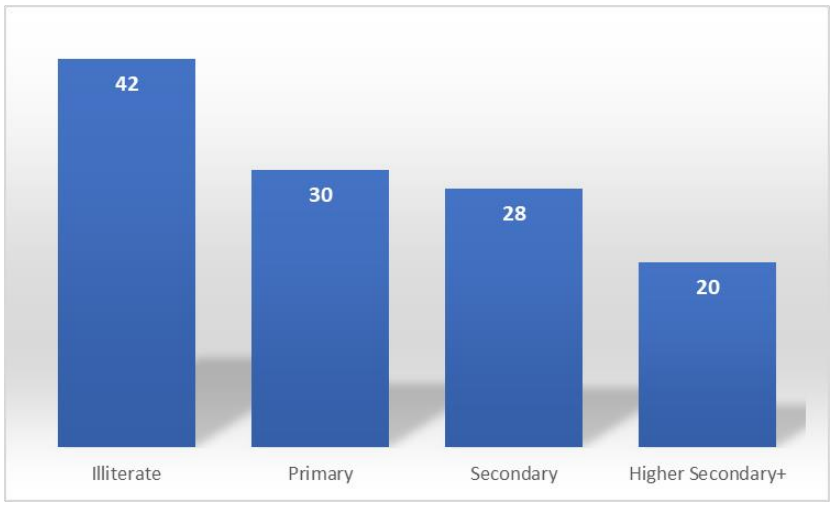

Figure 3: Educational Attainment of Respondents

The level of education that the respondents have is displayed in Table 3. Among the 120 participants, the largest group consisted of 42 individuals (35.0%) who were unable to read or write. Following this, 30 respondents (25.0%) had finished elementary school, and 28 respondents (23.3%) had completed secondary school. Twenty people (16.7%) had completed high school or more schooling, which is a smaller share. According to the statistics, a large percentage of the participants lacked proper education; more than a third were illiterate, and even fewer had gone on to get degrees beyond high school. This suggests that most of the people who filled out the survey had limited access to formal schooling.

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Table 4: Types of Health Challenges Reported

Health Challenge	Frequency	Percentage (%)
Physical (chronic illness, anemia, etc.)	65	54.2
Mental/Emotional (stress, anxiety)	28	23.3
Environmental (sanitation, water issues)	18	15.0
Social (substance abuse, domestic issues)	9	7.5
Total	**120**	**100.0**

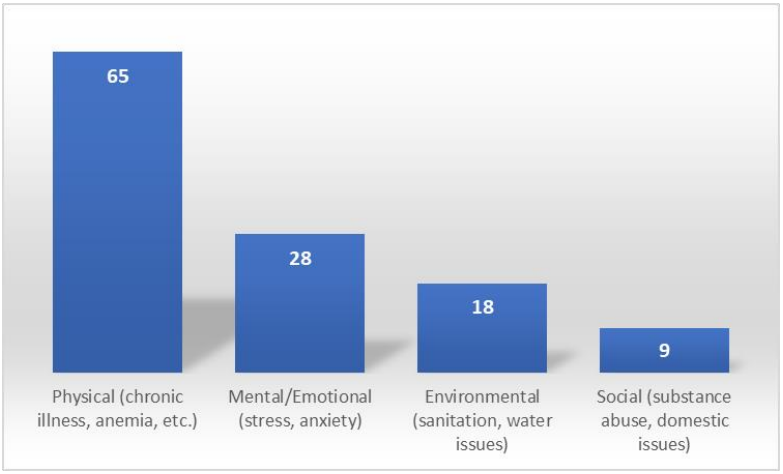

Figure 4: Types of Health Challenges Reported

Table 4 shows the different kinds of health issues that people mentioned. Physical health issues, such as chronic disease and anemia, were experienced by the majority of the 120 participants (65 responders, or 54.2%). As many as twenty-eight people (or 23.3% of the total) reported experiencing mental and emotional health concerns, such as anxiety or sadness. Eighteen people (15.0%) cited sanitation and water concerns as environmental obstacles, whereas nine people (7.5%) cited substance misuse and domestic problems as social issues. It appears that respondents were more concerned about medical and physiological issues than environmental or social ones; this is supported by the fact that social difficulties were the least reported and physical health problems were the most common.

Table 5: Distance to Nearest Healthcare Facility

Distance (in km)	Frequency	Percentage (%)
< 5 km	38	31.7
5–10 km	52	43.3
> 10 km	30	25.0
Total	**120**	**100.0**

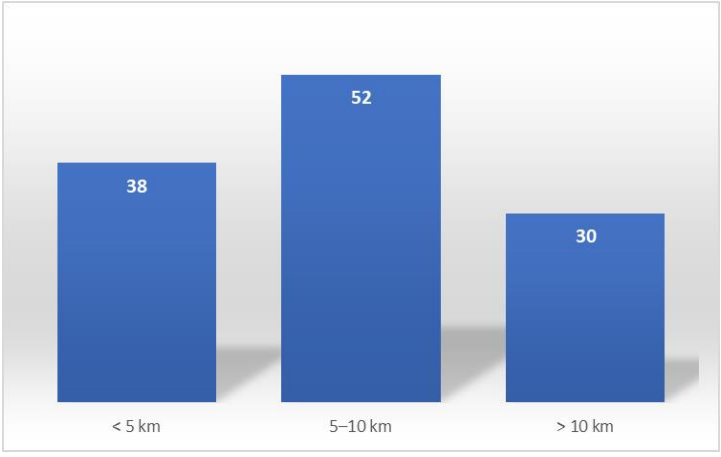

Figure 5: Distance to Nearest Healthcare Facility

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The respondents' distance from the nearest healthcare facility is displayed in Table 5. Out of 120 participants, the majority (52 out of 120, or 43.3% of the total) stated that the closest healthcare institution was within 5-10 km from their home. Only 38 people (31.7%) were located within 5 km of a healthcare institution; 30 people (25.0%) had to travel more than 10 km to reach medical services. According to the statistics, a large percentage of respondents still faced great distances, which could be a problem when it comes to getting medical treatment quickly, particularly in emergencies, even if a large percentage had decent access to healthcare within a 5-10 km range.

Table 6: Mode of Accessing Healthcare

Mode of Access	Frequency	Percentage (%)
On Foot	55	45.8
Bicycle	28	23.3
Public Vehicle	22	18.4
Private Vehicle	15	12.5
Total	**120**	**100.0**

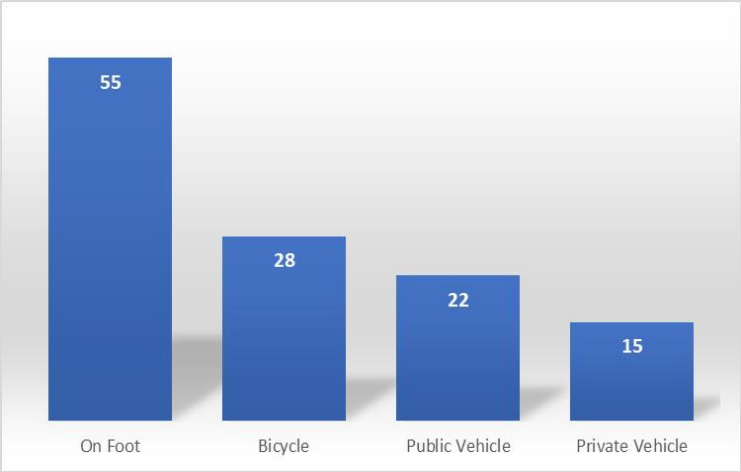

Figure 6: Mode of Accessing Healthcare

The ways in which the respondents sought medical treatment are detailed in Table 6. Out of 120 participants, 55 (or 45.8%) said they had to walk to get to the hospital, which could be due to lack of transit options or just how close the hospitals were. One hundred twenty-eight people (23.3% of the total) rode bicycles, while twenty-two people (18.4%) used public transportation like buses or carpools. Private transportation to medical appointments was available to just 15 people (12.5% of the total). Those who need to go greater distances or in the event of a medical emergency may have difficulties in accessibility and convenience due to the data's reflection of a significant reliance on walking and non-motorized means.

H_1: There is a significant association between socio-economic status (SES) and the distance to the nearest healthcare facility among the respondents.

Table 7: Chi-Square Test – Association between SES and Healthcare Accessibility

Variable Pair	χ^2 Value	df	p-value	Interpretation
SES × Distance to Facility	12.56	4	0.014*	Significant

(*p < 0.05 indicates significant association)

Table 7 shows the outcomes of a chi-square test that was performed to look for a correlation between SES and healthcare accessibility, as measured by the distance to the closest institution. With 4 degrees of freedom, the chi-square value (χ^2) was 12.56, and the p-value was 0.014, which is below the significance level of 0.05. There is a strong correlation between socioeconomic status and access to healthcare, according to the data. Put simply, the distance that respondents had to travel to reach healthcare facilities was significantly impacted by their socio-economic position. This indicates that those from lower socio-economic groups may encounter more obstacles when trying to get healthcare services than those from higher socio-economic backgrounds.

Table 8: Correlation Analysis between Education and Health Challenges Index (HCI)

Variables	Correlation (r)	p-value	Interpretation
Education vs HCI Score	–0.41	0.001**	Negative correlation (higher education → fewer health challenges)

The findings of a correlation analysis between the Health Challenges Index (HCI) scores of respondents and their education levels are shown in Table 8. At the 0.01 level of significance, the correlation coefficient (r) was determined to be -0.41 with a p-value of 0.001. A lower prevalence or less severe health problem is associated with higher levels of education, according to the negative association. That is to say, when comparing respondents with different levels of education, those with more education reported less health-related difficulties. By raising people's level of health consciousness, encouraging them to make healthier decisions, and expanding their access to healthcare, this research demonstrates the protective function of education.

Conclusion

This study aimed to examine health issues and healthcare accessibility among Madhya Pradesh indigenous people in six different districts. According to the results, indigenous populations' health is still influenced by factors such as low educational attainment and socioeconomic deprivation. Among those who took the survey, over a third are still illiterate, and the vast majority come from low-income backgrounds. Among the many long-term health issues caused by these structural constraints are medical issues including chronic disease, anemia, and malnutrition, as well as psychological, social, and ecological issues.

Another major obstacle is the availability of healthcare. Some responders live within 5 km of a facility, but most have to travel 5-10 km, which may be quite a trek, especially if you're on foot or have restricted transit alternatives. This exemplifies the persistent infrastructure and physical obstacles that indigenous communities encounter. Due to financial limitations and unreliable transportation options, people must rely on walking as their main means of reaching health services.

Statistical analysis provides more evidence of the strong correlations between socioeconomic status, level of education, health, and access to healthcare. Those living in lower-income households are more likely to face limited accessibility to healthcare facilities, as indicated by the substantial chi-square correlation between socio-economic status and distance. It is also clear from the negative link between education and health problems that those with more education tend to have better health overall. These results highlight the interconnectedness of health, socioeconomic security, and education, indicating that progress in one area might influence the other for the better.

The research shows that there are a lot of different socioeconomic and infrastructure factors at play when it comes to health disparities among Madhya Pradesh's tribal communities. To overcome these obstacles, we need a holistic strategy that incorporates health interventions with better rural infrastructure, educational opportunities, and livelihoods. So that tribal communities can also benefit from equitable health development, government health programs should be improved so that they are more accessible, affordable, and culturally sensitive.

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Conflicts of interest

The authors declare that there are no conflicts of interest regarding the publication of this paper.

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