

HEALTHCARE FOR TRIBAL WOMEN OF JHARKHAND. GOVERNMENT POLICIES IMPACTING THEIR PHYSICAL AND MENTAL WELL-BEING

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ABSTRACT

This research study provides a comprehensive overview of several methods involved in many sorts of health-related analysis of women from the Jharkhand region of India. The preceding result section of this study analysis revealed that the government of India has established a diverse range of policies and guidelines to enhance the health of women residing in rural India. The implementation of these government policies yielded a wide range of data, which are encompassed by the results discussed in the previous section of this study investigation.

Key Words: Women's Health, Descriptive Analysis, BMI, Political Innovation

Introduction

The health sector in Jharkhand, a region in eastern India, has been significantly impacted by government policies, which play a major role in shaping the healthcare system. The rules and regulations can have a substantial influence on tribal women, highlighting the interrelationships between the healthcare system and aboriginal societies. The tribal women in the state of Jharkhand exhibit significant demographic variety and face distinct health issues that require care. This study aims to investigate the impact of government efforts on indigenous women. The government exerts a significant impact on the effectiveness, accessibility, and affordability

of the health sector, specifically for the well-being of Aboriginal women. The healthcare sector is affected by different components of the service, including disease preventive plans, health programs, and health initiatives. This study will focus on analyzing the advantages and constraints of the strategies. It will examine the policy rules, explore the methods of policy implementation, and assess the impacts of the guidelines. Therefore, a comprehensive inquiry can facilitate the establishment of an efficient system for the tribal women.

Background

Jharkhand, a state in eastern India, is renowned for its diverse tribal cultures, which encompass many indigenous groups with distinct rituals and traditions. The communities comprising these categories have encountered numerous socioeconomic challenges that have had an impact on health-related matters. The isolated communities in this state, along with the area's geographical location, pose challenges in accessing specialized treatment options. Jharkhand's establishment as a separate state in 2000 was a noteworthy political advancement, driven by the aspirations of tribal communities seeking autonomy and inclusive development. The government's measures can effectively achieve the aim of addressing the health discrimination faced by the tribal community in this state (Agrawal et al., 2020). The government's programs encompass the management of infectious diseases and the well-being of mothers and children, both of which are vital components of these initiatives. The socioeconomic disparities, cultural variances, and infrastructural challenges have had a significant impact on these projects, rendering them less effective.

Research Aim

This study seeks to assess the study more comprehensively in order to address the health issues faced by indigenous women impacted by government policies. Additionally, it can strive to enhance governmental policies and their role in promoting the advancement of tribal women, particularly in establishing a more robust healthcare system across the region. The main objective of this study is to assess how effective and inclusive existing health agendas are in meeting the specific needs of tribal women, considering factors such as socioeconomic disparities, geographical limitations, and cultural diversity. The study examines the historical

development of Jharkhand and the subsequent policy frameworks to assess the region's strengths and limitations in the provision of healthcare solutions.

Research Objectives

- To conduct a comprehensive analysis of the correlation between the health policies targeting indigenous women and the policies implemented by the government. This study focuses on the analysis of socioeconomic disparities within the Aboriginal community and their associated health issues.
- To assess the impact of the adopted health policies on society and determine their effectiveness in meeting the needs of tribal women groups. The objectives encompass issues pertaining to maternal and child nutrition during pregnancy, preventive strategies, and corresponding action plans.
- To delineate the distinct challenges arising from the geographical location and cultural diversity. The rugged terrain of Jharkhand has a significant impact on the diversity of its culture, leading to a corresponding range of health-related issues in the region.
- The objective is to analyze the advantages and disadvantages of the current healthcare policies for the indigenous women in the state of Jharkhand. It can provide evidence supporting the improvement of policies, including the cost-effectiveness, convenience, and effectiveness of the treatment.

Methodology

The examination of tribal women's critical analysis to research health-related issues can be assessed using the secondary analysis approach. Indigenous women in the state of Jharkhand are specifically singled out for this evaluation (Gupta, 2020). The survey is derived from previous studies conducted on a group of indigenous women in the same area. This will provide a more accurate understanding of the investigative approach. A preexisting review pertaining to this subject matter has been chosen for examination in this area. The ASHA organization, which consists of accredited social health activists, has assessed the survey in the state of Jharkhand and encountered obstacles in carrying out the study. This survey was carried out in

the rural region of this area in partnership with the state's national health mission. This poll was additionally done by other affiliated organizations (Majumder, 2022). The poll was done by the University College of London and Ekjut. This approach has prioritized the well-being of both the kid and the mother. In May 2017 and 2019, six districts were selected to assess the primary intervention. The data gathering process involves selecting blocks within the six districts and twenty sub-districts that meet the survey's criteria and standards. The population of the selected blocks consisted of 100,000 individuals, who were separated into five groups for the purpose of gathering information. The subdivision in question was classified as having a population of 10,000 individuals, and this encompassed a total area of 1,038,718 square units, as determined by the performed survey. This survey specifically targeted women belonging to tribal communities who were within the reproductive age range of 15 to 49 years. These ladies gave birth to infants between the years 2017 and 2019. By analyzing the data collected from these women, a more accurate assessment of the survey's impact can be made. The survey conducted by ASHA may have influenced the outcomes of maternal health in that particular area.

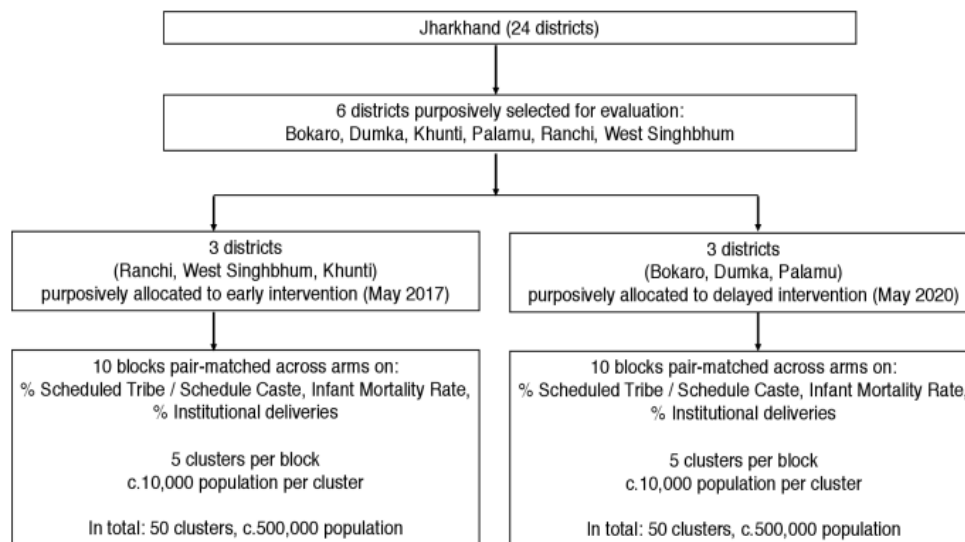


Figure 1: The Framework of the Survey

(Source: Nair *et al.*, 2021)

Results

Initiatives are Taken by the Government

An appropriate result for this study is a better understanding of the improved initiatives that can benefit the women of the state of Jharkhand through the conducted survey on tribal women to improve government policies. Several tactics are used to address the problem and produce improved outcomes, which can assist other Indian states in enhancing their governmental initiatives (Gupta, 2023). Women are well known for constituting a specific target group in major agendas for public betterment. In order to accommodate their evolving needs and capabilities, the government supports the growth and renovation of vocational training facilities.

Furthermore, suitable technology, apparatus, and protocols are being showcased to enhance the efficiency and productivity of female entrepreneurs. Seeing the value of putting assistance on display, the government suggests providing substantial funding to promote products made by women-owned enterprises. Furthermore, there is a focus on involving women in decision-making procedures by utilizing the distinctive managerial skills they have developed via home duties (Haghparsat-Bidgoli et al., 2023). A few government initiatives and banking campaigns have been made clearly available to their business strategists in order to work with the financial rewards.

The Sarv Swastha mission is one of the state of Jharkhand's few government plans. This program has been put in place to help the indigenous women get better from their medical issues. The goal of the government plan is to create policies that will allow for more effective modifications to the system's service regulations. Through the organization of self-supporting events and participation in pay-producing activities, the Innovation of Women in the Provincial Regions (DWCRA) aimed to shed light on the financial situation of conquering the nation's women. The fundamental framework of the initiative involved giving disadvantaged women access to loans, training, professional advancements, and other forms of assistance. Through group exercises that teach collective activity, DWCRA aims to provide a more solid and useful

approach than solo projects, enabling women to take part in payment-creating activities to improve their standard of living.

Employing DWCRA women in general was one of the important components, fostering teamwork for increased efficiency. The initiative pushed financially disadvantaged provincial women to develop a preference for economy and credit, fostering self-reliance (Chauhan & Jungari, 2021). The Coordinated Rural Improvement Program (IRDP), Swarnajayanti Gram Swarojgar Yovanna (SGSY), and Preparing of Provincial Youth for Independent Work (TRYSEM) were among the larger initiatives that the DWCRA plot underwent grouping into after some time. These initiatives were successful starting in April 1999 (Shankar et al., 2021). This consolidation aims to streamline efforts, improve resources, and involve rural women even more by incorporating DWCRA's objectives into larger, more comprehensive frameworks that address the various needs of the local community.

Analysis Based on the Nutrition Among the Tribal Women

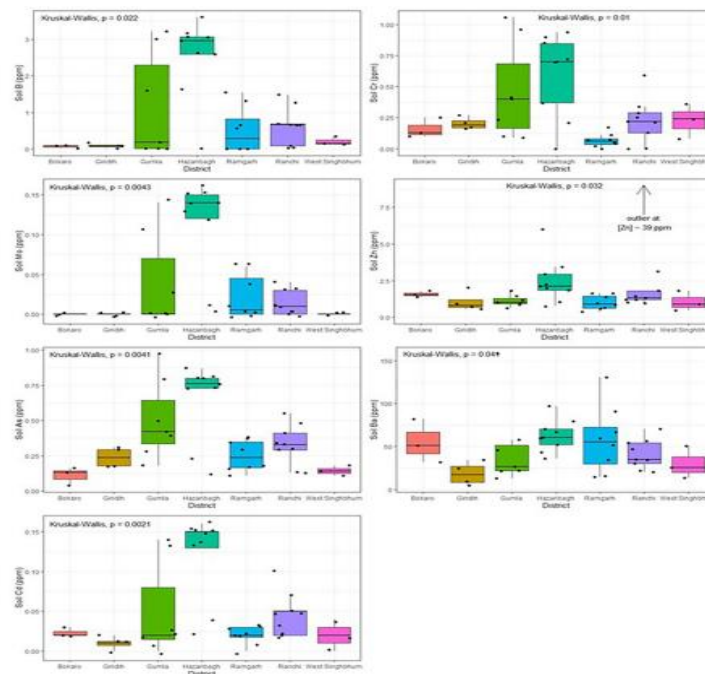


Figure 2: The Influence of Rice Grains Distribution on the Human Health of Jharkhand

(Source: Fatma and Harold *et al.*, 2022)

The results obtained from the ANOVA of Kruskal-Wallis revealed a considerable variance that can have a significant impact on the indigenous women of this state. The assessment of mineral concentration in the soil is conducted by considering the geographic location and agricultural practices specific to the region. The diversity of rice grains can have an effect on the well-being of women, with variations observed across different age groups of tribal women. The mo and cd components can demonstrate the significant fluctuations in animal rearing (Mishra et al., 2021). The previous image analysis has examined the impact of minerals on soil and their influence on the nutritional content of consumed food. The study, derived from the outcome, has centered on the notion that diet can have a crucial impact on human well-being, particularly for indigenous women, both during their developmental stage and after they get married. This conclusion is derived from the soil of the Hazaribagh region, which exhibits a higher median in the ANOVA test. This difference is distinct due to the specific mineral composition of the soil in that particular place. The government should prioritize the significance of nutrients and promote knowledge among women to mitigate their challenges (Pattnaik, 2020). The governing body responsible for taking the lead should enhance the strategy and closely monitor the progress of other states in order to effectively address this issue. By resolving this problem, the populace may also favor the government for its outstanding strategic strategy.

Evaluation of the Different Factors on the Women of Jharkhand

Background characteristics	Sample (n)	Percentage (%)
Age		
25	2905	33.04
25-34	10,249	57.35
35 and above	1715	9.60
Mean \pm SD	27.13 \pm 5.10	
Residence		
Urban	1025	5.74
Rural	16,245	94.26
Religion		
Hindu	15,877	88.85
Muslim	228	1.28
Christian	831	4.65
Others	934	5.23
Respondent's education		
No education	7557	42.29
Primary	2749	15.38
Secondary	6795	38.02
Higher	769	4.30
Working status		
No	1094	71.52
Yes	794	28.48
Decision-making		
Only participants	874	32.51
Alone or jointly with partner	1814	67.49
Wealth index		
Poor	11,804	65.05
Lower	3633	20.33
Middle	1408	7.88
Richer	709	3.97
Richer	316	1.77
Age at first birth		
Less than 18	2136	11.95
18 or above	15,734	88.05
Birth order		
First	6162	34.49
Second	5346	29.92
Third and more	6361	35.60
Media exposure		
Not exposed	9245	51.75
Exposed	8625	48.25
Total sample (n)	17,800	

Figure 3: An survey of the demographic and socio-economic characteristics of tribal women

(Source: Barman *et al.*, 2023)

The analysis focuses on the socioeconomic features of tribal women in the state of Jharkhand, as gathered by Mukherjee in 2020. The data presented here is derived on a survey conducted by the Empowered Action Group (EAG), which specifically targeted women belonging to scheduled tribes. Uttarakhand and Odisha exhibit higher rates than the national average, highlighting favorable tendencies in medical services. In contrast, Bihar and Uttar Pradesh have significantly lower rates of comprehensive gynecological care services for women belonging to Scheduled Tribes. When it comes to transportation assistance, Jharkhand falls behind the average public standard in terms of the number of transmissions delivered.

On the other hand, Rajasthan claims to utilize SBA services more frequently compared to other EAG states (Bhaskar & Kaushik, 2022). Postpartum examination protocols within approximately 48 hours of delivery exhibit varying criteria across different regions. Bihar has the highest record, followed by Uttar Pradesh, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttarakhand, and Odisha, with Rajasthan having the lowest rate.

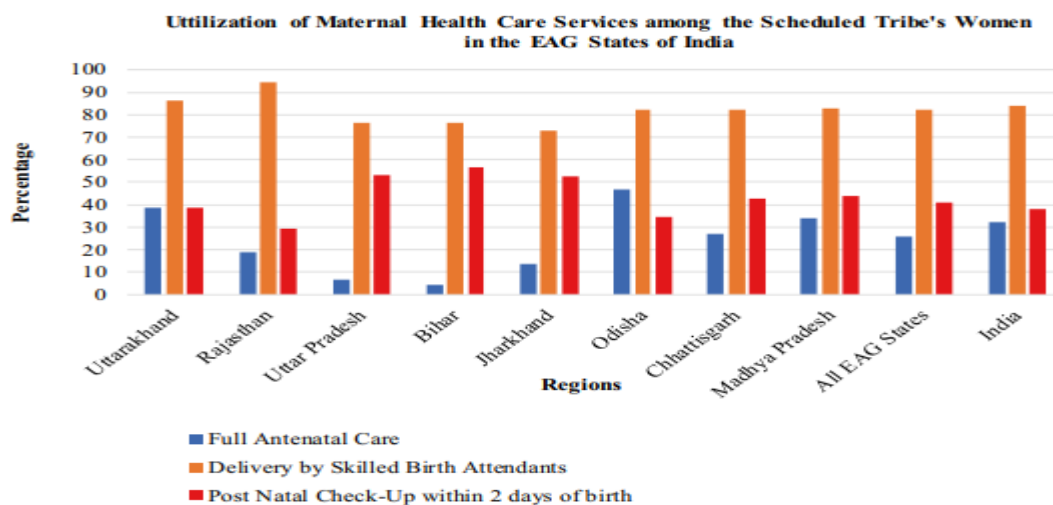


Figure 4: Maternal healthcare service utilization among tribal women in Jharkhand

(Source: Barman *et al.*, 2023)

The Figure and Table (Mishra, 2021) depict the attributes of the socioeconomic and physical areas that can influence the scheduled tribes of this state. The data indicates that individuals between the ages of 15 and 49, who are of reproductive age, and residents of rural areas in the state, which is also representative of the average age, are included in the findings. The observed proportion in the result indicates a decline of 33.04% in the age group of those younger than 25 years. The age cohort between 25 and 34 years represents 57.35% of the findings from the inquiry. 12.5% of the survey population has experienced the occurrence of premature birth in their child, who is under the age of 18. The survey indicates a deficiency in education, which falls below the poverty threshold in the local area (Dehury, 2023). This analysis indicates that the healthcare of the states of EAG may have been influenced by socioeconomic characteristics and the geographical location of their residential areas.

Discussion

Analysis of the Government Policies

The initial findings, discussed in the results portion of this study, pertain to the impact of diverse governmental programs implemented to enhance the health status of women in rural areas of India. The strategies for executing these policies in the Jharkhand region were mostly determined in that specific portion (Choudhury & Choudhury, 2022). The Indian government has conducted an extensive analysis of several strategies, including the promotion of awareness on the health of these women. In addition, the Indian government has implemented a range of training initiatives, including vocational training programs. The efficacy of this specific training program has been highly advantageous as it has led to a notable enhancement in health knowledge among women residing in rural areas of Jharkhand (Kakati & Kakoty, 2022). The implementation of these government initiatives resulted in an enhancement of the decision-making and judgment-making capacities about the health of these women.

Descriptive Analysis of the BMI Results

Table:2 Descriptive statistics of BMI

Parameter	Posterior			95% Credible Interval	
	Mode	Mean	Variance	Lower Bound	Upper Bound
Normal	15.5	15.4	.02	15.14	15.78
Obese	24.0	24	.56	22.52	25.47
Underweight	13.5	13.4	.03	13.07	13.84

Figure 5: Descriptive Statistics of the BMI

(Source: Malik *et al.*, 2019)

The aforementioned figures aid in identifying a diverse range of descriptive statistical analyses, which are encompassed by the creation of BMI reports for women from Jharkhand (Sarma *et al.*, 2023).

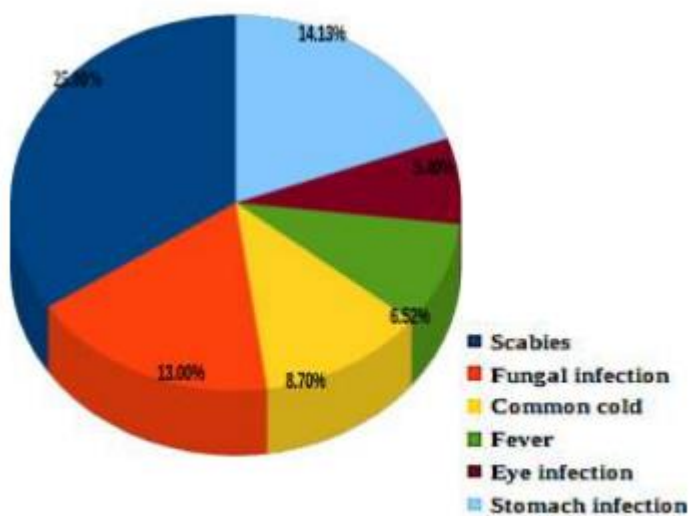


Figure 6: Jharkhand's Identification Health Profile

(Source: Malik *et al.*, 2019)

At the “PTG Malika Avaya Vidalia” in “Netarhat,” in the Lathar district of Jharkhand, there are ninety-two tribal girls. A health assessment among the female students at this domestic school

for exceptionally vulnerable tribal populations (PVTGs) revealed a low general state of health (Raj, 2022). Of the ninety-two girls screened, seventy-two had poor health; thirty-eight had fungal diseases, skin infections and scabies, indicating unclean living conditions; fourteen percent had stomach infections, indicating use of unclean food and water (Malik & Kaur, 2019). Malnutrition symptoms like bloated abdomens, fragile bones, and low energy are also displayed by the pupils.

Concerns about the problem include a lack of access to proper healthcare, a reliance on tainted drinking water from rivers, streams, and lakes, poor nutrition in their meals, and a lack of basic amenities like electricity, running toilets, and sanitary facilities. The school's vulnerable tribal girls' health issues are mostly related to improved living conditions, uncontaminated water, a balanced food, and simple access to medical care. Their condition could be considerably improved by taking specific measures to address this deficiency.

Graphical Representation of the BMI Results

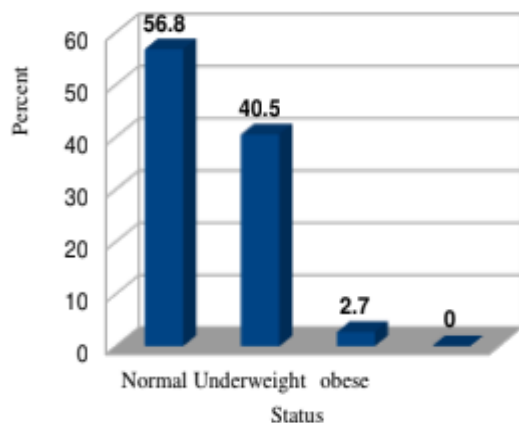


Figure 7: Graphical Representation of BMI

(Source: Malik *et al.*, 2019)

The "BMI (body mass index)" of the tribal children was graphically represented in the study, which was carried out in two Govindpur schools: "Khirkhree Tribal Village" and "Pahari Kora Balk Ashram." A bar graph presentation showed the proportion of children at Govindpur

School who are overweight, obese, and fall into the average BMI categories. Of the 37 individuals who underwent examination, 56.8% had BMIs that were normal, 40.5% were underweight, a sign of malnutrition, and only 2.7% were obese. Of the 28 pupils at the Khirkhree School, 53.6% had an average body mass index (BMI) of 32.1% were underweight, and 14.3% were obese, as can be shown in another bar graph.

The BMI data in these tribal schools was alarmingly biased towards undernutrition, with 33–40% of the students being underweight (Nair et al., 2021). The graphs highlight the higher number of underweight children, which is a sign of poor nutrition in their diets and may pose health risks, and provide a brief, concise visual overview of the BMI statistics data for the studied and analyzed sample. The graphical depiction centers on the variations in health that native children encounter in contrast to average BMI values.

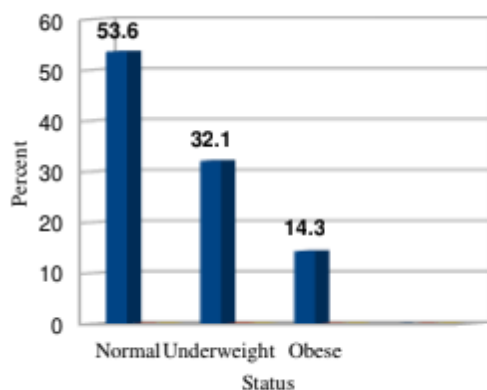


Figure 8: Jharkhand's Underweight Population: A Graphical Representation

(Source: Malik *et al.*, 2019)

A health check was conducted on children from tribal groups in three schools located in Jharkhand and Chhattisgarh as part of the study. In order to assess the severity of malnutrition experienced by the youngsters, their "Body Mass Index (BMI)" was graphed. A bar graph from the "Pahari Kora Balk Ashram" School in Govindpur, Jharkhand, reveals that of the 37 participants, a concerning 40.5% were classified as underweight. Another bar graph displayed the distribution of BMI among participants at a school in the hamlet of Khirkhree in Jharkhand. Among the 28 students who were checked in this school, 32.1% were found to be underweight.

The graphical representations clearly illustrate the worrisome prevalence of undernutrition among Jharkhand's disadvantaged tribal youngsters, with 32.41% of them being underweight.

Conclusion:-

Ultimately, it can be inferred that this study focuses on analyzing the government's initiative plan and its implementation among tribal women. The investigation was conducted using a secondary technique, which gathered diverse information through a survey process. The project focuses on addressing the health issues that women encounter at all stages of their development and across different age groups. The program aims to enhance the well-being of women and provide them with various advantages. By employing this preventive measure, the government can also expand its healthcare programs for women. This study assesses the findings of the survey and examines the impacts of these findings. The observed outcomes have successfully incorporated the concepts and requirements of the plan, thereby leading to an improved plan.

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