



## RESEARCH ARTICLE

### STUDY ON HEALTH CARE EXPENDITURE OF SCHEDULE TRIBES IN KANYAKUMARI DISTRICT

**\*Deepan, V. and Ramachandran, R.**

Assistant Professor, Department of Economics, Jairam Arts and Science College, Salem – 636 008

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#### ABSTRACT

Tribal communities are one of the important segments of this nation. Indian tribal are traditional, conservative and unprivileged people. They are socially and economically weaker and also under object poverty and live in a subsistence economy and general backwardness. This is because of their ill health which is a cause and consequence of poverty. The major impediments to good health care inequity in health system and radical poverty of the masses. The present study was undertaken Andipottai and Kazhapparai settlements in Kanyakumari district. There is need for hour to establish government clinic or motivate private doctors to establish hospital and the government should more assistance to the private hospital. The medical personal should focuses on emphasizing the hygienic practices not only to patients but also to attendants.

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## INTRODUCTION

Tribal communities are one of the important segments of this nation. Indian tribal are traditional, conservative and unprivileged people. They are socially and economically weaker and also under object poverty and live in a subsistence economy and general backwardness. This is because of their ill health which is a cause and consequence of poverty. The utilization of health services among the tribal is low due to adverse geographical conditions and accessibility or availability of health services is less facilitating because they live in periphery. Tribal group suffer from the nutritional deficiency diseases like endemic goiter, anemia. Tribal inherit traditional herbal medicinal knowledge and all their disease are treated locally by themselves. The tribal's in general suffer from skin diseases diarrhea, malaria, Tuberculosis (T.B) joint pain and other diseases related to malnutrition. Some of the diseases like jaundice and night blindness are successfully treated without complications. The communication strategies in tribal and underdeveloped rural areas need to be consonant with the perspectives of the community and with local realities like literacy levels and language (Varma and Babu, 2007). The present study focuses with fold objective to understand the diseases burden and health expenditure of Schedule Tribe (ST) in Andipottai and Kazhapparai settlements.

##### \*Corresponding author: Deepan, V.

Assistant Professor, Department of Economics, Jairam Arts and Science College, Salem – 636 008.

## MATERIALS AND METHODS

The present study was undertaken Andipottai and Kazhapparai settlements in Kanyakumari district. This study based on primary data and used simple random sampling technique. The study covers the socio-economic condition like income, expenditure, savings, age, marital status, health conditions, health problems and health expenditure of the respondents in both Andipottai and Kazhapparai settlements. From each settlement 30 samples were selected on the basis of convenience random at the total of 60 samples.

## ANALYSIS AND DISCUSSION

As 60 percent of the sample respondents are male in Kazhapparai and 60 percent of respondents are female in Andipottai settlement. Age is the key variable in determine an individual's power, prestige, privilege and ranking in social life. Biologically are signifies the physical and mental maturity of an individual. Around 61 percent of the respondents belong to below 30 years in Kazhapparai and 54 percent belongs to the age group of 31-60 years in Andipottai settlement. Only 50 percent of the respondents belong to above 61 years in both Andipottai and Kazhapparai settlements in Kanyakumari district. In Andipottai settlement, 53 percent of the respondents are Hindus and 64 percent are Christians. Type of family is the basic unit of a social group and the parents and the children constitute a family. There are two types of family they are nuclear and joint family.

**Table 1. Socioeconomic of the Respondents**

Variable/settlements	Andipottai	Kazhaparai	Total
Sex			
Male	12 (40)	18 (60)	30 (100)
Female	18 (60)	21 (40)	30 (100)
Age			
Below 30	5 (39)	8 (61)	13 (100)
31-60	22 (54)	19 (46)	41(100)
Above 61	3 (50)	3 (50)	6 (100)
Religion			
Hindu	27 (53)	24 (47)	51 (100)
Christian	3 (33)	6 (64)	9 (100)
Type of family			
Joint family	4 (57)	3(43)	7 (100)
Nuclear family	26 (49)	27 (51)	53 (100)
Size of family			
Below 3	23 (51)	22 (49)	45 (100)
4-5	7 (47)	8 (53)	15 (100)
Education			
Illiterate	23 (56)	18 (44)	41 (100)
Primary	3(33)	6 (67)	9 (100)
Secondary	2 (33)	4 (67)	6 (100)
Higher secondary	2 (67)	1(33)	3(100)
Degree	0	1	1
Occupation			
Private	2 (33)	4 (67)	6 (100)
Government	0	1 (100)	1(100)
Agriculture	22 (52)	20 (38)	42 (100)
Business	1(33)	2 (67)	3 (100)
Self employed	5 (63)	3 (37)	8 (100)
Annual Income			
Less than 10000	21(49)	22 (51)	43 (100)
10001-30000	7 (54)	6 (46)	13 (100)
Above 30001	2 (50)	2 (50)	4 (100)

Source: Primary data

Note: Figure in the parenthesis is percentages

It can be understood that 57 percent of respondents are in the joint family in Andipottai and 51 percent in the nuclear family system. Around 51 percent of the respondents family size is below 3 in Andipottai and 53 percent of respondents are family size is 4 to 5 members. It is observed that 56 percent of the respondents are illiterate in Andipottai settlement, 67 percent have completed primary school education and secondary school education in Kazhaparai settlement. There is no any graduate in Andipottai settlement. Occupation plays an important role to determine the status of the people. Around 67 percent of the respondents have been employed in private organization in Kazhaparai settlement, 52 percent agriculture in Andipottai, 67 percent are in business, 63 percent are self employed and only one respondent in government job. Around 51 percent of the respondents belong in the income group of less than Rs.10000 in Kazhaparai and 54 percent belongs to the income group of Rs. 10001-30000 in Andipottai settlement. Only 50 percent of the respondents belong to above Rs.30001 in both Andipottai and Kazhaparai settlements in Kanyakumari district. The income of the tribal population is meager, not even substantial to meet the basic needs. It can be understood that half (50 percent) of the respondents are excellent, less than 25 percent of the respondents are felt good and less than 30 percent are suffered from illness in the study areas in table 2. Health problems are influenced by various factors such as environment, food habit, and other factors. At present every one of the family members is suffering from any one of the health problems. Especially the tribal population is staying far away from the main land of the Kanyakumari district. The

following table explored the classification of the sample respondents.

**Table 2. Health Condition of the Respondents**

Name of the Settlement	Health Condition			Total
	Excellent	Good	Illness	
Andipottai	15 (50)	6 (20)	9 (30)	30 (100)
Kazhaparai	17 (57)	7 (23)	6(20)	30 (100)

Source: Primary Data

**Table 3. Disease Burden in the Study Areas**

Particulars	Andipottai	Kozhaparai	Total
Cough	1	1	2
Fever	1	1	2
Hearing impairment	1	0	1
Joint pain	1	2	3
Heart complaints	1	0	1
High blood pressure	1	0	1
Diabetes	1	1	2
Asthma	1	1	2
T.B	1	0	1

Source: Primary Data

The common diseases are classified into two major diseases and minor diseases. The minor diseases are cough, fever, hearing impairment, joint pains, vomiting and major diseases refer to heart attack, diabetes, asthma, high blood pressure, nervous disorder and (T.B). It can be understood that one respondent affected by cough and fever in Andipottai and Kazhaparai settlements in Kanyakumari district. Only one respondent by hearing impairment in Andipottai, 2 respondents by joint pains in Kazhaparai, one respondent by heart complications and blood pressure in Andipottai, one respondent by diabetes and asthma in Andipottai and Kazhaparai settlements and only one respondent by T.B. There are many sources of treatment available for the tribal people of the study area. They know about different sources of treatment at present. The Counselling for health related issues need immediate attention to health project and keep improve the human health and development for overall economic development (Rajendran and Ramachandran, 2015). The following table reveals that preference of hospital by the respondents in the study areas.

**Table 4. Preference of Hospitals**

Name of the Settlement	Preferences			Total
	Government Hospital	Private Hospital	Others	
Andipottai	10 (33)	17 (57)	3 (10)	30 (100)
Kazhaparai	9 (30)	19 (63)	2(7)	30 (100)

Source: Primary Data

The respondents have been benefited by the service rendered either by private or government hospitals. They get temporary gain or permanent benefit through both health care facilities. It is observe that 57 percent of the respondents took treatment in private hospital in Andipottai settlement and 63 percent in Kazhaparai settlement. The respondents feel that private hospital provide desirable health care. Less than 35 respondents took treatment in government hospital in both Andipottai and Kazhaparai settlements. The tribal population is kept away from the main land. They use medical facilities

available near settlement. Both the private and public hospital is located far away from the settlement area. The medical facilities though not adequate are hardly used by tribals living in isolated villages and hamlets (Sukai, 2010). The health care facilities are provided by government hospital, private hospital and local vaithiar. The preference of hospital depends on availability of health care facilities, curing level and income. Generally people feel that government hospital services are poor when compared to private hospital. Still, the tribal people visit the government hospital due to several reasons. In the study areas, once a patient consults either private hospital or government hospital, he/she may continue the medical service from the same hospital on the basis of the quality of treatment. If the treatment is not upto the mark, the patients will not turn to the same hospital again. Utilization of healthcare has been increased as the standard of living increased. In the same way utilization was more for household having television and radio. Low awareness among the clients is one of the major reasons of low utilization of services (Rajendran and Ramachandran, 2016). Health is a state subject under the constitution of India and in the directive principles of state policy. The state is changed with the responsibility of raising the level of nutrition and standard of living and improving public health. Therefore, health care expenditure by the state government may help understand variation in health among them and reason for slow improvement in the health status of the country (Reddy and Selvaraju, 1994). The following table reveals that monthly medical expenditure of the sample respondents.

**Table 5. Healthcare Expenditure**

Name of Settlement / Expenditure in (Rs.)	Andipottai	Kazhapparai	Total
Below 500	5 (56)	4 (44)	9 (100)
501-1000	2 (67)	1(33)	3 (100)
Above 1001	2 (67)	1(33)	3 (100)

Source: Primary Data

The study shows that, for the tribal people, the expenditure for medical care is sumptuous. The people, who suffer from diseases, spend a lot of money for medical care. The medical care expenditure includes, doctor's fees, medicines and other expenses. It is observe that 56 percent of the respondents monthly medical care expenditure is below Rs.500 in Andipottai settlement and 44 percent in Kazhapparai, 67 percent spend between Rs.501 – 1000 and above 1001 in Andipottai and Kazhapparai settlements. The tribal suffer from low income and low consumption and as a result there is a higher level of poverty (Devi and Hemasrikumar, 2011).

### Conclusion

There are settlements arranged by government to protect their life and improve their standard of living. The level of health is an indicator for their standard of living.

In the study areas people have been suffered from various diseases such as one respondent affected by cough and fever in Andipottai and Kazhapparai settlements in Kanyakumari district. Only one respondent by hearing impairment in Andipottai, 2 respondents by joint pains in Kazhapparai, one respondent by heart complications and blood pressure in Andipottai, one respondent by diabetes and asthma in Andipottai and Kazhapparai settlements and only one respondent by T.B. It is observe that 56 percent of the respondents monthly medical care expenditure is below Rs.500 in Andipottai settlement and 44 percent in Kazhapparai, 67 percent spend between Rs.501 – 1000 and above 1001 in Andipottai and Kazhapparai settlements. There is need for hour to establish government clinic or motivate private doctors to establish hospital and the government should more assistance to the private hospital. The medical personal should focuses on emphasizing the hygienic practices not only to patients but also to attendants.

### Suggestion

In the tribal settlements such as Andipottai and Kazhapparai, the availability of hospital facility is very poor. The tribal have to walk more than five kilometers to visit a government hospital. Therefore they make use of private clinic. So, more PHCs or HSCs should be opened in these remote settlements with full medical facilities. The tribal people use indigenous and other medicines because it is cheaper than the modern medicine. Hence, prices of modern medicine may be reduced and affordable to the people.

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