

## IMPACT OF GOVERNMENT POLICIES ON THE HEALTH SECTOR OF TRIBAL WOMEN OF JHARKHAND

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### Abstract

This particular research study includes the description of a wide variety of processes contained by different types of health-related analysis of women from the Jharkhand region of India. It was identified with the help of the previous result section of this research analysis that the government of India have implemented a wide variety of policies and guidelines to improve the health of these women who live in rural India. The results produced after implementing these government policies provided a vast array of data, which are contained by the development of results mentioned in the previous section of this research analysis.

**Keywords:** Women's Health, Descriptive Analysis, BMI, Political Innovation.

### INTRODUCTION

The health sector of eastern India, Jharkhand, experienced a crucial factor in the health system, which is influenced by the government's policies. The rules and regulations can significantly impact tribal women, which can illustrate the connections between the healthcare system and the aboriginal societies. The population variation in the tribal women of the state of Jharkhand has specific health problems that demand intervention. This study helps to explore the effects of the government's initiatives to have a good impact on tribal women. The government dramatically influences the health division's competence, availability, and cost section for the well-being of Aboriginal women. The wide-ranging healthcare sector is impacted by the various sections of the service, which are the prevention plan of illness, health-related programs, and health initiatives. This study will also concentrate on the benefits and limitations of the strategies, which can be investigated by the policy rules, how the policies can be implemented among them, and the effects of the guidelines. So, this can promote an efficient system for the tribal women through a thorough investigation.

### Background

The state of eastern India, Jharkhand, is popularly known for its different tribal cultures, including the aboriginal groups with their exceptional cultures and customs. The communities of these groups have faced several socioeconomic difficulties that have impacted health-related issues. The remote communities of this state and the area's geographical position make it more problematic to get the services of the treatments for the specific issues. Determined by the objectives of tribal people challenging autonomy and inclusive development, Jharkhand's development as a separate state in 2000 marked a significant political innovation.

The government's initiatives can implement the objectives to address the health discrimination encountered by the tribal group of this state (Agrawal *et al.*, 2020). The programs organized by the government can include the control of contagious diseases and the health of mothers and children, which are crucial elements of these. The inequalities in socioeconomic, variations in culture, and the difficulties of the infrastructure have impacted these initiatives and made them more effective for them.

### **Research Aim**

This study aims to evaluate the study more significantly to clear the health-related problems of tribal women affected by the government. It can also aim to improve the government's policies and how this can facilitate the development of the tribal women to get a better health system throughout the area. The primary aim of this study is to evaluate the efficacy and inclusivity of current health agendas in supplying to the unique requirements of tribal women, taking into account variables such as socioeconomic difference, geographic boundaries, and cultural variety. The study aspects Jharkhand's historical development and ensuing the policy frameworks to classify region's strengths and weaknesses in the supply of healthcare solutions.

### **Research Objectives**

- To thoroughly investigate the relationship between the health policies for the tribal women and the government's policies. The study is based on the area that has examined the socioeconomic variation among the Aboriginal group and their health-related problems,
- To evaluate the implemented health policies and their effects on society, and how the initiatives can meet all the demands of the tribal women groups. These objectives include the problems related to the nutrition of child and mother during the pregnancy, the prevention techniques, and the initiative plans for them.
- To specify the unique difficulties caused by the geographical location and the variation in cultural system. The harsh nature of Jharkhand affects the cultural variation in that area, so their health-related problems are also varied on these properties.
- To provide an understanding of the benefits and drawbacks of the present health policies for the tribal women of the state of Jharkhand. It can result in supporting the evidence of the improvement of policies, including the cost affordability, convenience, and efficacy of the treatment.

### **METHODOLOGY**

The study of the critical analysis of tribal women to investigate health-related problems can be evaluated by the secondary analysis method. In Jharkhand state, aboriginal women are targeted for this assessment (Gupta, 2020). The survey is based on the other journals that surveyed the group of tribal women in that area already taken for this study, which will help to understand the method of the investigation more precisely. An existing review based on this topic has been selected for this section to analyze. Accredited social health activists, also known as the ASHA organization, have evaluated the survey in the state of Jharkhand and experienced the barriers

to conducting the survey. This survey was conducted in the rural area of this area in collaboration with the state's national health mission. This survey was also conducted by other organizations, which are also part of the survey (Majumder, 2022). The University College of London and Ekjut also conducted the survey. This method has focused on the health of the child and the mother. Six districts were chosen to evaluate the primary intervention in May 2017 and 2019. Within the six districts, twenty sub-districts, sub-divisions known as the blocks, which can match the survey's criteria based on the requirements, are selected for the data gathering. 100000 people were the population of the selected blocks and were divided into five sections for collecting the information. This subdivision was categorized with 10000 people, and this covered a total of 1038718, according to the conducted survey. This survey focused on the women who were in the age of reproduction (15 years to 49 years) among the tribal women. These women delivered babies from 2017 to 2019. Based on the collected data of these women, the impact of the survey could be evaluated more precisely for doing these. This survey organized by the ASHA could have impacted the maternal health results in that specific location.

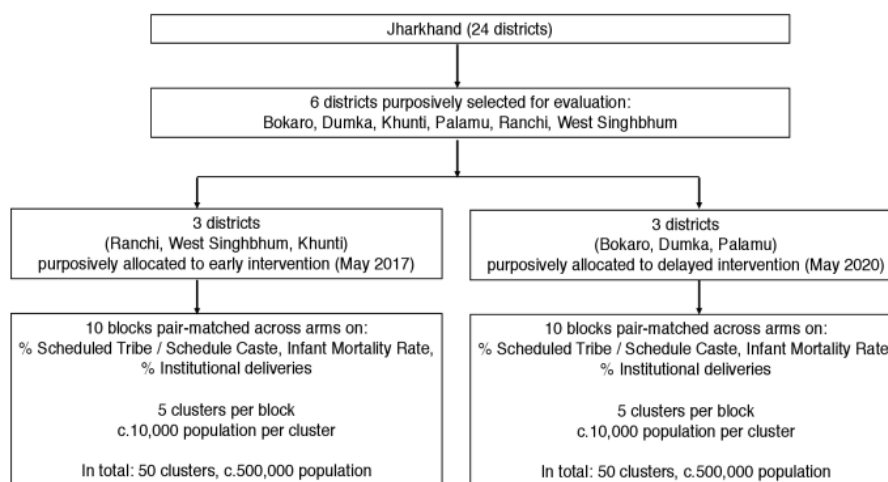


Figure 1: The Survey Structure

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

## RESULTS

### Initiatives are taken by the Government

The conducted survey on tribal women to improve government policies is a suitable outcome for this study to gain an understanding of the better initiatives that can help the women of Jharkhand state. Multiple strategies are implemented to get better results on the issue, which can help other states of India improve their government policies (Gupta, 2023). Women have been well-known as a particular objective gathering in significant public improvement agendas. The government encourages the expansion and modification of vocational training facilities to meet their changing requirements and abilities.

In addition, appropriate technologies, equipment, and procedures are being presented to improve the productivity and efficiency of female entrepreneurs. Observing the significance of showcasing help, the public authority proposes offering significant help for advancing items created by women's businesses. In addition, emphasis is placed on including women in decision-making processes, employing their characteristic management abilities acquired through household responsibilities (Haghparast-Bidgoli *et al.*, 2023). To work with the financial benefits, a few government plans and banking drives have been presented explicitly for their business thinkers.

The few plans of the government of the Jharkhand state are *Sarv Swastha* mission of that state. This scheme has been implemented for the tribal women to recover from their health problems. The government's scheme is made to develop policies in a better way to modify the regulations of the system's service. The Innovation of Women in the Provincial Regions (DWCRA) pointed toward enlightening the financial status of overcoming the women of the country by arranging self-supporting gatherings and participating in pay-producing exercises. The program's essential system included furnishing oppressed ladies with admittance to business open doors, expertise improvements, preparing, credit, and different help administrations. By educating aggregate activity through bunch exercises, DWCRA is meant to make a more robust and practical methodology than individual endeavors, empowering women to participate in payment creating exercises to enhance their livelihoods.

One of the key factors was to employ DWCRA women by and large, advancing cooperation for further developed efficiency. The program strained the improvement of a propensity for economy and credit among financially hindered provincial women, encouraging self-reliance (Chauhan & Jungari, 2021). After some time, the DWCRA plot went through grouping into more extensive drives like the *Swarnajayanti Gram Swarojgar Yovanna* (SGSY), Coordinated Rural Improvement Program (IRDP), and Preparing of Provincial Youth for Independent Work (TRYSEM), successful from April 1999 (Shankar *et al.*, 2021). This solidification is intended to smooth out endeavors, enhance assets, and further engage rural women by integrating DWCRA's targets into more significant, complete structures tending to the different requirements of the region's populace.

Analysis Based on the Nutrition among the Tribal Women

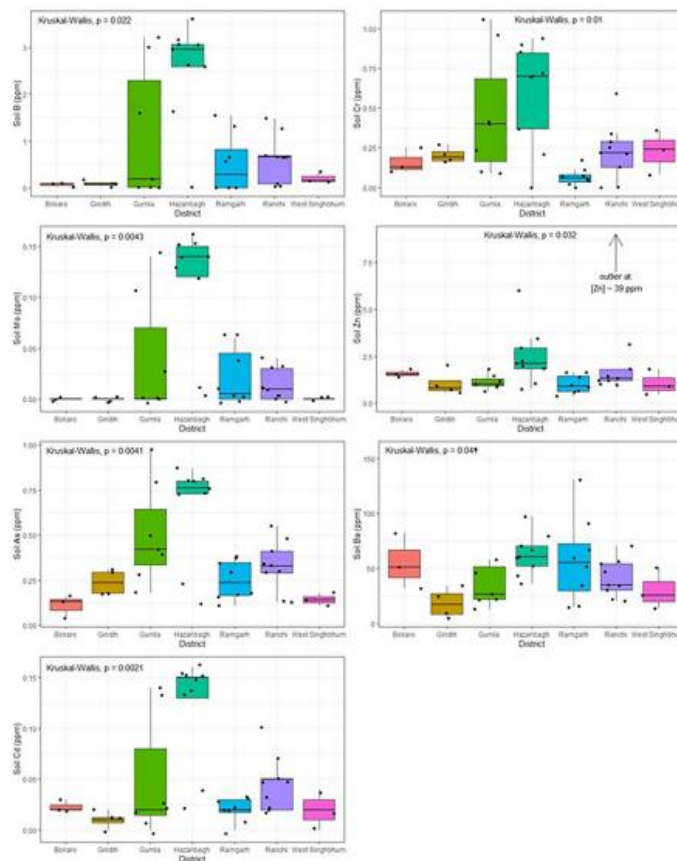


Figure 2: The Impact of the Distribution of Rice Grains on the Human Health of Jharkhand

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

The results obtained in the result of the ANOVA of Kruskal Wallis impacted the variation that can significantly affect the tribal women of this state. The concentration of minerals in the soil is surveyed based on the geographical location and agricultural processes of that particular region. The variety of rice grains can impact the health of the women, which differs in the various age groups of the tribal women. The components of the mo and cd can display the critical variations of the rearing of the animals (Mishra *et al.*, 2021). The above picture analysis has analyzed the effects of the minerals that can significantly impact the soil and influence the nutrition factor of the food substance taken by them. The analysis based on the result has focused on the fact that nutrition can play an essential role in human health, including for tribal women, during their growth and after marriage. This result is obtained from the soil of the Hazaribagh area, which displays a higher median of the ANOVA test. This variation differs because of the mineral composition of the soil of that area. The government should look after

the importance of nutrients and raise awareness among women to reduce their difficulties (Pattnaik, 2020). The government that takes the initiative should improve the plan and observe the other states to see how they are improving their initiative to overcome this problem. By overcoming this issue, the citizens can also prefer the government for its excellent initiative plan.

### Evaluation of the Different Factors on the Women of Jharkhand

Background characteristics	Sample (n)	Percentage (%)
<b>Age</b>		
<25	5905	33.04
25–34	10,249	57.35
35 and above	1716	9.60
<b>Mean ± SD</b>	<b>27.13 ± 5.10</b>	
<b>Residence</b>		
Urban	1025	5.74
Rural	16,845	94.26
<b>Religion</b>		
Hindu	15,877	88.85
Muslim	228	1.28
Christian	831	4.65
Others	934	5.23
<b>Respondent's education</b>		
No education	7557	42.29
Primary	2749	15.38
Secondary	6795	38.02
Higher	769	4.30
<b>Working status</b>		
No	1994	71.52
Yes	794	28.48
<b>Decision-making</b>		
Only partner/others	874	32.51
Alone or jointly with partner	1814	67.49
<b>Wealth index</b>		
Poorest	11,804	66.05
Poorer	3633	20.33
Middle	1408	7.88
Richer	709	3.97
Richest	316	1.77
<b>Age at first birth</b>		
Less than 18	2136	11.95
18 or above	15,734	88.05
<b>Birth order</b>		
First	6163	34.49
Second	5346	29.92
Third and more	6361	35.60
<b>Media exposure</b>		
Not exposed	9245	51.73
Exposed	8625	48.27
<b>Total sample (n)</b>	<b>17,870</b>	

**Figure 3: The Survey of the Tribal Women Based on the Socio-Economic and Demographic Characteristics**

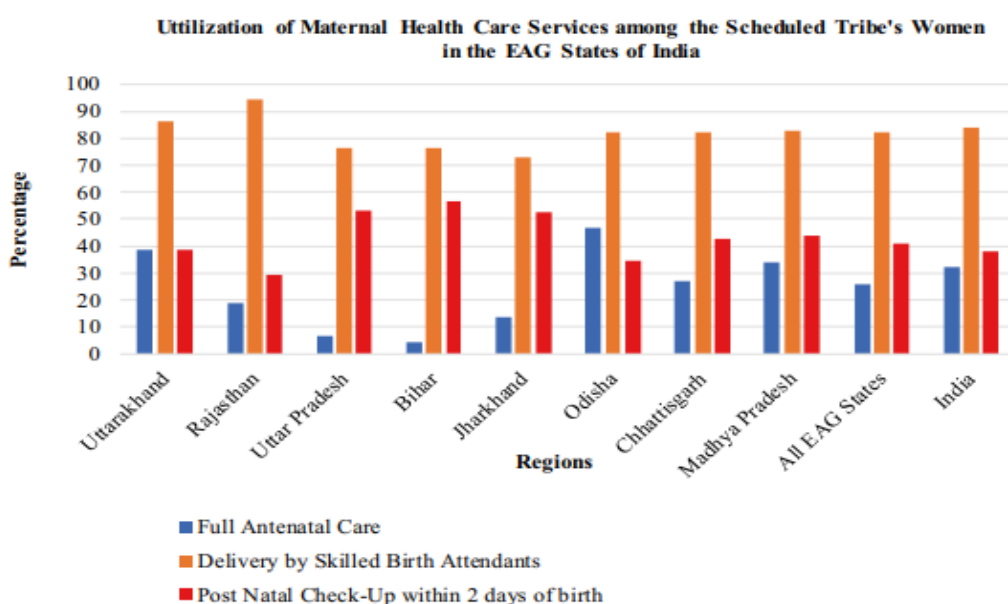
(Source: Barman *et al.*, 2023)

The analysis based on the socioeconomic characteristics of the demographic nature is gathered from the state of Jharkhand, of the tribal women (Mukherjee, 2020). These results are collected from the women of the scheduled tribes, by the EAG organization, also called the Empowered Action Group. Uttarakhand and Odisha demonstrate higher rates than the public average,



emphasizing positive medical service patterns. Conversely, Bihar and Uttar Pradesh report altogether lower levels of complete gynaecological consideration administration procedures among ST Women. Regarding transportation help, Jharkhand lingers behind the public normal in the level of transmissions sent.

In contrast, Rajasthan says it uses SBA services more frequently than other EAG states (Bhaskar & Kaushik, 2022). Post-pregnancy inspection designs in somewhere around 2 days of birth display differing points across the states. Bihar records most elevated, trailed by Uttar Pradesh, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttarakhand, and Odisha, with Rajasthan showing the last rate.



**Figure 4: The Utilization of Maternal Healthcare Services among the Tribal Women of Jharkhand**

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

The characteristics of the socioeconomic and geographic locations that can impact the scheduled tribes of this state are portrayed in the Figure and the information in the Table (Mishra, 2021). It shows that in the age group of 15 to 49 years, which is the reproducing age, and residents of the state's rural areas, which also represents the age of mean value, are also represented in the result. The proportion observed in the result is a 33.04% reduction in the young age group, which is less than the age of 25 years. The age group of 25 to 34 years shows the proportion of 57.35% in this result of the investigation. The 1/8 of the population of the survey has faced premature birth of their child who is below the age of 18. The survey shows a lack of education, which is below the poor line of wealth status of that area (Dehury, 2023). This analysis shows that socioeconomic factors and the location of their residential area could have impacted the healthcare of the states of EAG.

## DISCUSSION

### Analysis of the Government Policies

The first results, which are mentioned in the results section of this study, include the effects of various governmental policies that were needed to improve women’s health conditions in rural regions of India. The approaches for implementing these policies in the Jharkhand region were mainly identified in that particular section (Choudhury & Choudhury, 2022). The government of India have analyzed a wide variety of approaches, such as generating awareness levels related to these women’s health. Also, the government of India has produced various training programs, including vocational training. The effects of this particular training program become very beneficial because, with the help of this particular training program, the women from rural regions of Jharkhand have shown an improved level of awareness regarding their health (Kakati & Kakoty, 2022). The decision-making and judgment-making abilities regarding the health of these women also increased after implementing these government policies.

### Descriptive Analysis of the BMI Results

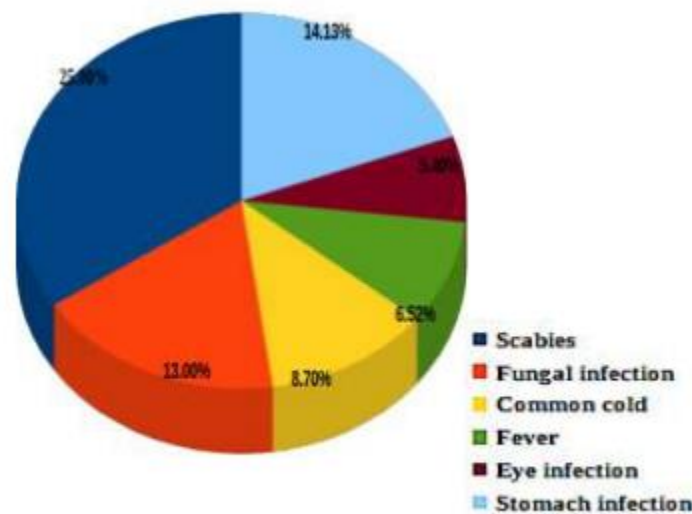
Parameter	Posterior			95% Credible Interval	
	Mode	Mean	Variance	Lower Bound	Upper Bound
Normal	15.5	15.4	.02	15.14	15.78
Obese	24.0	24	.56	22.52	25.47
Underweight	13.5	13.4	.03	13.07	13.84

**Figure 5: Descriptive Statistics of the BMI**

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

These Figures mentioned above help identify a wide variety of descriptive statistical analyses, which are contained by the development of BMI reports of these women from Jharkhand (Sarma *et al.*, 2023).





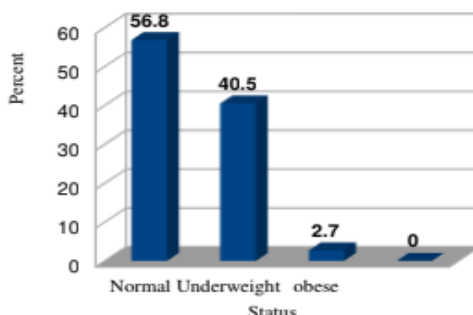
**Figure 6: Health Profile of Identification of Jharkhand**

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

Ninety-two tribal girls exist at the “PTG Malika Avaya Vidalia” in “Netarhat” in the Latehar district of Jharkhand. The overall health of the female population at this domestic school for especially vulnerable tribal communities (PVTGs) was found to be low, according to the health check conducted among them (Raj, 2022). Out of the 92 girls who were examined, 72.8% had poor health; 38% had fungal infections, infections on the skin and scabies showing unhygienic living conditions; and 14.13% had stomach infections, suggesting unhygienic food and water for consumption (Malik & Kaur, 2019). The pupils also show symptoms of malnutrition, such as swollen abdomens, brittle bones, and low energy.

Inadequate availability of healthcare, reliance on contaminated drinking water from rivers, streams, and lakes, inadequate nutrition in their meals, and the absence of basic conveniences like electricity, hygienic and operating toilets, and sanitary facilities are all contributing concerns to the issue. The medical conditions of the school’s susceptible tribal girls focus on better living surroundings, clean drinking water, a balanced diet, and easy access to healthcare. Specific actions to rectify this inadequacy could significantly improve their state of health.

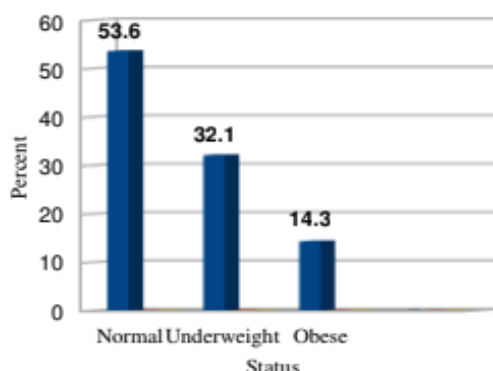
### Graphical Representation of the BMI Results



**Figure 7: Graphical Representation of BMI**

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

The study’s graphic representation of the tribal children’s “BMI (body mass index)” was conducted across two schools: “Khirkhree Tribal Village” and “Pahari Kora Balk Ashram” in Govindpur. The percentage of kids at the Govindpur School who fall into the category of average, underweight, and obese BMI categories was displayed through a bar graph presentation. Out of the 37 participants who were examined, it was found 56.8% had normal BMIs, 40.5% were underweight, which is indicative of malnutrition, and just 2.7% were obese. As seen in another bar graph, of the 28 students in the Khirkhree School, 53.6% had an average body mass index (BMI) of 32.1% were underweight, and 14.3% were obese. With 33–40% of the pupils being underweight, the BMI data in these tribal schools was disturbingly partial towards undernutrition (Nair *et al.*, 2021). The graphs give a short, compact visual summary of the investigated and examined sample’s BMI statistics data and draw attention to the greater percentage of underweight children, which is a symptom of inadequate nutrition in their foods and potential health dangers. The graphical representation focuses on the differences in health that aboriginal children experience when compared to average BMI levels.



**Figure 8: Graphical Representation of the Underweight People in Jharkhand**

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

Children from tribal communities in three schools in Jharkhand and Chhattisgarh had a health examination as part of the study. To determine the degree of malnutrition they are having and suffering, it plotted the children's "Body Mass Index (BMI)". A bar graph from the "Pahari Kora Balk Ashram" School in Govindpur, Jharkhand, indicates that out of 37 participants, an alarming 40.5% were determined to be underweight. The BMI distribution of the participants at a school in the Jharkhand village of Khirkhree was shown in another bar graph. In this school, 32.1% of the 28 children who were examined were underweight. With 32.41% of this underweight, the graphical representations make evident the alarming rate of undernutrition among Jharkhand's vulnerable tribal children.

## CONCLUSION

In conclusion, it can be concluded that the study of the analysis of the initiative plan taken by the government and how they have been implemented among the tribal women. The methodology of the analysis was conducted through the secondary process, which provided variegated information through the survey process. The initiative is based on the health-related problems experienced by women in different age groups, and during their developmental stages. The initiative plans are made to help the women better and get the benefits. By implementing this prevention, the government can also grow with the healthcare schemes for women. This study evaluates the results of the survey and discusses the effects of the results from the survey. The observed results have implemented the discussion and necessities of the plan they required for a better plan.

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