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Impact of Public Health on Parhaiya of Jharkhand

Rajeev Kamal Kumar
Assistant Professor
Division of Sociology & Social Anthropology
A.N. Sinha Institute of Social Studies,
North Gandhi Maidan, Patna- 800001
E-mail: rkamalanthro@gmail.com
Anoop Kumar Kapoor
Professor, Department of Anthropology,
University of Delhi, Delhi-110007
E-mail: anupkapoor46@rediffmail.com

Achieving good health of the people is one of the fundamental goals of the Govt.'s health policy. It has tried to create the facilities but it still lacks in terms of physical infrastructure and placement of required skilled human resources. Due to this reason the health facilities are not able to cover the poor population particularly the isolated tribal population such as Parhaiyas. However, it has been found that Parhaiyas have faith in modern medical system but still not able to access the public health facilities due to obvious reasons. Access to the public health services should be essential for better health and holistic development of Parhaiya.
[Key Words:** Healthcare, Public Health, Healthcare Delivery System, Parhaiya, PTG **]

Introduction

Health is viewed holistically as an interacting system with mental, emotional and physical components. World Health Organization defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO 1994). It is also defined as absence of any illness, and the ability to cope with everyday strains and stress, or fitness and well being.

Healthcare is the right of every individual but lack of quality infrastructure, dearth of qualified medical functionaries, and non-access to basic medicines and medical facilities thwarts its reach to more than 60 percent of population in India. A majority of 700 million people lives in rural areas where the condition of medical facilities is deplorable. In rural India, where the number of Primary health care centers is limited, 8 percent of the centers do not have doctors or medical staff, 39 percent do not have lab technicians and 18 percent PHCs do not even have a pharmacist. Even in private sector, health care is often confined to family planning and antenatal care and do not extend to more critical services like labour and delivery, where proper medical care can

save life in case of complications (http://www.gramvaani.org/wp-content /uploads/2013/07/).

Good health is an important contributing factor to the productivity and economic growth. Health care is also seen as the basic human right i.e. right to live. The need for a combined strategy of health and development is suggested in several studies. Improved health and well-being of people contributes to the development of people and society. It is also a fundamental goal of development and it has been realized that targeting health as part of development is an effective way of improving the welfare of people. Poor tribal people are exposed to greater risks because of unhealthy and dangerous conditions (Kumar & Kapoor 2009).

It has also been observed that the tribal are a little more isolated from the mainstream populations. More than 90 percent of the tribal populations are living in rural and isolated areas especially the Particularly Vulnerable Tribal Groups (earlier known and categorized as Primitive Tribal Groups- PTGs) such as Parhaiya and other similar tribes in the state. 'These tribal groups are characterized by pre-agricultural level of technology, stagnant or negative population growth, low level of literacy in comparison to other tribal groups, distinctive linguistic and cultural traits, and low nutritional status' (Mahapatra 2011).

There are many reasons of low accessibility of tribal to the modern public health facilities such as: low availability of health facilities, relative isolation (and in some cases absolute isolation), low level of education and less awareness among the tribal especially PTGs, poor connectivity to the health facilities, poor economic conditions etc. It has been observed that the relative isolation of these PTGs from the main population is one of the main reasons to the less accessibility to the modern public health care delivery facilities. However the Govt. both central as well as state, have erected infrastructure in the area and also implemented several programs but still most of the Parhaiyas are not able to avail the health facilities. Though a lot of policies and programs are being run by the Government but the success and effectiveness of these programs is questionable due to gaps in the implementation.

Study Population

The present study has been carried out among Parhaiya- a primitive tribal group of Jharkhand state. The earlier studies were mainly pertaining to the ethnographic life of the tribe (Prasad 1961), their society and culture (Hari Mohan 1975), and cultural changes due to adaptation and assimilation (Prasad 1988). Parhaiya is one of the 9 Primitive Tribes of Jharkhand state. The others PTGs of the state are Asur, Birjia, Birhor, Korwa, Mal Pahariya, Sauriya Pahariya, Savar and Hill Kharia (Annual Report, MTA 2005-06). They are mainly concentrated in Latehar and Palamau districts of Jharkhand state. They are also found in Hazaribagh district of Jharkhand. The present study has been carried out in Chandwa block of Latehar district. The total population of Chandwa is 81,832, out of which 41,982 are males and 39,850 are females. The

population of SC in the block is 22,115 (27.0 percent) and ST is 33,721 (41.2 percent). The total sex ratio of the block is 949 and the sex ratio among SC is slightly better at 984 and the sex ration among ST is even better at 984 females per 1000 males.

Parhaiya lives in the multi-ethic villages having different castes and tribal communities like Korwa, Kharwar, Chero, Oraon and caste groups like Sahu, Ganju, Dhobi etc. They have commensal relationship and ceremonial friendship with their neighbouring communities and also work as agricultural laborers of landed peasants (Kumar & Kapoor 2005). Parhaiya's chief economic activity is concerned with agriculture. They are involved in agriculture both as farmers and agricultural laborers. They are now settled agricultural community and living with their Hindu neighbors. The agriculture is combined with the collection of MFP, basketry, and daily wage labor. In addition to this, some of the families are also engaged in the poultry farming, cattle rearing and piggeries. The women and children of the family are also engaged in these economic activities. The children education is ignored mainly due to this reason.

Material and Methods

For the present study, both qualitative and quantitative data have been collected with the help of various anthropological tools and techniques viz. household and interview schedules, observations, case studies etc. The study was conducted in different villages of Chandwa block of Latehar district of Jharkhand state. There are 12 Gram Panchayats and 85 villages in Chandwa block. In all, eleven Parhaiya Tolas (hamlets), from different eleven villages have been included in the study. A total of 198 households of Parhaiya were covered for the present study. The total populations of Parhaiya in these villages are 734 out of which 387 (52.73 percent) are males and 347 (47.27 percent) are females (table 1).

Table-1: Village Wise H.H. Population, Sex Composition and Average Size of H.H.

Sr. No	Name of village	No. of H.H.	Population						% of Female	Size of H.H.
			Male		Female		Total			
			No	%	No	%	No	%		
1.	Nagar	16	32	4.35	34	4.63	66	8.99	51.51	4.12
2.	Damodar	14	36	4.90	19	2.58	65	7.49	34.54	3.92
3.	Kitta (Damodar)	16	36	4.90	30	4.08	66	8.99	45.54	4.12
4.	Latdag	21	41	5.58	35	4.76	76	10.35	46.05	3.61

5.	Sattgharwa	14	32	4.35	21	2.86	53	7.22	39.62	3.78
6.	Chatuag	38	64	8.71	59	8.03	123	116.75	47.96	3.23
7.	Rud	14	23	3.13	26	3.54	49	6.6	53.06	3.50
8.	Rampur	4	7	0.95	10	1.36	17	2.31	58.82	4.25
9.	Serak Nakati Tola	25	56	7.62	49	6.67	105	114.30	46.66	4.20
10.	Kitta (Sasang)	18	31	4.22	30	4.08	61	8.31	49.18	3.38
11.	SonsDumriya	18	29	3.95	34	4.63	63	8.58	53.96	3.50
Total		198	387	52.73	347	47.27	734	100.00	47.27	3.70

The average size of the family i.e. the number or persons per household of all the studied eleven villages is 3.70. The predominant type of house is kachcha made up of mud walls and sun-baked bricks and bamboo reeds. Most of the houses have only one room and a shaded verandah. The percentages of kachcha, pucca and semi-pucca houses are 64.14 percent, 12.12 percent and 23.74 percent respectively. The percentage of nuclear families is 84.84 percent and joint families are 8.59 percent. Most of the Parhaiyas were illiterate as the percentage of literates is only 10.89 percent. When the educational status analysed further, it was found that out of total literates only 1.36 percent were middle educated and rest of them (9.53 percent) are primary educated.

The present paper aims to study the different aspects of health and role of public health care delivery system on the Parhaiya. It tries to analyse the availability of basic health infrastructure and other health facilities in the state and the study area, accessibility to these facilities by Parhaiyas, their health seeking behavior and the impact on their development.

Public Health Facilities in Jharkhand

The main purpose of public health delivery system is to provide affordable and quality health care services to the people of the state through the different levels of health facilities. The state has a clear cut demarcation of health facilities at different levels i.e. District Hospital at the district level, Sub-Divisional Hospitals and First Referral Units at the Sub-divisional level of the district, Community Health Centers and Primary Health Centers at block level and Health Sub Centers at the Gram Panchayat and village level. To meet the challenge to provide free and quality health services to the people, the State Government has also been able to create public health infrastructure in the state over the years with the central assistance. This has been accelerated further after the launch of National Rural Health Mission (NRHM) in the year 2005.

However, the following table-2 shows that there is still a wide gap in the essential required infrastructure for the health care services. It can be observed that at all the three levels of facilities i.e. Health Sub Center at the village level, Primary Health Center (PHC) at the block level and Community Health Center (CHC) at the sub-division level are very less in the number than required. The shortfall is marked most prominently at the PHC level, which is also the most critical juncture for the patients as it is the first real point of contact with the doctors and medical services.

Table-2: Basic Govt. Health Infrastructure in the State of Jharkhand

Sr. No.	Particulars	Required	In position	Shortfall
1	Health Sub-centre	5057	3958	1099 (21.7%)
2	Primary Health Centre	806	330	476 (41.9%)
3	Community Health Centre	201	194	7 (3.5%)

Source: RHS Bulletin, March, 2008, MoHFW, GoI

The next table 3 shows some other important Govt. health infrastructure in the state. These facilities are also being run by the state Govt. It shows that the higher level of health facilities (above CHC level of facilities) at the district, regional and state levels are very less in number. If we see the numbers of these facilities, there are only 3 medical college and hospitals in the entire state and other intermediate level of health facilities are also very less in number. These public health facilities are insufficient to cater the needs of the people of the entire state.

Table-3: Other Govt. Health Infrastructure in the State of Jharkhand

Sr. No.	Health Institution	Number
1	Medical College	3
2	District Hospitals	24
3	City Family Welfare Centre	-
4	Ayurvedic Hospitals	1
5	Ayurvedic Dispensaries	122
6	Unani Hospitals	-
7	Unani Dispensaries	30
8	Homeopathic Hospitals	2
9	Homeopathic Dispensary	54

Source: RHS Bulletin, March, 2008, MoHFW, GoI

The shortfall may also be observed in the skilled human resources i.e. medical staffs, nursing staffs and other technical staffs. Table 4 shows the required number and shortfall of skilled human resources in health department in the

state. Most of the categories show huge shortfall. It can be observed that in most of the categories of medical, nursing and Para-medical staffs there is a huge shortfall. Maximum percentage shortfall was found for the specialists (Physicians and Pediatricians at CHCs). In nursing category, the shortfall is huge as well – only 6.4 percent LHV (Female Multi-purpose Health Supervisor) are available. The percentage shortfall is also very high in other categories of nursing staffs such as ANMs (almost 55 percent) and other technical staffs such as Pharmacists (33.6 percent) and LT (27.3 percent).

Table-4: Percentage Shortfall of Health Personnel in the State of Jharkhand

Sr. No.	Categories of Health Personnel	Required	In position	shortfall	% Shortfall
1	Medical Officers	3686	1678	2008	54.5
2	Obstetricians & Gynecologists at CHCs	194	30	164	84.5
3	Physicians at CHCs	194	0	194	100.0
4	Pediatricians at CHCs	194	0	194	100.0
5	LHV (Female Multi-purpose Health Supervisor)	4331	278	4053	93.6
6	Male Multi-purpose Health Worker	7088	722	6366	89.8
7	ANM (Female Multi-purpose Health Worker)	14176	6437	7739	54.6
8	Health Worker (Male) MPW at HSC	3958	1922	2036	51.4
9	Pharmacist	524	348	176	33.6
10	Laboratory Technicians	524	381	143	27.3

Source: RHS Bulletin, March, 2008, MoHFW, GoI; State PIP, 2009

The above tables explain the status of health in the state and the level of Government's efforts. There is a huge shortfall in both the infrastructure and the human resources. Under this condition, it is difficult to expect the coverage of entire population in the area by this health infrastructure. The quality of health services provided to the people at these public health facilities, measured by the patient satisfaction, privacy to the patients, time devoted to each patient by the

doctor, etc., may also be much compromised as the patient load on the individual health facility and individual doctors and staffs must be very high. Without meeting the above challenges, the important health indicators of the state may not be improved and the people will continue to be deprived of the basic health services. The chances of marginalization in health care provisions by the Govt. to the poor and downtrodden tribals such as Parhaiyas may be even more

Health Care Facilities in the studied area

Most of the important national programs were running in the state as well as in the Latehar district at the time of study. Some of the important health programs and schemes introduced by the Central and State Governments in the area were: National Malaria Abolition Program, National Tuberculosis Control Program, National Leprosy Eradication Program, National AIDS Control Program, National Kala-Azar Control Program, Rural Water Supply Program, Central Rural Sanitation Program, Integrated Nutrition and Health Program etc.

The studied district Latehar has been carved out from the erstwhile Palamau district. The total area of this new district is 3,671 Sq. km. The total number of Gram Panchayat (GP) is 127 and total number of Revenue villages is 770 in Latehar district. The district has 6 Community Health Centers (CHCs) and 7 Primary Health Centers (PHCs), and 97 health sub-centers (HSC). In addition to this, there is a District or Sadar Hospital. There is no sub-divisional hospital in the district (table-5).

Table-5: Health Infrastructure in the district

Health Facilities	**No.**
No. of District Hospital	01
No. of Sub-divisional Hospital	00
No. of CHC	06
No. of Referral Hospital	01
No. of PHCs	07
No. of HSCs	97

The background data of Health department reveals that the district still lacks in terms of basic resources such as lack of manpower especially in terms of MBBS doctors and paramedics. The district has hardly any specialist doctors be it the Sadar Hospital of Latehar or any of the CHCs. The position of Surgeon, Gynecologist and Anesthetist is vacant and hence the district is unable to start intensive medical care including major and minor surgeries. The doctor to population ration in the district is as high as 15000 which in itself indicate the condition of Health service delivery. The majority of the health services are

being delivered by the ANM and other frontline workers of which a majority of them need hands-on training for many of the skills (District Health Action Plan-2011-12).

If we see the skilled human resources, we found that the district has also the shortfall of the doctors and nursing staffs. A total of 46 doctors are available in the district including the private and contractual doctors. Of these, only 26 are MBBS and rest of them is either BAMS or BHMS doctors (table-6).

Table-6: Status of availability of Health Personnel in the district

Categories of Health Personnel		**No.**
No. of Doctors	(Govt. + Pvt.)	46
No. of ANMs	Regular	85
	contractual	127
	Total	212
No. of Male Health Worker	Regular	4
No. of Grade A Nurse	Regular	10
No. of Para medicals (LT+ Pharmacist +Dresser + Other)	Regular	10
	contractual	16
	Total	26
No. of Multi-Purpose Workers (MPWs)		100

Source: District Health Action Plan- 2011-12

The block PHC is also very poor in both – physical infrastructure and skilled human resources. The block PHC Chandwa is being rung in a small building near the block office. The PHC has been taken care by 5 doctors (3 permanent and 2 contractual) and 18 Auxiliary Nursing Midwives (ANMs) and 1 Lady Health Visitor (LHV). Beside the regular OPD, it has only minor health care services such as laboratory facility for the basic tests such slide test of Malaria and TB patients.

Different national health programs were tagged up with the block PHC. But most of these programs are not running properly in the PHC due to lack of basic infrastructure facilities such as X-Ray machine, delivery room, generator, OT, jeep for field visits etc., irregular supply of funds and medicines; lesser number of medical and technical personnel and huge case load on the PHC. The outreach services provided by the frontline health workers are also marred by the shortage of the field staffs.

Health Seeking Behaviour of Parhaiyas

Health seeking behaviour of an individual depends upon the perception i.e. how a person takes the health issue. It is also known as preventive health behavior i.e. the steps taken by the individual to prevent him from falling ill. The perception of health and illness depends upon the socio-cultural and

physical environment as well and varies from one community and culture to another. Certain health condition is considered healthy by certain individuals whereas it is considered unhealthy by some other person. Similarly, certain health condition is considered unhealthy in certain society and culture but it is not necessary that the same health condition is considered healthy in other socio-cultural and geographical settings.

'To the tribal health, disease and its treatment, and even death have different meanings but it is interesting to note that each and every tribal community has belief in supernatural power both benevolent and malevolent who are responsible to cause all these. The fate of a community and its members depend on their relationship with unseen forces which guide and intervene in all of their matters beginning from their day to day life to their sickness, disease and even death (Sarkar and Dasgupta 2014). They think that the problems related to health and their well-being is directly related to the any offence committed against these super natural powers and punishment is also accordingly in the form of disease, poor health and any other misfortune.

Like most other tribes, Parhaiya has religious beliefs and they think that they have been created by God for the perpetuation of the tribe and all of them are sent on earth by the God for a fixed period. As soon as a Parhaiya suffers from any disease, it is presumed that the God is angry and he must be appeased. An Ojha is sent for divination who asks the patient to sacrifice the animal (fowl or goat) or any other article, which are generally liked by the angry deity (Hari Mohan 1975).

Parhaiyas generally do not take the illness very seriously unless a person becomes seriously ill or bedridden. Because of their economic condition and unhygienic habits they always suffer from one or other ailments. They consider the illness of a person seriously when he or she is suffering from Tuberculosis, smallpox, diarrhoea, fever, cholera, malaria or other serious ailments and also when a person cannot move normally. They live in an environment, which leave profound impact on their health. Certain areas are more prone to certain diseases. Most of the settlements of Parhaiya are free from air and noise pollution as they live in isolated areas but suffer on the account of water and sanitation problems, safe physical environment etc. (Das Sharma 1996; Kumar and Kapoor 2005).

Parhaiyas do not take the illness very seriously at the onset and consider a person ill when he or she is unable to perform the routine work. Most of the older people believe that the diseases are caused by the sorcery, breach of taboo, intrusion of diseased object, and malevolent spirits, change in climatic conditions and physical environment etc. However, the younger generation who are somewhat more aware and a little educated and have some exposure to the outside world, think that some diseases are also caused by germ, accident and bad food.

Impact of Public Health Care Delivery System

Health is one of the important factors in the development of the people. Improved health and well-being of the people contributes to increase in productivity, efficient utilization of resources, and faster economic growth and development. The brief review of the existing public health facilities in the area shows that the health of the local people especially the Parhaiyas are much compromised as the area has not sufficient number of public health facilities. Also the existing health facilities are devoid of any good infrastructure in the form of basic facilities and services, skilled human resources etc. Beside the availability, the accessibility to these facilities by the poor Parhaiyas is also bigger problem.

As mentioned elsewhere, the Parhaiyas live in the jungles and mostly isolated from the mainstream population and modern health care facilities. In this situation, they cannot able to access these health facilities immediately in case of any illness. The local hinterlands and poor water and sanitation facilities exposed them to many diseases and illnesses. There are other reasons of ill health of Parhaiya as well such as poor availability of public health facilities in the area and their timely access, unhygienic habits, lack of awareness and health education, poor economic condition etc.

Almost all the hamlet of Parhaiyas lack sanitation facility and also most of them do not have any proper facility of drinking water. Some of the settlements like Nagar, Damodar, Kitta (Sasang), Kitta (Damodar), Rampur, and Sons Dumariya Paani Tola have hand pumps but they are not functional whereas in other settlements the hand pumps are functional but they are located far from the Parhaiya's settlements. There are some wells also in the area but most of them are not fit for drinking purposes, as they are not brick-lined (tab 7)

Due to all these reasons Parhaiya have to depend upon the naturals streams, ditches and other water bodies for the drinking water. All these factors lead to water related and soil transmitted diseases such as acute diarrhoea, worm infestations, and digestive tract infections in the Parhaiyas especially the children.

Table- 7: Sources of Drinking Water in the Studied Villages

Sr. No.	Name of Villages	Sources of Drinking Water			
		Hand pumps			Wells
		Functional	Dysfunctional	Total	
1.	Nagar	-	1	1	1
2.	Damodar	-	1	1	2
3.	Kitta (Damodar)	-	1	1	1
4.	Latdag	1	1	2	2
5.	Sattgharva	1	-	1	1
6.	Chatuag	5	3	8	5

7.	Rud	2	-	2	2
8.	Rampur	5	3	8	2
9.	Nakati Tola Serak	1	1	2	2
10.	Kitta (Sasang)	-	1	1	1
11.	Sons Dumariya Pani Tola	-	1	1	2
	Total	**15**	**13**	**28**	**21**

Faith in different medical system of Parhaiya was inquired during the study. Following table 8 shows that nearly half of them (45.96 percent) have more faith in Allopathic system of medicine. The percentages of Parhaiya who have faith in other systems of medicines like Traditional/Tribal medicine, Ayurvedic system of medicine and Homeopathic system of medicine are 29.29 percent, 15.15 percent and 9.60 percent respectively.

It was also found that when anybody falls ill and perceives it so, the sick person first tries the home remedy or approaches to the traditional medicine men or any other local quack easily available in the area. These are cheap and also easily accessible to the patient.

Table -8: Faith in Medical System

Sr. No	Which system of medicine you have more faith in?	No. of Respondents	Percentage
1	Allopathic	91	45.96
2	Tribal/Traditional Medicine	58	29.29
3	Homeopathic	19	9.60
4	Ayurvedic	30	15.15
5	**Total**	**198**	**100.00**

The next two tables present the Parhaiyas' approach to different system of medicines for treatment in case of minor and major illnesses respectively. It was found that most of the Parhaiya adopted both, Allopathic and Tribal/Traditional system of medicines in general but in case of major illness most of them prefer to go to Govt. health facilities. It can be further observed that incase of minor illness the respondents go to different places, like Govt. Hospitals/PHC/HSC, Traditional/Tribal medicine, private clinic and village quack for treatment.

Table -9: Health Services Taken in case of Minor Illness

Sr. No	In case of illness, where do you go for treatment?	No. of Respondents	Percentage
1	Govt. Hospital/PHC/ Health Sub-Centre (HSC)	67	33.83
2	Traditional/Tribal Medicine Men	75	37.88
3	Private Clinic	32	16.16
4	Any Other (Village Quack etc)	11	5.56
5	More Than One	13	6.56
6	**Total**	**198**	**100.00**

In case of major and severe illness they mostly go to the Govt. Hospital/PHC/HSC (53.03 percent) and private clinic (20.71 percent) and some of them also go to more than one place. The main reasons of the low utilization of the government health facilities by the Parhaiyas are: attitude of health staffs towards Parhaiya, not able to buy medicines from outside, absence of health staffs, lack of road and transport facility.

Table-10: Medical System Adopted in case of Major Illness

Sr. No	**In case of major illness where do you go for treatment?**	**No. of Respondents**	**Percentage**
1	Govt. Hospital/PHC/Sub-Centre	105	53.03
2	Traditional/Tribal Medicine Men	19	9.59
3	Private clinic	41	20.71
4	Any Other (Village Quack etc)	6	3.03
5	More Than One	27	13.64
6	Total	198	100.00

Following table shows the accessibility to the modern health facilities. It has been found that only 18.7 percent Parhaiya has easy accessibility. The main reason of this is that the Health Sub-Centres (HSCs) generally remain closed and the health staffs do not visit the area. The medicines are also not available in the dispensaries. They cannot take the patients to the PHC at Chandwa and Sadar Hospital at Latehar on foot. Only in case of emergency and severe illness they take the patients to these hospitals with the help of fellow villagers.

Table-11: Accessibility to Modern Health Service System

Sr. No	Is modern health service system easily available to you?	No. of Respondents	Percentage
1	Yes	37	18.69
2	No	161	81.31
3	Total	198	100.00

Table -12: Satisfaction with the Services of Govt. Hospital/PHC/HSC

Sr. No	Are you satisfied with the service of govt. hospitals/PHC/HSC?	No. of Respondents	Percentage
1	Yes	67	33.84
2	No	131	66.16
3	Total	198	100.00

The above table shows the satisfaction of Parhaiyas with the Govt. healthcare system. It can be seen that most of them were not satisfied with the services of these centers. Almost two-third i.e. 66.16 percent was not satisfied with the services of these health centers. Some of the Parhaiya also complained that the hospital staffs and doctors do not pay attention to them and also demand money for treatment and medicine. This is the one other reason of Parhaiyas' dissatisfaction with the government health institutes.

Thus, the main reason of not accessing to the modern medicine at public health facilities by the Parhaiyas was simply the poor availability of basic infrastructure such as road and transport and public health facilities in the block. Also, the outreach health workers are not able to contact these people due to the large and isolated geographical areas and the shortage of the frontline health workers.

Conclusion:

Achieving good health of the people is one of the fundamental goals of the Govt.'s health policy. The state Govt. has tried to create the facilities but it still lacking in terms of physical infrastructure and placement of required skilled human resources. Due to this reason the health facilities are not able to cover the poor population particularly the isolated tribal population such as Parhaiyas, who mostly live in jungles. However, it has been found in the study that Parhaiyas have faith in the modern medical system but still not able to access these health facilities due to the reasons mentioned in the study. For the holistic development of the Parhaiyas, availability of health facilities and equitable access to these health facilities should be improved further.

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