



Culture for the Wellness of Tribal Women and Improve Tribal Healthcare in India

Ramanji Gharji*

Department of Endocrinology, University of Sheri-Kashmir Medical Sciences, Srinagar, India

DESCRIPTION

India's poor tribal people have far worse health indicators than the general population. Most tribal people live in remote rural hamlets in hilly, forested or desert areas where illiteracy, trying physical environments, malnutrition, inadequate access to potable water, and lack of personal hygiene and sanitation make them more vulnerable to disease. India's progress toward the Millennium and Sustainable Development goals has always been concerned with the health indicators of its tribal population. 8.6% of India's population is made up of tribal communities, the majority of whom reside in forested areas. They are economically underdeveloped and experience extreme deprivation.

A special committee on tribal issues established by the GOI identified near total absence of participation of people from the Scheduled Tribes or their representatives in shaping policies, making plans, or is one of the primary causes of poorly designed and poorly managed health services in tribal areas. Implementing services in the health sector. Social problems including excessive alcohol usage and, in some places, a sharp rise in tobacco use are further affecting tribal health. To increase service quality and expand access to healthcare for tribal populations, a novel approach is required.

Health services to remote populations are significant role would be played by mobile medical camps to increase outreach in remote tribal populations. In order to provide reliable and consistent service delivery, mobile clinics must effectively manage their medical staff and have access to pharmaceuticals, diagnostic equipment, and vehicles. Lack of awareness of health issues most tribal groups have a tendency to get sick more frequently without knowledge of health conditions, wait too long to seek medical attention, or receive referrals from unskilled

village practitioners who are too late. The majority of health awareness efforts in the past were designed by the medical community rather than by communications specialists, despite the fact that such initiatives require large sums of money spent over extended times in order to have an impact. In addition, the indigenous population's negative interactions with health professionals readily negated the programs minimal impact. The primary issues facing the tribal people include poverty, illiteracy, servitude, exploitation, illness, and unemployment. Since independence, tribal conflicts and unrest have become politically charged.

In a number of tribal regions is there, the first step to improving health outcomes is increasing awareness of health issues. Lack of health facilities in remote rural areas through outreach camps and mobile health units, previous attempts to provide health care to the underprivileged did not have the desired effect. Poor coverage of remote tribal communities was discovered, along with unfilled posts, insufficient drug supply, and frequently malfunctioning vehicles due to poor maintenance. Even in places where physical health facilities were established, there was frequently a lack of skilled doctors, nurses, and other medical personnel, as well as insufficient drug and supplies. Lack of emergency transportation In most cases, pregnant women or sickness patients from isolated tribal villages are unable to reach health facilities in time for institutional deliveries or emergency medical care due to a lack of readily accessible and reasonably priced transportation.

Improve Tribal Healthcare in India; Awareness and education. The first step to improving health outcomes is increasing public awareness of health issues. Health services to remote populations. Transportation for expectant mothers. Health workers from tribal communities. Capacity building for Healthcare Providers.

Correspondence to: Ramanji Gharji. Department of Endocrinology, university of Sheri-Kashmir Medical Sciences, Srinagar, India, E-mail: gharji.lu.ck@gmail.com

Received: 01-Aug-2022, Manuscript no: JSC-22-17920, **Editorial assigned:** 05-Aug-2022, PreQC no: JSC-22-17920 (PQ), **Reviewed:** 19-Aug-2022, QC no: JSC-22-17920, **Revised:** 26-Aug-2022, Manuscript no: JSC-22-17920 (R), **Published:** 02-Sep-2022, DOI: 10.35248/2167-0358.22.11.139

Citation: Gharji R (2022) Culture for the Wellness of Tribal Women and Improve Tribal Healthcare in India. J Socialomics. 11:139

Copyright: © 2022 Gharji R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.