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Well-being Approach to Health – An Indeterminate Aspiration for the Munda tribe

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Abstract : Health and well-being are interconnected and mutually inclusive. The well-being approach to health is imperative for promoting and protecting the health system of the marginalized tribal communities, which is mostly swayed by the socio-economic indicators and the existent beliefs and practices of the tribal communities. The national health protection program like RashtriyaSwathya Bhima Yojana, now the revised Ayushman Bharat, strongly advocates for a wellness-based approach to health care, which is essential pathway well-being of every person. The critical determinants of improved health security like availability, accessibility, affordability, andacceptability need to be well aligned with the wellness dimension of care to achieve the desired outcomes in happiness and well-being. Health systems well anchored on robust policy frameworks and the political will, coupled with motivated and committed human resources, will be the mantra for the health and well-being of the tribal community. Otherwise, it remains an indeterminate dream.This paper is an attempt to identify the monumental challenges in the tribal health ecosystem with a particular focus on the quadrilemma of the health system; availability, accessibility, affordability, and acceptability and see the well-being landscape of the health ecosystem of the tribal community

Key Words: Well-being, Wellness, Munda tribe, Determinants of Health. The extent of health improvement.

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I. INTRODUCTION

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO, 1946). According to H.L Dunn, "Well-being integrates mental health (mind) and physical health (body) resulting in more holistic approaches to disease prevention and health promotion"(Dunn, H. L., 1959).Well-being has an important place and significance in the general health narrative of every human person. Well-being should be the aim of every piece of health action. The primary approach to health must be built on the contours of profound experiences of health security, happiness, and the tribal community's well-being. The approach must be multisectoral and multidimensional and sturdily anchored on the indicators of change theory, which addresses the more considerable outcomes of reduced morbidity, restorative treatment and behavioral practices, reduced miserability, and improved physical capabilities.

Susie Ellis, the chairperson of Global Wellness Institute, sees "a (necessary) coming evolution where wellness gets firmly associated with health and prevention, and well-being becomes more associated with happiness"(Global Wellness Institute, 2016). Addressing the Thirteenth Global Healthcare Summit 2019, Shri.Venkiah Naidu, the Vice President of India, stated, "We must move away from a treatment approach to a wellness-based approach, a goal that has been enunciated in the National Health Policy, 2017. He communicated his profound worry over the rising rate of Non-Communicable diseases (NCDs), which represented 61.8 percent of all deaths in the Nation in 2016. If the country is to prosper and realize its true potential, it is of paramount importance that we ensure health security to all" (PIB, D., 2019).The National health protection program promotes the dream of wellness-based health care, which is a vital pathway to health and well-being. Wellness and well-being are mutually inclusive, and wellness leads to individuals and the community's well-being, having both subjective and objective dimensions (Crinson, I.,and Martino, L., 2007).

"Ayushman Bharat (AB) is an attempt to move from a selective approach to healthcare to deliver a comprehensive range of services scanning preventive, promotive, curative, rehabilitative, and palliative care. It has two components which are complementary to each other. Under its first component, 1, 50,000 Health &

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Wellness Centres (HWCs) will be created to deliver Comprehensive Primary Health Care that is universal and free to users, with a focus on wellness and the delivery of an expanded range of services closer to the community"(MoHFW, G.o.I., 2019).

The Tribal health ecosystem is fragile and has been left behind the margins of vulnerabilities, as it is mainly under the confluences of many morbidities and miseries. The health and well-being of the tribal community are seriously affected by the socio-economic backwardness and the religious practices and traditions intertwined within the health system's landscape. The Tribal Health Report (2018) evidences this more subtly. The well-being dimension should not get swayed on account of individual attributes, for example, sex, race, ethnicity, geological area, or financial status, which can be detrimental to the acceptability of care(Dyer, T. *et al.* 2016). The benchmark value is of care is the adequacy of proper quality care to the patients. The consideration must be worthy of acceptance to the people and quite focused, transforming the responsibility to address clients' aspirations and desires and their Well-being (Ahmad, N. *et al*. 2014).

II. DATA AND METHODS

The data was mobilized for the study on the Munda tribe in the state of Jharkhand from the selected 21 villages of the three blocks of the two districts of Gumla and West Singhbhum, to investigate the 'Improved Health Security' of the Munda tribe through RashtriyaSwasthyaBima Yojana, now the revised Ayushman Bharat.' Data were collected concerning socio-economic status, health status, RSBY enrollment, RSBY services, health practices, and health improvement. The data was also collected, focusing on the significant factors of improved health security such as; availability, accessibility, affordability, and acceptability of health systems and health protection mechanisms. The methodology used was Mixed Methodology. The quantitative data and the qualitative data collected using the interview schedules, Focus Group Discussions, and structured interviews were triangulated. Data were analyzed using statistical tools like correlation test, chi-square test, and path analysis and were interpreted and integrated. The data were supplemented with secondary sources like literature review, National Sample Survey, published health reports, and fieldwork.

III. THE SOCIO-ECONOMIC INDICATORS OF HEALTH

Socio-economic indicators play an essential role in the health and well-being framework of the community. Munda's primary occupation is Agriculture 53.6 percent, followed by daily wage laborers 33.1 percent (Table – 1). A good number of the Munda tribe live in

Table – 1 Occupational Status

Occupation	Responses	
	N	%
Agriculture	388	53.6%
Artisan	11	1.5%
NTFP Collection	25	3.5%
Private Service	2	0.3%
Daily wage laborer	240	33.1%
Govt Service	1	0.1%
Self Employed	14	1.9%
Unemployed	12	1.7%
Any other	31	4.3%
Total	724	100.0%

Table – 2 Income Status

Monthly Income	N	%
Up to 1500	152	33.8%
1501 – 2000	204	45.3%
2001 – 2500	50	11.1%
Above 2500	44	9.8%
Total	450	100.0%

Poverty. The average monthly income (Table – 2) of the respondent family is Rs. 1500 – Rs. 2000. Many of them live in abject povertyand are in debt in the hand of local money lenders.The liability is practically inescapable since massive interest is to be paid to these money lenders. "Once self-sufficient, the Munda farming community in Jharkhand has accepted changes in governance that promise social and economic development. But inclusive development has eluded them"(Sharma, T., 2018).Munda is socially excluded. The identity and rights of the tribes is a question in the country that believes in inclusion and progress of all communities. Poverty and exclusion have impacted much on the health status of the Munda Community.Education (Table – 3) has chosen to help tribal people attend PHCs without disregarding the importance of customary healing practices.

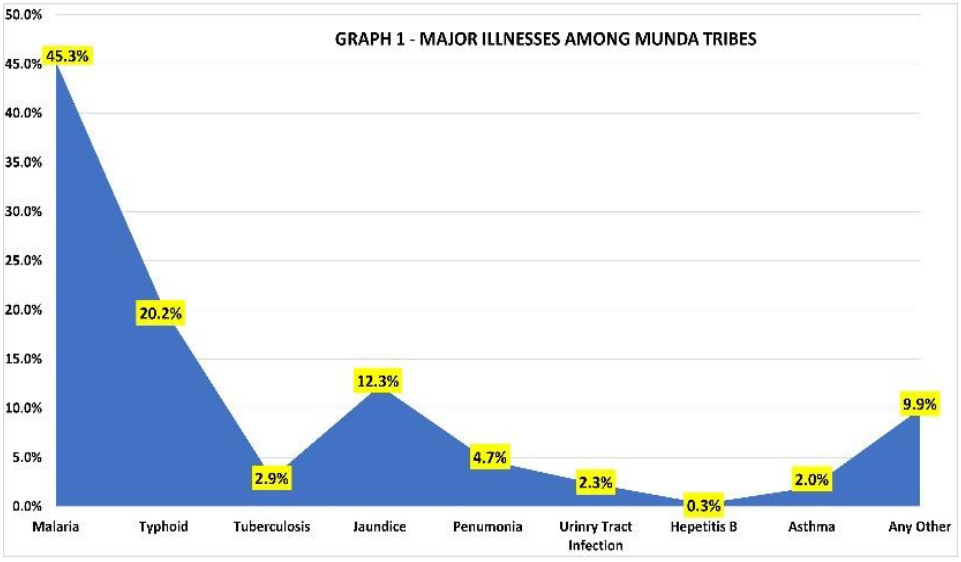
Table – 3 Educational Status

Educational status	**N**	**%**
Literate	222	49.3%
Non-Literate	228	50.7%
Total	450	100.0%

IV. THE TRIBAL HEALTH SCENARIO

The literature review and the present study reveal the staggering picture of the health scenario of the tribal community today. The significant gap mapped in the health care system has been in the availability, accessibility, affordability, and quality of the health protection mechanism designed and operationalized, not considering the socio-economic and cultural ethos of the tribal communities. Tribal communities have always been on the margins, and the inclusivity of developmental paradigms have eluded them for structural reasons. Utilization of preventive services such as antenatal care and immunizations remains suboptimal, with marked variation in these services' utilization by gender, socio-economic status, and geography(Barik, D., and Thorat, A., 2015). Providing healthcare to the lower sections of society should be central to policies being drafted by the government when a quarter of the population living below the poverty line and almost 70 percent of them dwelling in rural areas, and most of them belonging to the scheduled tribes and scheduled castes(Balarajan,y., *et al.* 2011).

The scenario of health does not present a good picture of the Munda tribe. The present study reveals that out of the population studied, almost 58.9 percent of them are contracted with significant illnesses at various stages. The disease burden of the community will make life miserable and affect people's health and well-being. Though 41.1 percent of the community responded that there were no major illnesses, they agreed that they go through several episodes of minor illnesses, which can affect their work-life and income levels. This also shows the reality as to how multiple illnesses can be a health shock to the families.



Malnutrition and communicable disease (Graph – 1) like malaria and Typhoid continues as unabated. 45.3 percent of cases have reported malaria as asignificant illness and followed with Typhoid by 20.2 percent of cases among the Munda Tribe in Jharkhand. Cerebral malaria can even result in the loss of life. People go through difficult episodes of malaria cases, which could affect their health system and security.

The tribal health system has been influenced vigorously by their belief in extraordinary powers, such as protective spirits, benevolent spirits, evil spirits, and, therefore, the ancestral spirits they accepted to possess caused their well-beingto control their prosperity. However, the involvement of ojhas, including sorcery and divination practices for healing from different illnesses, makes them vulnerable. Other factors add to the unexpected poor health conditions of the tribal community. The absence of sanitation, ignorance, absence of training,

Moreover, poor access to health care facilities is the fundamental reason for the poor health of tribal communities.

(Table 4) depicts the mode of treatment people adopt in the cases of significant illnesses. The respondents have given multiple responses in this case, as well. The table shows that there are 383 responses from 265 respondents, which indicates that the respondents take recourse to more than one type of treatment. Even in multiple reactions, it is evident that only 53 percent of cases opt for allopathy treatment in case of any significant sicknesses. However, 24.8 percent of cases go for Non-allopathy treatment. The concerning factor here is that 22.2 percent of cases adopt Witchcraft (JhadPhoonk) as treatment mode.

Table – 4 Treatment of Sickness

Treatment of Sicknesses	Responses	
	N	%
Allopathy	203	53.0%
Witchcraft (JhaadPhoonk)	85	22.2%
Non-Allopathy	95	24.8%
Total	383	100.0%

People going for Witchcraft also resort to other methods of treatment. Health seems to be a matter of grave concern as people do not have faith in any single stream of medicine. This itself can be detrimental to the health security of the community. This can also drain the community's economic sources drastically as the episodes of treatment can be prolonged and even detrimental to the lives of the people. This also means that the level of awareness regarding appropriate treatment practices is still low at the community level. They cannot select the correct medium of treatment and protect the health and life of the people.

Table – 5 Treatment Options

Non-allopathy treatment	Responses	
	N	%
Ayurveda	40	33.9%
Homeopathy	9	7.6%
Hodopathy	1	.8%
Traditional Herbal Treatment	58	49.2%
Any Other	10	8.5%
Total	118	100.0%

(Table 5) presents the treatment options in Non-Allopathy treatment practices. In the non-allopathy stream of methods, people opt for multiple opportunities. From a total of 265 responses, 95 respondents have gone for non-allopathy treatment practices. From 95 respondents, there are 118 responses, which indicates that there are multiple responses from the respondents. From the total respondents, who opted for non-allopathy to treat their sickness, 49.2 percent of the cases have responded for Traditional Herbal Treatment, followed by 33.9percent of cases for Ayurveda.

In the focus group discussion on May15, 2019, many of the members present from Sukrudih affirmed that *"We belong to the tribal and indigenous community, we firmly believe in the natural way of treatment and having traditional knowledge on the Ayurveda and naturopathy and other traditional treatment methods" (*Sukrudih, 2019)[4]. Members from another group in the village, Mermera in Chakradharpur block on May 13, 2019, suggested that*"Allopathy is considered strong medicine and has side effects. It will be good to include Ayurveda and Naturopathy in the RSBY scheme since in our villages these practices are commonly accepted as natural ways of healing*" (Mermera.2019)[5]

The health ecosystem of the tribal communities should have adequate consideration for alternate health systems like Ayurveda and Traditional herbal medicine, as accounted for by most group members in the focus group discussion. Members from Ghorabandha village in the group discussion on *July 22, 2019*, opined that. *"Ayurveda and naturopathy should be included, as per our traditional practice, before going allopathy treatment, we initially take some of our local medicine prescribed by the Munda traditional healers with the faith of quick healing from any form of further treatments /medications" (Ghorabandha, 2019)*[6]. Traditional herbal treatment is a widespread practice among the Munda tribe, and for this reason, they go for such an option in large numbers. All the other non-allopathy methods lie in between 1 to 11 percent of cases. Ayurveda and traditional treatment practices are accepted treatment practices and a more sustainable stream. The health protection mechanism does not provide options for such treatment options. This also can lead to substantial out of pocket expenditures, causing poverty situation.

[4]FGD in the village of Sukrudih
[5]FGD in the village of Mermera
[6]FGD in the village of Ghorabandha

V. THE "A" FACTOR IN HEALTH PROTECTION AND WELL-BEING

The Last Mile Availability.

The availability of health services and service providers within the community's reach is a critical factor in health protection leading to well-being. The present study had a sample size of 450 respondents, with multiple responses. Even in the cases of multiple responses, it is evident that only 78.4 percent of cases opt for allopathy treatment in case of any significant sicknesses. The percent of cases that go for Non-allopathy treatment is 36. Another highlight of the study is that 32.8 percent of cases adopt Witchcraft as the mode of treatment. People who opt for Witchcraft also resort to other modes of treatment. People, in general, do not have faith in any single stream of medicine, and this itself can be damaging to the health security of the community.

**. Correlation is significant at the 0.01 level (2-tailed). Listwise N=450

Table - 6 Relationship Between Cause Variables and the Extent of Health Improvement

	Availability	Accessibility	Affordability	Quality	The extent of health improvement
Availability	1				
Accessibility	.502**	1			
Affordability	.520**	.473**	1		
Quality	.609**	.463**	.495**	1	
The Extent of health improvement	.627**	.523**	.624**	.575**	1

The correlation coefficient (r) (Table 6), between the extent of health improvement and availability of services. 'r' = 0.627, and the correlation coefficient is significant at .01 level. In general, people have accounted positively on the availability scenario of the services and service providers. However, timeliness of care and the distance to the care centers have been reasons for serious consideration, which could adversely affect the community's health and wellness. "Timeliness is one of the key domains of quality identified by the Institute of Medicine and used in federal reports of quality and disparities"(Kuhlthau, K. A., 2011).

The Factor of Accessibility

Access to comprehensive, quality health care services is a crucial determining factor for promoting and maintaining health, preventing and managing the disease, and achieving health equity and security for all(Goddard, M., and Smith, P., 2001).During the interview and focus group discussions, the responses were quite revealing that, despite having significant sicknesses, tribal families did not get hospitalized. However,instead, they confined themselves to outpatient treatment with the available facility in the reach or depended on alternate medicine or Witchcraft. The correlation coefficient (r) (Table 6), betweenthe extent of health improvement and accessibility of the services, 'r' = 0.523, the coefficient is significant at .01 level. However, it shows only a moderate uphill linear relationship. It can be concluded from the study that if the access level is high, the extent of health security will be great, leading to better health protection and well-being.

The Factor of Affordability

The Munda community's income levels are deficient, as we have seen in the community's occupational landscape. The population has more than Rs. 2,500 income level is just 9.8 percent, and the remaining community lives on suboptimal levels of income. The average monthly income per family is only 1500. This reflects the financial burden of the families in the wake of disease burden. The out-of-pocket expenditure in meeting the treatment expenses is very high, which has pushed the poor tribal community to extreme poverty, which would adversely impact their health and well-being.

The Correlation coefficient (r) (Table 6), between the extent of health improvement and affordability of health services, 'r' = 0.624, and the correlation coefficient is significant at .01 level, which is a positive correlation. The p-value = 0.001, which is less than 0.05, shows a significant association relationship between the affordability of health facilities and the extent of health improvement of respondents. The affordability to care is critical in promoting health and well-being. The present study proves beyond doubt that RSBY was a panacea to the community but not very significant.

Acceptability the bedrock to health and well-being

Debasis and Thorat (2015) say that "Besides availability and affordability, acceptability and adequacy are the two other important parameters of quality." Acceptability is largely determined by the quality of care. "Quality of health care is that kind of care which is expected to maximize an inclusive measure of patient welfare after one has taken account of the balance of expected gains and losses that attend the process of care in all its parts"(Lohr, K. N., 1990). "But in genuineness, the complaints regarding long waiting hours because of lack of systems and established practices, lack of respect and dignity for the patients are some common supply-side constraints of the public health system in developing countries including India"(Gadallah, M. *et al*. 2003). This space is essential to quality improvement since people and networks assume such a substantial number of jobs inside well-being frameworks. The benchmark of value is the adequacy of care to the patients. The consideration must be worthy of acceptance to the people and quite focused, transforming the responsibility to address the aspirations and desires of clients and their Well-being (Ahmad, N. *et al*. 2014).

The correlation coefficient (r) (Table 6), betweenthe extent of health improvement and quality of services, 'r' = 0.575, and the correlation coefficient is significant at .01 level. The p-value = 0.001 which is less than 0.05. This shows a relationship between the quality of health facilities and the extent of health improvement of respondents. It is evidenced that the quality parameters are just moderate in the context, which would influence the acceptability of care, leading to the community's well-being.

VI. IMPROVED HEALTH SECURITY IS KEY TO WELL-BEING

The extent of health improvement was measured on four indicators or variables identified based on the literature review, discussions with the community members, and discussion with the community health experts. The dependent variables studied were 'Improved Physical Capabilities,"Healthy Treatment Practices,"Reduced Morbidity,' and 'Reduced Miserability.'The parameters were determined under these four dependent variables, and the extent of the improvement was measured using the Likert Scale. The high and low extend determined identifying the mid-value. The greatextent of health improvement was measured as 86.7 percent.

Measuring the relationship between health improvement and the dependent variables, it is found thatthe correlation coefficient (r) between the extent of health improvement and 'Improved Physical Capabilities,"r' = 0.799. The correlation coefficient (r) between the extent of health improvement and 'Healthy Treatment Practices,"r' = 0.742. The correlation coefficient (r) between the extent of health improvement and 'Reduced Morbidity' 'r' = 0.808. The correlation coefficient (r) between the extent of health improvement and 'Reduced Miserability' 'r' = 0.767. In all the consequent variables, the correlation coefficient is significant at .01 level, a positive correlation showing a strong uphill linear relationship.

The conclusion from the finding of the relation between the health improvement and the consequent variables is that the higher the Extent of Health Improvement, the impact on the Physical Capabilities, Healthy Treatment Practices, Reduced Morbidity, and Reduced Miserability of the population will also be higher. 'Conceptually, health capability illuminates the conditions that affect health and one's ability to make healthy choices"(Ruger, J. P., 2010). Increased health capabilities and healthy treatment practices will result in reduced morbidity and reduced miserability. Health capability is one of the significant determinants of health and well-being. It would endure morbidity situations and reduce the population's misery, leading to the well-being of the population.

Table – 7 Correlation Between Consequences and Extent of Health Improvement

	Happiness	Feeling secure	Well being	The extent of health improvement
Happiness	1			
Feeling secure	.713**	1		
Well being	.704**	.724**	1	
The extent of health improvement	.649**	.653**	.628**	1

**. Correlation is significant at the 0.01 level (2-tailed). Listwise N=450

VII. WELL-BEING THECONSEQUENCE OF IMPROVED HEALTH SECURITY

The consequence of health security was measured with three variables determined with the learnings from the existing theories, literature review, and discussion with the members in the community and health experts. Happiness, Feeling Secure, and well-being were the three variables.

To determine the relationship between improved health security and consequence variables, the correlation test was applied. The result is well explained in the following table.(Table No.7)demonstrates the relationship between the consequences and extent of health improvement. As per Table 4.45, the correlation coefficient (r) between happiness and the extent of health improvement is 0.649, and the correlation coefficient is significant at .01 level. The correlation coefficient (r) between the extent of health improvement and feeling secure is 0.653; the factor is significant at .01 level. The correlation coefficient (r) between the extent of health improvement and well-being is 0.628. The correlation coefficient is significant at .01 level, a positive correlation showing a good uphill linear relationship. It is evident from the table that all these three variables positively correlate with the extent of health improvement.

Members in the group discussion were not very vocal about their well-being situation. They still go through quite many vulnerabilities related to their socio-economic conditions and the reality of exclusions. They commented that the health protection scheme has contributed to their happiness and feeling of security. Members from the village of Pokla in Kamdara district commented in the group discussion on February 22, 2019, that; "the *health protection scheme has contributed in a great way to minimize our stress and insecurity regarding the treatment expenses, and this has reduced our tension and maybe resulting in our mental well-being" (Pokla, 2019)*[7]. It can be concluded that the greater the extent of health improvement, the consequences of happiness, well-being, and secure feeling will be higher. If the result is vital in feeling secure and happy, the well-being of the community will also be proportionately higher.

VIII. RECOMMENDATIONS

Carefully examining the socio-economic determinants and other health improvement indicators, the researcher places certain recommendations that would help the policymakers and implementers of the health care programs for effectiveness in the delivery of health care to marginalized communities. Such steps would pave the way for the health and well-being of such constituencies.

The health and well-being of the Tribal community are closely linked with the socio-economic determinants, health systems, and the traditional practices religious influences of the community. Health education, behavioral change practices for good health, and provisions for culturally integrated health systems would be the solution for better acceptance of the health systems that lead to better health and well-being.

Affordability and accessibility to health are in proportion to the socio-economic factors of the community. Education, occupation, and income play a significant role in people's health improvement and well-being. Measures must be in place to strengthen the socio-economic indicators from the government's part by way of the protection mechanisms, which is inclusive of all the community's developmental needs. This would result in increased access to the health care system leading to better health and well-being.Better coverage, utilization, and attainment should be the goal of every protection mechanism. Ayushman Bharat should have such measures in focus.

Ayushman Bharat covers only allopathy streams whereas, other streams of medicine such as; naturopathy, homeopathy, Siddha,etc. are well accepted and practiced by the tribal community. RSBY/AB should accommodate holistic and multidimensional health care practicesto ensure better access to the Munda community's holistic health and well-being.

Happiness and well-being are the indicators of a better health system. The study concludes that the consequences of happiness, well-being, and secure feelingsresult from improved health security. Another important highlight of the study is that theExtent of Health Improvement is measured by Improved Physical Capabilities, Healthy Treatment Practices, Reduced Morbidity, and Reduced Miserability, which are the indicators of better health and well-being. The health implementation frameworks should focus more on equitable access and quality of health care outcomes to improve the community's health capacities, impacting on security, happiness, and well-being of the Munda Tribal community.

Affirmative actions for health protection and targeting of the tribal community with a special focus in the Tribal Sub Plan is the need of the hour to bring change in the health and well-being of the Tribal community. The health system of Kerala's state is a model par in excellence, where there is a good synchronization of primary, secondary, and tertiary levels and which well appreciated globally.

[7]FGD in the village of Pokla

IX. CONCLUSION

Health should be a right of the population of the country. The constitution of the country has not given the protection for the right to health by constitutional provision. The poor and marginalized communities are the subjects or recipients of the benefits. Health policies and frameworks have failed to ensure the protection and well-being of the poor tribal communities. The socio-economic and geographic vulnerabilities have added a burden to the lives of the communities. Vulnerable communities should be on the primary agenda of the social policies of the government. The development of narratives should be embarking on community-based and managed solutions to health care with proper community protection and participation. Measures should be in place for community participation and management in the health system, even in the Primary Health Centres administration. Moreover, the community paradigm should be reinforced by making 'health as a right' in the country's constitution through legislative measures. The outcomes would be in line with the health and well-being of the vulnerable communities.

REFERENCES

[1]. Ahmad, N., Ellins, J., Krelle, H., & Lawrie, M. (2014). *Person-centered care: from ideas to action*. London: Health Foundation.

[2]. Balarajan, Y., Selvaraj, S., & Subramanian, S. V. (2011). Health care and equity in India. *The Lancet, 377(9764)*, 505-515.

[3]. Barik, D., &Thorat, A. (2015). Issues of unequal access to public health in India. *Frontiers in public health*, 3, 245.

[4]. Crinson,I.& Martino,L.(2007). Concepts of Health, Wellbeing, and Illness, and the Aetiology of Illness. Retrieved March,20,2020, from https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4a-concepts-health-illness

[5]. Dunn, H. L. (1959). High-level wellness for man and society. American journal of public health and the Nation's health, 49(6), 786-792.

[6]. Dyer, T., Owens, J., & Robinson, P. G. (2016). *The acceptability of healthcare: from satisfaction to trust.* Community dental health, 33, 1-10.

[7]. Gadallah, M., Zaki, B., Rady, M., Anwer, W. & Sallam, I. (2003). Patient satisfaction with primary health care services in two districts in Lower and Upper Egypt. *EMHJ - Eastern Mediterranean Health Journal, 9 (3), 422-430.* Retrieved *from https://apps.who.int/iris/handle/10665/119293*

[8]. Global Wellness Institute (2016) 'What is the Difference between Wellness and Well-being? Alternatively, is there One?' <https://globalwellnessinstitute.org/global-wellness-institute-blog/2016/04/19/2016-4-19-whats-the-difference-between-wellness-and-well-being-or-is-there-one/>.

[9]. Goddard, M.&, Smith, P. (2001). Equity of access to health care services: theory and evidence from the UK. *Soc Sci Med*.;53(9):1149-1162. DOI:10.1016/s0277-9536(00)00415-9

[10]. Kuhlthau, K. A. (2011). Measures of Availability of Health Care Services for Children. *Academic Pediatrics*, 11(3), S42-S48. Available from: https://doi.org/10.1016/j.acap.2010.11.007

[11]. Lohr, K. N. (1990). Defining quality of care. In *Medicare: A Strategy for Quality Assurance: VOLUME II Sources and Methods*. National Academies Press (US).

[12]. MoHFW, G.o.I. (Last updated 2019) '**Ayushman Bharat - Health and Wellness Centre**' <https://ab-hwc.nhp.gov.in/>.

[13]. PIB, D. (Last updated 2019) 'Addresses 13th Global Healthcare Summit 2019' <https://pib.gov.in/PressReleseDetailm.aspx?PRID=1579680>.

[14]. Ruger, J.P. (2010). Health Capability: Conceptualization and Operationalization. *American Journal of Public Health*, 100(1), 41-49. DOI: 10.2105/AJPH.2008.143651

[15]. Sharma, T. (2018). *Munda Tribes of Jharkhand Desire Inclusive Development*. Retrieved June 10, 2020, from https://www.villagesquare.in/2018/08/27/munda-tribes-of-jharkhand-desire-inclusive-development/

[16]. TRIBAL HEALTH REPORT in India'(2018). India: Government of India.

[17]. World Health Organization. (1946, June). Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. In the International Health Conference, New York (pp. 19-22).

Poly Varghese. "Well-being Approach to Health – An Indeterminate Aspiration for the Munda tribe." *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 25(10), 2020, pp. 34-41.