Original Article

Perception of human rights in health care: A cross-sectional study among tribal young adults of Puruliya, West Bengal

Sajda Khatoon[1], Annie Johnson[2], Paramita Bhattacharya[1], Nirmalya Mukherjee[1], Denny John[1,2], Krishnamurthy Jayanna[3]

[1]Centre for Public Health Research, Manbhum Ananda Ashram Nityananda Trust, Kolkata, West Bengal, India, [2]Faculty of Life and Allied Health Sciences, MS Ramaiah University of Applied Sciences, Bengaluru, Karnataka, India, [3]Faculty of Life and Allied Health Sciences, and Office of Research and Innovation, MS Ramaiah University of Applied Sciences, Bengaluru, Karnataka, India

Abstract

Background: Human rights provide a universal foundation for pursuing justice in public health in order to achieve the dignity of all individuals. In spite of international attempts to promote human rights in the context of health, a significant portion of India's indigenous population continues to have a limited understanding of these rights. **Objective:** This study aims to analyze tribal people's attitudes towards human rights in health care. The population consists of tribal residents from Manbazar – I and Puncha Blocks in the Puruliya district of West Bengal, India. Tribal young adults between the ages of 18 and 35 were the subject of a cross-sectional study. **Methods:** A pretested questionnaire was used to collect data. MS Excel and SPSS 27 were used for analysis. A descriptive analysis was carried out. **Results:** The participants' mean scores for awareness, accessibility and communication, autonomy and sexual and reproductive health and sexual and reproductive health rights (SRHR) were 8.06, 15.76, 7.35 and 32.52 revealing a moderate perception level among the young adult tribal population in the selected blocks. **Conclusion:** A holistic focus of the governmental and other non-governmental organizations towards the tribals is required. Introducing various aspects of human rights in healthcare in the education curriculum along with community outreach would by all likelihood improve the perception of 'Human Rights' and thus help in better utilization of various services including health among tribal populations in India.

Keywords: Health care, human rights, tribals, West Bengal

Introduction

Health is considered a basic right that all people in a country must be able to attain.[1] Human rights have taken center stage on both national and international agendas. In line with the United Nations Declaration, the Indian Constitution has a legitimate concern for the promotion and protection of the human rights of its people.[2] These include fundamental survival rights to food, shelter, the right to social security and health care, to participate in the cultural life of one's society, to work, and the right to education. Sadly, there is a significant gap between the intent of human rights laws and the continued violation of tribal communities' human rights in India.[3]

In India, there are more than 104 million tribal people constituting 8.6 percent of the total country's population. The tribal people are not homogenous in nature as there are 705 tribal groups living in contemporary India.[4] According

Address for correspondence: Dr. Paramita Bhattacharya, Research, Centre for Public Health Research, Manbhum Ananda Ashram Nityananda Trust, Kolkata - 700 078, West Bengal, India.
E-mail: paramita@cphr-mant.org

Received: 04-07-2023 **Revised:** 09-08-2023
Accepted: 21-08-2023 **Published:** 24-05-2024

Access this article online

Quick Response Code:

Website: http://journals.lww.com/JFMPC

DOI: 10.4103/jfmpc.jfmpc_1098_23

How to cite this article: Khatoon S, Johnson A, Bhattacharya P, Mukherjee N, John D, Jayanna K. Perception of human rights in health care: A cross-sectional study among tribal young adults of Puruliya, West Bengal. J Family Med Prim Care 2024;13:1643-52.

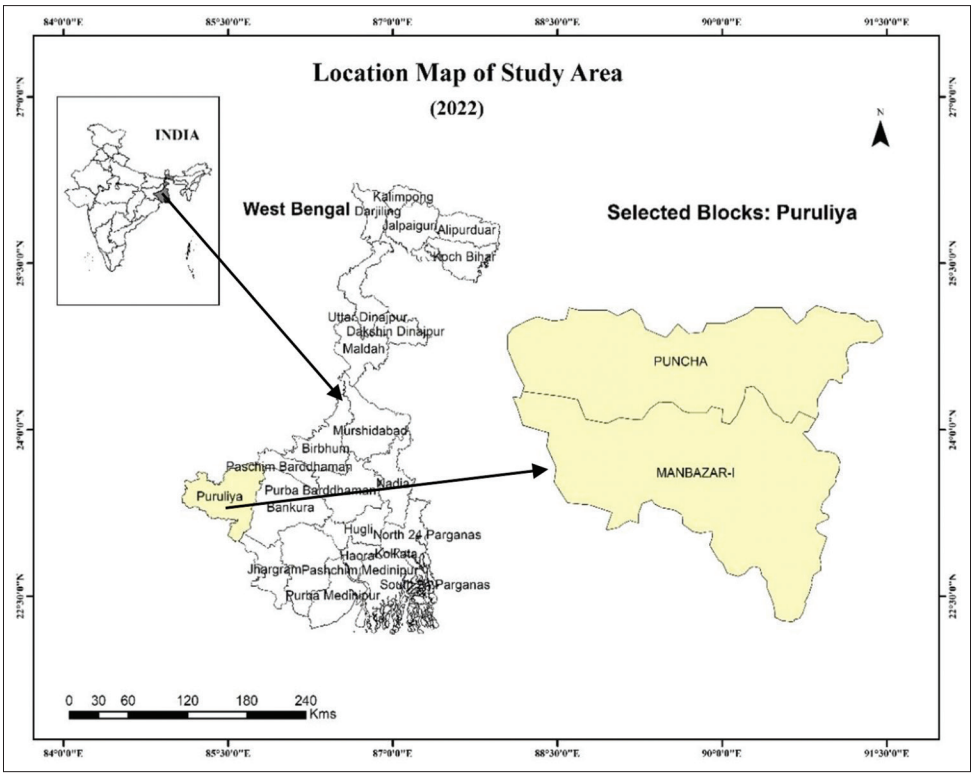

Figure 1: Location of the study area

to Rural Health Statistics (RHS), the indigenous community confronts substantial challenges in accessing health care, with the primary issues being lack of awareness, language and social barriers, and racial discrimination at health centers.[2] Tribal areas in India face a shortfall of 8503 SCs, 1464 PHCs, and 347 CHCs. Also, the requirement of allopathy doctors in PHCs of the tribal areas of India ranges from 4 to 444 while the same for in-position ranges from 7 to 675. Odisha records the highest shortfall of doctors (115) at its PHCs. Similarly, health workers (Females)/ANMs required in India range from 4 to 444 while the in-position ranges from 2 to 727. Assam has the highest shortfall (188) of such workers. However, there seems to be a greater shortfall of male health workers across the country ranging from 24 to 2,671, the highest being reported from Madhya Pradesh.[5] As per NFHS-5, 64.6% of tribal women suffer from anemia, while 81.8% of tribal women receive antenatal care from skilled health workers. The Infant Mortality Rate amongst the scheduled tribes was 32.1/1000, while Under-5 mortality was 35.5 per 1000 which is higher than other backward classes (26.8 and 44.4 per 1000), respectively.[6]

Sexual and reproductive health (SRH) is one of the important components of women's development, and sexual and reproductive health rights (SRHR) protect it by promoting equality and dignity.[7] These were defined during the 1994 International Conference on Population and Development (ICPD) under the "rights-based approach," and are also recognized in the 96th article of the 1995 Beijing Platform for Action in the same manner as human rights.[8,9] Sexual health and reproductive health rights in India call for comprehensive legal and policy reform to ensure access to health care, protection from and redress for gender-based violence, and sexual autonomy while emphasizing the importance of access to sexual and reproductive health information as well as constitutional entitlements and legal rights, particularly for marginalized groups.[10] Tribal populations lack autonomy in accessing sexual and reproductive rights, necessitating the creation of a healthcare delivery system that is appropriate, accessible, acceptable, and affordable for them, making it even more significant to have a health system that prioritizes tribal populations, equity over equality.[11]

There is a paucity of research on the perception of the "right to health" in health care, in the Indian context especially among the tribal population. The present study will try to address this gap. The 'right to health' and its impact on health issues have not received as much attention in the past as have more narrowly focused topics like patient care and women's sexual and reproductive health.[12] The legislative framework is vital for improving access to health care for the underserved and poor while also enforcing minimum standards for the industry.[13] In addition, there is a lack of public knowledge on health care rights; it is a major challenge to implement necessary reforms.[14] Given this background, the present study focuses on understanding the perception and knowledge toward human rights in health care, with an emphasis on the sexual and reproductive rights of women in the Puruliya district which has the second largest tribal population (18.45%) in West Bengal.[15]

Methodology

Study area

This study was conducted in the Puruliya district of West Bengal. According to the 2011 census, the district's total population is 2,930,115 out of which 18.45 percentage (540,652) belong to a tribal community consisting of 271,803 males and 268,849 females.[16,17] As per administrative set-up there are 20 blocks under the four subdivisions of the district. This study was conducted in Manbazar-I and Puncha Blocks. Figure 1 For creating the location map of the syudy area, the shapefiles for India administrative boundary was obtained from ESRI[18] while that for West Bengal was obtained from open source.[19]

Study design

A cross-sectional study was conducted among the tribal youths (aged 18–35 years), and quantitative data were gathered to obtain a more comprehensive view which aided in arriving at conclusions.[18] The rationale for selecting this age range is based on the findings of several literature and reports demonstrating that this age group can better comprehend and respond to questions related to health and rights.[6,19,20]

Sample size

To generate a cautious estimate of sample size, a sample size of 250 participants was selected for this study using the method $n' = 1 + \frac{N / \chi^2 \times P(1-P)}{e^2 N}$ with an account of a 95% confidence interval, a 6% margin of error, and a 37% proportion of the tribal population in Manbazar-I and Puncha in order to obtain a conservative estimate of sample size.[21] Individuals who agreed to respond numbered 247 and the response rate of the study was 98.8%.

Data collection

Data was gathered from 28th April to 24th May 2022 using a pre-tested interview schedule [Appendix I] in both English and Bengali, the region's native language, with largely closed-ended and few open-ended questions. The internal consistency reliability for Likert-type response sets was checked using Cronbach's Alpha test which returned a value of 0.793 and hence was acceptable. Those who agreed to take part in the study were interviewed by professionals who knew the purpose of the study and that their participation was anonymous and voluntary. Every third household was selected till the required number was achieved. Convenience sampling was used to recruit participants in the 18–35-year age group from the identified households.

Measurement of variables

It is challenging to scientifically quantify perception since it is the process of selecting, organizing, and analyzing information in social contexts by being aware of indicators and behavioral intentions.[22] The quantitative component of the study included a survey of youths' views and understanding of human rights in health care. The interview schedule comprises socio-demographic questions and four domains of human and SRHR. This study examined awareness, knowledge, and autonomy, which are essential indicators of rights enforcement. This study measures human rights perception in health care. Young adults' impressions of human rights in health care were measured on a four-point Likert scale under the domains of Accessibility and Communication, Autonomy, Degree of Awareness and Comprehension regarding Sexual and Reproductive Health Care. Each Likert item was scored 1–4. Human rights in health care are viewed more positively with higher scores. Each person's perception score was calculated and categorized. The individual perception scores were categorized in the following manner:

Based on a study by Bhattacharya *et al.* (2016), we set a perception score formula as; 0 to < Mean –1 Standard Deviation (SD) indicating the low perception score category, Mean – 1 Standard Deviation to Mean +1 Standard Deviation indicating the medium perception category; and ≥ Mean +1 Standard Deviation indicating high perception category.[23]

Data analysis

Data collection conducted using paper-based forms was entered into MS Excel and data cleaning was conducted. SPSS v 27 was used for performing statistical analysis.[24] Perception scores were first calculated for each item using SPSS. Calculation of mean, standard deviation, and the categorization of the scores and cross-tabulations was carried out in SPSS, and graphical representation of the results was conducted using MS Excel.

Outcome measures

The young adults' perception of human rights in health care measured under the domains of accessibility and communication, autonomy, degree of awareness, and comprehension regarding Sexual and Reproductive health care were considered as dependent variables in the study. Predictor variables included socio-economic factors such as age, gender, education, occupation, and marital status.

Ethical considerations

The Institutional Review Board of M.S. Ramaiah University of Applied Sciences, Bengaluru, granted ethical approval for this study (Reference no: EC-2022/EX/05). Adult participants signed informed permission forms to participate in the study. Participants were also informed that they might leave the interview at any moment. Furthermore, the privacy and confidentiality of their responses were guaranteed to the participants by the research team.

Results

Socio-demographic characteristics of participants

This survey comprised 247 youth aged 18–35 from Manbazar-I and Puncha Blocks of Puruliya, West Bengal, India. As presented

in Table 1, the participants' average age was determined to be 27 years. Males comprised 25.5% of the total number of participants, while females made up to 74.5%. In terms of marital status, 77.3% of the participants were married and 20.2% were unmarried. Majority of the population (78.5%) belonged to the Sari religion. About 59.5% of the respondents had completed high school, 21.1% had completed pre-primary school, and only about 6.9% continued further education. Regarding employment, the vast majority of participants (91.9%) were agricultural workers, 95.9% earned less than INR 5,000 per month, and 84.2% were Below Poverty Line (BPL) card holders.

Access to basic human rights and its concepts

In terms of drinking water access at premises, 92.3% of the population was found to be lacking. Similarly, 70.9% lacked toilet facilities in their homes. Again, 30.8% of homes lacked proper drainage facilities; only 23.9% had some kind of drainage system available while majority (45.3%) were unaware of any such amenity. In terms of health care seeking behavior, 83.4% used the traditional methods of healing and 80.57% of respondents used both modern health care facilities as well as traditional healing methods. Figure 2 depicts that about 68% of the respondents were familiar with the human rights, while 65.6% of them were aware of the concepts related to human rights. 34% of the respondents identified "liberty, freedom to do what you want as long as it is legal, not hurting one another" as being a human right. Another 25% of people identified "equality and equal opportunity" as a human right [Figure 3].

Table 1: Socio-demographic characteristics of participants

Characteristics	*n* (247)	Percent
Age (18–35 years) Median 27 years		
Age Group		
18–20	34	13.76
21–25	68	27.53
26–30	65	26.32
31–35	80	32.39
Gender		
Male	63	25.5
Female	184	74.5
Religion		
Sarna	52	21.1
Sari	194	78.5
Others	1	0.4
Educational Status		
Pre-Primary	52	21.1
Primary	31	12.6
High school	147	59.5
Others	17	6.9
Occupation		
Agriculture	227	91.9
Others	20	8.1
Income per month in INR		
<5000	237	95.9
Others (5000–10000 and >10000)	10	4.1
Marital Status		
Married	191	77.3
Un Married	50	20.2
Others (Widow/Widower, Divorced/Separated)	6	2.4

Level of awareness and knowledge about health and health rights

The overall mean score in this domain was 8.06 (out of 20). Majority of the respondents appear to have a moderate level of awareness about health rights [Table 2]. Awareness that the "right to health" is one of India's human rights laws was missing amongst majority of the respondents (92.31%). About 90.28% believed that tribal people do not have constitutional rights.

Accessibility and communication

The mean score for this domain having eight Likert items was 15.76 (SD 4.39). As evident from Table 2, majority of the respondents are in the moderate category. More than half (66.4%) of the respondents opined that the health care facility was accessible to them in terms of non-discrimination, physical accessibility, information accessibility, and financial accessibility. About 43.32% of respondents reported experiencing communication challenges with health care personnel. In contrast, 94.33% of respondents indicated that their viewpoint was neither heard nor valued by physicians, nurses, and other health professionals. Only 14.57% of respondents reported being treated with respect by physicians, nurses, and other professionals working in the health care industry and 23.48% of respondents reported experiencing some type of prejudice in their community.

Autonomy

This domain comprises of four Likert items having a mean overall score of 7.35 (SD = 2.14). Similar to other domains, majority of the population (67.6%) were in the moderate category [Table 2]. 28. Under the domain of autonomy, an overwhelming majority (86.23%) disagreed with being able to successfully resist any unjust treatment within the healthcare system. Only 15.38% believed they could influence health-related policies and regulations while 84.62% disagreed. About 31.58% of respondents agreed to enjoy the same rights as the other citizens of the country.

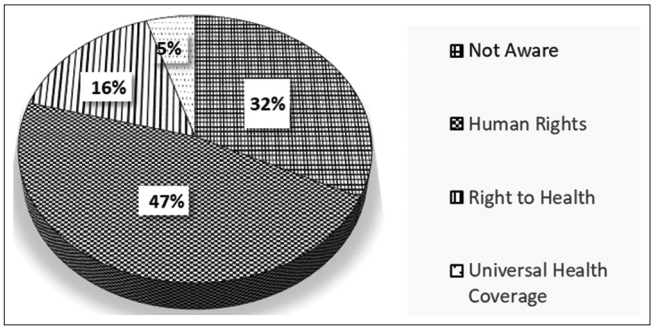

Figure 2: Familiarity with Human Rights

Understanding of sexual and reproductive health and sexual and reproductive health rights of adolescents and women

This domain includes 19 questions having a mean overall score of 32.52 (SD = 6.41). Majority (63.2%) lie in the medium category. The perception of the respondents about Reproductive and Sexual health is mostly inclined toward strongly disagree/disagree. A greater proportion (92.71%) of the population are uncomfortable discussing about sexually transmitted illnesses with their health care provider. Similarly, 90.69% of the masses were uncomfortable discussing sexual and reproductive health issues with their mothers or spouses. Another 91% reported against easy availability of contraceptives from their government health care systems [Figure 4].

About 96% of respondents believed that women should have access to information or classes regarding reproductive and sexual health as well as access to the clinics for the same health issues. Almost 92% of respondents believed that prenatal and postnatal classes for women should be offered. Treatment and information on sexually transmitted diseases and classes on sexual relationships and premarital preparation, contraceptives, and instruction for use must be arranged for women was the belief of about 78.14%, 71.26%, and 67.21% of the people, respectively.

While analyzing the section on "perceptions on reproductive and sexual health rights of adolescent girls and women," it was found that modal frequency of the responses pertains to either strongly disagree or disagree. About 29.96% of respondents agree to the fact that the various dimensions of human rights are intertwined and depend on reproductive rights and also understand that there exist various issues in their community that restrict women's access to health services. However, 88% do not believe that women have any personal liberty to make their own reproductive choices. A greater proportion (92%) were unaware of the fact that reproductive rights include assuring non-coercive, quality, and target-free access to the complete spectrum of contraceptive methods.

Only 3.64% of the respondents strongly agreed to the fact that there are several policies and initiatives in place to improve women's safety like that in urban public spaces which reflects that a much larger section of the population (92%) is unaware of it.

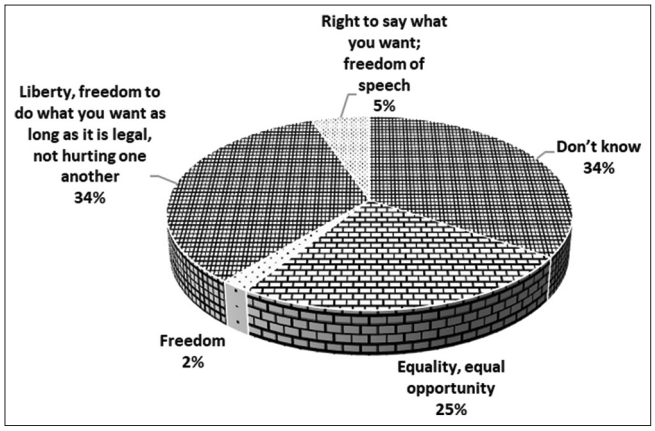

Figure 3: Identifying Human Rights Concepts

Discussion

To our knowledge, this is a first-of-its-kind study pertaining to "health rights" of the tribal population in India. Our study found that about 47% of the population had heard of the term "human rights," 15.8% were aware of "Universal Health Coverage," while very few had heard about the "National Human Rights Commission." According to WHO, human rights in health care are connected with the accessibility and availability of health care

Table 2: Categories of Awareness, Accessibility and Communication and Autonomy Scores

Categories	Frequency	Percent
Awareness Scores		
Low ≤6.00	56	22.7
Medium 7.00–10.00	162	65.6
High >11.00	29	11.7
Accessibility and Communication Scores		
Low ≤11.00	38	15.4
Medium 12.00-20.00	176	71.3
High >21.00	33	13.4
Autonomy Scores		
Low ≤5.00	45	18.2
Medium 6.00–9.00	167	67.6
High >10.00	35	14.2
Sexual and reproductive health and sexual and reproductive health rights of adolescents and women Scores		
Low ≤26.00	48	19.4
Medium 27.00–39.00	168	68.0
High >40.00	31	12.6
n	247	100

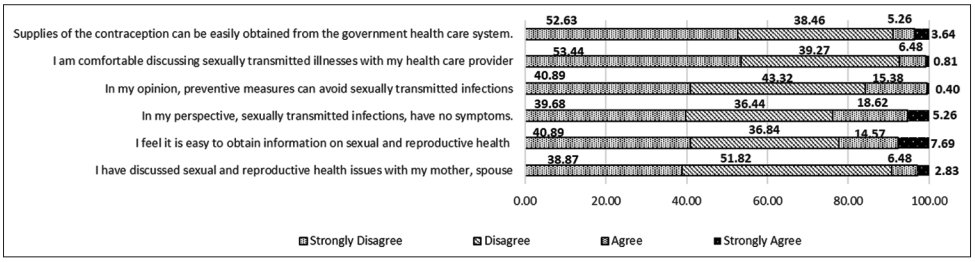

Figure 4: Perception about Reproductive and Sexual health and its issues

facilities with no discrimination. Under this domain, the people were moderately scored. However, a significant proportion of the population lacked access to basic amenities of drinking water and toilet facilities within their premises and proper drainage indicating that public health should concentrate on these amenities to improve their quality of life. Although they are aware of their rights, they are missing basic human rights amenities like drinking water, sanitation facilities within premises, and drainage systems which lead to good health. In terms of health care seeking behavior, a satisfactory section of the population made use of modern health care facilities in conjunction with traditional methods of healing.

The masses had a fair amount of knowledge about several government schemes like Nischayjan, Comprehensive abortion care, Janani Suraksha Yojana, National Health Mission Janani Sishu Suraksha Karyakram, and Sterilization services/ contraceptives. Only 14.57% of respondents believed that they received dignified treatment from their doctors, nurses, and other health care professionals, and 23.48 percent of respondents reported experiencing discrimination in their community. In contrast, more than half of the population found their health care facility to be non-discriminating, physically and financially accessible, and also accessible for obtaining information. The lowest mean score was obtained under the autonomy and awareness domains and the highest under accessibility domain which reflects the need to amplify the awareness levels of the masses. However, when they talk about SRHR, we find very contradictory results which show that there is a lack of clear understanding of basic "human rights" that they deserve.

People's perceptions of reproductive and sexual health rights of adolescent girls and women mostly were low. Women do not have equal rights to make reproductive decisions as men was echoed by 96% of the respondents which is similar to the findings of a study on access to sexual and reproductive health and rights (SRHR) for women and girls of Nomadic and De-notified Tribes (NT-DNT) conducted in Thane District, Maharashtra, India.[25] It is evident that though there is some awareness about SRHR, yet they are unable to actually communicate about it with their family or health care providers. There exists a cultural and social barrier and deep ingrained stigma associated with these issues which hinders the exercise of this right by the tribals. More than half (66%) of the respondents disagree with the fact that various dimensions of human rights are intertwined and depend on reproductive rights. Also, the fact that women do not have the right to make their own reproductive choices reflects the lack of understanding and less importance attached with women's health and health rights.

Majority agreed that women should be made aware of reproductive and sexual health issues, have access to clinics for sexual and reproductive health, antenatal and postnatal care, and information on and treatment of sexually transmitted diseases, contraceptives, and instruction on their use. This can help improve the sexual and reproductive health of women, raise awareness, and ensure fulfillment of this right. Moreover, the awareness and practice of health rights should encompass all the members of the community both males and females.

Implications for policy and future research

The current study throws light on the need for the tribal communities to be at the forefront of implementing human rights in health for the measures to be sustainable. Top-down approaches in communities would either tend to meet resistance or lack of acceptance.[26,27] Awareness of health rights among the communities needs to be increased via health literacy programs, community mobilization, and behavior change communication techniques focusing on folklore, folk songs, and culture-sensitive methods would be more suitable in the tribal communities. Engaging community leaders such as tribal leaders, schoolteachers, etc., along with sensitization of health care providers to recognize and respect the rights of the tribal populations would ensure a greater reach of health rights-based messages to the communities.

There are limitations to the study due to its small sample size and restricted to two blocks in a district of West Bengal state. Due to the quantitative study design, we were also unable to evaluate the limitations and explanations underlying their moderate impression of human rights in health care. Future studies using a qualitative approach could be useful to identify this gap. The study area has the presence of a community radio station (the only community-led tribal radio station in the country) which runs regular programs on human rights and entitlements of the tribal people. We feel that the results of the study might be influenced by the regular radio programs in tribal languages and were not considered in our study. Future research could use case-control studies where such interventions are available compared to study areas where such socio-behavioral communication strategies do not exist.

Conclusion

In conclusion, based on our study, tribal populations in West Bengal have a moderate level of perception score regarding human rights in health care. Human rights-based approaches should receive a higher priority within this population group. Primary health care among the tribals must involve the locals trained in the health care system in order to manage the language, cultural, and other communication barriers. Suitable measures should be introduced by the government, non-government organizations, and stakeholders to increase knowledge, enhance their consciousness, and address the complexities within the tribal populations by including men alongside adolescent girls and women for introducing various dimensions of human rights in health care in the curriculum and organizing regular awareness campaigns. This will enable tribal populations to utilize health care services similar to other communities. Government should take measures so that "health right" is brought into practice and not left on paper for tribal populations in the country.

List of abbreviations

- SCs – Sub Center

- PHCs - Primary Healthcare Center
- CHCs- Community Health Centers
- ANMs - Auxiliary nurse midwife
- NFHS-5- National Family Health Survey
- SRHR- Sexual and reproductive health rights
- BPL- Below Poverty Line
- SD-Standard Deviation
- NT-DNT- Nomadic and De-notified Tribes.

Financial support and sponsorship

Supported by Manbhum Ananda Ashram Nityananda Trust (MANT).

Conflicts of interest

There are no conflicts of interest.

References

1. World Health Organization. WHO Human rights. 2022. Available from: https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health#:~:text=The%20right%20to%20health%2C%20as, consensual%20medical%20treatment%20and%20experimentation. [Last accessed date 2022 May 03].
2. Halavath K. Human rights and realities of tribals' lives in India: A perfect storm. IOSRJHSS 2014;19:43–6.
3. Halavath K. Human rights and realities of tribals' lives in India: A perfect storm. IOSRJHSS 2014;19:43–6.
4. Narain JP. Health of tribal populations in India: How long can we afford to neglect? Indian J Med Res 2019;149:313–6.
5. Rural Health Statistics 2020-21. New Delhi: Ministry of Health & Family Welfare. Available from: https://main.mohfw.gov.in/newshighlights-90. [Last accessed on 2023 Jan 17].
6. National Family Health Survey (NFHS-5). Mumbai: International Institute for Population Sciences (IIPS) and ICF; 2019.
7. The Society for Adolescent Health and Medicine. Sexual and reproductive health care: A position paper of the society for adolescent health and medicine. J Adolesc Health 2014;54:491–6.
8. Programme of action; Chapter VII. Cairo, Egypt: United Nations Population Fund; 1994. p. 45–6. Available from: https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf. [Last accessed date on 2023 May 02].
9. The Fourth World Conference on Women. In: Beijing Declaration and Platform for Action. Beijing: United Nations; 1995. p. 36. Available from: https://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf. [Last accessed on 2023 Jul 02].
10. Banerjee D, Rao TSS. Sexual and reproductive rights: Time to ring the bell? J Psychosexual Health 2021;3:301–4.
11. Balarajan Y, Selvaraj S, Subramanian SV. Health care and equity in India. Lancet 2011;377:505–15.
12. Iqbal S, Zakar R, Zakar MZ, Fischer F. Perceptions of adolescents' sexual and reproductive health and rights: A cross-sectional study in Lahore District, Pakistan. BMC Int Health Hum Rights 2017;17:5.
13. World Health Organization. Advancing the Right to Health: The Vital Role of Law. Geneva: World Health Organization; 2016. Available from: https://apps.who.int/iris/handle/10665/252815. [Last accessed on 2023 Jan 25].
14. Seymour J. The impact of public health awareness campaigns on the awareness and quality of palliative care. J Palliat Med 2018;21:S30-6.
15. Daripa SK. Socio economic status of the tribals of Puruliya District in the post colonial period. Int J Res Soc Sci 2018;2:729.
16. District Census Handbook Puruliya. New Delhi: Census of India; 2011.
17. Census Tables. Census of India: Census tables 2011. Available from: https://censusindia.gov.in/census.website/data/census-tables. [Last accessed date on 2022 Jun 17].
18. ESRI India. India: District Boundary 2021 [Internet]. 2021;Available from: https://policymaps.esri.in/datasets/esriindia1::india-district-boundary-2021/about.
19. Akula Dutta. Indian Shapefiles West Bengal [Internet]. 2022;Available from: https://github.com/datta07/INDIAN-SHAPEFILES/tree/master/STATES/WEST%20BENGAL.
20. National Youth Policy. New Delhi: Ministry of Youth Affairs and Sports, GOI; 2014. Available from: https://yas.nic.in/sites/default/files/National-Youth-Policy-Document.pdf. [Last accessed on 2023 Mar 08].
21. A Practical Guide to Sampling. Available from: https://www.nao.org.uk/wp-content/uploads/2001/06/SamplingGuide.pdf. [Last accessed on 2023 Jan 25].
22. Anderson R, Christine Panchaud, Lisa Remez, Susheela Singh. Measuring Adolescent Women's Sexual and Reproductive Health Within A Rights-Based Framework: Developing and Applying an Index [Internet]. 2014. Available from: https://www.guttmacher.org/sites/default/files/pdfs/pubs/AISAR.pdf. [Last accessed on 2023 Feb 23].
23. Bhattacharya P, Mitra S, Siddiqui MdZ. Dynamics of foodgrain deficiency in India. Margin: J Appl Econ Res 2016;10:465–98.
24. IBM team. Statistical Package for the Social Sciences (SPSS). 2020. Available from: https://www.ibm.com/spss. [Last accessed on 2023 Jun 20].
25. Pawar D. From criminalised histories to rightful present – nomadic women demand equal rights to sexual and reproductive health: A study in Maharashtra, India. Sex Reprod Health Matters 2022;29:2064051.
26. Mathew SG, Ramu KA, Prasad R. Top-down Approaches to Health do not Work. The India Fourm, 2022. Available from: https://www.theindiaforum.in/article/top-down-approaches-health. [Last accessed on 2023 Apr 08].
27. B PK. Revisiting major approaches to tribal development in India: A brief review of isolationist, integrationist and assimilative approaches. Contemp Voice of Dalit 2022. doi: 10.1177/2455328X221122600.

Appendix I

Questionnaire

"Confidential" - For research purpose only.

Questionnaire to assess the perception of human rights in health care and their obstacles among the youth population aged between 18 to 35 years in Manbazar I and Puncha blocks.

Instructions

- This is a questionnaire to be filled by youth and young adult population (18–35 years). Objective of this questionnaire is to know about the human rights in health care in India.
- Participants are requested to respond to all the questions. It may take around 15–30 minutes to fill this questionnaire. Please provide honest and correct answers to all the questions, as these are meant purely for research and welfare of upcoming generation.
- Please note that you will not be asked to provide your name. Hence, your responses will remain completely ANONYMOUS. We will collect and protect the filled questionnaires and will not share it with the anyone or anyone else other than the members of the research team.
- You have been provided a questionnaire sheet with multiple-choice questions, please select the appropriate answer by making a circle or tick with pen. Some questions allow you to select just one answer while others allow you to select as many answers as applicable. Kindly refer to the instruction given in the bracket after each question to decide the number of answers you are allowed to select.
- There is a separate section for adolescent girls and women to complete their responses.
- In case of any doubt or query please raise your hand, and the researcher will attend you to resolve your doubt or query.
- We highly appreciate the time and efforts that you will put in filling out this questionnaire. We commend your contribution towards improving understanding of human rights in health care.

A. Personal & general information

1. Age (number of completed years): years

2. Gender (Select only one response): a. Male b. Female c. Other

3. Name of the village:

4. Religion (Select only one response):
   a. Hindu
   b. Sarna
   c. Christian
   d. Others (please specify): _____

5. Occupation:
   a. Agriculture
   b. Hunting
   c. Herding
   d. Business
   e. Homemaker
   f. Others (please specify): _____

6. Income status (Select only one response):
   a. <5000 per month
   b. 5000–10000 per month
   c. >10,000 per month

7. Marital status (Select only one response):
   a. Married
   b. Un married
   c. Widow/Widower
   d. Divorced/Separated

8. What is the highest level of education you have completed? (Select only one response)
   a. Pre-Primary school
   b. Primary school
   c. High school
   d. Intermediate
   e. Graduate or Above

9. Have you or any of your family members got any assistance from any government schemes? (Select only one response)
   a. Yes
   b. No

10. Do you possess below poverty level (BPL) card? (Select only one response)
    a. Yes
    b. No

11. Do you have a supply of drinking water source at home? (Select only one response)
    a. Yes
    b. No

12. Do you have access to a toilet at home? (Select only one response)
    a. Yes
    b. No

13. What type of drainage facility does your household have? (Select only one response)
    a. Closed drainage
    b. Open drainage
    c. No drainage
    d. I don't know.

B. HR and health related information

14. Have you heard of the term "human rights"? (Select only one response)
    a. Yes
    b. No

    If you answered yes, how did you learn about human rights? (Select as many responses as applicable
    a. Through Schools/Colleges
    b. Heard from other people
    c. Through social media
    d. Any other, (Please Specify) _____

15. Are you familiar with each of the following? (Select as many responses as applicable)
    a. Human Rights
    b. Universal Health Coverage
    c. Right to health
    d. National Human Rights Commission
    e. None of the above.

(Circle One Number on Each Line)

Questions	Strongly Disagree	Disagree	Agree	Strongly Agree
Have you recently visited a health-care facility in your region in the last 6 months and found it to be clean and well-maintained?	1	2	3	4
Is Health care, including its facilities, equipment, and services, available to everyone	1	2	3	4
I have no communication difficulties when approaching health-care professionals	1	2	3	4
Health care facilities in my area is delivering quality health care, such as the facility, goods, and services	1	2	3	4
Compared to other people, I have an equal access to physicians, hospitals, or other health care facilities	1	2	3	4
I could be able to effectively oppose any unjust treatment in the health care system? (Physicians, hospitals, health authorities)	1	2	3	4
When it comes to my personal health, my opinion is heard and respected by physicians, nurses, and other health profession	1	2	3	4
I have been treated with dignity and respect by doctors, nurses, and other health care workers	1	2	3	4
I will able to influence health-related policies and regulations	1	2	3	4
I enjoy the same rights as the rest of the country's citizens	1	2	3	4
I am aware that health care is one of our country's human rights laws	1	2	3	4
I believe that indigenous peoples have constitutional rights?	1	2	3	4
I believe patients or people should be able to make complaints about health care	1	2	3	4
I am familiar with the village health and nutrition and sanitation committee	1	2	3	4
I believe that women in India have reproductive rights	1	2	3	4
There are various government schemes and initiatives aimed at addressing health issues	1	2	3	4
I have discussed sexual and reproductive health issues with my mother, spouse	1	2	3	4
I feel it is easy to obtain information on sexual and reproductive health	1	2	3	4
In my perspective, sexually transmitted infections, have symptoms	1	2	3	4
In my opinion, preventive measures can avoid sexually transmitted infections.	1	2	3	4
I am comfortable discussing sexually transmitted illnesses with my health care provider.	1	2	3	4
Supplies of the contraception can be easily obtained from the government health care system.	1	2	3	4

In your opinion, which of the reproductive and sexual health services listed below should be provided to women? (Circle One Number on Each Line).

Service	Yes	No
Information or classes on reproductive and sexual health matters	1	0
Clinics for sexual and reproductive health problems	1	0
Contraceptives and instruction for use	1	0
Treatment and information on sexually transmitted diseases.	1	0
Ante-natal and post-natal classes	1	0
Classes on sexual relationships and premarital preparation	1	0