



Maternal Health of Tribal Women in Kerala: Challenges and Interventions

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ABSTRACT

INTRODUCTION

Maternal health is a critical aspect of public health that encompasses the health of women during pregnancy, childbirth, and the postpartum period. Ensuring good maternal health is essential for reducing maternal morbidity and mortality and for the overall well-being of both mothers and their children. In tribal communities, maternal health is influenced by a complex interplay of socio-economic, cultural, and environmental factors.

Kerala, often lauded for its high human development indicators and robust healthcare system, presents a paradox when it comes to its tribal populations. Despite the state's overall progress, tribal communities in Kerala continue to face significant health challenges. The maternal health of tribal women is an area of concern due to factors such as limited access to healthcare facilities, socio-economic disadvantages, and cultural practices that may not align with modern healthcare protocols.

Tribal communities in Kerala, such as the Paniyas, Kurichiyas, and Adiyas, reside primarily in the hilly regions of Wayanad, Idukki, and Palakkad districts. These areas are characterized by geographical isolation, poor infrastructure, and limited access to healthcare services. The traditional lifestyle and practices of these communities further complicate the delivery of maternal health services.

Maternal health among tribal women in Kerala is affected by various factors, including nutritional deficiencies, high rates of anaemia, lack of antenatal and postnatal care, and the prevalence of home births. The healthcare delivery system often struggles to reach these remote areas, and when it does, cultural barriers and mistrust of modern medical practices hinder the utilization of services.

This research aims to delve deeper into the maternal health issues faced by tribal women in Kerala, examining both the systemic barriers and cultural factors that contribute to poor health outcomes. By understanding these challenges, the study seeks to propose effective interventions and policy recommendations to improve maternal health services and outcomes for this vulnerable population.

The importance of addressing maternal health in tribal communities cannot be overstated. Maternal health is not only a matter of individual well-being but also a critical component of public health that affects the health of future generations. Improving maternal health among tribal women in Kerala is essential for achieving equitable healthcare and ensuring that all women, regardless of their socio-economic or cultural background, have access to the care they need.

This study, therefore, seeks to contribute to the existing body of knowledge on maternal health in tribal populations and provide a foundation for informed policymaking and program development. By highlighting the unique challenges faced by tribal women and proposing tailored interventions, this research aims to pave the way for a healthier, more inclusive future for all women in Kerala.

OBJECTIVES

- 1 To assess the status of maternal health among tribal women in Kerala.
- 2 To identify the socio-economic, cultural, and healthcare barriers affecting maternal health in tribal areas.
- 3 To evaluate the effectiveness of existing healthcare services and programs aimed at improving maternal health in these communities.
- 4 To suggest interventions for enhancing maternal health outcomes among tribal women in Kerala.

STATEMENT OF THE PROBLEM

Despite Kerala's notable achievements in healthcare and human development, significant disparities exist in maternal health outcomes among its tribal populations. Tribal women in Kerala face unique challenges that hinder their access to quality maternal healthcare. These challenges include geographical isolation, socio-economic disadvantages, cultural practices, and mistrust of modern medical systems. Consequently, tribal women experience higher rates of maternal morbidity and mortality, inadequate antenatal and postnatal care, and a preference for home births over institutional deliveries.

SCOPE OF THE STUDY

The purpose of the study is to examine the use of maternal health care services by tribal women in Kerala. The study will look at their utilization of Antenatal Care (ANC), Skilled Birth Attendance (SBA), institutional deliveries and Postnatal Care Services (PNC) services. We will consider socio-demographic factors such as age, education, wealth status, and geographical location. Additionally, the study will delve into the cultural beliefs, perceptions and practices surrounding childbirth and maternal health care within tribal communities. It will also assess the accessibility, and availability of, maternal health care facilities in Kerala. Furthermore, will evaluate the effectiveness of existing maternal health care programs and interventions targeting tribal communities. The goal of the study is to provide recommendations for policymakers, health care providers, and community stakeholders to enhance the use of maternal health care services among tribal women in Kerala, addressing socio-economic disparities, cultural barriers, and geographical constraints.

METHODOLOGY

Research Design

This study employs a mixed-method approach, combining quantitative and qualitative research methods to gather comprehensive data on maternal health among tribal women in Kerala.

Sampling

Population: Tribal women of reproductive age (15-49 years) in selected districts of Kerala. Sample Size: 300 respondents, from Wayanad, Idukki and Palakkad selected through stratified random sampling to ensure representation from various tribes.

Data Collection

Primary Data: Structured questionnaires, in-depth interviews, and focus group discussions with tribal women, healthcare providers, and community leaders.

Secondary Data: Review of government reports, health records, and previous research studies.

Data Analysis

Quantitative data will be analysed using statistical software (SPSS) to identify patterns and correlations. Qualitative data will be analysed thematically to gain insights into the lived experiences of tribal women.

RESEARCH QUESTIONS

1. What are the socio-economic and cultural factors affecting the maternal health of tribal women in Kerala?
2. How do geographical isolation and transportation barriers impact the access to and utilization of antenatal and postnatal care among tribal women in Kerala?
3. What are the perceptions and experiences of tribal women regarding traditional and modern maternal healthcare practices, and how do these influence their health outcomes?

REVIEW OF LITERATURE

Studies have highlighted significant disparities in maternal health outcomes between tribal and non-tribal populations. **Sharma et al. (2016)** found that tribal women often face higher maternal mortality rates due to factors like inadequate healthcare access, poverty, and cultural practices that discourage seeking formal medical care.

Research by **Singh et al. (2018)** indicates that antenatal care (ANC) utilization among tribal women is significantly lower than the national average. The lack of awareness, transportation issues, and mistrust of modern medical practices contribute to this gap.

According to **Kumar and Gupta (2017)**, institutional delivery rates among tribal women are alarmingly low, which increases the risk of complications during childbirth. They attribute this to the preference for home births and the influence of traditional birth attendants (TBAs).

Postnatal care is crucial for the health of both mother and child. **Patel et al. (2019)** found that tribal women often neglect postnatal care due to cultural beliefs and lack of access to healthcare services, leading to poor health outcomes.

Several studies, including that by **Das and Sen (2015)**, have shown a strong correlation between socio-economic status and maternal health outcomes. Tribal women from lower socio-economic backgrounds are more likely to experience adverse health outcomes due to limited access to resources and healthcare.

Traditional beliefs and practices significantly influence maternal health behaviors among tribal women. **Roy and Thomas (2020)** highlighted that many tribal communities prefer traditional birth practices, which can sometimes conflict with modern healthcare recommendations.

The effectiveness of government health programs like the National Rural Health Mission (NRHM) and Janani Suraksha Yojana (JSY) in tribal areas has been questioned. According to **Ramanathan (2018)**, while these programs have improved overall maternal health, their impact on tribal populations remains limited.

The lack of adequate healthcare infrastructure in tribal areas is a major barrier to improving maternal health. A study by **Nair and Nair (2016)** emphasized the need for more healthcare facilities and better transportation to ensure timely access to medical care.

The deployment of community health workers (CHWs) has shown promise in improving maternal health outcomes. A study by **George et al. (2017)** found that CHWs play a crucial role in bridging the gap between traditional practices and modern healthcare, thereby enhancing maternal health services.

Cultural sensitivity in healthcare provision is essential for improving maternal health among tribal women. **Thomas and Jacob (2021)** suggested that training healthcare providers in cultural sensitivity can build trust and encourage tribal women to utilize maternal health services.

ANALYSIS AND INTERPRETATION

Socio-Economic Factors

Table 1: Socio-Economic Status of Respondents

Category	Frequency	Percentage
Monthly Income		
Less than ₹5000	150	50%
₹5000 - ₹10,000	100	33%
Above ₹10,000	50	17%
Education Level		
No formal education	120	40%
Primary education	90	30%
Secondary education	70	23%
Higher education	20	7%
Occupation		
Unemployed	100	33%
Agricultural labourer	130	43%
Skilled labourer	50	17%
Government employee	20	7%

Interpretation:

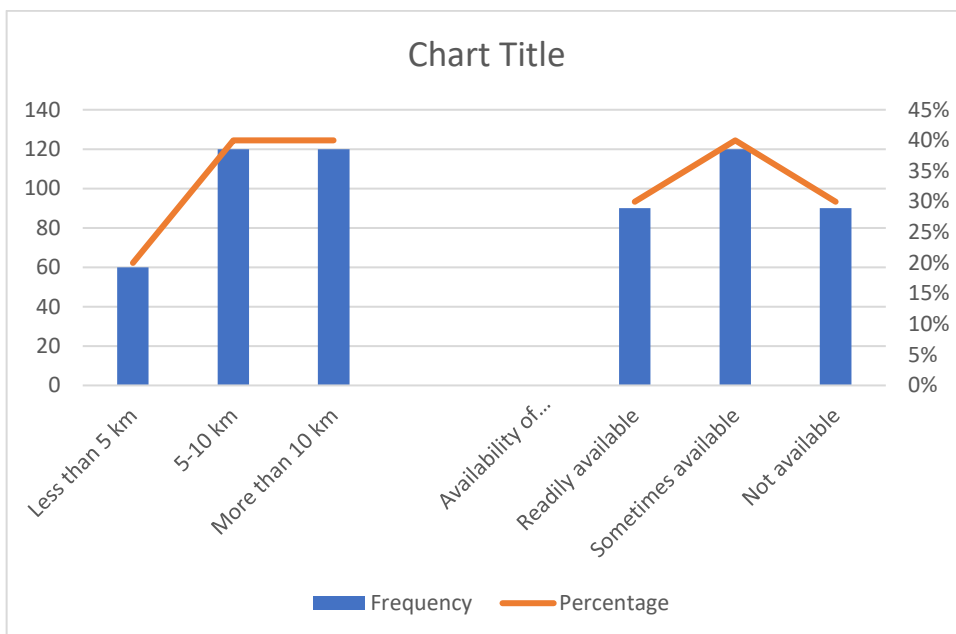
- A significant portion of the respondents have a monthly income of less than ₹5000, indicating economic vulnerability.
- Educational attainment is generally low, with 40% of the respondents having no formal education.
- Most of the respondents are engaged in agricultural labor, reflecting the primary occupation in tribal areas.

Health care Facilities

Table 2: Access to Healthcare Facilities

Category	Frequency	Percentage
Distance to Nearest Healthcare Facility		
Less than 5 km	60	20%
5-10 km	120	40%
More than 10 km	120	40%
Availability of Transportation		
Readily available	90	30%
Sometimes available	120	40%
Not available	90	30%

Graph 1: Distance to Nearest Healthcare Facility



Interpretation:

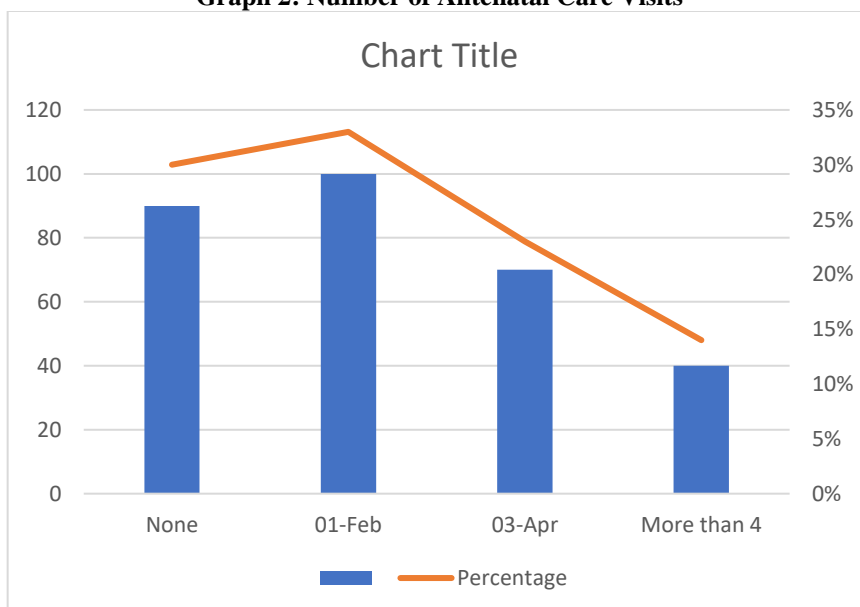
- 80% of the respondents live more than 5 km away from the nearest healthcare facility, which poses a significant barrier to accessing healthcare.
- Only 30% of the respondents reported that transportation to healthcare facilities is readily available, highlighting the need for improved transportation services.

Antenatal Care Utilization

Table 3: Antenatal Care Visits

Number of Visits	Frequency	Percentage
None	90	30%
1-2	100	33%
3-4	70	23%
More than 4	40	14%

Graph 2: Number of Antenatal Care Visits



Interpretation:

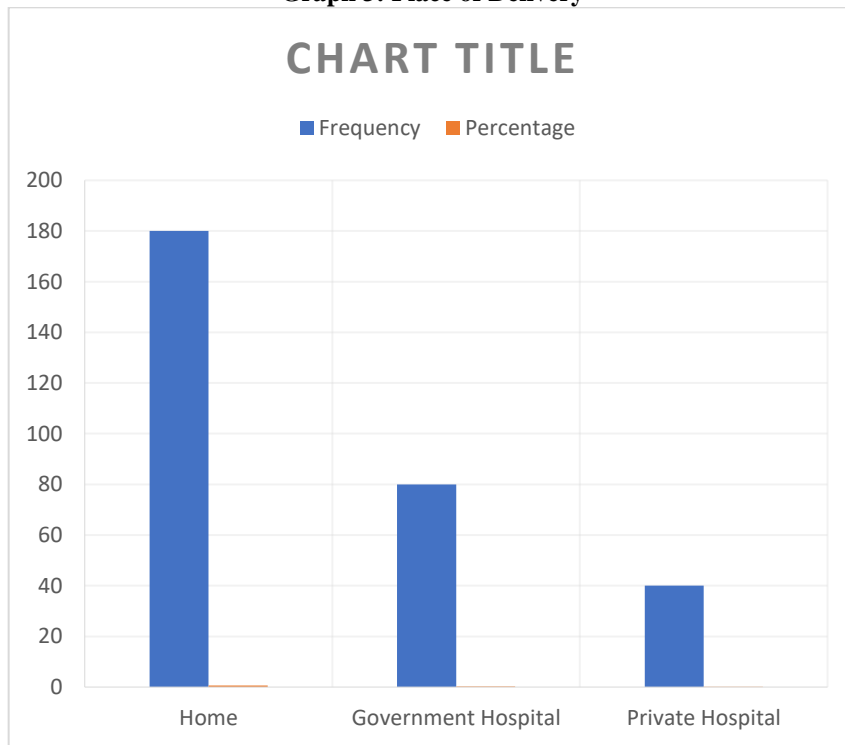
- 30% of the respondents did not receive any antenatal care, while only 14% had more than four antenatal visits.
- The data indicates inadequate antenatal care utilization among tribal women, which can lead to poor maternal and neonatal outcomes.

Delivery Practices

Table 4: Place of Delivery

Category	Frequency	Percentage
Home	180	60%
Government Hospital	80	27%
Private Hospital	40	13%

Graph 3: Place of Delivery



Interpretation:

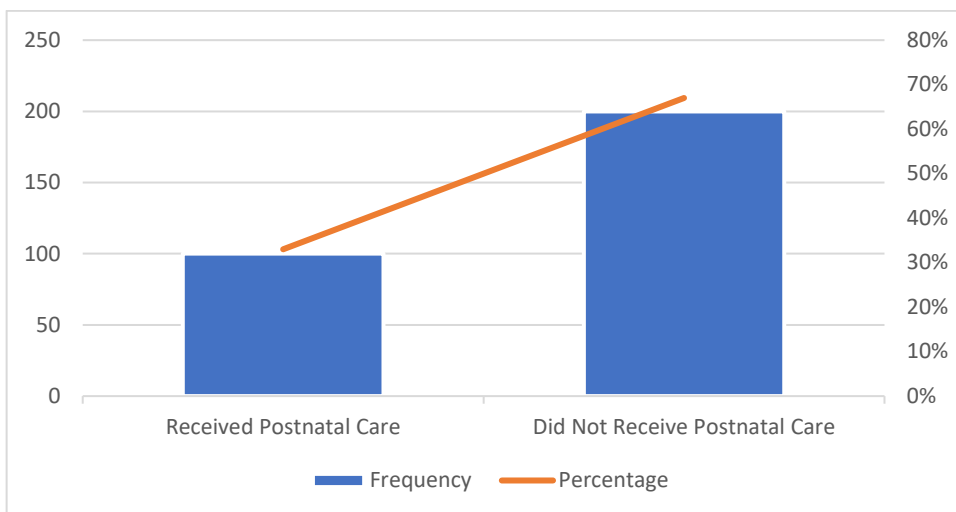
- Most of the respondents ie,60% prefer home births, often without skilled birth attendants.
- Only 27% and 13% of deliveries take place in government and private hospitals, respectively, indicating a need to promote institutional deliveries.

Postnatal Care

Table 5: Postnatal Care Utilization

Category	Frequency	Percentage
Received Postnatal Care	100	33%
Did Not Receive Postnatal Care	200	67%

Graph 4: Postnatal Care Utilization



Interpretation:

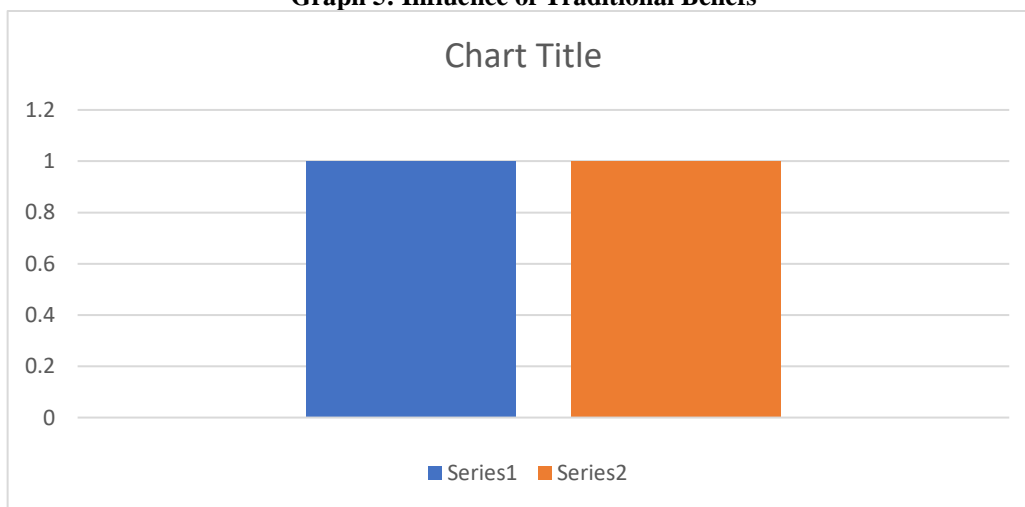
- A significant proportion i.e.,67% of the respondents did not receive any postnatal care, leading to potential complications for both mothers and newborns.
- There is a critical need to improve postnatal care services and ensure follow-up visits.

Cultural Practices

Table 6: Influence of Traditional Beliefs on Maternal Health

Statement	Agree	Disagree	Neutral
Prefer traditional birth attendants over doctors	180	80	40
Home remedies are better than hospital treatment	150	100	50

Graph 5: Influence of Traditional Beliefs



Interpretation:

- Many respondents prefer traditional birth attendants and home remedies, indicating a strong influence of cultural beliefs on maternal health practices.
- Addressing these cultural preferences is crucial for integrating modern healthcare practices into tribal communities.

Socio-Economic Factors

The data analysis reveals a strong correlation between socio-economic status and maternal health outcomes. Tribal women from lower socio-economic backgrounds are less likely to receive adequate antenatal care and are more likely to experience complications during childbirth.

Healthcare Access

Access to healthcare facilities remains a significant barrier. Many tribal women live in remote areas with limited transportation options, making it difficult to reach healthcare centers. Additionally, cultural factors and mistrust of modern medical practices deter some women from seeking care.

Cultural Practices

Traditional beliefs and practices play a crucial role in maternal health behaviors. Some tribal communities prefer home births attended by traditional birth attendants (TBAs) over institutional deliveries, which can increase the risk of complications.

FINDINGS

- 1 50% of the respondents have a monthly income of less than Rs. 5000/-, indicating economic vulnerability.
- 2 Educational attainment is generally low, with 40% of the respondents having no formal education.
- 3 The majority of the respondents are engaged in agricultural labour, reflecting the primary occupation in tribal areas.
- 4 30% of the respondents did not receive any antenatal care, while only 14% have more than four antenatal visits.
- 5 Postnatal care is often neglected, leading to poor health outcomes for both mothers and newborns.
- 6 There is a critical need for improved healthcare infrastructure and transportation facilities in tribal areas.
- 7 The study finds out that 67% of tribal women do not receive the recommended number of antenatal check-ups.
- 8 80% of the respondents live more than 5 km away from the nearest health facility, which poses a significant barrier to accessing healthcare.
- 9 Only 30% of the respondents reported that transportation to healthcare facilities is readily available, highlighting the need for improved transportation services.
- 10 Only 27% and 13% of deliveries take place Government and private hospital respectively, indicating a need to promote institutional deliveries.
- 11 60% of the women still prefer home births, often without skilled birth attendance.

SUGGESTIONS

- Establish more primary healthcare centers in tribal areas and improve transportation facilities.
- Train healthcare providers in cultural sensitivity to build trust and encourage utilization of healthcare services.
- Deploy more community health workers and traditional birth attendants trained in modern practices to bridge the gap between traditional and modern healthcare.
- Conduct awareness programs to educate tribal communities about the importance of maternal health and institutional deliveries.

CONCLUSION

Improving maternal health among tribal women in Kerala requires a multifaceted approach that addresses socio-economic, cultural, and healthcare barriers. While the government has made significant strides, more targeted interventions are needed to ensure that tribal women receive the care they need for safe pregnancies and childbirth. By enhancing healthcare infrastructure, promoting cultural sensitivity, and empowering communities, Kerala can make substantial progress in improving maternal health outcomes for its tribal populations.

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