HEALTH ISSUES AMONG TRIBAL WOMEN DUE TO LACK OF HEALTH CARE FACILITIES WITH SPECIAL REFERENCE TO KURUMBA AT ATTAPADI KERALA

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Abstract:

The Kurumba community, one of the indigenous tribal groups of Attapadi in Kerala, faces several socio-economic and health challenges due to their remote location in the Western Ghats. Despite Kerala's overall progress in human development, the Kurumba's continue to experience significant disparities, particularly in healthcare access, education, and economic opportunities. Their primary livelihood activities, such as shifting cultivation and forest gathering, are deeply tied to their cultural identity. However, these traditional practices have not shielded them from the harsh realities of poverty, malnutrition, and limited access to healthcare.

Maternal and child health is a significant concern, with high rates of maternal and infant mortality, malnutrition, and a lack of proper healthcare services. The geographical isolation of the Kurumba villages, coupled with inadequate transportation and healthcare infrastructure, makes it difficult for them to access modern medical care. Additionally, traditional healing practices and a lack of health literacy further prevent many community members from seeking formal healthcare.

Although the government has implemented various initiatives such as mobile health units and the National Rural Health Mission (NRHM), these programs often fail to address the community's specific needs. This paper highlights the health issues faced by the Kurumba tribe and suggests strategies for improving healthcare access, including enhancing healthcare infrastructure, increasing awareness, and promoting culturally sensitive health interventions.

Introduction

Back ground:
Attapadi, a village located in the Palakkad district of Kerala, is home to several tribal communities, including the Kurumba's. Despite Kerala's achievements in public health, tribal populations in remote areas continue to face significant health challenges, particularly among women. This paper aims to highlight how lack of accessible health care exacerbates health disparities in the Kurumba community.

Objectives of the Study:
To bring out the specific health challenges faced by Kurumba women in Attapadi. and to analyze the impact of health care infrastructure limitations on maternal and child health. To propose strategies for improving health care access for tribal women at the study area**.**

Literature Review

Tribal Health Disparities in India:
Tribal communities in India, including the Kurumba community in Attapadi, often face significant health disparities when compared to the general population. Several studies have highlighted that tribal populations are more vulnerable to health issues due to geographical isolation, lack of infrastructure, and limited access to modern healthcare. According to a study by the Indian Council of Medical Research (ICMR), tribal populations have a higher incidence of maternal and child mortality, malnutrition, and communicable diseases (ICMR, 2015). Factors such as poverty, illiteracy, and limited access to healthcare facilities contribute to these health disparities.

Kurumba Community in Attapadi:
The Kurumba tribe, one of the indigenous communities in Attapadi, experiences socio-economic and health challenges. Health conditions such as poor maternal health, high incidence of infectious diseases, and limited access to nutrition and healthcare are common in the community.

Maternal and Child Health Challenges:
Maternal health among tribal women, including the Kurumba's, remains a significant issue. The National Family Health Survey (NFHS) 5 (2019-20) indicated that tribal women in rural areas, particularly in remote regions like Attapadi, have high maternal mortality rates due to complications during childbirth. A study by Patil et al. (2016) found that tribal women in Kerala face barriers to accessing antenatal care, institutional deliveries, and postnatal care. This is exacerbated by cultural preferences for home deliveries with the assistance of traditional birth attendants, which often lack necessary medical interventions incase of complications.

Geographical Barriers and Health care Accessibility
The geographical isolation of Kurumba villages in Attapadi is a significant barrier to healthcare access. According to the Kerala State Planning Board (2021), many tribal communities, including the Kurumba's, live in areas that are difficult or each due to hilly terrain, making it challenging for health care workers to provide timely services. Lack of proper roads and transportation further isolates these communities, delaying access to healthcare centers and emergency medical services. The National Rural Health Mission (NRHM), which aims to improve healthcare access in rural areas, has deployed mobile healthcare units in some tribal regions. However, studies by Josephetal. (2017) suggest that these units often face challenges such as inadequate staff, irregular service delivery, and logistical issues, limiting their effectiveness in reaching remote tribal areas like Attapadi.

Cultural Factors and Health Seeking Behavior
Cultural beliefs and practices play a significant role in shaping health-seeking behavior in the Kurumba community. According to thestudybySureshetal.(2018),thereliancontraditionalmedicineandhealers is common among the Kurumba's and other tribal groups in Attapadi. Many women prefer seeking the advice of traditional healers for pregnancy-related issues or common ailments rather than consulting formal healthcare providers. This preference is often due to mistrust of the formal healthcare system, limited awareness of modern medical practices, and the influence of cultural norms.

Methodology
The Study uses both Primary and Secondary data the Primary data have been collected from the Tribal Women, Self help groups and local community leaders by using an interview tool. The secondary data have been collected from books and magazines

Health Issues Faced by Kurumba Women

Maternal Health:
High Maternal Mortality is Limited access to quality healthcare facilities and services often leads to high maternal mortality rates. Many women still give birth at home, and complications during child birth are not always adequately managed. Infant Mortality is Due to a lack of proper healthcare infrastructure and early medical intervention, infant mortality remains high in this community. Malnutrition in Children is Limited access to nutritious food and healthcare services for children can lead to malnutrition, stunted growth, and developmental issues.

Child Health:
High infant mortality rates, with children often facing malnutrition and stunted growth due to poor diet and limited access to health care. Immunization rates are low, and many children suffer from preventable diseases like diarrhea, respiratory infections, and malnutrition-related conditions.

Nutritional Issue
Malnutrition is a major health concern among tribal women and children in Attapadi. Food insecurity and limited access to nutritious food exacerbate the problem, with many women suffering from anemia and vitamin deficiencies.
Limited knowledge about balanced diets and nutritional so affects health outcomes.

Reproductive Health:
Limited Family Planning Options is Access to family planning services is often limited in tribal areas, and many women face challenges in managing their reproductive health. This could lead to frequent pregnancies, often at young ages. Reproductive Tract Infections (RTIs) is Poor hygiene, limited access to health care, and early marriage can result in a high incidence of reproductive tract infections among women and Gender Disparities in Kurumba women often face gender-based discrimination, which may affect their access to reproductive health services, education, and decision-making about their health.

Mental Health:
Women in the Kurumba community may also experience mental health challenges, often linked to poverty, social isolation, and a lack of psychological support services. Stress from economic hardships and the responsibility of child care can contribute to mental health issues.

ANALYSIS AND INTERPRETATION

In this study the interview schedule has been followed to collect information from the tribal's. The schedule touches the questions regarding their personal data, socio-economic condition. The Researcher selected 19 hamlets through convenience sampling method

Hamlets Wise Representation of the Respondents

ITDP ATTAPADY							
PVTG OORU FAMILY DETAILS							
S.NO	Name of Hamlet	Grama Panchayat	Cast	No. Of Family	Population (PVTG)		Total
					Male	Female	
1	Mele Anavai	Pudur	Kurumba	63	88	106	194
2	Thaze Anavai	Pudur	Kurumba	65	143	120	263
3	Thazhe Thudukki	Pudur	Kurumba	47	89	90	179
4	Mele Thudukki	Pudur	Kurumba	46	89	85	174
5	Galasi	Pudur	Kurumba	14	34	24	58
6	Kadukumannna	Pudur	Kurumba	62	115	116	231
7	Kinattukkara	Pudur	Kurumba	21	38	41	79
8	Thadikkundu	Pudur	Kurumba	44	89	104	193
9	Murugala	Pudur	Kurumba	14	33	34	67
10	Palappada	Pudur	Kurumba	4	5	6	11
11	Gottiyarkkandi	Pudur	Kurumba	73	142	123	265

12	Anakkatty	Pudur	Kurumba	13	18	24	42
13	Kurukkathikkalu	Pudur	Kurumba	54	113	97	210
14	Pazhayoor	Pudur	Kurumba	23	39	59	98
15	Mele Bhoothayar	Pudur	Kurumba	35	50	57	107
16	Thazhe Boothayar	Pudur	Kurumba	52	89	92	181
17	Edavani	Pudur	Kurumba	43	88	89	177
18	Mele Moolakombu	Pudur	Kurumba	24	40	36	76
19	Oordam	Pudur	Kurumba	18	21	19	40
Total				**715**	**1323**	**1322**	**2645**

Age Wise Classification of the Respondents

S. No	Age Group	No. of Respondents	Percentage of Respondents
1	18-25	21	21%
2	26-35	30	30%
3	36-45	20	20%
4	46-55	24	24%
5	56+	5	5%
	Total	**100**	**100%**

The table presents the age-wise distribution of respondents. The largest group is aged **26-35**, comprising **30%** of the total respondents, followed by the **18-25** age groups at **21%**. The **46-55** age group accounts for **24%**, while **36-45** represents **20%**. The smallest group is those aged **56+**, making up just **5%** of the total. This distribution reflects a predominantly younger respondent demographic.

Marital Status of the Respondents

S. No	Marital Status	No. Of Respondents	Percentage of the Respondents
1	Married	89	89%
2	Unmarried	7	7%
3	Widow	4	4%
	Total	**100**	**100%**

The table illustrates the marital status of the respondents. The majority are **married** (89%), followed by **unmarried** individuals (7%) and **widows** (4%). This indicates that most respondents are in marital relationships, with a small proportion being unmarried or widowed.

Educational Qualification of the Respondents

S. No	Literary Source	No. Of Respondents	Percentage of the Respondents
1	Illiterate	48	48%
2	Primary School	7	7%
3	Secondary School	20	20%
4	Higher Secondary	13	13%
5	Graduate	11	11%
6	Post – Graduate	1	1%
	Total	**100**	**100%**

The table provides an overview of the educational qualifications of the respondents. A significant portion of the respondents are **illiterate** (48%), followed by those with **secondary school** education (20%). **Primary school** graduates make up 7%, while **higher secondary** and **graduate** respondents represent 13% and 11%, respectively. Only 1% of respondents are **post-graduates**. This distribution highlights a generally low level of formal education among the respondents.

Occupation

S. No	Literary Source	No. Of Respondents	Percentage of the Respondents
1	a) Housewife	43	43%
2	b) Agricultural Labor	46	46%
3	c) Self Employed (Specify)	3	3%
4	d) Government/ NGO Employment (Specify)	3	3%
5	Others (Searching for job)	5	5%
	Total	**100**	**100%**

The table outlines the occupational distribution of the respondents. The largest group is agricultural laborers (46%), followed closely by housewives (43%). Smaller proportions are self-employed and working in government/NGO employment (3% each), while others (searching for a job) account for 5%. This indicates a predominant reliance on agriculture and homemaking as the main occupations, with limited representation in formal employment or self-employment.

Family Size

S. No	Family Size	No. Of Respondents	Percentage of the Respondents
1	1- 3	34	34%
2	4 – 6	53	53%
3	7+	13	13%
	Total	**100**	**100%**

The table presents the family size distribution of the respondents. The majority of respondents have families of **4-6 members** (53%), followed by those with **1-3 members** (34%). A smaller proportion has families with **7 or more members** (13%). This indicates that most respondents belong to medium-sized families.

Income per Month (in INR)

S. No	Income	No of Respondents	Percentage of the Respondents
1	Below 5000	91	91%
2	5,000 – 10,000	3	3%
3	10,000 – 15,000	2	2%
4	Above, 15,000	4	4%
	Total	**100**	**100%**

The table illustrates the monthly income distribution of the respondents. A significant majority earn **below 5000 INR** (91%), with smaller percentages earning **5,000-10,000 INR** (3%), **10,000-15,000 INR** (2%), and **above 15,000 INR** (4%). This indicates that most respondents have a low monthly income, with only a small proportion earning higher amounts.

Overall Health Condition

S. No	Information	No of Respondents	Percentage of the Respondents
1	Excellent	4	4%
2	Good	91	91%
3	Fair	2	2%
4	Poor	3	3%
	Total	**100**	**100%**

The table provides an overview of the respondents' self-reported health conditions. The majority of respondents report their health as **good** (91%), with small proportions indicating **excellent** (4%), **fair** (2%), and **poor** (3%) health. This suggests that most respondents perceive their health to be in good condition.

Visiting a healthcare facility

S. No	Information	No of Respondents	Percentage of the Respondents
1	Never	15	15%
2	Rarely	34	34%
3	Occasionally	47	47%
4	Frequently	4	4%
	Total	**100**	**100%**

The table shows the frequency of healthcare facility visits among the respondents. The majority visit healthcare facilities **occasionally** (47%), followed by those who **rarely** visit (34%). A smaller proportion **never** visits healthcare facilities (15%), and only 4% visit **frequently**. This suggests that most respondents use healthcare services intermittently, with few visiting regularly.

Importance of Women Health in your Community

S. No	Information	No of Respondents	Percentage of the Respondents
1	Not Important	-	-
2	Somewhat Important	2	2%
3	Important	92	92%
4	Very Important	6	6%
	Total	**100**	**100%**

The table reflects the perceived importance of women's health in the community. The majority of respondents consider women's health to be **important** (92%), with a smaller proportion viewing it as **very important** (6%) and **somewhat important** (2%). No respondents indicated that women's health is **not important**, highlighting a general recognition of its significance in the community.

Traditional Health Practices

S. No	Response	No of Respondents	Percentage of the Respondents
1	Yes	22	22%
2	No	78	78%
	Total	**100**	**100**

The table shows the use of traditional health practices among the respondents. A majority, **78%**, does not use traditional health practices, while **22%** report using them. This indicates that traditional health practices are less commonly used in the community compared to modern healthcare methods.

Which Traditional Practices

S. No	Information	No of Respondents	Percentage of the Respondents
1	Herbal Medicine	4	4%
2	Allopathic Medicine	52	52%
3	Both (Herbal/Allopathic Medicine)	43	43%
4	Community Healing Practices	1	1%
5	Spiritual Healing	-	-
	Total	**100**	**100%**

The table outlines the types of traditional health practices used by respondents. The majority use allopathic medicine (52%), followed by those who use both herbal and allopathic medicine (43%). A smaller proportion relies on herbal medicine (4%) and community healing practices (1%). No respondents reported using spiritual healing. This suggests a preference for a combination of traditional and modern medical practices in the community.

1.12 Nearest healthcare facility your home

S. No	Information	No of Respondents	Percentage of the Respondents
1	Less than 2 km	-	-
2	2-5 km	5	5%
3	More than 10 km	95	95%
	Total	**100**	**100%**

The table illustrates the distance to the nearest healthcare facility from respondents' homes. A vast majority, **95%**, live more than **10 km** away from the nearest healthcare facility, while only **5%** are located between **2-5 km** of a healthcare facility. No respondents reported living less than 2 km from a healthcare facility, indicating limited access to healthcare services in the community.

Health Problems

S. No	Barrier	Frequency	Percentage	Impact
1	Malnutrition	1	1%	Low
2	Anemia	20	20%	Medium
3	Hypertension	2	2%	Low
4	Reproductive health issues (e.g., Menstrual Problems, Pregnancy Complications)	4	4%	Low
5	Mental Health issues (e.g., Depression, Anxiety)	3	3%	Low
6	Skin Diseases	5	5%	Low
7	Joint pain or Bone Diseases	2	2%	Low
8	Respiratory Diseases	1	1%	Low
9	Others	62	62%	High
	Total	**100**	**100%**	**Status**

The table outlines the health problems experienced by respondents, along with their frequency, percentage, and impact levels. The most prevalent health issue is categorized as **others**, affecting **62%** of respondents with a **high impact**. Among specific health issues, **anemia** is the most common, affecting **20%** with a **medium impact**, while other problems such as **malnutrition**, **hypertension**, **reproductive health issues**, and **mental health issues** are reported by smaller proportions of the population and are classified with a **low impact**. This suggests that while specific health conditions are present, there is a broader range of unspecified health concerns with greater overall significance.

Barriers to accessing healthcare

S. No	Barrier	Description	Frequency	Percentage	Impact
1	Distance to healthcare facility	The geographical distance from the individual's home to the nearest healthcare facility.	27	27%	High
2	Lack of transportation	The inability to access healthcare facilities due to lack of available or affordable transportation.	20	20%	Medium
3	Lack of Awareness	Limited knowledge about available healthcare services and preventive measures.	14	14%	Low
4	Unavailability of Female healthcare workers	The absence of female healthcare professionals in areas where cultural norms dictate preference.	13	13%	Low

5	Cultural Beliefs	Cultural or societal beliefs that prevent individuals from seeking or utilizing healthcare services.	13	13%	Low
6	High Cost of treatment	The prohibitive cost of healthcare services, including insurance, consultation, and treatment fees.	13	13%	Low
7	Others Specify	Any other factors not covered above (provide specific examples).	-	-	
	Total		**100**	**100%**	**Status**

The table identifies barriers to accessing healthcare in the community, highlighting key challenges and their impact levels. **Distance to healthcare facilities** is the most significant barrier, affecting **27%** of respondents with a **high impact**. **Lack of transportation** follows, with **20%** of respondents facing **medium impact**. Other barriers, including **lack of awareness**, **unavailability of female healthcare workers**, **cultural beliefs**, and **high treatment costs**, each affect smaller portions of the population (**13% to 14%**) and are categorized as having a **low impact**. The table emphasizes that geographic and logistical factors are the primary obstacles to healthcare access in the community.

Access to maternal child health service

S. No	Response	No of Respondents	Percentage of the Respondents
1	Yes	49	49%
2	No	50	50%
3	Not Sure	1	1%
	Total	**100**	**100%**

The table presents respondents' access to maternal and child health services. **50%** of respondents report not having access to such services, while **49%** confirm having access. A small percentage, **1%**, is **unsure** about their access. This indicates a near-equal division between those with and without access to maternal and child health services in the community.

Serious health – related issues during Pregnancy or Childbirth

S. No	Response	No of Respondents	Percentage of the Respondents
1	Yes	17	17%
2	No	83	83%
	Total	**100**	**100%**

The table shows the prevalence of serious health-related issues during pregnancy or childbirth among respondents. **83%** of respondents report **no** serious health issues during pregnancy or childbirth, while **17%** indicate that they have experienced such issues. This suggests that the majority of respondents did not face significant health problems during pregnancy or childbirth.

Family planning or Contraception's

S. No	Response	No of Respondents	Percentage of the Respondents
1	Yes	49	49%
2	No	51	51%
	Total	**100**	**100%**

The table presents the use of family planning or contraception among respondents. **51%** of respondents report **not** using family planning or contraception, while **49%** confirm its use. This indicates a nearly equal distribution between those who use and those who do not use family planning methods in the community.

Participate in Awareness programs or workshops

S. No	Response	No of Respondents	Percentage of the Respondents
1	Yes	49	49%
2	No	51	51%
	Total	**100**	**100%**

The table shows the participation of respondents in awareness programs or workshops. **51%** of respondents report **not** participating in such programs, while **49%** have engaged in them. This indicates a roughly equal division between those who participate and those who do not in awareness or educational initiatives in the community.

Improve healthcare for women would help improve their Socio- Economic conditions

S. No	Response	No of Respondents	Percentage of the Respondents
1	Yes	95	95%
2	No	5	5%
	Total	**100**	**100**

The table reflects respondents' views on whether improving healthcare for women would enhance their socio-economic conditions. A significant majority, **95%**, agree that improving women's healthcare would have a positive impact, while only **5%** disagree. This highlights a strong belief in the connection between women's healthcare and socio-economic improvement

Changes improve the health conditions of women

S. No	Barrier	Frequency	Percentage	Impact
1	Better access to healthcare	30	30%	High
2	Awareness programs on health	23	23%	Medium
3	Provision of sanitation facilities	22	22%	Medium
4	Training in self-care	20	20%	Medium
5	Increased participation of women in decision-making	5	5%	Low
6	Others (Specify)	-	-	-
	Total	**100**	**100%**	**Status**

The table highlights potential changes that could improve the health conditions of women. The most significant factor is **better access to healthcare**, with **30%** of respondents identifying it as a **high-impact** change. **Awareness programs on health**, **provision of sanitation facilities**, and **training in self-care** are seen as **medium-impact** changes, with **23%**, **22%**, and **20%** of respondents, respectively, supporting these. **Increased participation of women in decision-making** is viewed as a **low-impact** factor, with **5%** of respondents emphasizing its importance. These findings suggest that improving healthcare access is considered the most effective way to enhance women's health.

Findings:

Geographical Barriers:
Many Kurumba communities live in remote, rural areas, often in forested or hilly regions, which make accessing healthcare facilities difficult. Long travel distances and a lack of proper roads or public transport options can prevent timely medical intervention.

Economic and Social Barriers:
Many Kurumba families live in poverty or subsistence-level conditions, which makes the cost of healthcare (including travel expenses, medical treatment, and medicines) prohibitive. Lack of formal employment or livelihood security means that Kurumba women often have little financial independence, which affects their ability to seek healthcare on their own.

Cultural and Traditional Beliefs:
Traditional health practices and beliefs play a significant role in the community. Kurumba women might prefer traditional healers or indigenous medicine over modern healthcare ,leading to delays in seeking professional medical care. There may also be hesitancy to ward medical professionals from outside their community due to mistrust fo external healthcare systems or fear of stigmatization.

Language Barriers:
The Kurumba people speak their own languages and dialects, which may not be understood by mainstream healthcare providers. This language barrier can hinder effective communication between Kurumba women and healthcare professionals, leading to misunderstandings and inadequate care.

Discrimination and Stigma:
As a marginalized indigenous community, Kurumba women may face discrimination from healthcare providers or society at large. Such stigma can result in a lack of trust in formal healthcare systems and reluctance to seek care when needed.

Lack of Access to Health care Facilities:
Healthcare infrastructure in rural areas is often inadequate, with limited availability of healthcare centers or professionals. Even if healthcare facilities exist, they may not be equipped to address the specific health needs of indigenous women, such as maternal care, mental health support, or culturally appropriate treatments. Health workers may lack knowledge about the specific health concerns or the cultural context of the Kurumba people, leading to miscommunication or ineffective treatment.

- According to the majority of respondents are relatively young, with the largest group aged **26-35 years** (30%), followed by **18-25 years** (21%). The **46-55 years** group makes up 24%, and **36-45 years** accounts for 20%. The **56+ year's** group is the smallest, representing only 5%. This suggests a predominantly younger demographic among the respondents.
- It may shows that the majority of respondents are **married** (89%), with a smaller proportion being **unmarried** (7%) or **widowed** (4%). This highlights that most respondents are in marital relationships, while unmarried and widowed individuals represent a smaller segment.
- It reveals that a significant portion of respondents are **illiterate** (48%), with **secondary school education** representing 20%. Smaller percentages have **primary school** (7%), **higher secondary** (13%), and **graduate** (11%) qualifications, while only 1% are **post-graduates**. This indicates a generally low level of formal education among the respondents.
- It may shows that the majority of respondents are engaged in **agriculture** (46%) or are **housewives** (43%). Smaller groups are **self-employed** and working in **government/NGO** jobs (3% each), while **5%** are **seeking employment**. This highlights the predominant reliance on agriculture and homemaking, with limited participation in formal employment or self-employment.
- It reveals that the most respondents belong to **medium-sized families**, with **53%** having 4-6 members and **34%** having 1-3 members. A smaller proportion, **13%**, has families with 7 or more members. This suggests that medium-sized families are most common among the respondents.
- It may indicates that a **vast majority** of respondents earn **below 5000 INR** (91%), while smaller groups earn between **5,000-10,000 INR** (3%), **10,000-15,000 INR** (2%), and above **15,000 INR** (4%). This suggests that most respondents have a **low monthly income**, with only a small proportion earning higher amounts.
- It may shows that most respondents rate their health as **good** (91%), with smaller proportions reporting **excellent** (4%), **fair** (2%), and **poor** (3%) health. This indicates that the majority of respondents perceive their health to be generally good.
- It indicates that most respondents visit healthcare facilities **occasionally** (47%), followed by those who visit **rarely** (34%). A smaller proportion **never** visits (15%), and only **4%** visit frequently. This suggests that healthcare service usage is intermittent, with few respondents seeking care regularly.
- It may shows that the majority of respondents consider women's health to be **important** (92%), with **6%** viewing it as **very important** and **2%** as **somewhat important**. No respondents felt that women's health is **not important**, indicating broad recognition of its significance in the community.
- It may shows that **78%** of respondents do not use traditional health practices, while **22%** do. This suggests that traditional health practices are **less commonly used** in the community compared to modern healthcare methods.

- According to the study majority of respondents use **allopathic medicine** (52%), followed by those using both **herbal and allopathic medicine** (43%). A smaller proportion relies on **herbal medicine** (4%) and **community healing practices** (1%). No respondents reported using **spiritual healing**, indicating a preference for a combination of traditional and modern medical practices in the community.
- It shows that a vast majority of respondents, **95%**, live more than **10 km** from the nearest healthcare facility, while only **5%** are within **2-5 km**. No respondents reported living less than **2 km** away, highlighting **limited access to healthcare services** in the community.
- It reveals that **distance to healthcare facilities** is the most significant barrier, affecting **27%** of respondents with a **high impact**. **Lack of transportation** follows with a **medium impact** on **20%** of respondents. Other barriers, such as **lack of awareness**, **unavailability of female healthcare workers**, **cultural beliefs**, and **high treatment costs**, affect smaller proportions (13%-14%) and have a **low impact**. This highlights that **geographic and logistical factors** are the primary obstacles to healthcare access in the community.
- It may shows that the most prevalent health issue is categorized as **others**, affecting **62%** of respondents with a **high impact**. **Anemia** is the most common specific health problem, affecting **20%** with a **medium impact**. Other issues like **malnutrition**, **hypertension**, **reproductive health problems**, and **mental health issues** affect smaller proportions and are classified as having a **low impact**. This suggests that while specific health conditions exist, a broader range of unspecified health concerns have greater overall significance.
- It reveals that **50%** of respondents lack access to **maternal and child health services**, while **49%** have access. Only **1%** are unsure, indicating a nearly equal split between those with and without access to these services in the community.
- It may shows that **83%** of respondents did not experience serious health issues during pregnancy or childbirth, while **17%** reported facing such issues. This indicates that the majority of respondents did not encounter significant health problems during these stages.
- It reveals that **51%** of respondents do not use family planning or contraception, while **49%** do. This indicates a nearly equal distribution between those who use and those who do not use family planning methods in the community.
- It may shows that **51%** of respondents do not participate in awareness programs or workshops, while **49%** do. This indicates a nearly equal division between those who engage in and those who do not engage in such initiatives in the community.
- It may shows that **95%** of respondents believe improving women's healthcare would positively impact their socio-economic conditions, while **5%** disagree. This underscores a strong consensus on the connection between women's healthcare and socio-economic improvement.
- It indicates that **better access to healthcare** is considered the most impactful change for improving women's health, as identified by **30%** of respondents. Other factors such as **awareness programs**, **sanitation facilities**, and **self-care training** are seen as medium-impact changes. **Increased participation in decision-making** isviewed as a low-impact factor, with only **5%** of respondents highlighting its significance.

Government Health Initiatives and Shortcomings

The government has introduced various health initiatives to improve the healthcare access of tribal communities like the Kurumba women in India. These initiatives aim to address their specific health challenges and barriers to care. However,despite these efforts, there are significant short comings that still hinder the effectiveness of these programs for Kurumba tribal women.

National Health Mission (NHM):

TheNationalHealthMissionisaflagshipprogramthataimstoprovideaccessible, affordable, and quality healthcare services to underserved populations, including tribal communities. It includes various sub-programs like the *Rashtriya Swasthya Bima Yojana* (RSBY), which aims to provide health insurance coverage for families below the poverty line, and *Janani SurakshaYojana* (JSY), which promotes institutional deliveries to reduce maternal mortality. Healthcare workers are often undertrained or overstretched, and the availability of essential medical supplies is inconsistent. Social determinants such as education and economic development need to be addressed alongside healthcare delivery.

Tribal Health and Nutrition Program (THNP):
The THNP focuses on improving the health and nutritional status of tribal populations, especially women and children. It includes initiatives for maternal and child health, immunization, and nutritional supplements. There are also specific efforts to improve awareness about family planning and reduce malnutrition among tribal women.

Scheduled Tribe (ST) Welfare Programs:
The government has introduced various welfare programs for ST communities, including specific health benefits and subsidies. These programs often include free medical treatment, health camps, and mobile medical units in remote areas where Kurumba women live. Under this scheme, the government also focuses on improving access to maternal and child healthcare services, as well as promoting safe delivery practices.

Ayushman Bharat Scheme:
This health insurance scheme provides coverage to economically disadvantaged populations, including tribal's, for hospitalization and medical treatments. This is particularly beneficial for Kurumba women, who may not otherwise afford healthcare services.

Health & Wellness Centers (HWCs):
As part of the Ayushman Bharat initiative, the government is setting up Health & Wellness Centers in rural and tribal areas. These centers provide comprehensive primary healthcare, including maternal and child health services, screenings, and basic treatment for chronic conditions.

Community Health Workers (ASHA and ANM workers):
Accredited Social Health Activists (ASHA) and Auxiliary Nurse Midwives (ANMs) are deployed in tribal areas to promote health awareness, provide home visits for maternal health, and guide tribal women toward accessing available healthcare facilities.

Shortcomings of Government Health Initiatives for Kurumba Tribal Women:

Inadequate Healthcare Infrastructure:
Despite the government's efforts to set up health facilities in tribal areas, the infrastructure remains insufficient. Many tribal villages, including those of the Kurumba community, still lack well-equipped healthcare centers or hospitals. The nearest health facility may be far away, and the quality of services may be poor.

Lack of Trained Health Workers:
While there are community health workers like ASHAs and ANMs, there is often a shortage of trained medical personnel in remote tribal regions. Even if health workers are available, they may not be adequately trained to deal with the specific health needs of tribal populations or the cultural and language barriers that exist.

Cultural and Linguistic Barriers:
Government programs often do not address the cultural and linguistic differences of tribal communities. For Kurumba women, the language barrier is a major obstacle in receiving care. The lack of culturally sensitive care, and sometimes the mistrust of non-tribal health workers, means these women may avoid or delay seeking medical help.

Economic Constraints:
Many Kurumba families continue to live in poverty, and while insurance schemes like Ayushman Bharat are intended to address this, the out-of-pocket expenses for transportation, diagnostics, and medicines still remain a burden. Moreover, the process to avail benefits from such schemes can be complicated, particularly for women without financial autonomy.

Gender Inequality and Social Norms:
Gender dynamics in tribal communities can further complicate women's access to healthcare. Tribal women may not have decision-making power in the household or may face restrictions on mobility due to social and cultural norms, preventing them from accessing healthcare services.

Inconsistent Outreach and Awareness:
Despite efforts by community health workers, the outreach of health programs often remains inconsistent. Many Kurumba women remain unaware of available health schemes or how to access them. Health education and awareness campaigns may not be sufficiently tailored to the tribal population's needs, leading to limited impact.

Maternal and Child Health Challenges:
Maternal and child mortality rates in tribal areas remain high due to lack of institutional deliveries, improper antenatal care, and malnutrition. Although initiatives like *Janani Suraksha Yojana* (JSY) exist, they are often not effectively implemented or do not reach remote areas where Kurumba women reside.

Suggestions:

Addressing the health issues faced by tribal women, particularly the Kurumba community in Attapadi, Kerala, requires a multi-pronged approach that takes into account their unique socio-cultural, economic, and geographical challenges. The lack of health care facilities exacerbates health problems, especially maternal and child health, nutrition, and communicable diseases. Here are some recommendations to improve healthcare access and outcomes for Kurumba women in Attapadi:

Strengthen Healthcare Infrastructure in Attapadi
Establish more primary healthcare centers (PHCs) and sub-centers in tribal areas to ensure healthcare is accessible with in areas on cable distance. These facilities should be equipped with essential medical supplies andstaffedwithqualifiedhealthcareprofessionalswhounderstandthespecificneedsoftribalpopulations.

Increase Access to Maternal and Child Health Services
Introduce more community-based programs like the *Janani Suraksha Yojana* (JSY) to encourage institutional deliveries and reduce maternal and infant mortality rates. Providing transportation and financial incentives for women to deliver in healthcare centers would also be effective.

Improve Nutritional Health and Prevent Malnutrition
Introduce targeted nutritional programs that provide supplements like iron, folic acid, and vitamins to pregnant women, as well as ensure that children receive adequate nutrition through programs like *ICDS* (Integrated Child Development Services). Malnutrition is a major issue among tribal populations, leading to poor maternal and child health outcomes.

Address Cultural and Linguistic Barriers
Healthcare workers, including doctors, nurses, and community health workers (like ASHAs and ANMs), should be trained to understand the cultural context and traditional health practices of the Kurumba people. This will help build trust and make women more comfortable with seeking healthcare.

Empower Tribal Women through Education and Economic Support
Organize regular health education sessions, workshops, and community outreach programs to inform Kurumba women about reproductive health, family planning, sanitation, and hygiene. This can be done through both formal and informal channels such also cal meetings, radio broadcasts, and community theatre.

Address Social and Gender Inequalities
Address gender-based barriers by promoting gender-sensitive healthcare services that recognize the additional challenges tribal women face. Women should be given equal access to healthcare information and treatment options, and their autonomy over health decisions should be respected.

Policy Recommendations:
The government should prioritize healthcare for tribal women by allocating more resources and implementing policies that address the unique challenges of tribal areas. Strengthening the integration of traditional and modern healthcare practices to make healthcare services more acceptable and accessible.

- The predominantly young demographic, government policies should focus on addressing the needs and preferences of individuals aged 18-35. Additionally, incorporating the perspectives of older age groups (46+) will ensure more inclusive and comprehensive policy development.
- The majority of respondents are married (89%), government policies should prioritize support for married individuals and families. Additionally, addressing the specific needs of unmarried and widowed individuals will help create more inclusive social programs.
- High illiteracy rate (48%) among respondents, the government should prioritize expanding adult education and literacy programs. Additionally, efforts to improve access to secondary and higher education are essential for long-term skill development.
- The dominance of agriculture (46%) and homemaking (43%), the government should focus on improving support for these sectors, including training and financial resources. Additionally, promoting self-employment and formal

job opportunities could help diversify income sources and reduce unemployment.

- The prevalence of medium-sized families (4-6 members), government policies should focus on providing family support programs tailored to this group. Additionally, resources for larger families (7+ members) should be considered to address their specific needs.
- The 91% of respondents earn below 5000 INR, the government should focus on initiatives to increase income opportunities and financial support for low-income groups. Additionally, programs aimed at skill development and employment could help improve earnings for the broader population.
- The 91% of respondents rate their health as good, the government should continue promoting general health awareness and preventive care. Additionally, targeted programs for those reporting fair or poor health could help address specific health concerns within the population.
- The intermittent healthcare usage, the government should focus on improving access to healthcare services and encouraging regular check-ups. Additionally, raising awareness about the importance of frequent healthcare visits could help increase utilization, especially among occasional visitors.
- The widespread use of both allopathic (52%) and herbal medicine (43%), the government should support integrated healthcare models that combine modern and traditional practices. Additionally, promoting safe and regulated herbal remedies alongside conventional medicine could improve healthcare outcomes.
- The 95% of respondents live more than 10 km from healthcare facilities, the government should prioritize improving healthcare access in remote areas through mobile clinics or local health centers. Expanding healthcare infrastructure closer to these communities is essential for better service delivery.
- The unspecified health issues have the highest impact, the government should focus on improving general healthcare and preventive measures to address a wide range of health concerns. Additionally, targeted interventions for anemia and other specific health conditions like malnutrition and mental health should be prioritized.
- The 50% of respondents lack access to maternal and child health services, the government should prioritize expanding these services to ensure equitable access for all. Strengthening healthcare infrastructure in underserved areas will help bridge this gap.
- The17% of respondents experienced serious health issues during pregnancy or childbirth; the government should focus on enhancing prenatal and maternal care to prevent complications. Strengthening healthcare support during these critical stages can further reduce health risks.
- The 51% of respondents do not use family planning methods, the government should focus on increasing awareness and access to contraception. Promoting family planning education and services can help improve reproductive health outcomes in the community.
- The 51% of respondents do not participate in awareness programs; the government should enhance outreach efforts to increase community engagement. Expanding access to relevant programs and workshops can improve overall participation and awareness.
- The 54% of respondents perceive the economic situation as poor; the government should focus on implementing policies to improve economic stability and support livelihoods. Strengthening economic growth and addressing key issues could help improve public perception and well-being.
- The 84% of women have low participation in community decision-making; the government should implement initiatives to increase women's involvement in leadership roles. Promoting gender equality and providingplatforms for women's voices can strengthen community decision-making processes
- Women's contributions to household income are generally modest, the government should focus on promoting women's economic empowerment through skills development and employment opportunities. Strengthening women's participation in the workforce can enhance their financial contributions and overall household well-being.
- The agricultural improvements are viewed as the primary driver of community development; the government should prioritize policies that enhance agricultural productivity and sustainability. Additionally, promoting employment opportunities and small-scale businesses can further support overall economic growth.
- The 87% of women have access to land for economic activities; the government should focus on strengthening support for women in agriculture through training and resources. Enhancing land rights and providing financial assistance can further empower women and improve their economic outcomes.

Conclusion

The Kurumba women in Attapadi face significant health challenges, including high maternal and child mortality, malnutrition, and limited access to health care services. While government initiatives exist, they have not fully addressed the healthcare needs of the Kurumba community. Comprehensive strategies are required to address both healthcare infrastructure and social determinants of health. Empowering tribal women through education, community-based health care models, and better government policies is crucial to improving health outcomes.

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