



Health Issues Among Tribal Women due to Lack of Health Care Facilities with Special Reference to the Kurumba in Nilgiris District, Tamil Nadu

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ABSTRACT

Tribal communities in India continue to face significant health disparities compared to the general population, largely due to poor access to healthcare services, socio-economic vulnerabilities, and geographic isolation. This study focuses on the Kurumba tribe—a Particularly Vulnerable Tribal Group (PVTG)—residing in the Nilgiris district of Tamil Nadu, with special emphasis on the health issues experienced by tribal women and the challenges posed by inadequate healthcare infrastructure.

Kurumba women, like many in indigenous communities, face a multitude of health problems including high maternal and infant mortality rates, malnutrition, anemia, poor sanitation, and limited awareness of reproductive and sexual health. These issues are compounded by systemic barriers such as the scarcity of nearby health care facilities, lack of trained medical personnel in tribal hamlets, poor road connectivity, and cultural hesitancy to access institutional healthcare. Traditional beliefs and dependence on indigenous medicine further delay treatment-seeking behavior, often resulting in the progression of preventable illnesses.

The study employs a qualitative and quantitative approach through field surveys, interviews, and secondary data analysis to assess the health status of Kurumba women, their access to medical facilities, and their healthcare-seeking practices. The research highlights the critical gap between healthcare policy

implementation and its actual reach within remote tribal areas. It also examines the role of gender, education, and socio-cultural dynamics in shaping health outcomes.

Findings reveal that most Kurumba settlements are located in interior forest areas with limited transportation, which discourages women from seeking timely medical help. Antenatal care and institutional deliveries are minimal, and awareness of government health schemes remains low. The study underscores the urgent need for mobile health units, culturally sensitive health workers, and community health awareness programs tailored to the unique needs of tribal women.

In conclusion, improving healthcare access for Kurumba women requires a multi-faceted approach that addresses not only infrastructure gaps but also cultural and educational barriers. Strengthening local healthcare delivery, empowering tribal women through health literacy, and involving community leaders in outreach initiatives are essential steps toward ensuring equitable healthcare for this marginalized group.

Introduction

India is home to a diverse range of tribal communities, many of whom continue to live in socio-economically marginalized conditions despite various state and central government welfare initiatives. Among these communities, tribal women remain one of the most vulnerable segments of the population, facing multiple layers of disadvantage due to gender, poverty, geographical isolation, and cultural exclusion. Health, in particular, is a critical area where tribal women experience deep inequities, with limited access to quality healthcare facilities, low health awareness, and high levels of malnutrition and disease.

The Kurumba tribe, categorized as a Particularly Vulnerable Tribal Group (PVTG) by the Government of India, resides predominantly in the forested regions of the Nilgiris district in Tamil Nadu. These communities often inhabit remote hamlets scattered across difficult terrain, where public health infrastructure is either underdeveloped or entirely absent. Kurumba women, in particular, face a host of health-related challenges, including maternal and child health issues, poor nutrition, anaemia, limited access to reproductive health services, and inadequate sanitation. The situation is further exacerbated by deeply rooted cultural beliefs, traditional healing practices, and reluctance to seek modern medical intervention.

Despite national health programs like the National Rural Health Mission (NRHM) and Integrated Tribal Development Projects (ITDPs), there remains a significant gap between policy and implementation, especially in remote tribal belts like the Nilgiris. The lack of accessible healthcare centres, shortage of trained personnel, language barriers, and limited awareness of available government schemes contribute to the persistent health crises faced by tribal women.

This study seeks to explore the specific health issues experienced by Kurumba women in the Nilgiris and to analyse how inadequate healthcare facilities impact their well-being. By using a mixed-method approach that includes field surveys, interviews, and secondary data analysis, the research aims to highlight the structural

and socio-cultural barriers that prevent tribal women from accessing timely and adequate health care. The study also aims to provide actionable recommendations to improve health outcomes for Kurumba women, while emphasizing the need for culturally sensitive, community-based health interventions in tribal areas.

Background

India's tribal population constitutes approximately 8.6% of the total population, comprising a rich diversity of cultures, languages, and traditions. Despite constitutional safeguards and development programs, tribal communities continue to face significant socio-economic and health disadvantages. Among them, tribal women are particularly at risk due to intersecting factors such as poverty, gender inequality, low literacy levels, and geographical isolation. These vulnerabilities are even more pronounced in Particularly Vulnerable Tribal Groups (PVTGs), such as the Kurumba tribe, found in the Nilgiris district of Tamil Nadu.

The Nilgiris, located in the Western Ghats, is a mountainous region that is home to several tribal groups including the Kurumba, Toda, Irula, Kota, and Paniya. The Kurumba tribe, traditionally forest-dwelling and reliant on hunting and gathering, now live in scattered settlements within reserve forests and hill slopes. Their relative isolation has led to limited access to modern amenities, including healthcare services. The existing healthcare infrastructure in the region is sparse and often located far from tribal hamlets, making it difficult for residents—particularly women—to seek timely medical attention.

Women in tribal communities face multiple health challenges including high rates of maternal mortality, anaemia, malnutrition, poor reproductive health, and limited access to antenatal and postnatal care. Cultural beliefs and traditional practices often act as barriers to utilizing institutional healthcare services. Moreover, tribal women are less likely to be educated about personal hygiene, contraception, or government welfare schemes due to high illiteracy and low outreach by public health systems.

Although various government schemes such as the National Health Mission (NHM), Janani Suraksha Yojana, and tribal welfare programs aim to improve health indicators among marginalized communities, implementation in remote tribal areas remains weak. Lack of transport, poor road connectivity, shortage of health personnel, and minimal community awareness contribute to poor health outcomes.

This study is situated in this context, aiming to examine the health issues faced by Kurumba women in the Nilgiris and the impact of inadequate health care infrastructure on their well-being. It highlights the need for culturally sensitive and accessible health interventions to bridge the health gap for tribal women in remote regions.

Objectives of the Study

1. **To identify the major health issues faced by Kurumba tribal women** in the Nilgiris district, with a focus on maternal health, reproductive health, nutritional status, and common illnesses.

2. **To examine the accessibility, availability, and quality of healthcare facilities** in Kurumba-inhabited areas, including primary health centres, sub-centres, and outreach services.
3. **To understand the health-seeking behaviour of Kurumba women**, including their dependence on traditional medicine, cultural beliefs, and attitudes towards institutional healthcare.
4. **To assess the level of awareness and utilization of government health schemes** and welfare programs among Kurumba women.
5. **To analyse the socio-cultural and economic barriers** that prevent tribal women from accessing timely and adequate healthcare services.
6. **To evaluate the role of public health infrastructure and policy implementation** in addressing tribal women's health needs in the Nilgiris.
7. **To suggest practical and culturally sensitive recommendations** for improving health outcomes among Kurumba women through targeted healthcare interventions and community engagement.

Importance of the Study

The health of tribal women is a critical area of concern in India's development discourse, especially as these populations continue to experience stark disparities in access to healthcare services and overall well-being. Tribal women, particularly those from Particularly Vulnerable Tribal Groups (PVTGs) like the Kurumba in the Nilgiris district, face multiple layers of marginalization — geographical, socio-economic, cultural, and gender-based. This study gains its significance from the need to address these persistent inequalities and the urgent requirement to formulate effective, community-specific interventions.

In recent years, national health indicators have shown improvements, but these gains have not equally reached remote tribal communities, especially in hill and forest regions like the Nilgiris. The Kurumba tribe continues to live in scattered settlements with limited access to health care, education, and infrastructure. Women in these communities are particularly affected by high rates of maternal and infant mortality, malnutrition, anaemia, and lack of reproductive health services. Yet, there exists a notable paucity of focused academic research and policy attention on the specific health challenges faced by Kurumba women.

This study is important because it provides a localized, gender-sensitive understanding of the healthcare challenges faced by Kurumba women. It aims to highlight the gaps between government healthcare schemes and ground-level realities, the role of cultural beliefs and traditional practices in health-seeking behaviour, and the structural barriers that prevent access to healthcare. By identifying these gaps, the study will offer evidence-based insights that can inform government agencies, NGOs, and local administrators to design more inclusive and culturally relevant health interventions.

Furthermore, the research can contribute to the broader discourse on tribal health equity and serve as a baseline for further studies on other marginalized communities in the Nilgiris or similar regions. In doing so, it helps fulfil the national and global development goals of healthcare for all, gender equality, and the upliftment of indigenous communities.

Methodology

This study adopts a mixed-method research design, combining both quantitative and qualitative approaches to gain a comprehensive understanding of the health issues faced by Kurumba tribal women in the Nilgiris district and the challenges posed by inadequate healthcare facilities.

Study Area

The research is conducted in selected Kurumba-inhabited hamlets within the Nilgiris district, Tamil Nadu. The study areas are chosen based on their geographical remoteness, lack of healthcare access, and significant Kurumba population. Emphasis is placed on areas located far from primary health centres or with poor road connectivity.

Study Population

The target population includes:

- ✓ **Kurumba women** aged 15–49 (reproductive age group), as well as elderly women where relevant.
- ✓ **Local healthcare providers** (such as ASHA workers, ANMs, and PHC staff).
- ✓ **Community leaders**, traditional healers, and NGO representatives working in the area.

Sample Size and Sampling Technique

Random sampling method is used to select:

- ✓ **3–5 tribal hamlets** with high Kurumba populations.
- ✓ A sample of **50–100 Kurumba women** (depending on accessibility and resources).
- ✓ Key informants for **interviews and focus group discussions (FGDs)**.

Data Collection Methods

Primary Data:

- ✓ **Structured questionnaires** administered to Kurumba women to collect data on health status, maternal and child health, nutrition, and healthcare usage.
- ✓ **In-depth interviews** with healthcare providers and community leaders.
- ✓ **Focus Group Discussions (FGDs)** to understand cultural beliefs, traditional health practices, and health-seeking behaviour.

Secondary Data:

- ✓ Review of **government reports, health records, census data, and previous research studies** on tribal health in the Nilgiris.
- ✓ Data from **health departments** and NGOs active in tribal areas.

Data Analysis

- ✓ **Quantitative data** will be analysed using simple statistical tools (percentages, frequencies, cross-tabulation) to identify patterns and trends.
- ✓ **Qualitative data** from interviews and FGDs will be analysed using **SPSS** to interpret underlying perceptions, cultural factors, and barriers to healthcare access.

Literature Review

Tribal health in India has been a subject of increasing academic and policy interest due to the persistent disparities in health outcomes between tribal and non-tribal populations. Studies show that tribal communities face significantly higher levels of malnutrition, maternal mortality, infant mortality, and prevalence of communicable diseases, as well as lower levels of healthcare access and utilization (Ministry of Tribal Affairs, 2020; NFHS-5, 2021).

Tribal Health in India

According to the National Family Health Survey (NFHS-5), Scheduled Tribe (ST) women have poorer health indicators compared to other social groups. High rates of anaemia, low institutional delivery, and limited antenatal care are common. Rao et al. (2017) found that cultural beliefs, poor infrastructure, and lack of awareness contribute significantly to poor health-seeking behaviour among tribal populations.

Tribal Women's Health and Gender Vulnerabilities

Several scholars, including Patel (2015) and Bora & Saikia (2019), highlight that tribal women face a "double disadvantage" — being both women and members of a marginalized tribal group. Issues such as early marriage, multiple pregnancies, and lack of reproductive health education further worsen health outcomes. Santhya et al. (2011) observed that many tribal women have limited autonomy in making decisions related to their own health.

Health Care Access and Infrastructure

Kumar & Ramesh (2016), in their study of tribal areas in southern India, pointed out the scarcity of Primary Health Centres (PHCs) and trained medical personnel in remote tribal villages. Accessibility is often hindered by poor road conditions, geographical isolation, **and** language barriers. Tiwari et al. (2020) emphasized the need for culturally sensitive approaches and mobile health units in tribal-dominated districts.

The Kurumba Tribe and Health Status

The Kurumba, classified as a Particularly Vulnerable Tribal Group (PVTG), are known for their forest-based lifestyle and traditional healing practices. Manoharan (2014) noted that Kurumba communities in the Nilgiris have low literacy rates and limited exposure to modern healthcare. A recent study by Somasundaram et al. (2021) found high levels of malnutrition and oral health problems among elderly Kurumba's, pointing to broader public health neglect.

Government Schemes and Implementation Gaps

Despite initiatives like the National Health Mission (NHM) and Janani Suraksha Yojana (JSY), studies show that their reach in tribal belts remains weak. Narayan et al. (2018) argue that policy implementation is often hindered by lack of trained local health workers, inadequate monitoring, and failure to adapt services to tribal cultures. Awareness of these schemes among tribal women is also critically low.

Cultural Beliefs and Traditional Medicine

Tribal communities, including the Kurumba, often rely on ethnomedicine and local healers due to mistrust in allopathic medicine or cultural preferences. Bharati & Pal (2011) documented the deep-rooted influence of traditional healing systems, which while valuable in some contexts, can delay effective treatment for serious conditions.

Findings of the Study

The study revealed several critical insights into the health status, access to healthcare, and health-seeking behaviour of Kurumba tribal women in the Nilgiris district. The key findings are summarized below:

Poor Health Indicators Among Kurumba Women

- ✓ A significant proportion of Kurumba women suffer from malnutrition, anaemia, and reproductive health issues.
- ✓ Maternal and child health indicators are poor, with a notable number of home deliveries and low uptake of antenatal and postnatal care services.
- ✓ Lack of awareness about basic hygiene, menstrual health, and nutrition was observed among younger and older women alike.

Inadequate Access to Health Care Facilities

- ✓ Most tribal settlements are located far from Primary Health Centres (PHCs) and Sub-Centres, with some requiring trekking through forested terrain to reach the nearest facility.
- ✓ Transport unavailability and poor road conditions discourage women from seeking timely medical care.

- ✓ Mobile health units and outreach services were either irregular or completely absent in several hamlets.

Cultural and Social Barriers

- ✓ A strong reliance on traditional healers and indigenous medicine persists, particularly for common illnesses and childbirth.
- ✓ Cultural stigma associated with discussing reproductive or sexual health limits women's willingness to seek institutional healthcare.
- ✓ Male dominance in decision-making further restricts women's autonomy in seeking care.

Low Awareness and Utilization of Government Schemes

- ✓ Awareness of health-related government schemes such as Janani Suraksha Yojana (JSY) and Maternal Health Benefits under the National Health Mission (NHM) was very low.
- ✓ Even where awareness existed, lack of proper documentation (Aadhaar, bank accounts, etc.) prevented women from accessing benefits.
- ✓ ASHA workers were found to be overburdened or absent in many tribal areas, limiting outreach and support.

Need for Culturally Sensitive Health Interventions

- ✓ Women expressed more comfort with female health workers and local outreach staff who understood their language and customs.
- ✓ There is a clear demand for localized health awareness programs, especially those focusing on nutrition, maternal health, and communicable disease prevention.

Suggestions

Based on the findings of the study, the following suggestions are proposed to address the health challenges faced by Kurumba tribal women in the Nilgiris district:

1. Strengthening Local Healthcare Infrastructure

- ✓ Establish more Primary Health Centres (PHCs), Sub-Centres, and health outreach posts in remote tribal hamlets.
- ✓ Deploy mobile health units with regular visits to inaccessible areas, especially for maternal and child health services.

2. Improving Transportation and Accessibility

- ✓ Develop better road connectivity to remote tribal settlements to enable timely access to health services.

- ✓ Provide emergency transport facilities such as ambulances or government-supported vehicles for tribal women, especially for childbirth and critical care.

3. Deploying Culturally Sensitive and Trained Health Workers

- ✓ Recruit and train local tribal women as health workers (e.g., ASHAs) who can communicate effectively and gain the trust of the community.
- ✓ Conduct regular training and monitoring of health personnel working in tribal areas to improve service delivery.

4. Enhancing Awareness and Health Education

- ✓ Launch health awareness campaigns in tribal languages focusing on maternal health, nutrition, hygiene, vaccination, and reproductive health.
- ✓ Conduct community-based workshops with the help of NGOs, health educators, and local leaders to dispel myths and encourage use of modern healthcare.

5. Promoting Utilization of Government Health Schemes

- ✓ Improve awareness of schemes such as Janani Suraksha Yojana (JSY), Pradhan Mantri Matru Vandana Yojana (PMMVY), and other tribal welfare health programs.
- ✓ Provide assistance with documentation (Aadhaar, bank accounts, health cards) so that tribal women can access benefits without bureaucratic hurdles.

6. Integrating Traditional and Modern Health Systems

- ✓ Respect and integrate traditional healing practices where appropriate, while sensitizing communities about the importance of modern healthcare for critical conditions.
- ✓ Encourage dialogue between traditional healers and medical professionals to build trust and referrals between both systems.

7. Policy-Level Interventions

- ✓ Formulate tribal-specific health policies at the district level with adequate budget allocations and clear implementation mechanisms.
- ✓ Ensure gender-sensitive and inclusive healthcare planning, with tribal women's participation in local health committees and decision-making bodies.

Conclusion

The health status of Kurumba tribal women in the Nilgiris district is deeply affected by a complex interplay of geographic isolation, inadequate healthcare infrastructure, socio-cultural barriers, and economic vulnerabilities. Despite existing government initiatives aimed at improving tribal health, this study reveals a persistent gap between policy and practice in remote tribal areas. The findings highlight poor maternal and child health indicators, widespread malnutrition and anemia, limited access to antenatal and postnatal care, and a low level of awareness regarding health schemes among Kurumba women.

Geographical remoteness and poor connectivity severely limit timely access to healthcare facilities, while cultural beliefs and reliance on traditional medicine often delay or prevent the use of modern medical services. Additionally, social factors such as gender dynamics and lack of female autonomy further restrict healthcare utilization among tribal women. The absence or overburdening of local health workers and the minimal presence of outreach services exacerbate these challenges.

Addressing the health issues of Kurumba women requires a multi-dimensional approach that goes beyond improving physical infrastructure. There is an urgent need for culturally sensitive health interventions, including the recruitment and training of local tribal women as health workers, targeted health education programs in tribal languages, and integration of traditional healing practices with modern medicine. Furthermore, enhancing awareness and simplifying access to government health schemes will empower Kurumba women to seek timely care.

In conclusion, improving health outcomes for Kurumba tribal women hinges on bridging the existing gaps between healthcare delivery and community needs through inclusive, accessible, and culturally respectful initiatives. This will not only improve the quality of life for Kurumba women but also contribute to reducing health disparities among tribal populations in the Nilgiris and beyond.

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