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Healthcare of tribal women in India: Challenges, Gaps and a progressive path forward

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Abstract:
This study aims to investigate the challenges and the knowledge gap among the healthcare of tribal women. Even though the Government of India has brought several initiatives and schemes to empower tribal there is still a big gap in healthcare mainly because of lack of education and awareness. Among tribal women gynaecological health has showed up a critical concern it involves cervical cancer, breast cancer, sexually transmitted diseases, reproductive health, and menopausal complications are progressively widespread among tribal women. Poor nutrition and limited health knowledge make these problems even harder. Many women avoid health check-ups because of cultural stigma, shyness, or simply not knowing about the importance of screening. This study highlights the existing gap in knowledge and the need for culturally sensitive steps. Community meetings held in local languages, with real-life stories, can help women understand the value of screening and guide them toward proper treatment. It also points to the need for mobile clinics that can reach remote areas and offer periodic screening and healthcare services. With better awareness and outreach, these steps can greatly improve the health outcome of tribal women in India.

Keywords: Mental and physical health, tribal welfare, outreach activities, nutrition

INTRODUCTION

The preliminary attempt by the regime to authorize Scheduled Tribes was throughout the 1931 survey which catalogued "primitive tribes." In 1935, the Government of India Act 1935 incorporated a classification of "backward tribes." The reorganized list was shaped in 1950 following independence. This register has been revised several times.

The most recent list was compiled in July 2023. The list now comprises 730 tribal tribes around the nation. This total constitutes 8.6% of the overall population, or 10.4 crores. The locations of tribes are classified into four primary categories, thus (i) Residing in Scheduled Areas and in tribal-dominated blocks and districts; (ii) Residing in Northeast India. (iii)Vulnerable indigenous communities: (iv) Residing beyond scheduled areas.

SCHEDULED TRIBE POPULATION

Approximately each state in the country has tribes, with the exclusion of Pondicherry, Chandigarh, Haryana, Delhi, and Punjab. Madhya Pradesh had the greatest Scheduled Tribe population among Indian states, with 15 million, followed by Maharashtra, Odisha, and Rajasthan, each with 9 million. In Madhya Pradesh, regarding two-thirds of the Scheduled Tribe population inhabits in the seven districts of MP. The population is elevated in the North-eastern states. The tribal population predominantly inhabits hilly and forested regions, collectively constituting over 80% of the nation's forest cover. The dispersion of tribal settlements over extensive regions results in a sparse population density. Demographic expansion The proportion of Scheduled Tribes within the total population of India rose from 8.2% in 2001 to 8.6%

in 2011. Recent estimates from the IIPs, based on NFHS-4, indicate that the Total Fertility Rate (TFR) for Scheduled Tribes (STs) is 2.5.

SOCIOECONOMIC STATUS

A significant percentage of ST engages in the collection of forest products, hunting and gathering, shifting cultivation, pastoralist, nomadic herding, and artisanal activities. Moreover, over two-thirds of the indigenous population is employed in the primary sector, relying significantly on agriculture, either as cultivators or agricultural labourers. Suboptimal economic conditions. In terms of population, 40.6% of the Scheduled Tribe (ST) population resided below the poverty line, compared to 20.5% of the non-tribal population in the country.

HEALTH DISPARITIES IN TRIBAL WOMEN

Tribal places are generally inaccessible owing to challenging terrain. Consequently, these regions lack prompt and sufficient healthcare services. Due to insufficient living values, underdevelopment, poor nutrition, illiteracy, and parasitic illnesses, tribal populations are vulnerable to numerous diseases.
The maternal health of tribal women in India come across abundant struggle including elevated maternal and newborn mortality rates, malnutrition, anaemia, and insufficient access to treatment due to the remote location of healthcare facilities. Unhygienic childbirth practices, traditional customs, poverty, and inadequate healthcare services are the primary challenges in maternal healthcare. Maternal and child healthcare practices are frequently overlooked by tribal communities, including the Irula, Kattu Nayak, Paliyan, Toda, Badaga, Kurumbar, Malaiyali, Sinthavar or Senthilvar, Shologa, Kondareddy, Sadai, Muthuvan, and Puduvayal, which inhabit various sub regions of Tamil Nadu.

Alarmingly, nearly 50% of adolescent ST females aged 15 to 19 years are underweight, with a BMI of less than 18.3. According to NFHS-3, 65% of tribal women aged 15–49 years experience anaemia, compared to 46.9% of other (non-Scheduled Caste and Scheduled Tribe) women. The autumn ANC coverage for tribal women continues to be inadequate. RSoc data indicate that whereas 81.9% of Scheduled Tribe women received at least one antenatal care (ANC) visit, only 15% obtained comprehensive ANC, the lowest proportion across all social categories. The expenses associated with institutional delivery, geographical distance, and insufficient transportation remain significant obstacles. NSSO 2014 data indicates that the average spending on childbirth at a health centre is around 4000, significantly above the expenditures covered by schemes such as JSt within 48 hours following delivery.27% of tribal women continue to give birth at home, the highest rate among all demographic groups. The unreceptive deportment of healthcare experts, linguistic and intellectual capacity blockades, and a lack of conviction in an alien system may moderately account for this.

LITERATURE REVIEW

Health issues of Tribal Women in India:

Maternal health

Kazi Monjur Ali., et al.(2024) addressed the key challenges faced by tribal women and they reviewed explore the trends in health care seeking trends among tribal women in the rural and urban areas of different states in India.
Satyajeet Singh Kosariya(2024) addressed the maternal health and nutritional difficulties faced by tribal women in India. This paper examined mother and newborn mortality, anaemia, malnutrition, their causes, and their effects. They specifically discussed the tribal women of Madhya Pradesh, Chhattisgarh, and Odisha. This study utilized secondary data from prior research, specifically case studies and health surveys. The study detected trends in maternal health and nutrition among tribal women.
Maternal health is still one of the high priority challenges among tribal women Kusuma et al (2024) reported that maternal mortality rate in tribal areas is significantly higher than the national average,

mainly because many births take place outside hospitals and there are too few trained midwives. Many tribal women depend on traditional birth practices that are typically insecure and undergoing without any medical supervision.
Senguptaet.al (2020)pointed out care during and after pregnancy is very limited, with little access to iron and folic acid supplements, ultrasound screening or emergency obstetric services. The long distance to hospitals, poor transport and cultural issues further delay proactive medical care.
Improving maternal health outcomes calls for stronger community health worker support and better referral systems that assure women in remote tribal belts can reach hospitals shortly in critical situations.

2. NUTRITIONAL DEFICIENCY

Priyadarshini RD et.al (2021) examined malnutritional status of tribal women in Kolagur, Yercaud, using anthropometric, biochemical, clinical, and dietary assessment parameters. In this article the authors collected the sample date of 100 women of age between 18 to 60 years from Kolagur, a tribal village in Yercaud taluk, Salem district, Tamil Nadu, India. They collected data using structural interview schedule. Then by using diet cal software they have calculated nutrition intake . The statistical analysis was done by using IBM SPSS statistics software version 25. The study concluded that most of the women were malnourished in the prescribed region and it was proposed to introduce the appropriate health plans at the community level is needed for the improvement of the community.

Piyasa Mal et.al (2024) made a comparison between matrilineal tribal women from Meghalaya and patrilineal tribal women from Assam in their empowerment. They have measured through four domains: attitude to violence, freedom of movement, decision-making and social independence. Multivariate regression model was adopted for the analysis. A comparative study was done between the two types and analysis were presented.
Malnutrition is strongly rooted among tribal women due to poverty, food shortages and lack of dietary diversity. Gupta et al. (2023) investigated that the Anaemia due to iron deficiency on impacting more than half of tribal women of reproductive age. Poor nutrition during pregnancy results in low birth weight in infants.
Mohanty et al. (2022) found that poor access to micronutrient-rich foods and low awareness of balanced diets make the problem worse. Seasonal migration and dependence on forest produce often leave tribal families nutritionally vulnerable. Addressing these challenges requires both nutrition supplement programs and sustained community education on food diversity and healthy practices.

3. REPRODUCTIVE HEALTH

Sardar and Sardar (2025) observed that the reproductive health of tribal women is strongly affected by early marriages, teenage pregnancies, and limited reproductive health choices. Low literacy levels and cultural traditions reduce the use of contraceptives, leading to repeated pregnancies and associated health risks.
Jena et al. (2024) noted that awareness of reproductive tract infections is low, and most of the women often tolerate symptoms in silence because of stigma or lack of knowledge. Access to reproductive health services is also limited by long travel distances, poor privacy in healthcare centres, and a shortage of female medical staff.
Pradhan et al., (2021) insisted that teaching tribal women about reproductive health accessible services and culturally sensitive counselling is essential to minimize reproductive health risks.

4. GYNECOLOGICAL CONCERNS

Mafuza Yasmin1 et.al (2024) reviewed the trends in health care of tribal women in rural and as malnutrients, anaemia, of tribal women and their solutions .

Ghosh et al. (2020) stated that breast and cervical cancers are very common health issues among tribal women. Cervical cancer is both preventable and treatable if detected /
Ghosh et al. (2021) reported that breast cancer is commonly diagnosed at an advanced stage among tribal women because of low awareness about self-examination and the lack of mammography services in remote places.
Garg et al. (2025) noted that cultural shame, shyness, and fear of social judgment prevent many women undergoing routine screenings. Introducing awareness programs in local dialects, survivor stories, and mobile screening units can help overcome these barriers and help in early detection.

SEXUALLY TRANSMITTED DISEASES

Yadav et al. (2022) reported that tribal women face a growing burden of sexually transmitted diseases (STDs), including HIV/AIDS, gonorrhoea, and syphilis. Many infections remain untreated because of minimal awareness, delayed diagnosis, and poor access to healthcare. The movement of male partners to towns and cities for work, combined with unsafe sexual practices, raises the risk of infection among women. Social stigma also stops open discussion of sexual health, leaving many women exposed to long-term complications such as infertility and chronic pelvic pain. Strengthening awareness campaigns, highlighting the importance of condom use, and making STD screening a part of regular healthcare can reduce the disease burden.

MENOPAUSE HEALTH ISSUES

Singh et al. (2021) observed that menopause remains an under researched area in tribal healthcare. As women enter the post-reproductive phase and often face challenges such as hot flashes, osteoporosis, hormonal imbalances, and psychological distress.
Sharma et al. (2020) addressed that poor nutrition, heavy physical workload, and minimal medical guidance make these problems worse. Unlike maternal or reproductive health, menopause remains little attention in healthcare schemes or community awareness programs. Many tribal women think these symptoms as normal part of aging and therefore do not seek medical care. Focused measures such as counselling, awareness workshops, and providing necessary supplements like calcium and vitamin D can greatly improve the health and wellbeing of menopausal tribal women.

PHYSIOLOGICAL AND MENTAL HEALTH

Patel et al., (2021) indicated that mental health among tribal women is an important but not talked about enough. Poverty, gender inequality, displacement due to industrial and infrastructural expansion and domestic abuse leads to high stress levels.
Nair et al. (2022) noted that depression, anxiety, and trauma often go untreated in tribal areas due to lack of mental health services. Cultural beliefs, linking mental illness to supernatural causes also caused many families to depend on traditional healers instead of medical professionals. Setting up counselling centres, training health workers for preliminary support, and spreading awareness to reduce stigma are essential steps in managing this hidden health crisis.

Saravanakumar (2019), discussed the challenges faced by the tribal women. He collected the data to find out the socio-economic factors that affects the health care status of tribal women in Erode district, Tamilnadu. Also, he examined the effect of healthcare education programmes on the health status of the Tribal women. Vimmi Behal et.al examined the social economic status of Tribal women in India and the challenges faced by Tribal women. It also highlights te empowerment of Tribal women to increase literacy rate. Damor et.al (2024) stated that the challenges faced by tribal women in India and issues of education and literacy among tribal community. They concluded that the measures and suggestions for a tribal community to enhance their education and literacy berates in the tribal community.

Kalyani Saha(2023) addresses the various problems tribal women especially in education, health, nutrients and employment and their reasons for the challenges. Abedin et.al (2024) figured out the health care accessibility barriers of tribal women in this study. They identified the factors contributing for low healthcare accessibility through the literature Five dimensions of accessibility were included in this paper the factors were classified based on this. There were 53 papers reviewed in this paper from the year 1005 to 2023.

Naveen et.al (2023) discussed about the empowerment of tribal women through entrepreneurship. A sample size of 111 Santhal tribal women entrepreneurs were taken from Mayurbhanj district, Odisha. Through interview schedule and group discussions questionnaire was collected. Linear regression model was used to identify which factor influences the entrepreneurship. WEI(Women Entrepreneurship Index) to measure the tribal women's socio economic development. Gummadi Naresh (2014) discussed the work participation of tribal women in India and their socio economic status. Also examined nature and characteristics of socio-cultural conflicts faced by the tribal women. This article suggested that the government should allocate the fund for tribal women welfare as a five year scheme and should ensure that 100 percentage literary . Also the separate law for labour of tribal women. The farmers can able to get good yielding seed provided by government agency and should conduct training program for famers.

CONCLUSION

Tribal women in India face various health issues due to poverty, cultural practices, and poor access to medical care. They suffer from maternal health risks, lack of proper nutrition, reproductive health issues, gynaecological cancers, sexually transmitted diseases, menopause-related problems, and mental stress. These make it clear that there is an urgent need for better support. Even though the government has many schemes, health services and awareness still do not reach every one. To solve this, we need community-based programs, regular health check-ups, timely medical support, better nutrition, and the inclusion of both reproductive and mental health in primary health care.

It is equally important to empower tribal women through education, awareness programs in their own language, and mobile health services that can reach faraway areas. Using modern healthcare methods can help ensure better well-being and dignity for tribal women across India. Strengthening tribal women's health is not only about fairness but also about enhancing the whole community's wellbeing.

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