



## REPRODUCTIVE HEALTH CARE STATUS AND GOVERNMENT INITIATIVES AMONG RURAL SCHEDULED TRIBE WOMEN IN INDIA: ISSUES AND CHALLENGES

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### ABSTRACT

Reproductive health is a crucial aspect of overall health and well-being, particularly for women in rural areas and marginalized communities. This research paper aims to examine the reproductive health care status and government initiatives among rural Scheduled Tribe (ST) women in India, highlighting the issues and challenges they face. Utilizing data from various government reports, NGO studies, and academic research, this paper provides an in-depth analysis of the current situation, identifying the barriers to accessing quality reproductive healthcare services and evaluating the effectiveness of existing government programs. The findings reveal significant disparities and highlight the need for comprehensive and culturally sensitive interventions to address the unique challenges faced by this vulnerable population. The paper concludes by offering recommendations for policy-makers, healthcare providers, and stakeholders to improve reproductive health outcomes among rural ST women in India.

**Keywords:** Reproductive Health Care, Government Initiatives, Rural ST Women, India

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## INTRODUCTION

Reproductive health is a fundamental human right and a critical component of the overall well-being of women. It encompasses various aspects, including maternal health, family planning, prevention and treatment of reproductive tract infections, and access to safe abortion services. Despite significant progress in recent decades, challenges persist, particularly for marginalized communities in rural areas of developing countries like India.

The Scheduled Tribes (STs) in India, a historically disadvantaged group, face multiple socioeconomic and cultural barriers that impede their access to quality reproductive health care services. According to the 2011 Census, STs constitute 8.6% of India's total population, with a significant proportion residing in rural areas (Office of the Registrar General & Census Commissioner, 2011). This research paper aims to examine the reproductive health care status and government initiatives among rural ST women in India, shedding light on the issues and challenges they encounter.

This research paper employs a comprehensive literature review and analysis of data from various authoritative sources, including academic research papers, magazines, books, government reports, non-governmental organization (NGO) studies, and international organizations' publications, National Family Health Survey (NFHS-4, 2015-16), Sample Registration System (SRS, 2015-17), District Level Household and Facility Survey (DLHS-4, 2012-13), and reports from organizations such as the World Health Organization (WHO) and the United Nations Population Fund (UNFPA).

## REPRODUCTIVE HEALTH CARE STATUS AMONG RURAL ST WOMEN

### Maternal Health

**High maternal mortality rates:** According to the SRS 2015-17, the Maternal Mortality Ratio (MMR) among ST women was 230 per 100,000 live births, significantly higher than the national average of 122 (Office of the Registrar General of India, 2018).

**Low institutional delivery rates:** The NFHS-4 (2015-16) data reveals that only 58.6% of ST women had institutional deliveries, compared to the national average of 78.9% (International Institute for Population Sciences [IIPS] & ICF, 2017).

**Lack of access to ante-natal and post-natal care:** Only 59.2% of ST women received at least four ante-natal care visits, and a mere 25.9% received post-natal care within two days of delivery (IIPS & ICF, 2017).

### Family Planning

**Low contraceptive prevalence:** The NFHS-4 data shows that only 46.3% of currently married ST women aged 15-49 years use any method of contraception, compared to the national average of 53.5% (IIPS & ICF, 2017).

**High unmet need for family planning:** Among ST women, 11.3% have an unmet need for family planning, higher than the national average of 9.4% (IIPS & ICF, 2017).

### Reproductive Tract Infections (RTIs) and HIV/AIDS

**Increased vulnerability to RTIs:** Due to lack of awareness, poor hygiene practices, and limited access to healthcare, ST women are at a higher risk of contracting RTIs (Rana et al., 2019).

**Higher HIV prevalence:** According to the NACO Annual Report 2017-18, the HIV prevalence among ST populations was 0.67%, higher than the national average of 0.22% (National AIDS Control Organization [NACO], 2018).

### Safe Abortion Services

**Limited access to safe abortion services:** ST women often rely on unsafe abortion methods due to lack of access to legal and safe abortion services, putting their lives at risk (Mavalankar et al., 2017).

### Adolescent Reproductive Health

**Early marriage and childbearing:** The NFHS-4 data indicates that 26.8% of ST women aged 20-24 years were married before the legal age of 18, contributing to higher risks of complications during pregnancy and childbirth (IIPS & ICF, 2017).

## FACTORS CONTRIBUTING TO POOR REPRODUCTIVE HEALTH OUTCOMES:

### Socioeconomic and Cultural Factors

- Poverty and malnutrition (Balgir, 2005)
- Low literacy levels (Bhagat, 2018)
- Traditional beliefs and practices (Sahu et al., 2015)
- Gender discrimination and lack of decision-making power (Raj et al., 2018)
- Inaccessibility to healthcare facilities due to remote locations (Priya et al., 2017)

### Healthcare System Challenges

- Shortage of healthcare facilities and personnel in tribal areas (Sinha, 2019)
- Inadequate infrastructure and supply of essential medicines (Mavalankar et al., 2017)
- Lack of culturally-sensitive and inclusive healthcare services (Iyengar et al., 2009)
- Language barriers and communication gaps (Mohanty & Pathak, 2009)

## GOVERNMENT INITIATIVES AND PROGRAMS

The Indian government has implemented various schemes and initiatives to improve reproductive health outcomes among rural ST women. These include:

**National Rural Health Mission (NRHM):** Launched in 2005, the NRHM aims to provide accessible, affordable, and quality healthcare to rural populations, including ST communities (Ministry of Health and Family Welfare, 2005). Initiatives under NRHM include the Janani Suraksha Yojana (JSY) for promoting institutional deliveries, and the Accredited Social Health Activists (ASHAs) program for community-level health promotion (Lim et al., 2010).

**Reproductive and Child Health (RCH) Program:** The RCH program focuses on maternal and child health, family planning, and adolescent reproductive health (Ministry of Health and Family Welfare, 2013). Initiatives include the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) for prenatal care and the Weekly Iron and Folic Acid Supplementation (WIFS) program (Lahariya et al., 2018).

**National AIDS Control Program (NACP):** Aims to reduce the spread of HIV/AIDS and provide care and support to those affected (NACO, 2017). Includes targeted interventions for high-risk groups, including ST communities (Sarna et al., 2013).

**Tribal Sub-Plan (TSP):** The TSP is a strategy to allocate funds and resources for the development of ST communities across various sectors, including health (Ministry of Tribal Affairs, 2021).

## ISSUES AND CHALLENGES

Despite the government's efforts, several issues and challenges persist in improving reproductive health outcomes among rural ST women:

### Implementation Gaps

- Insufficient allocation and utilization of funds under TSP (Jangir & Srinivasan, 2018)
- Lack of proper monitoring and evaluation mechanisms (Saxena et al., 2013)
- Limited outreach and awareness campaigns in remote tribal areas (Sahu et al., 2015)

### Cultural and Social Barriers

- Deep-rooted traditional beliefs and practices (Santhya et al., 2014)
- Stigma and discrimination towards ST communities (Marbaniang et al., 2021)
- Gender inequalities and lack of decision-making power for women (Raj et al., 2018)

## Access and Infrastructure Challenges

- Geographical remoteness and poor connectivity to healthcare facilities (Priya et al., 2017)
- Shortage of healthcare workers and cultural barriers in communication (Sinha)

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## Intersectionality of Marginalization

- ST women often face multiple layers of marginalization, including gender, caste, and economic status, exacerbating their vulnerability (Irudaya Rajan & Jayakumar, 2020).

## Lack of Inclusive and Culturally-Sensitive Interventions

- Most healthcare programs and services fail to consider the unique cultural, linguistic, and social contexts of ST communities (Mahapatra, 2018).

## RECOMMENDATIONS

To address the issues and challenges faced by rural ST women in accessing quality reproductive health care services, the following recommendations are proposed

### Strengthening Healthcare Infrastructure and Human Resources

- Increase the number of Primary Health Centers (PHCs) and Sub-Centers in tribal areas (Priya et al., 2017)
- Recruit and train more healthcare workers from ST communities (Rao et al., 2011)
- Provide culturally-sensitive training to healthcare providers (Iyengar et al., 2009)

### Enhancing Community Participation and Empowerment

- Involve ST women and communities in the design and implementation of health programs (Mohanty & Pathak, 2009)
- Promote community-based monitoring and accountability mechanisms (Hamal et al., 2020)
- Empower ST women through education, skill development, and income-generating activities (Dayal & Sachdeva, 2017)

### Improving Access to Information and Services

- Conduct targeted awareness campaigns in local languages and culturally-appropriate formats (Sahu et al., 2015)
- Leverage mobile healthcare units and telemedicine services in remote areas (Dasgupta & Prabhu, 2012)
- Ensure the availability of essential medicines and supplies in tribal areas (Mavalankar et al., 2017)

### Strengthening Intersectoral Collaboration

- Foster collaboration between health, education, and social welfare departments (Sinha, 2019)
- Engage with local NGOs and community-based organizations working with ST communities (Dayal & Sachdeva, 2017)
- Promote public-private partnerships for healthcare service delivery (Bhore et al., 2019)

### Enhancing Monitoring, Evaluation, and Research

- Develop comprehensive monitoring and evaluation frameworks for reproductive health programs (Saxena et al., 2013)
- Conduct regular surveys and research to identify emerging challenges and needs (Iyengar et al., 2009)
- Promote evidence-based policymaking and program design (Mahapatra, 2018)

### CONCLUSION

The reproductive health care status of rural Scheduled Tribe women in India remains a significant concern, with multiple socioeconomic, cultural, and systemic barriers hindering their access to quality services. Despite government initiatives and programs, substantial disparities persist, highlighting the need for targeted and comprehensive interventions. Addressing the unique challenges faced by this vulnerable population requires a multifaceted approach that includes strengthening healthcare infrastructure, enhancing community participation, improving access to information and services, fostering intersectoral collaboration, and promoting inclusive and culturally-sensitive interventions. By implementing these recommendations, policymakers, healthcare providers, and stakeholders can work towards achieving better reproductive health outcomes and ensuring the well-being of rural ST women in India.

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