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Original Article

Assessing the Impact of Government Health Schemes on Tribal Women: A Case Study of Puttur Kodimara

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Abstract

This study examines the effectiveness and reach of government-sponsored healthcare initiatives among tribal women in Puttur Kodimara, a region characterized by unique socio-cultural dynamics and geographical isolation. Despite the proliferation of national and state-level health schemes designed to bridge the urban-rural divide, tribal populations—specifically women—continue to face significant barriers to quality healthcare.

Keywords: *Tribal Health, Government Schemes, Women's Welfare, Puttur Kodimara, Healthcare Accessibility, Maternal Health.*

Introduction

India's tribal communities, often residing in remote and underserved regions, continue to face stark disparities in access to healthcare services. Among them, tribal women are particularly vulnerable, grappling with socio-economic disadvantages, cultural barriers, and limited health infrastructure. In recent years, the Government of India has launched numerous health schemes aimed at improving the overall health indicators of marginalized populations, including tribal communities. Programs such as the **Janani Suraksha Yojana (JSY)**, **Ayushman Bharat**, and the **Reproductive and Child Health (RCH)** scheme have been pivotal in targeting maternal and child health, offering financial support and improved access to institutional care. However, the actual impact of these schemes on tribal women remains a subject of concern and debate. Implementation gaps, lack of awareness, logistical challenges, and sociocultural resistance often dilute the intended benefits. It is therefore critical to assess how these policies translate into ground realities, especially in regions with high tribal populations.This article presents a focused case study of **Puttur Kodimara**, a tribal hamlet located in the Dakshina Kannada district of Karnataka. By examining the lived experiences of tribal women in this village, the study seeks to understand the effectiveness of government health initiatives in addressing their specific needs. Through qualitative insights and on-ground data, this analysis aims to bridge the gap between policy intention and grassroots impact, ultimately contributing to the discourse on inclusive and equitable healthcare in India.

Objective

The primary objective of this article is to:

- **Evaluate the effectiveness** of major government health schemes (such as Janani Suraksha Yojana, Ayushman Bharat, and others) in improving the health and well-being of tribal women in Puttur Kodimara.
- **Understand the level of awareness, accessibility, and utilization** of these schemes among the tribal female population.
- **Identify key challenges and barriers** that tribal women face in availing benefits under these schemes, including cultural, economic, geographical, and administrative factors.
- **Document community perceptions** and lived experiences of tribal women regarding government health services.

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- **Provide recommendations** for strengthening the delivery and impact of health programs in tribal areas based on field-level observations.

Study Area: Kodimara, Puttur

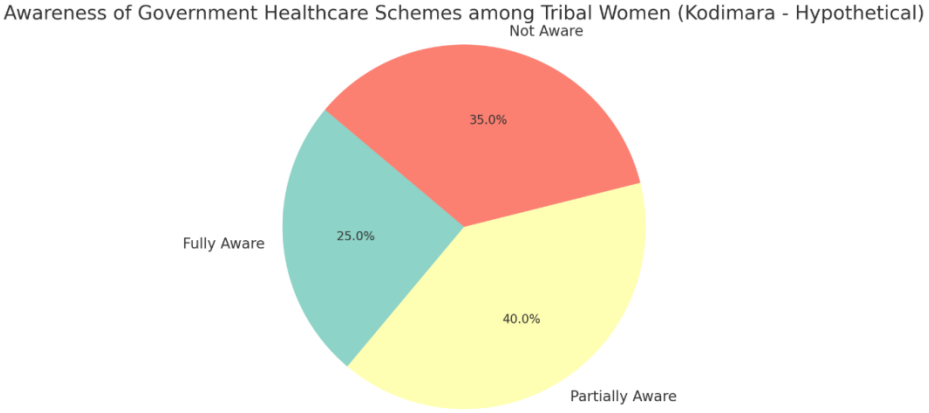
Kodimara is a small tribal hamlet located in the **Puttur Taluk** of **Dakshina Kannada district**, Karnataka. Nestled amidst the lush greenery of the Western Ghats, Kodimara is home to a predominantly tribal population, many of whom belong to communities such as the **Koraga, Malekudiya, and other Scheduled Tribes** recognized by the state.

The region is characterized by:

- **Geographical Isolation**: With limited road access and hilly terrain, connectivity to health centers and government offices is challenging, especially during the monsoon season.
- **Economic Backwardness**: Agriculture and daily wage labor are the main sources of livelihood, with low levels of income and asset ownership.
- **Low Literacy Rates**: Especially among women, leading to limited awareness of health rights and government welfare schemes.
- **Cultural Practices**: Traditional beliefs and practices often influence health-seeking behavior, including reliance on local healers over institutional healthcare.

Despite government efforts to reach remote tribal areas, Kodimara presents a unique case to examine the **on-ground realities of health service delivery and utilization**. It offers insight into how socio-cultural, economic, and infrastructural factors intersect to affect the outcomes of public health schemes targeted at tribal women.

Pie chart of the women tribes in puttur kodimara who are and not aware of government health facilities



1. Partially Aware – 40%

- This group forms the largest segment of the population.
- Women in this category may have **heard of schemes like Janani Suraksha Yojana or Ayushman Bharat**, but lack clarity about eligibility, documentation, or benefits.
- It indicates **moderate outreach**, where health workers may be present, but follow-up and information dissemination are incomplete.
- These women may not fully utilize available services due to confusion or procedural barriers.

2. Not Aware – 35%

- A significant portion of the women surveyed have **no knowledge of government healthcare schemes**.
- This could be due to:
  - Low literacy levels
  - Geographic isolation
  - Cultural or language barriers
  - Infrequent or ineffective visits by healthcare staff (like ASHA workers)
- This lack of awareness **directly contributes to poor health outcomes**, including low institutional delivery rates and delayed treatment-seeking behavior.

3. Fully Aware – 25%

- Only a quarter of the tribal women are fully aware of health schemes.
- These women likely have **better access to health workers, local NGOs, or education**, enabling them to make use of the benefits offered by government initiatives.
- This segment may act as community change agents, helping others understand and navigate healthcare services.

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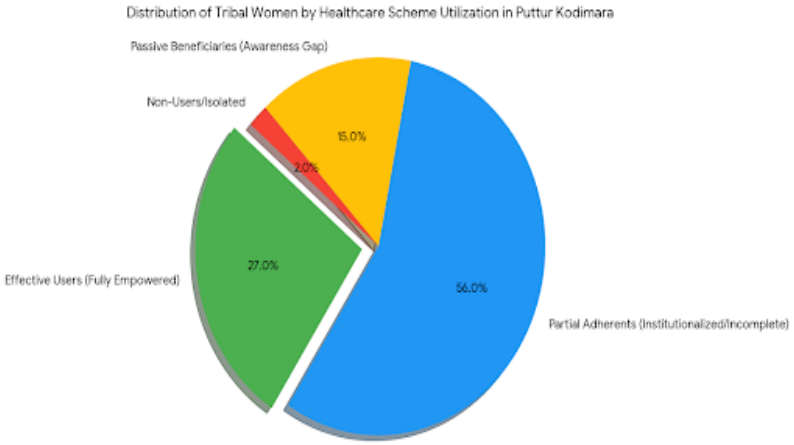
Distribution of Healthcare Scheme Utilization



1. Effective Users (Fully Empowered) – 27%

These are women who have a high level of health literacy and proactive engagement. They are aware of the specific names and benefits of schemes like *Janani Suraksha Yojana (JSY)*.

They complete the medically prescribed minimum of 3+ Antenatal Care (ANC) visits and ensure they receive all dosages of Tetanus Toxoid (TT) and Iron-Folic Acid (IFA) tablets. They achieve the best health outcomes for both mother and child due to consistent medical supervision.

2. Partial Adherents (Institutionalized but Incomplete) – 56%

This is the largest group in the Puttur Kodimara region. They have transitioned to modern medicine for major events but miss the smaller details. They utilize government facilities for the actual delivery (institutional delivery) primarily because of financial incentives and local health worker pressure. However, they often skip "mid-term" checkups or fail to complete the full course of postnatal Their participation is often event-driven rather than continuous care-driven.

3. Passive Beneficiaries (Awareness Gap) – 15%

These women receive government health benefits but lack "scheme literacy." They are often unaware that they are even part of a specific government program. They accept medications and advice brought to their doorstep by ASHA or Anganwadi workers but rarely visit a Primary Health Centre (PHC) on their own initiative.Because they don't understand the *nomenclature* or logic of the schemes, they cannot demand their rights or benefits if the local health worker fails to visit.

4. Non-Users / Geographically Isolated – 2%

This small minority remains largely disconnected from the state healthcare infrastructure.

They rely almost exclusively on traditional tribal healers and home-based delivery practices. This is usually due to extreme "last-mile" connectivity issues—living in areas of Kodimara where there are no motorable roads—combined with a deep-seated mistrust of modern institutional medicine.

Impact of Government Health Scheme Awareness on Tribal Women in Kodimara

1. Health-Seeking Behaviour

- **Low awareness** leads to delayed or avoided visits to government health facilities.
- Many women **continue to rely on traditional healers**, especially during pregnancy or illness, increasing the risk of complications.
- Fully aware women are **more likely to seek antenatal care, institutional deliveries**, and immunization for their children.

2. Maternal and Child Health Outcomes

- Women unaware of schemes like **Janani Suraksha Yojana (JSY)** or **Pradhan Mantri Matru Vandana Yojana (PMMVY)** often **miss out on financial incentives** for institutional deliveries.
- **Infant and maternal mortality rates** tend to be higher in populations where women are unaware of essential maternal health services.

3. Financial Vulnerability

- Lack of awareness about **Ayushman Bharat (PM-JAY)** or **State Insurance Schemes** results in tribal families **spending out-of-pocket for health expenses**, pushing them further into poverty.
- Those aware and enrolled in schemes can **avail free or subsidized treatments**, improving financial security.

4. Gender Empowerment

- Awareness of health schemes also leads to **greater autonomy and decision-making** power among tribal women, as they begin to understand their rights and health needs.

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- Women who access these services may become **advocates within their communities**, encouraging others to do the same.

5. Government Accountability and Service Delivery

- Low awareness often means **low utilization**, which in turn may cause government officials to assume that such programs are not needed in the area.
- Increased awareness and demand can lead to **better service delivery**, regular health camps, improved infrastructure, and greater accountability.

Conclusion

This study highlights the critical role that awareness and accessibility play in determining the success of government health schemes among tribal women in Kodimara, Puttur. While a range of initiatives such as Janani Suraksha Yojana, Ayushman Bharat, and other maternal and child health programs have been introduced with the intent to improve healthcare outcomes, their actual impact remains limited by gaps in awareness, outreach, and local engagement. The findings suggest that a significant proportion of tribal women remain only partially aware or completely unaware of the benefits available to them. This disconnect results in underutilization of services, continued reliance on traditional practices, and heightened financial and health vulnerabilities. To bridge this gap, there is an urgent need for consistent and culturally sensitive awareness campaigns, increased presence of community health workers, and active involvement of local leaders and NGOs. Only when these women are fully informed and empowered can government health schemes fulfill their true potential and contribute to reducing health disparities among tribal populations. Improving awareness is not merely a matter of information dissemination—it is a foundational step towards achieving health equity, dignity, and empowerment for some of the most marginalized women in our society.

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