

# UNDERSTANDING THE NEXUS BETWEEN SOCIO-ECONOMIC CONDITION AND HEALTH STATUS OF TRIBAL WOMEN IN IDUKKI DISTRICT, KERALA

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## Abstract

This paper investigates the relationship between the socio-economic condition and the health status of tribal women in Idukki district, Kerala. Drawing on primary data collected from 651 respondents, the study's primary objective is to determine the nexus between the studied variables. Using quantitative methods and statistical methods, the study determines the significant factors which impact the health status of tribal women. The results revealed that certain socio-economic parameters such as economic status, educational attainment, awareness and utilization of healthcare services, and access to safe water had a significant influence on the health status of tribal women. The study provides insights into the socio-economic conditions of tribal women in Idukki district and the associated health disparities. The findings of this study are significant in understanding the nexus between socio-economic condition and health status of tribal women and suggest that the inequalities in the region need to be addressed through targeted policies. The study also highlights the need to focus on economic empowerment, education, and access to health and water resources as key strategies to improve the health status of tribal women.

**Keywords:** Health Inequality, Vulnerability, Social Status, Isolation, Exclusion.

## Introduction

In the picturesque landscapes of Idukki district in Kerala, where lush greenery and diverse tribal communities coexist, the socio-economic determinants of health among tribal women emerge as a critical area of investigation. This study endeavors to unravel the intricate connections between socio-economic conditions and the health status of tribal women, shedding light on the nuanced factors that shape their well-being in this distinct region. To comprehend the contemporary health disparities among tribal women in Idukki, it is imperative to delve into the historical context that has shaped their socio-economic conditions. The tribal communities in this region, including but not limited to the Paliyan, Muthuvan, and Urali Gounder, have long grappled with marginalization, displacement, and limited access to resources. Historical factors such as colonization, land alienation, and policies that did not adequately consider the unique needs of these communities have left lasting imprints on their socio-economic landscape, influencing their health trajectories (S. Menon, 2018).

The socio-economic conditions of tribal women in Idukki are intricately linked to their access to education, employment opportunities, and overall economic empowerment. Limited educational resources and employment avenues have perpetuated cycles of poverty, affecting not only the economic status of these women but also their access to healthcare services (K. Nair et al., 2020). Geographic remoteness, coupled with cultural barriers and a lack of healthcare infrastructure, poses significant challenges to the timely and adequate healthcare provision for tribal women (Singh et al., 2019). The cultural dimensions of tribal communities in Idukki play a pivotal role in shaping health beliefs, practices, and the overall well-being of women. Traditional healing practices, community dynamics, and the role of women in tribal societies contribute to the complex tapestry of health-related behaviors and outcomes (Pillai, 2017).

The health vulnerability of tribal women in Idukki is exacerbated by a myriad of factors, foremost among them being the challenges associated with accessing healthcare services. The geographical remoteness of tribal settlements, often nestled in the hilly terrains of Idukki, poses logistical challenges that impede timely access to medical facilities. Moreover, cultural barriers and language disparities further contribute to a sense of alienation when seeking healthcare, discouraging tribal women from availing themselves of essential

services. Limited healthcare infrastructure within these regions, coupled with a scarcity of healthcare professionals, compounds the vulnerability of tribal women to preventable illnesses and hampers the management of existing health conditions.

Government intervention in addressing the healthcare disparities among tribal women in Idukki has been a focal point in recent policy discussions. Initiatives such as the National Health Mission (NHM) have aimed to bridge the healthcare gap by focusing on primary healthcare delivery and improving healthcare infrastructure in tribal areas. Additionally, targeted schemes like the Tribal Sub-Plan (TSP) have sought to address the unique health needs of tribal communities, including specific provisions for maternal and child health services (Ministry of Health and Family Welfare, 2019).

Government efforts have also been extended to community health workers who play a pivotal role in enhancing healthcare accessibility. The Accredited Social Health Activists (ASHAs) have been deployed to tribal areas to bridge the gap between the healthcare system and tribal communities. Assessing the effectiveness of these community-based interventions in addressing the unique healthcare needs of tribal women is integral to understanding the holistic impact of government initiatives (National Health Systems Resource Centre, 2016).

While these government interventions mark positive strides, a comprehensive evaluation is imperative to identify areas for refinement and expansion. Additionally, fostering community engagement and cultural sensitivity in healthcare delivery remains paramount. Collaborative efforts between the government, healthcare practitioners, and tribal communities are essential to create a healthcare framework that is not only accessible but also culturally competent, ensuring that tribal women in Idukki receive the healthcare they need and deserve.

## Review of Literature

The term "status" encompasses an individual's position within a society, as defined by R. Linton (1936) as a position in a social system. This concept of status is closely intertwined with the term "role," which denotes the expected behavior of individuals in a given status (Linton, 1936). A person or group's status in society is predominantly determined by factors such as educational attainment, health condition, employment status, and decision-making ability. These factors are interconnected, with higher levels of education fostering health

awareness, employment opportunities, and enhanced decision-making abilities within a community.

In the societal context, the status of women is significantly influenced by the prevailing social structure. In the Indian social framework, patriarchal family structures are predominant, where males hold dominance in various settings and social contexts. However, certain tribal communities exhibit a matriarchal family structure, leading to a higher status for women. Studies on the Garo and Khasi tribes in Northeast India have demonstrated a relatively elevated position for women due to matrilineal descent, matrilocal residence, and property inheritance through the female line (Mitra, 2007; Burman Roy, 2012). Conversely, in tribal communities adhering to patriarchal norms, women's status tends to be lower than in matriarchal societies (Mitra, 2007; Burman Roy, 2012). Variations in the status of tribal women are observed across different tribal groups and social structures, emphasizing the diversity within tribal societies. The importance of tribal women in these societies cannot be overstated. Their significant contributions to economic activities, often equal to or surpassing those of men, underscore their pivotal role in the family economy. However, despite their substantial contributions, the status of tribal women is not uniform and varies according to tribal groups and social structures.

Health conditions also play a crucial role in determining status, particularly within tribal groups. Comparatively lower health statuses are prevalent among tribal populations, marked by high infant mortality rates, increased fertility rates, limited awareness of diseases and healthcare, inadequate access to clean drinking water, and substandard hygiene conditions (Hutton, 1921). Chronic infections, waterborne diseases, and deficiency diseases are prevalent in many tribal areas, contributing to higher vulnerability and health challenges. Malnutrition is a common concern, affecting tribal children and impacting their overall health, potentially leading to chronic illnesses and impairments, including those affecting cognitive functions.

Furthermore, the health status of tribal communities is closely linked to economic and educational aspects. Limited participation in modern industrial economic activities, coupled with occupations that generate minimal income (such as hunting, crafts making, and agriculture), has resulted in deteriorated living conditions for tribal populations. The advent of industrialization and urbanization has brought about significant changes in the traditional

ways of life for tribals, often displacing them from their customary activities and making them dependent on non-tribal communities, contributing to the complex interplay between health, economy, and education within tribal societies (Hutton, 1921).

A notable gap in the existing literature lies in the limited exploration of the nuanced variations in the status of tribal women across diverse tribal groups and social structures. While current studies acknowledge the influence of social structures on women's status, there is a need for more in-depth research that delves into the specific dynamics within various tribal communities. Future research could focus on conducting comparative analyses, incorporating longitudinal studies, and exploring the intersectionality of factors such as health, employment, and decision-making ability. Furthermore, investigating the impact of changing socioeconomic factors, would contribute to a more comprehensive understanding of the multifaceted nature of tribal women's status and inform targeted interventions tailored to specific tribal contexts. Hence, this study intend to understand the interrelationship between socio-economic status and health in Idukki district of Kerala.

### Objectives of the Study

1. Assess socio-economic determinants influencing the status of tribal women in Idukki District, Kerala.
2. Investigate key health indicators to understand the overall health status of tribal women in the region.
3. Identify disparities in socio-economic conditions and health status of tribal in Idukki.

### Hypotheses

**Ho:** There is no positive correlation between the socio-economic determinants (education, employment, economic conditions, and decision-making abilities) and the health status of tribal women in Idukki District.

### Methodology

This study employs a cross-sectional research design to investigate the intricate relationship between socio-economic conditions and the health status of tribal women in Idukki District, Kerala. Using a stratified random sampling technique based on different tribal groups, the research aims to capture the diverse experiences within the tribal population. The

study duration will be determined to ensure comprehensive data collection, incorporating primary sources such as structured interviews, surveys, and health assessments, supplemented by relevant secondary data from health records and existing literature.

The research variables include socio-economic determinants (education level, employment status, economic conditions, and decision-making abilities) and health status indicators (self-rated health status, prevalence of diseases, and access to healthcare). These will be operationalized through a structured questionnaire, and statistical analyses. The study's findings will be subjected to descriptive and inferential statistical analyses using appropriate software, facilitating a nuanced understanding of the nexus between socio-economic conditions and the health status of tribal women in Idukki District. The ultimate goal is to contribute meaningful insights for policymakers and stakeholders to develop targeted interventions promoting the well-being of tribal women in the region.

## Result and Discussion

The investigation into the nexus between socio-economic conditions and the health status of tribal women in Idukki District, Kerala, unveils a critical exploration at the intersection of social determinants and health outcomes within this unique population. Tribal communities often face distinctive challenges arising from historical, cultural, and economic contexts, necessitating a focused inquiry into the factors that shape the well-being of tribal women. This study adopts a cross-sectional research design, considering the diverse tribal groups in Idukki, and aims to unravel the intricate relationships between socio-economic determinants—such as education, employment, and economic conditions, and various health indicators. The study's findings, analyzed through statistical methods, hold the potential to inform targeted interventions, policies, and community-based strategies aimed at improving the overall well-being of tribal women in Idukki District. The forthcoming results and discussions will delve into the empirical evidence and implications derived from this exploration, shedding light on actionable pathways for enhancing the health and socio-economic conditions of tribal women in the region.

Table 1: Socio-Economic Characteristics of the Tribal Women in Idukki

Characteristics	Category	Number (%)	Significance
<b>Age</b>	18-27	225 (34.6)	.000
	28-37	148 (22.7)	
	38-47	113 (17.4)	
	48-57	103 (15.8)	
	58-67	62 (9.5)	
<b>Educational Qualification</b>	Illiterate	218 (33.5)	.104
	Middle	77 (11.8)	
	High School	117 (18.0)	
	HSS	68 (10.4)	
	Graduate	117 (18.0)	
	Professional	54 (8.3)	
<b>Marital Status</b>	Married	531 (81.6)	.298
	Unmarried	64 (9.8)	
	Widow	56 (8.6)	
<b>Type of Family</b>	Nuclear	595 (91.4)	.000
	Joint	56 (8.6)	
<b>Occupation</b>	Agricultural Labour	49 (7.5)	.000
	Farmer	68 (10.4)	
	Coolie (Manual Labour)	348 (53.5)	
	Forest Related Livelihood	64 (9.8)	
	Housewife	122 (18.7)	
<b>Income</b>	0-25000	48 (7.4)	.000

	25000-50000	28 (4.3)	
	50000-75000	425 (65.3)	
	75000-100000	129 (19.8)	
	Above 100000	21 (3.2)	

Source: Primary Data.

Table 1 provides a detailed insight into various demographic and socio-economic characteristics of the surveyed population.

### Age Distribution

The age distribution of the respondents reflects a relatively youthful population, with a significant concentration in the 18-27 age range, constituting 34.6% of the total. This suggests a potentially dynamic and youthful community. The decreasing proportions with advancing age highlight a demographic pyramid, with the smallest segment represented by individuals aged 58-67 at 9.5%.

### Educational Qualification

The educational qualification distribution among tribal women reveals a diverse range of academic backgrounds. The majority of the surveyed women are categorized as "Illiterate," comprising 218 individuals. This underscores potential challenges in accessing formal education within this community. However, the table also indicates positive aspects, with 117 women having attained a "Graduate" level of education, demonstrating a significant segment with higher academic achievements. Moreover, the presence of 54 women in the "Professional" category suggests that a noteworthy proportion has pursued advanced and specialized education. The categories of "Middle" (77), "High School" (117), and "HSS" (Higher Secondary School - 68) demonstrate a continuum of educational attainment, showcasing diversity in the educational background of tribal women.

### Marital Status

In terms of marital status, a substantial majority of respondents are married, comprising 81.6% of the total. This could have implications for family structures, responsibilities, and societal roles within the community. Unmarried individuals form a



smaller but still notable portion at 9.8 %, while the presence of widows at 8.6% indicates a segment with distinct needs and circumstances.

### **Type of Family**

The predominance of nuclear families (91.4%) suggests a prevailing family structure within the surveyed population. This information is crucial for understanding the social dynamics, support systems, and decision-making processes within households. Joint families, though representing a minority at 8.6%, may have unique characteristics that impact community dynamics.

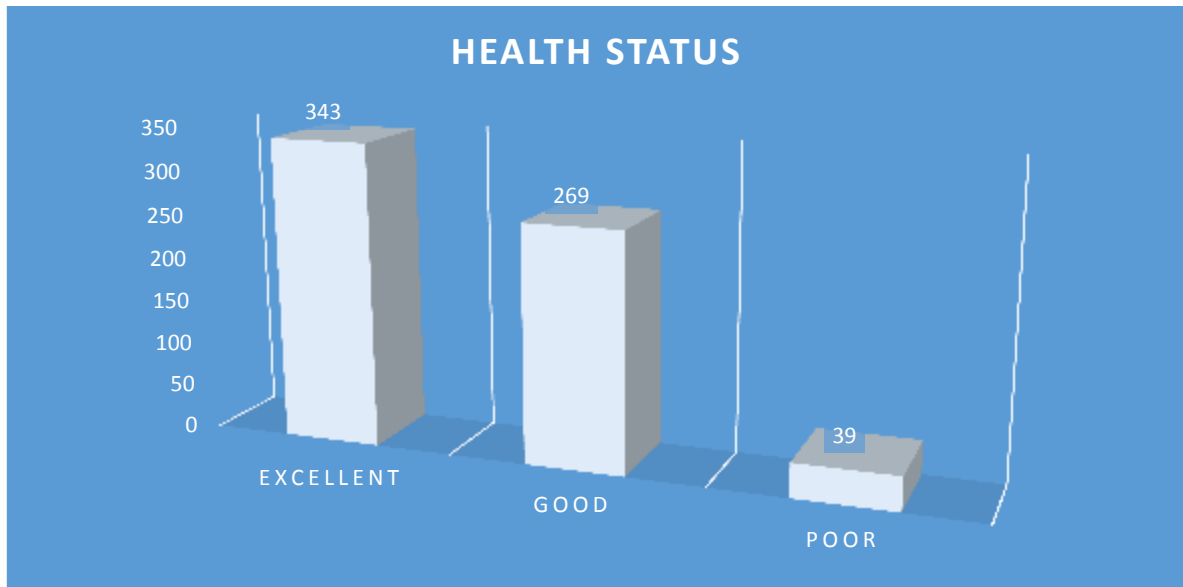
### **Occupation**

The occupational distribution unveils a diverse workforce. Coolie, or manual labor, emerges as the dominant occupation, representing 53.5% of the respondents. This indicates a community significantly reliant on manual labor for livelihood. Agricultural labor and occupations related to forestry constitute smaller, yet noteworthy, segments at 7.5% and 10.4%, respectively. The presence of housewives at 18.7% underscores the importance of domestic roles within the community.

### **Income Distribution**

The income distribution provides insights into the economic well-being of the surveyed population. The majority falls within the 50000-75000 income range (65.3 %), suggesting a substantial middle-income group. The relatively small proportion in the lowest income group (0-25000) at 4.3% indicates a potential economic stability, while the presence of individuals with incomes above 100000 at 3.2% showcases some affluence within the community.

Figure 1: Health Status of the Tribal Women in Idukki



Source: Primary Data.

The data on the health status of tribal women reveals a generally positive picture, with a significant majority (343) categorized as having "Excellent" health and another substantial portion (269) falling into the "Good" health category. This suggests that a large proportion of the surveyed tribal women maintain a satisfactory or high level of well-being. However, the presence of 39 women in the "Poor" health category indicates a minority facing health challenges, necessitating targeted interventions and healthcare support. Overall, the table underscores the importance of addressing health disparities within the tribal women community and highlights the need for focused efforts to ensure the well-being of all individuals, especially those experiencing health issues.

### Correlation between the socio-economic determinants and the health status

The significance level, often denoted as  $\alpha$  (alpha), is a predetermined threshold used in hypothesis testing to determine whether to reject the null hypothesis. In traditional statistical practice, a significance level of 0.05 is commonly chosen. A p-value less than or equal to 0.05 indicates that the result is statistically significant, and the null hypothesis is rejected.

- 1. Age:** The very low p-value ( $p = .000$ ) for age indicates a highly significant relationship with health conditions, suggesting that age is a significant factor in determining health outcomes within the surveyed population.
- 2. Educational Qualification:** With a p-value of .104, the relationship between educational qualification and health conditions is not statistically significant at the 0.05 level. This implies that the observed correlation may be due to random chance, and further investigation may be needed to draw definitive conclusions.
- 3. Marital Status:** The p-value of .298 for marital status suggests that the relationship between being married and health conditions is not statistically significant at the 0.05 level. This means that the observed correlation may be attributed to chance rather than a true association.
- 4. Type of Family:** The highly significant p-value ( $p = .000$ ) for the type of family indicates that the relationship between family structure and health conditions is statistically significant at the 0.05 level.
- 5. Occupation:** The highly significant p-value ( $p = .000$ ) for occupation implies that the relationship between occupation and health conditions is statistically significant at the 0.05 level.
- 6. Income:** The highly significant p-value ( $p = .000$ ) for income indicates that the relationship between income and health conditions is statistically significant at the 0.05 level.

Considering a significance level of 0.05, age, type of family, occupation, and income show statistically significant relationships with health conditions within the surveyed population. However, educational qualification and marital status do not reach the conventional threshold for statistical significance, suggesting that the observed correlations for these variables may be due to random variation.

### Suggestions

- ❖ Targeted Health Programs for Different Age Groups: Given the significant correlation between age and health conditions, it's important to implement targeted health programs tailored to the specific needs of different age groups within the tribal

women community. These programs could focus on preventive care, health education, and screenings for age-related health issues.

- ❖ **Promotion of Education:** While the correlation between educational qualification and health conditions is not highly significant, investing in education remains a crucial aspect of improving overall well-being. Initiatives that promote education among tribal women can empower them with knowledge, leading to better health awareness and healthier lifestyle choices.
- ❖ **Family-Centered Health Initiatives:** The significant correlation between the type of family and health conditions suggests the importance of family structures in influencing health outcomes. Implementing family-centered health initiatives could involve promoting health awareness within families, encouraging collective health practices, and addressing health issues as a family unit.
- ❖ **Occupational Health Programs:** Considering the significant correlation between occupation and health conditions, implementing occupational health programs is crucial. This could involve providing access to healthcare services, promoting workplace safety, and addressing the specific health needs associated with different occupations within the tribal community.
- ❖ **Recognizing the impact of income on health conditions,** targeted interventions should be designed to ensure access to healthcare services for individuals with lower income levels. This may involve subsidies, health insurance programs, or community health clinics to address the healthcare needs of economically disadvantaged tribal women.
- ❖ **Overall,** community-wide health education programs can be implemented to raise awareness about healthy living, preventive care, and the importance of regular health check-ups. These programs can empower tribal women with knowledge and skills to make informed decisions about their health.
- ❖ **Establishing partnerships** with local healthcare providers, community health workers, and NGOs can enhance the delivery of healthcare services to tribal women. This collaboration can facilitate the development and implementation of culturally sensitive and community-specific healthcare interventions.

- ❖ Conducting regular health surveys and assessments within the tribal community can help monitor health trends, identify emerging health issues, and guide the development of targeted healthcare interventions. This data-driven approach ensures that interventions are evidence-based and responsive to the evolving health needs of tribal women.

## Conclusion

In the kaleidoscope of Idukki's tribal communities, understanding the nexus between socio-economic conditions and the health status of women requires a multidimensional approach. By examining historical legacies, socio-economic determinants, healthcare access, and cultural dynamics, this study aims to contribute to the broader discourse on health disparities among marginalized populations. The analysis of the data underscores the intricate relationship between socio-economic factors and the overall health status of tribal women. The influence of age, educational qualification, marital status, family structure, occupation, and income on health conditions reveals a complex interplay of variables. While age, family structure, occupation, and income demonstrate statistically significant correlations, educational qualification and marital status show trends that warrant further exploration. Tailoring healthcare interventions to address age-specific needs, promote education, support diverse family structures, implement occupational health programs, and ensure equitable access to healthcare based on income levels can contribute to an improved overall health status among tribal women. Recognizing the nuanced dynamics within these correlations is crucial for the development of targeted strategies that address the unique challenges and opportunities within this specific community.

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