

Overcoming Challenges and Barriers in Accessing Contraceptive Services among Tribal Communities in India

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Introduction:

India is a diverse country with a rich tapestry of cultures, languages, and traditions. Among its diverse population, tribal communities represent a significant demographic. However, these communities often face numerous challenges, particularly in accessing healthcare services, including contraceptives. Despite efforts to promote family planning and reproductive health services across the country, tribal populations continue to encounter various barriers that hinder their access to contraception. This article delves into the challenges and barriers faced by tribal communities in India in accessing contraceptive services and explores potential solutions to overcome them.

Understanding Tribal Context: Tribal communities in India often reside in remote and underserved regions, characterized by geographical isolation, limited infrastructure, and socio-economic disparities. These communities have distinct cultural norms, beliefs, and practices, which can significantly influence their perceptions towards contraception and healthcare seeking behavior. Traditional customs and taboos may also contribute to misconceptions and stigma surrounding contraceptive use.

Challenges and Barriers:

1. Geographical Accessibility:

- Remote locations of tribal settlements make it difficult for healthcare services, including contraceptive services, to reach these communities.
- Lack of adequate transportation infrastructure further exacerbates the problem, making it challenging for tribal individuals to access healthcare facilities located in distant towns or cities.

2. Socio-economic Factors:

- Poverty and unemployment are prevalent among tribal populations, limiting their ability to afford contraceptives and healthcare services.
 - Low literacy rates and lack of awareness about contraceptive methods contribute to misconceptions and hesitancy towards their use.
3. Cultural and Social Stigma:
- Deep-rooted cultural beliefs and taboos surrounding reproductive health and family planning often deter tribal individuals, especially women, from seeking contraceptive services.
 - Fear of societal judgment and ostracization may prevent individuals from openly discussing or accessing contraceptive methods.
4. Gender Disparities:
- Gender inequality is a significant barrier to contraceptive access among tribal communities, with women often having limited decision-making power regarding reproductive health choices.
 - Lack of access to education and employment opportunities further restricts women's autonomy and agency in matters related to contraception.
5. Limited Healthcare Infrastructure:
- Inadequate healthcare infrastructure in tribal areas results in a scarcity of trained healthcare providers and lack of essential medical supplies and equipment.
 - Health facilities may lack the capacity to offer a wide range of contraceptive options or provide comprehensive family planning services.

Solutions and Interventions:

1. Community Engagement and Empowerment:
- Implement community-based programs that involve tribal leaders, elders, and community health workers to raise awareness about contraception, dispel myths, and address cultural barriers.
 - Empower women through education and skill-building initiatives to enhance their autonomy and decision-making ability regarding reproductive health choices.
2. Strengthening Healthcare Infrastructure:

- Invest in improving healthcare infrastructure in tribal areas by establishing more primary healthcare centers equipped with trained staff, essential supplies, and facilities for providing contraceptive services.
 - Deploy mobile healthcare units or outreach programs to reach remote tribal settlements and provide doorstep delivery of contraceptive services and information.
3. Tailored Communication and Education:
- Develop culturally sensitive and linguistically appropriate educational materials and communication campaigns to promote family planning and contraceptive use within tribal communities.
 - Conduct community workshops, seminars, and interactive sessions to address misconceptions, educate individuals about contraceptive options, and encourage dialogue on reproductive health.
4. Addressing Socio-economic Determinants:
- Introduce subsidy programs or financial assistance schemes to make contraceptives more affordable and accessible to tribal populations.
 - Create income-generating opportunities and vocational training programs to alleviate poverty and improve socio-economic conditions, enabling tribal individuals to prioritize healthcare expenditures.
5. Policy Support and Advocacy:
- Advocate for policies that prioritize the healthcare needs of tribal communities, including access to quality contraceptive services, within national and state-level healthcare agendas.
 - Ensure the inclusion of tribal representatives and stakeholders in policy-making processes to address their unique healthcare challenges and requirements effectively.

Conclusion: Access to contraceptive services is essential for promoting reproductive health, empowering women, and enabling individuals to make informed choices about family planning. However, tribal communities in India encounter numerous challenges and barriers that hinder their access to these crucial services. By addressing socio-economic disparities, cultural barriers, and healthcare infrastructure gaps, concerted efforts can be made to improve contraceptive access among tribal populations. It is imperative to adopt a holistic approach that

involves community engagement, healthcare infrastructure strengthening, targeted education, and policy advocacy to overcome these challenges and ensure equitable access to contraceptive services for all tribal communities in India.

Reference

- 1) Indigenous Peoples at the United Nations United Nations For Indigenous Peoples. <https://www.un.org/development/desa/indigenouspeoples/about-us.html>. Accessed 18 Feb 2023.
- 2) Mohindra KS. Research and the health of indigenous populations in low- and middle-income countries. *Health Promot Int*. 2017;32(3):581–6.
- 3) Rahman FN, Khan HTA, Hossain MJ, Iwuagwu AO. Health and wellbeing of indigenous older adults living in the tea gardens of Bangladesh. *PLoS ONE*. 2021;16(3):e0247957. <https://doi.org/10.1371/journal.pone.0247957>.
- 4) Census of India. ST statistical profile - At a glance. Minist Tribal Aff Gov India. 2011. p. 2.
- 5) Sahu KK. Challenging Issues of Tribal Education in India. *IOSR J Econ Financ*. 2014;3:48–52.
- 6) Chaurasia AR. Economic growth and population transition in India, 2001–2011. *Demogr India*. 2019;48:1–18.
- 7) Prusty RK. Use of Contraceptives and Unmet Need for Family Planning among Tribal Women in India and Selected Hilly States. *J Health Popul Nutr*. 2014;32:342.
- 8) Summary E. *India Report*. 2013:1–36.
- 9) Samandari G, Speizer IS, O’Connell K. The role of social support and parity on contraceptive use in Cambodia. *Int Fam Plan Perspect*. 2010;36:122–31.
- 10) Mukherjee A, Banerjee N, Naskar S, Roy S, Das DK, Mandal S. Contraceptive behavior and unmet need among the tribal married women aged 15–49 years: a cross-sectional study in a community development block of paschim Bardhaman District West Bengal. *Indian J Public Health*. 2021;65:159.
- 11) James KS, Singh SK, Lhungdim H, Shekhar C, Dwivedi LK, Pedgaonkar S, Arnold F. *NFHS-5 2019–20 Report*. 2022;1:675.

- 12) Bhattathiry MM, Ethirajan N. Unmet need for family planning among married women of reproductive age group in urban Tamil Nadu. *J Fam Community Med.* 2014;21:53–7.
- 13) Muanda M, Ndongo PG, Taub LD, Bertrand JT. Barriers to modern contraceptive use in Kinshasa DRC. *PLoS One.* 2016;11:e0167560.
- 14) Narzary PK, Ao M. Assessment on determinants of contraceptive morbidity in Northeast India. *Clin Epidemiol Glob Heal.* 2019;7:35–40.
- 15) Economic and Social Commission for Asia and the Pacific Harmful Traditional Practices in Three Countries of South Asia: culture, human rights and violence against women.
- 16) Family N, Survey H. *NFHS-5Womans.* 2019. p. 20.
- 17) Mog M, Chauhan S, Jaiswal AK, Mahato A. Family Planning Practices among Tribal women : An insight from Northeast India *Epidemiology. Open Access.* 2020. p. 10.