



ORIGINAL RESEARCH PAPER

Healthcare

TRIBAL PROMOTERS AS INTERMEDIARIES IN MATERNAL HEALTHCARE ACCESS: BENEFICIARY PERSPECTIVES FROM IDUKKI

KEY WORDS: Healthcare, beneficiaries, intermediaries, community, institutional support.

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ABSTRACT

Tribal promoters act as the chief intermediaries connecting the geographically isolated tribal hamlets to indispensable healthcare services and state allowances. From the perspective of service recipients, tribal promoters are collectively essential providers of access to health, securing government-aided programs, coordinating emergency transportation and ambulance services, and managing with cultural sensitivity to locally expressed health care needs. The beneficiaries thus experience the services provided by tribal promoters as crucial but sometimes as compromised agents since the outcomes remain heavily constrained, irrespective of tangible improvements in healthcare. The present study highlights the urgent need for bridging the gaps that exist in the healthcare services provided by the tribal promoters by ensuring sustainable and equitable healthcare delivery in Idukki tribal settlements.

INTRODUCTION

Health is an ambiguous word. Some may disagree that health is a comprehensive concept. The failure to define health is astonishing if one takes into consideration how significant the concept of health is in the modern period, both on the individual and on the socio-cultural level. Innumerable policy measures and programs are carried out to improve health, but what health is remains paradoxical. Advancements in the healthcare system have notably intensified the elimination of various diseases at the global level. They have also helped in treating numerous ailments effectively. Unfortunately, the benefits of this remarkable progress were not allocated uniformly across the vulnerable sections of society.

Kerala's healthcare system has made commendable progress in healthcare by achieving low maternal and infant mortality, outstanding primary health care infrastructure, despite satisfactory per capita income (Drèze & Sen, 2013). Kerala's remarkable accomplishments in the healthcare system have made a significant impact on the global economy. The state's enduring commitment to the healthcare system has earned its acknowledgment over the past forty years. Though the Kerala government was methodical in allocating healthcare services across society, ethnic groups, and indigenous communities of the state still lag behind the basic average of state indicators. Despite these impressive achievements in healthcare, Kerala is still not resistant to social alienation and deprivation of tribal hamlets residing in the state. It is high time to act on these problems and prioritize the indigenous community in Kerala, as well as set objectives and goals to track the obstacles that appear in the path of policy implementation and awareness programs.

Idukki is known for its steep topography, dense forests, poor roads, and seasonal isolation. These negative factors often turn out to be a powerful determinant of health inequity. To address these gaps, the National Health Mission introduced tribal promoters. For this, women and men from tribal communities were recruited and trained to function as linkage agents in the healthcare system. They are explicitly tasked with fostering access to government-aided schemes, helping pregnant women with institutional deliveries, arranging ambulance services, and understanding their specific health needs. They are the closest link between the tribal people and the government health system. Even though the tribal promoters live in the same colonies, their work is almost hectic and tiring. They receive a small incentive for their work from the government. They often perform extra duties unrelated to health, and we don't know how the tribal families feel about the services rendered by them. There are currently thirteen tribal promoters in Adimali Panchayat,

where three are working as health promoters at Adimali Taluk hospital. This paper aims to fill this gap by considering the views of tribal people living in Idukki, Adimali about the services provided by the tribal promoters. By listening to the families who utilize these services every day, the study highlights what is working well and what needs to be improved, so that accessing healthcare truly reaches every family.

Review Of Literature

A very few studies were conducted based on the services provided by Asha workers and tribal promoters in Kerala. According to the government evaluation in the year 2018-2019, it is reported that tribal promoters helped to raise the rate of institutional delivery from 42% to 68% in some Idukki Panchayats, but still some tribal families lack mobile network support or mobile medical services (NRHM, Kerala Tribal Cell, 2020). Another study conducted in Wayanad and Idukki reported that most of the families liked the tribal promoters, but they also complained that promoters were often called away for election duties or other work (Thankappan et al., 2022). According to some reports from Jharkhand, Odisha, and Chhattisgarh, the local tribal workers were trusted more by the tribal communities, and they have access to the places where outsiders are prohibited (Sardar et al., 2021; Samakya et al., 2022). The tribal promoters often get less training, and they receive fewer incentives and no transport support compared to regular ASHAs (A Xaxa, 2019). All the existing research was solely based on either government data or interviews with the health workers. A very few researchers have interviewed tribal families directly about how they feel about the service provided by the tribal promoters.

Objectives

The major objectives of the study are as follows:

1. To identify the role of tribal health promoters in helping tribal families access the benefits from the maternal healthcare schemes.
2. To study the efficacy of the tribal promoters working at Idukki, regarding arranging ambulance services and emergency transportation for tribal families during pregnancy and motherhood.
3. To examine whether the tribal promoters respond and cater to their needs properly in their crisis.
4. To find ways to address the shortcomings associated with the maternal health services rendered by the tribal promoters with respect to healthcare.

Methodology

Study Design: This study used a community-based cross-sectional design to identify the perspective of tribal mothers

with respect to the tribal promoters as intermediaries in accessing maternal healthcare services. This cross-sectional study enabled the researcher to understand beneficiary satisfaction and service experience, providing a comprehensive understanding of maternal healthcare facilitation within the selected tribal community.

Study Population: The study population comprised tribal mothers residing in Adimali Panchayat, Idukki. The women who had utilized maternal healthcare services during their recent pregnancy were included in the study. Idukki is inhabited by several tribal communities, among which Muthuvans, Mannans, and Mala Aryans constitute a major proportion. This study population was selected since the tribal promoters play an outstanding role in bridging healthcare providers and tribal beneficiaries in this region. Mothers represent a critical group whose perceptions directly reflect the quality of maternal healthcare services.

Sampling Techniques: The purposive sampling technique was used to identify the eligible participants for the study. A total of 100 mothers were selected with the help of Asha and Anganwadi workers. They have direct access to household-level information within the tribal community. Their support ensured the inclusion of mothers who had interacted with tribal promoters, thereby enhancing the accuracy of the responses.

Data Collection Tool: Data were collected using a pre-tested structured interview that consisted of multiple sections designed to capture demographic characteristics and satisfaction with the support given by tribal promoters. The questionnaire included specific questions regarding the type of services received from tribal promoters during their most recent pregnancy, and the extent to which the tribal mothers felt that the promoters understood and responded to their needs. The interviews were conducted face-to-face to ensure clarity and allow participants to elaborate on their experiences when necessary.

Ethical Considerations: Before initiation of data collection, permission was taken from The Scheduled Tribes Development Department, Government of Kerala, Thiruvananthapuram (Ref no: STDD/1739/2025 B2 dated 9/05/2025). This administrative approval is mandatory for conducting any research involving scheduled tribe communities in Kerala. Confidentiality of the participants was maintained throughout the study, and they had the right to withdraw from the study at any point.

Analysis And Interpretation

Demographic Profile

The demographic profile of the respondents portrays the key socio-economic and personal characteristics of the tribal women included in the study. Understanding these factors is fundamental because maternal health behavior and access to maternal healthcare services are strongly influenced by age, education, occupation, marital status, and family structure.

Table - 1 Demographic Profile Of The Respondents (n=100)
Source: Field Study

Variable	Category	Frequency (n)	Percentage %
Age	15-17	2	2.0
	18-20	22	22.0
	21-23	34	34.0
	24-26	22	22.0
	≥ 27	20	20.0
Marital Status	Married	100	100
Educational Qualification	Illiterate	1	1.0
	Primary (Up to 4 th standard)	5	5.0

	Upper Primary (5-7 th)	17	17.0
	High School (8 th -10 th)	26	26.0
	Higher Secondary (11-12 th)	45	45.0
	Graduate (College Degree)	6	6.0
Occupation	Home Maker	68	68.0
	Daily Wage Worker	21	21.0
	Self Employed	7	7.0
	Health Worker	2	2.0
	Other Working	2	2.0
Type of family	Joint	34	34.0
	Nuclear	62	62.0
	Extended	4	4.0

The age profile of the respondents indicates that 34% of the women belongs to the age group 21-23 years, followed by those aged between 18-20 years and 24-26 years (22%) respectively. Only 2% of the respondents were below 18 years. 20% of the respondents belonged to 27 years revealing that a major proportion of the women were from the reproductive age. All respondents were married (100%). Only 1% of the respondents were illiterate. 5% of the participants completed primary level and 17% completed upper primary level of education. A major proportion of the respondents completed their high school (26%) and higher secondary (45%) showing an enhanced educational status. 6% of the women had college level qualification. With respect to occupation, majority of the women were home makers (68%), 21% were daily wage worker, 7% were self employed. 2% of the respondents were health workers and working in other sectors. Family structure reveals that 62% were belonged to the nuclear families followed by joint families (34%), and 4% belonged to the extended family.

Type Of Help From Tribal Promoters (n=100)

The following table demonstrates the types of support received by respondents from tribal promoters during their recent pregnancy. It highlights three key areas of assistance, such as support in accessing government schemes, assistance for institutional support, and help with transportation and ambulance services. This helps to understand how effectively tribal promoters function as intermediaries in maternal healthcare delivery.

Table - 2 Type Of Help From The Tribal Promoters (n=100)

Variable	Category	Frequency (n)	Percentage (%)
Help from government schemes	Yes	96	96.0
	No	4	4.0
Assistance for Institutional support	Yes	87	87.0
	No	13	13.0
Helps with Transportation and ambulance	Yes	78	78.0
	No	22	22.0

Source: Field study

The findings reveal that a large majority of the respondents (96%) received help from tribal promoters in accessing government schemes. This shows that tribal promoters play a significant role in connecting tribal mothers with financial welfare benefits. 87% of the women reported that they received assistance for institutional support, such as guidance for antenatal checkups or linking with health facilities. 78% of the respondents received help with transportation or ambulance services, while 22% reported that they are not receiving such services. This suggests a small gap in transport-related assistance, which is imperative for timely access to emergency and routine maternal care.

Community Perceptions On Tribal Promoter's Understanding On Individual Needs

As a part of evaluating the efficacy of tribal promoters in

facilitating maternal healthcare, participants were asked whether they felt understood by the tribal promoters who supported them. This indicator is crucial since the capacity of the tribal promoters to recognize and respond to individual needs has a significant impact on the quality of support, guidance, and assistance they provide. Understanding the needs of the community is essential in tribal areas, where cultural sensitivity, trust, and communication play a key role in accessing healthcare services.

Table - 3 Are They Understanding Your Needs? (n=100)

Category	Frequency (n)	Percentage (%)
Yes	94	94.00
No	6	6.00
Total	100	100.0

Source:Field study

The findings reveal that 94% of the respondents reported that tribal promoters understand their maternal healthcare needs. Only a small proportion of the participants (6%) felt that tribal promoters did not adequately understand their needs. Since the majority of the respondents said that the tribal promoters understand their needs, it shows the high level of perceived understanding between tribal women and the healthcare system. Their familiarity with the community's linguistic, cultural, and social context appears to enhance trust and improve interactions. Even though the system is largely effective, there may still be gaps in individual cases that can be related to variations in the training given to tribal promoters or unique household circumstances.

Suggestions And Recommendations

The following are the suggestions and recommendations that can be proposed to enhance the quality, accessibility, and responsiveness of maternal healthcare services for tribal communities, ensuring that future initiatives are more culturally appropriate, impactful, and efficient.

- Tribal promoters should be provided with capacity-building programs focusing on maternal health, nutrition, and anaemia prevention. Training should include culturally sensitive communication skills so that the tribal promoters can understand and respond effectively to the community's needs.
- ASHAs, ANMs, ICDs workers, and tribal promoters should follow and coordinate the service delivery model, ensuring no duplication or gaps in care.
- Providing adequate resources to the promoters, such as IEC tools, checklists, nutrition charts, referral slips, and transport support to carry out their responses efficiently.
- Tribal promoters should also be encouraged to involve local leaders, women's groups, and elders to enhance community participation, making interventions more acceptable and effective.
- Regular supervisions by the health officials can ensure that tribal promoters follow proper protocols, maintain records accurately and receive continuous guidance for improving their field performances.
- Introducing performance-based initiatives, recognition programs, or opportunities for career progression can help to motivate the tribal promoters and enhance their commitment to maternal healthcare services.

CONCLUSION

This study tries to underscore the role played by the tribal promoters as intermediaries in assisting maternal healthcare access among tribal women in Idukki district. From the perspectives of beneficiaries, tribal promoters act as a link between the tribal communities and the formal public health system, helping to bridge the existing gaps. The high level of beneficiary acknowledgement with respect to the promoters' understanding of their needs and provisions of support during pregnancy and motherhood highlights their

importance in improving service utilization and efficient health care. The findings of the study reveal that tribal promoters contribute significantly to enhancing awareness of maternal health services, making them understand government policies, encouraging institutional delivery, and supporting women during antenatal and postnatal periods. From a policy perspective, the findings indicate that tribal promoters' functions are a significant extension of the public health system in tribal regions. However, variations in the extent of support and service facilitation demonstrate the need for strengthening their capacity and integration within the healthcare delivery system.

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