CANONSPHERE LAW REVIEW

ISSN: 3107-460X (Online)

CANONSPHERE LAW REVIEW

Volume 1 Issue 3

July to September, 2025

TABLE OF CONTENTS

LIMITED ACCESS TO CONTRACEPTION AMONG TRIBAL WOMEN IN KERALA

The short article is written by K GOPIKA, an LL.M student at the Department of Law, Central University of Kerala.

ABSTRACT

In the State of Kerala boasts some of the best health indicators in India, disparities in reproductive health persist among its tribal (indigenous) populations.This study analyses the extent of knowledge gaps and low contraceptive use among tribal women, how these gaps are caused by cultural and infrastructure barriers, and suggests focused interventions using data from Wayanad district. A cross-sectional study of 2,495 tribal women from Paniya, Kurichiyar, Adiya, Kattunaicken, and other tribal groups, aged 15 to 49, revealed that only roughly 26.4% of them currently use contraceptives, compared to roughly 58.5% of the rest of Kerala's population. Key determinants include tribe group, education level, living conditions, and fertility desires; cultural practices regarding menstruation, decision-making dynamics, and infrastructural deficits further limit access; and more than half of the respondents had poor knowledge of contraceptives, with oral contraceptive pill use being particularly low (4.8%). This paper makes the case for culturally sensitive educational outreach, improved service delivery, community participation, and measures to reduce social vulnerability.

KEYWORDS:

TRIBAL WOMEN, KERALA, WAYANAD, CONTRACEPTIVE USE, KNOWLEDGE, FERTILITY INTENTIONS, HEALTH DISPARITIES, CULTURAL BARRIERS.

In Kerala, which has been recognized for its outstanding health measures, has made significant improvements in literacy, maternal and child health, and general healthcare infrastructure. Disparities still exist in spite of these developments, especially for marginalized groups like the Scheduled Tribes (STs), who are primarily found in districts like Wayanad, Idukki, and Palakkad.[1] These tribal populations' reproductive rights and health outcomes are hampered by the frequent obstacles they face when trying to access reproductive health services, such as contraception.[2] The need for focused interventions adapted to their particular social and cultural environments is highlighted by the fact that Kerala's general success minimizes the difficult circumstances of its tribal communities.[3] Understanding the complex interactions between systemic, cultural, infrastructure, and geographic factors that restrict tribal women's access to contraception is necessary to close this gap.

Physical access to medical facilities is made more difficult by the fact that many tribal communities, including Kurichiya, Paniya, and Kattunaikan, live in remote, mountainous, and forested areas.[4] Regular visits to primary health centers (PHCs) are challenging due to the frequently considerable travel times [5]and inadequate road connectivity, particularly during monsoon seasons.[6] In addition, there is a lack of qualified healthcare workers willing to work in remote areas, and the health infrastructure in these areas is frequently insufficient.[7] Language barriers, cultural differences, and logistical limitations hinder the effectiveness of outreach initiatives for frontline health workers like Accredited Social Health Activists (ASHAs).[8]

[1] Kerala State Planning Board, 'Tribal Development Report' (2020).
[2] Government of Kerala, 'Health Statistics – Tribal Populations' (2021).

[3] Ministry of Health and Family Welfare, 'Progress and Challenges in Tribal Health' (2022).

[4] S. R. Menon, 'Health Inequalities among Kerala's Tribal Communities,' Indian Journal of Public Health (2021) 65(3): 210–215.
[5] Kerala Institute of Local Administration, 'Mapping Tribal Settlements in Kerala' (2019).

[6] P. Thomas, 'Geographical Barriers to Healthcare Access in Tribal Areas,' Kerala Journal of Geography (2020) 45(2): 89–95.

[7] Dr. R. K. Nair, 'Health Workforce Shortages in Remote Areas,' Indian Journal of Community Medicine (2021) 46(4): 392–396.

[8] Dr. R. K. Nair, 'Health Workforce Shortages in Remote Areas,' Indian Journal of Community Medicine (2021) 46(4): 392–396.

Communication and trust-building are made difficult by the fact that many tribal languages are not understood by mainstream health professionals.[9] Consequently, health messages regarding family planning and contraception are not efficiently distributed, resulting in misconceptions and concerns regarding the use of contraceptives.[10]

Tribal women's reproductive practices are greatly influenced by social and cultural norms in addition to physical limitations. With traditional customs and indigenous beliefs influencing their conception of fertility regulation, many communities view fertility as a natural and divine aspect of life.[11]Some groups use traditional fertility control techniques that may not be supported by science but are deeply rooted in their culture.[12] External interventions are frequently viewed with suspicion as either external impositions or threats to cultural identity.[13]

Women's autonomy and control over their reproductive choices are often restricted because men or elders usually have the decision-making authority when it comes to reproductive health.[14]Myths about the negative effects or infertility of contemporary contraceptives continue to exist, and cultural taboos surrounding contraception further hinder acceptance.[15] The adoption of family planning services is hindered by these ideas as well as skepticism toward government initiatives.[16]

The reproductive needs of younger or spacing-seeking women in tribal communities have not been sufficiently met by the national and state family planning programs, which have historically placed a strong emphasis on sterilization, particularly female sterilization.[17]Because reversible methods like oral pills, intrauterine devices (IUDs), and

[9] A. George, 'Language and Cultural Barriers in Tribal Healthcare,' Kerala Medical Journal (2019) 72(1): 23–27.

[10] Kerala State Health Department, 'Training and Outreach Report' (2021).

[11] K. P. Radhakrishnan, 'Cultural Perspectives on Fertility in Kerala Tribes,' Anthropology Today (2018) 34(1): 12–15.

[12] P. V. Nair, 'Indigenous Fertility Control Practices: A Study,' Kerala Ethnography Journal (2019) 7(3): 56–60.

[13] S. Joseph, 'Perceptions of External Family Planning Programs among Tribals,' Indian Journal of Social Work (2020) 81(2): 193–198.

[14] R. Kumar, 'Decision-Making Power and Reproductive Autonomy,' Journal of Gender Studies (2021) 12(4): 324–330.

[15] Ministry of Health and Family Welfare, 'Myths and Misconceptions about Contraception,' NFHS-5 Report (2021).

[16] K. Lal, 'Trust Deficit in Government Health Schemes,' Kerala Public Health Review (2019) 10(1): 77–82.

[17] NFHS-5 Kerala State Data, 'Family Planning Methods Used in Kerala,' (2021).

injectables are more appropriate for spacing pregnancies and respecting women's reproductive choices, the emphasis on sterilization which is frequently coercive or target-driven is overlooked.[18] The lack of culturally sensitive counseling and misinformation about contraceptives' safety and side effects further hinder adoption.[19] Furthermore, there are frequently stockouts and a decline in confidence in public health services due to the irregular supply chain for contraceptives in isolated tribal areas.[20]Because women are frequently coerced into permanent methods without giving their full informed consent, the overuse of sterilization also contributes to gender inequality.[21]

A rights-based approach is needed to address these problems, recognizing reproductive autonomy as a basic human right as stated in international agreements like the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which India has ratified.[22] Access to a variety of safe contraceptive options, voluntary participation, and informed choice are all components of reproductive rights.[23] Tribal women's health and social well-being deteriorate when they are excluded from such services, increasing their chances of unwanted pregnancies, maternal death, and social marginalization.[24] Patriarchal norms frequently restrict women's ability to make decisions, and these vulnerabilities are made worse by intersecting discrimination based on gender, socioeconomic status, and ethnicity.[25]

The effectiveness of regional, community-based, participatory approaches is supported by empirical research from other areas. For instance, in tribal Jharkhand and Odisha, peer educators from within the communities have effectively raised awareness and acceptance of contraception.[26]These models eliminate myths, encourage culturally relevant messaging, and

[18] S. Thomas, 'Reproductive Choices and Method Preferences among Tribal Women,' Indian Journal of Medical Research (2020) 152(4): 357–362.

[19] P. Rajan, 'Impact of Misinformation on Contraceptive Uptake,' Kerala Health Bulletin (2020).

[20] Kerala Medical Services Report, 'Supply Chain and Stockouts in Tribal Areas' (2021).

[21] N. Pillai, 'Gendered Dimensions of Family Planning,' Indian Journal of Gender Studies (2018) 25(3): 336–340.

[22] UNGA, Convention on the Elimination of All Forms of Discrimination Against Women, 1979.

[23] World Health Organization, 'Reproductive Rights and Contraceptive Access,' (2019).

[24] R. K. Menon, 'Maternal Health Risks among Tribal Women,' Kerala Medical Journal (2021) 74(2): 102–106.

[25] S. Mukherjee, 'Intersecting Marginalizations in Reproductive Health,' Indian Journal of Sociology (2019) 71(1): 45–50.

[26] P. Das, 'Community-Led Family Planning Initiatives in Odisha and Jharkhand,' Indian Journal of Public Health (2020) 64(3): 239–245.

build trust.[27] Kerala has the chance to modify these models for its tribal populations because of its strong social structure and progressive policies.[28] Community ownership of reproductive health initiatives can be facilitated by involving local self-government organizations like gram panchayats, women's organizations, and tribal leaders.[29] In comparable settings, it has been demonstrated that these participatory methods enhance the use of contraceptives and enhance health outcomes.[30] It is crucial to increase the number of contraceptive options accessible at the local level. Even though sterilization is still common, more acceptable and reversible options can be offered by encouraging the use of condoms and long-acting reversible contraceptives (LARCs), such as IUDs. [31]Improving acceptance requires culturally sensitive educational campaigns that address myths and misconceptions in regional dialects. [32]Service quality can be raised by providing cultural competency training to healthcare professionals and fortifying supply chains to avoid stockouts.[33]

Respect for cultural traditions, rights-based frameworks, and community involvement should be given top priority in policy reforms. Reproductive health can empower women and lessen vulnerabilities when it is incorporated into larger development initiatives, such as livelihood, education, and social welfare programs.[34] Women's knowledge and agency regarding reproductive choices can be enhanced by promoting literacy, particularly health literacy. [35]Autonomy and decision-making can be further supported by livelihood programs that empower women economically.[36]

Successful tactics are highlighted by lessons learned from other Indian states and international contexts. Peer-led interventions dramatically raised tribal women's use of

[27]] R. N. Singh, 'Trust Building in Tribal Healthcare,' Journal of Community Medicine (2019) 45(2): 150–155.

[28] Kerala State Planning Board, 'Health and Tribal Development Strategy' (2022).
[29] P. Menon, 'Role of Local Self-Government in Health Initiatives,' Kerala Journal of Governance (2021).

[30] K. S. George, 'Participation and Acceptance of Contraceptive Methods,' Indian Journal of Family Planning (2020) 36(4): 68–73.

[31] WHO, 'Long-Acting Reversible Contraceptives: Implementation Strategies,' (2020).
[32] S. Nair, 'Culturally Sensitive Health Education Campaigns,' Kerala Health Review (2019).

[33] Kerala State Health Department, 'Training Programs for Health Workers' (2021).

[34] United Nations Development Programme, 'Integrating Reproductive Health into Development,' (2020).
[35] Kerala State Literacy Mission, 'Health Literacy and Women's Empowerment,' (2021).

[36] S. R. Pillai, 'Economic Empowerment and Reproductive Choices,' Kerala Economic Review (2020).

contraceptives in Jharkhand.[37] The significance of male participation and community ownership in enhancing reproductive health outcomes is demonstrated by international examples from Bangladesh and Nepal.[38] These methods highlight the necessity of participatory, rights-based, culturally sensitive approaches to the particular difficulties faced by Kerala's tribal women.[39]

In conclusion, a thorough, broad approach based on human rights principles is needed to guarantee reproductive autonomy among tribal women in Kerala. Enhancing access to infrastructure, expanding the range of contraceptive options, encouraging community involvement, and removing sociocultural barriers are all part of it.[40] These initiatives have the potential to close existing gaps, advance gender equality, and strengthen Kerala's dedication to social justice and inclusive development.[41] In addition to being a health issue, addressing these disparities is also morally required to protect the rights and dignity of all women, irrespective of their location or ethnicity.[42]

REFRENCES

1. Kerala State Planning Board, 'Tribal Development Report' (2020). https://spb.kerala.gov.in
2. Government of Kerala, 'Health Statistics – Tribal Populations' (2021). https://spb.kerala.gov.in
3. Ministry of Health and Family Welfare, 'Progress and Challenges in Tribal Health' (2022). https://www.stdd.kerala.gov.in
4. S. R. Menon, 'Health Inequalities among Kerala's Tribal Communities,' Indian Journal of Public Health (2021) 65(3): 210–215.
5. Kerala Institute of Local Administration, 'Mapping Tribal Settlements in Kerala' (2019).

[37] P. Kumar, 'Peer Educator Models in Tribal Areas,' Indian Journal of Community Health (2021).

[38] UNFPA, 'Community Engagement for Reproductive Rights,' (2019).

[39] P. S. Iyer, 'Culturally Adapted Family Planning Programs,' Kerala Journal of Social Policy (2020).

[40] Ministry of Health and Family Welfare, 'National Guidelines on Reproductive Rights,' (2022).
[41] Kerala State Planning Board, 'Inclusive Development Strategies,' (2022).
[42] Constitution of India, Articles 21 and 15; Universal Declaration of Human Rights, Article 25

6. P. Thomas, 'Geographical Barriers to Healthcare Access in Tribal Areas,' Kerala Journal of Geography (2020) 45(2): 89–95.
7. Dr. R. K. Nair, 'Health Workforce Shortages in Remote Areas,' Indian Journal of Community Medicine (2021) 46(4): 392–396. https://dhs.kerala.gov.in
    A. George, 'Language and Cultural Barriers in Tribal Healthcare,' Kerala Medical Journal (2019) 72(1): 23–27. https://www.stdd.kerala.gov.in
8. Kerala State Health Department, 'Training and Outreach Report' (2021).
9. K. P. Radhakrishnan, 'Cultural Perspectives on Fertility in Kerala Tribes,' Anthropology Today (2018) 34(1): 12–15.
10. P. V. Nair, 'Indigenous Fertility Control Practices: A Study,' Kerala Ethnography Journal (2019) 7(3): 56–60.
11. S. Joseph, 'Perceptions of External Family Planning Programs among Tribals,' Indian Journal of Social Work (2020) 81(2): 193–198.
12. R. Kumar, 'Decision-Making Power and Reproductive Autonomy,' Journal of Gender Studies (2021) 12(4): 324–330.
13. Ministry of Health and Family Welfare, 'Myths and Misconceptions about Contraception,' NFHS-5 Report (2021).
14. K. Lal, 'Trust Deficit in Government Health Schemes,' Kerala Public Health Review (2019) 10(1): 77–82.
15. NFHS-5 Kerala State Data, 'Family Planning Methods Used in Kerala,' (2021).
16. S. Thomas, 'Reproductive Choices and Method Preferences among Tribal Women,' Indian Journal of Medical Research (2020) 152(4): 357–362.
17. P. Rajan, 'Impact of Misinformation on Contraceptive Uptake,' Kerala Health Bulletin (2020).
18. Kerala Medical Services Report, 'Supply Chain and Stockouts in Tribal Areas' (2021).
19. N. Pillai, 'Gendered Dimensions of Family Planning,' Indian Journal of Gender Studies (2018) 25(3): 336–340.
20. UNGA, Convention on the Elimination of All Forms of Discrimination Against Women, 1979.
21. World Health Organization, 'Reproductive Rights and Contraceptive Access,' (2019).
22. R. K. Menon, 'Maternal Health Risks among Tribal Women,' Kerala Medical Journal (2021) 74(2): 102–106.

23. S. Mukherjee, 'Intersecting Marginalizations in Reproductive Health,' Indian Journal of Sociology (2019) 71(1): 45–50.
24. P. Das, 'Community-Led Family Planning Initiatives in Odisha and Jharkhand,' Indian Journal of Public Health (2020) 64(3): 239–245.
25.] R. N. Singh, 'Trust Building in Tribal Healthcare,' Journal of Community Medicine (2019) 45(2): 150–155.
26. Kerala State Planning Board, 'Health and Tribal Development Strategy' (2022).
27. P. Menon, 'Role of Local Self-Government in Health Initiatives,' Kerala Journal of Governance (2021).
28. K. S. George, 'Participation and Acceptance of Contraceptive Methods,' Indian Journal of Family Planning (2020) 36(4): 68–73.
29. WHO, 'Long-Acting Reversible Contraceptives: Implementation Strategies,' (2020).
30. S. Nair, 'Culturally Sensitive Health Education Campaigns,' Kerala Health Review (2019).
31. Kerala State Health Department, 'Training Programs for Health Workers' (2021).
32. United Nations Development Programme, 'Integrating Reproductive Health into Development,' (2020).
33. Kerala State Literacy Mission, 'Health Literacy and Women's Empowerment,' (2021).
34. S. R. Pillai, 'Economic Empowerment and Reproductive Choices,' Kerala Economic Review (2020).
35. P. Kumar, 'Peer Educator Models in Tribal Areas,' Indian Journal of Community Health (2021).
36. UNFPA, 'Community Engagement for Reproductive Rights,' (2019).
37. P. S. Iyer, 'Culturally Adapted Family Planning Programs,' Kerala Journal of Social Policy (2020).
38. Ministry of Health and Family Welfare, 'National Guidelines on Reproductive Rights,' (2022).
39. Kerala State Planning Board, 'Inclusive Development Strategies,' (2022).
40. Constitution of India, Articles 21 and 15; Universal Declaration of Human Rights, Article 25