

## Accessibility, Availability and Utilization of Healthcare Services among Yerava Tribal Women in Kodagu District

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Women's health is an important indicator of social development and community well-being, particularly among tribal populations who experience socio-economic marginalization and limited access to healthcare services.

**Objective:** To assess the accessibility, availability and Utilisation of health care services of Yerava Tribal Women in Kodagu District.

**Methodology:** The research design used for the proposed study is Descriptive Research Design. The area selected for the study is Kodagu District. A field survey was done in the villages of Virajpet and Somwarpet taluks, a total of 390 respondents were selected as samples using the Yamane formula  $n=N/1+Ne2$ , and the required sample size was 388. The respondents in the age groups of 18-49 years and above were selected for the study. Fifteen hamlets/colonies were selected and selections of the hamlets/colonies were chosen using a simple random method.

**Results:** The study focuses on health-seeking behaviour, utilization of Primary Health Centres (PHCs), awareness of government health schemes, role of ASHA workers and ANMs, and awareness of health schemes. The study is based on primary data collected from Yerava tribal women through field investigation and interviews. Findings reveal that although PHCs serve as the primary source of treatment for most respondents, several barriers continue to affect effective healthcare utilization. Distance and transportation were considered a barrier to the use of health services, 49.8 percent respondents have to travel 5 – 10 Kms, long waiting hours, poverty, illiteracy, and lack of awareness significantly influence access to healthcare services.. ASHA workers play a vital role in connecting Yerava women with healthcare services, particularly in maternal and child healthcare. However, awareness regarding health insurance and government welfare schemes remains very low among the respondents.

**Conclusion:** The paper concludes that strengthening rural healthcare infrastructure, improving awareness programmes, ensuring availability of medicines and medical personnel, and adopting culturally sensitive healthcare approaches are essential for improving the health status and overall well-being of Yerava tribal women.

**Keywords:** healthcare, yerava tribe, accessibility, health-seeking behaviour, primary health centres

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## 1. Introduction

Women's health is essential because they are disadvantaged due to prejudice based on socio-cultural factors. Women must overcome numerous social hurdles to be empowered and access quality healthcare services. One of the most important factors in women's health is their health-seeking behaviour. The health status and health-seeking behaviour of tribes are influenced by their culture, including social and economic conditions, education, food habits, taboo and superstitions, socio-religious beliefs and practices, use of the indigenous medicare system, income, communication and transportation, ecology, demography, socio-biological methods, genetic attributes and health services (Yadav & Sharma, 2002).

According to the World Bank and WHO, half the population in the world does not have access to essential healthcare services. Access to health services often depends on the family or the mother's economic status and where they stay. In rural areas, especially women are not aware of the nearest health centres or do not perceive the services provided to be of any benefit to them or cannot travel the distance alone. Accessibility to health care is due to lack of infrastructure, from motorable roads to availability of transport, the absence of hospitals close to the settlements; availability of doctors on certain days of the week in PHCs and Sub-centers is a hindrance to the medical treatment of the tribals.

The Government initiated the National Rural Health Mission (NRHM) in 2005 to enhance the availability and access to quality health care, particularly for those living in rural regions, the poor, women, and children. One of the primary objectives of the NRHM is to deliver enhanced health care to rural households through female Accredited Social Health Activists (ASHAs); they act as an intermediary between the public health system and the community. The ASHA worker is the only link for the tribal women between health care and bureaucratic necessities. In addition, the familiar face of the ASHA worker instills confidence in the tribal women when dealing with uninterested and arrogant hospital staff.

Accessibility and availability of health care are measured in terms of Primary Health Centers (PHC) in the village, availing the facilities of health centres, distance to the PHCs or hospital,

mode of transport, availability of doctors in the hospital, Working hours and waiting time, treatment by the doctors and nurses, availability of medicines, response during an emergency, health check-ups, ASHA workers and ANMs visit, health insurance and awareness about Government schemes.

## 2. Primary Health Centre

Primary Health Centre (PHCs) the most basic structural and functional component of public health services, which is created to provide people with accessible, affordable and available primary health care. "Health Care is a whole-of-society approach to health that aims to achieve optimal health and wellbeing as well as their equitable distribution, which focus on people's needs as early as possible along the spectrum from wellness, promotion and prevention of disease, treatment, rehabilitation, and palliative care and as close as possible to people's everyday environment" (WHO and UNICEF). Primary health centres (PHCs) are the cornerstone of rural healthcare in India, as they are the first point of contact with a qualified doctor. PHCs serve as a connection between individuals and the national health system by bringing healthcare delivery close to where people live and work (WHO, 2008). PHC is an imperative strategy to provide "health for all" and is widely acknowledged as a universal solution for improving population well-being in the world (World Health Organization and UNICEF 1978).

PHC is based on social justice, equity, and participation. It is created with the notion that having best enjoyment of the high standard of health is one of every human being's fundamental rights, as stated in the World Health Organization's Constitution and reaffirmed article 25 of Universal Declaration of Human Rights states "Every human individual is entitled to a standard of living sufficient for his or family's health and well-being, including food, clothes, shelter, and medical treatment" (UDHR, 1948). This emphasizes governments' responsibility to make vital health services available and accessible, as well as to adopt policies that promote and safeguard health.

In recent years, despite significant advances in people's health and life expectancy, relative improvements have been unequal among and within countries. More than 400 million people throughout the world lack access to health care.

Where it is accessible, care is too often fragmented or of poor quality, and as a result, the responsiveness of the health system and satisfaction with health services remains low in many countries (WHO, 2015)

### 3. Objective of the Study

To assess the accessibility, availability and Utilisation of health care services.

### 4. Research Methodology

This study is based on primary and secondary data. The research design used for the proposed study is Descriptive Research Design. The area selected for the study is Kodagu District. A field survey was done in the villages of Virajpet and Somwarpet taluks, a total of 390 respondents were selected as samples using the Yamane formula  $n = \frac{N}{1 + Ne^2}$ , and the required sample size was 388. The respondents in the age groups of 18-49 years and above were selected for the study. Fifteen hamlets/colonies were selected and selections of the hamlets/colonies were chosen using a simple random method. The samples for the study were selected exclusively from the Yerava hamlets/colonies and in remote places to get a wider perspective of health status. Primary Data was collected from the respondents through interview schedule. The help of the Asha workers of the particular colonies was utilised to have a better rapport. The primary data collected was edited, coded and classified. The analysis was done through SPSS and Microsoft Excel 10.

### 5. Results

#### Primary Health Centre in the Villages

Depending on the location of the tribal colony, there are PHCs which are in close proximity to the colony and there are PHCs which are at a distance from tribal colonies. Study shows that all respondents opined that they have Primary Health Centre in their village or a nearby village. These respondents go to PHCs for general sickness, pregnancy-related treatment, minor ailments and other injuries related to estate work like knife wounds and other work-related injuries.

#### Primary health centre Facilities

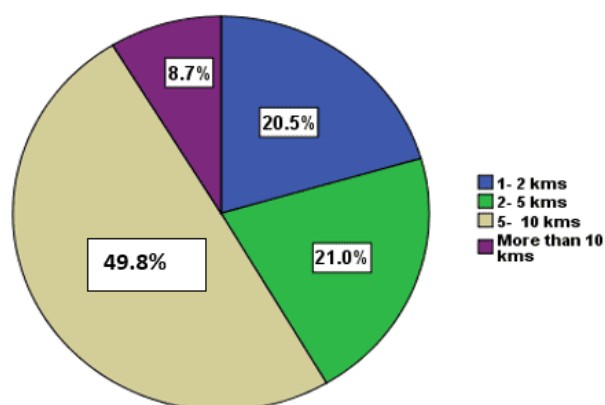
Primary Health Care provides a wide range of services such as health education, promotion of nutrition,

provision of mother and child family welfare services, immunization, disease control, and appropriate treatment for illness and injury. The Yerava are economically poor and they cannot afford the cost of availing facilities in private hospitals so they visit primary health centres if they had health problems.

The study shows that a large majority of respondents (85.8%) are availing the services and facilities provided by the Primary Health Centres and this shows the attitude towards utilising modern medicines as encouraging and positive. While 14.2 percent of the respondents did not avail the facilities of the PHCs as they did not have any serious health problems. For minor ailments, the respondents availed the facilities of PHCs and CHCs and for major ailments; they have to travel a distance of 45-100 Kms.

#### Distance to Primary Health Centre

Most of the Yerava hamlets are located either in the hilly region or forest areas which have no proper roads to reach PHCs. They lack basic amenities and have limited access to health facilities. Distance and transportation were considered a barrier to the use of health services. To provide assured access to health care and family welfare services, the Government of India has established health care centres in rural areas/tribal areas.

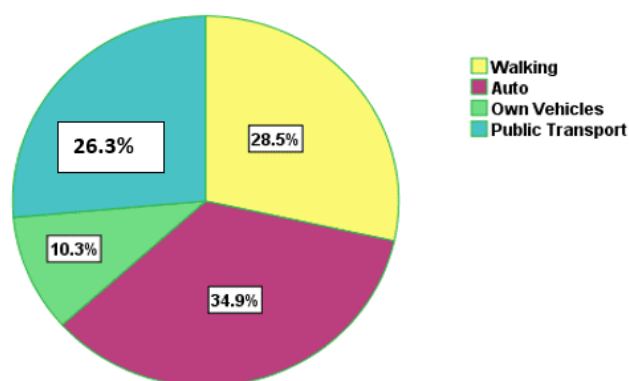


**Figure 1.1:** Distance to Primary Health Centre N=390

Study shows that 49.8 percent of respondents have to travel a distance of 5-10 kilometres 20.5 percent a distance of 1-2 kms, 21.0 percent of respondents a distance of 2-5 kms, and 8.7 percent of respondents have to travel a distance of more than 10 kms. The distance between their settlements and PHCs makes it difficult for these Yerava women to seek timely medical assistance.

The reluctance of the women to travel long distances for treatment causes more health problems since they postpone their visits for various reasons. Thus, the various factors which influence a women’s health-seeking behaviour are influenced by their proximity to the PHCs and the expenses involved in seeking treatment.

**Mode of Transport**



**Figure 1.2:** Mode of transport of the respondents N =390

Transportation is a key socio-economic indicator of health. The ability to receive proper and well-coordinated health care, purchase nutritious food, as well as self-care is influenced by the availability of reliable transportation. The respondents used a different mode of transport as presented in Figure 1.2, 28.5 percent use walking as a mode to health centres to seek treatment, 34.9 percent use auto, 9.5 percent have their own vehicles, 26.3 percent use public transport as a mode of transport to seek treatment. Poor infrastructure and distances, as well as lack of communication network, cause significant problems for the respondents because very few of them have their own transportation. The difficulties posed here are very high on vehicles, refusal to oblige during night time, the fear of wild animals and the bad roads.

**Working Hours and Waiting Time**

One of the most frequent complaints from those who visit the health centre is the duration of time they have to wait. The working hours of health centres are especially important since the majority of Yerava women work as daily wage workers in a coffee plantation and stay far away from the health centres. Regarding the convenient working hours of health centres and waiting time from the respondents it was found that 85 percent of respondents reported that the working hours were convenient and regarding waiting hours 87 percent

of respondents opined that they have to wait for long hours to get health services.

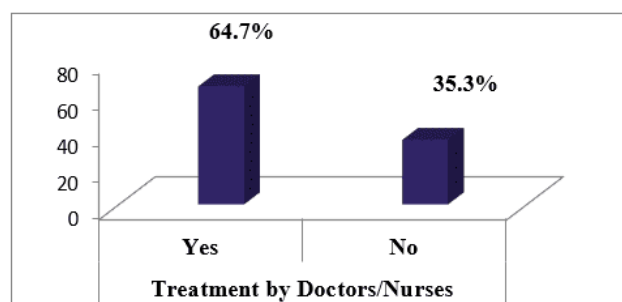
**Availability of Doctors**

The health care workers are the people who look after and improve the health of the community. The World Health Organization defines "Health workers are defined as "anyone who engages in activities with the primary goal of improving health. The respondents depend on nearby PHCs, so the centres should be fully equipped round-the-clock with doctors, well-trained staff and medicines. Their presence helps in instilling confidence among the respondents who visit these hospitals. Health workers are defined as "anyone who engages in activities with the primary goal of improving health."

The study shows 87.5 percent of respondents stated that there are doctors in the PHCs they visited. They opined that the presence of lady doctors would be more helpful to communicate their problems. However, 12.5 percent reported that there were no doctors in the PHCs they visited.

**Treatment by Doctors/Nurses**

The most important crucial factor that allows the respondents to attend a health clinic and seek facilities is the approachability of the medical and paramedical staff which is the most desired quality in any health centre.



**Figure 1.3:** Treatment by doctors and nurses N= 390

The study observes the treatment by the doctors and nurses. 64.7 percent opined that the doctors and nurses treated them well when they visited the health centre, but 35.3 per cent are of the opinion that doctors/nurses did not treat them properly. Doctors need to be polite and caring with their patients, but the respondents report that the doctors show a lack of interest in their health problems and keep a distance while treating them.

This is one of the reasons why some Yerava women use traditional medicines while others prefer to visit private clinics rather than PHCs.

**Availability of Free Medicines in Health Centres**

Availability of medicines and prices of medicines in both public and private health centres are the key indicators of access to treatment. Many schemes have been developed and implemented to enhance the health and well-being of indigenous people. The National Health Mission-free drug service is one of the outstanding healthcare programmes established by the Indian Government in 2013-14. Its goal was to provide excellent healthcare assistance to the poor and provide them with free access to essential medicines at public health facilities.

Sl. No	Availability	Percent
1	Always	40.3
2	Sometimes	59.7
	Total	100.0

**Note:** Figures in Percentage N= 390

The opinion of the respondents regarding the availability of free medicines shows that: 40.3 percent always got free medicines from the health care centres they visited, but 59.7 percent report that they got free medicines sometimes from the health care they visited. The Government has various schemes to provide free medicines at PHCs, but all medicines prescribed by doctors are not available. The reason is, they are either out of stock or the government supplies sometimes do not cover particular types of medicine, so these Yerava women are forced to buy from private pharmacies. This is also a reason for some of them not buying prescribed medicines because of the expenses involved. They feel that all medicines prescribed should be made available to them in the hospital pharmacy free of cost.

**Response in Case of Emergency**

In times of emergencies mostly related to pregnancies, high fever, dizziness and infants, reaching the hospital is a challenge. On the other hand, uncooperative medical personnel attending them can be trauma. In the study 3.6 percent of respondents reported that they received medical help as soon as they reached the hospital and 20 percent of respondents shared their experience that in times of emergency they approached the hospital and there was a delay in providing proper treatment.

But the doctors and health workers report that the respondents approach them when their condition is already bad and deteriorating. The negligence of the medical personnel treating these respondents has contributed to the respondents' unwillingness to seek treatment, resulting in further complications. Women opined that they did not get immediate responses from the health professionals due to rude behaviour. Women approach hospitals for treatment with reluctance as they feel that the doctors and other health staff attend to their needs with lethargy. They complain that they are often shouted at and scolded by these health workers. Health workers need to be trained on how to handle these patients. Alcoholism is a reason for the medical personnel not taking much interest in the treatment of these women as they are under the influence of alcohol most of the time.

**Health Camps**

Health checkup camps are conducted in tribal areas as the tribes neither can afford medical treatment nor have any basic knowledge about health and hygiene. These camps are arranged to help people acquire long-term health-seeking practices as well as raise awareness about the most frequent illnesses, contagious diseases, family planning methods, hygiene, nutrition, and sanitation.

The study observes that the majority of the respondents (89.7%) are not aware of free health checkup camps conducted in their villages. These checkups are done in PHCs, Anganwadi or through mobile health clinics. Very few (10.3%) were aware of the health camps conducted in their village. The study found that Yerava women who were aware of the health camps are those who had knowledge about health and those respondents who have previously attended these health camps.

**Table 1.2:** Educational Status and Awareness of Health Camps

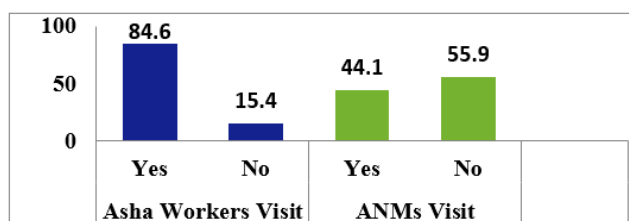
Educational level	Awareness
Illiterate	4.1
Primary	2.1
Secondary	2.6
SSLC	1.0
PUC	0.3
Graduate	0.5

**Note:** Figures in Percentage N = 390

Table 1.2 shows the awareness of health camps of the respondents classified on their educational status. The study shows that among the illiterates only 4.1 percent are aware of health camps and 2.1 percent are aware of the health camps organised by the health department in their villages. The study shows that there is a very low level of awareness among the respondents because the majority of them are illiterates and due to lack of interest shown by respondents in attending these health camps.

**ASHA Workers and ANMs Visit**

Asha workers put in a lot of effort in visiting the households of the Yerava women; basic health care is taken care of by these workers. These health workers go from door to door visiting these women, attending to their health needs and encouraging them to visit the local PHCs to meet health professionals.



**Figure 1.4:** ASHA Workers and AMNs Visit N =390

Figure 1.4 shows that 84.6 percent of women opined that the Asha workers visited their houses, but 15.4 percent reported that the ASHA workers did not visit their houses and few of them are of the opinion they go for work in the morning and return home late in the evening so they do not know whether the ASHA worker visited their house or not. The majority of the respondents have agreed that the visit of ASHA workers is quite regular and very helpful but some have complained that the ASHA workers give more attention to pregnant women and never bothered about the health of other women.

The Auxiliary Nurse Midwife plays a crucial role in the Yerava women's overall health. They are the first line of defense if a tribal woman falling ill and also in taking care of pregnant tribal women. ANMs also have the responsibility of delivering the medicines to the Yerava women, cases of anaemia and intake of these medicines has to be monitored by them.

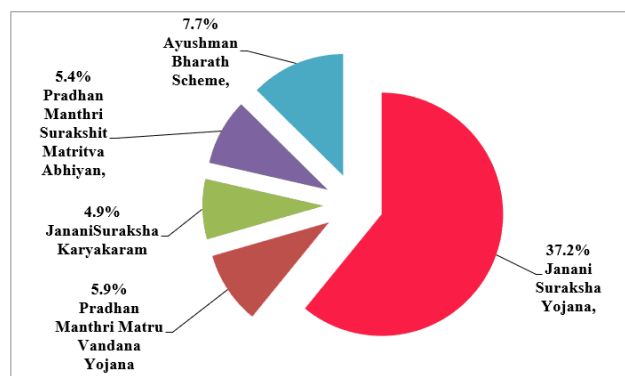
Figure 1.4 show that 44.1 percent stated that the ANMs visited their houses and distributed medicines and 55.9 percent of women said that ANMs never visited their houses to distribute medicines. The respondents reported that the ANMs visit them occasionally and pregnant women get more attention from ANMs.

**Health Insurance**

The study shows only 5.6 per cent is covered with the health insurance scheme called Ayushman Bharath- Pradhan Manthri Jan Arogya Yojana, Yashashwini health card and Arogya Karnataka which aims at providing free access to health. These are entitled to this insurance scheme. Majority (94.4%) have no health insurance and that they are not aware of health insurance. The study shows that due to lack of awareness about health schemes, there is a very low response to them. Hence the coverage of Health insurance in the study area is far from satisfactory.

**Awareness of Government Health Schemes**

Several government-sponsored health programmes have been introduced in recent years to ensure affordable basic healthcare services for all sections of people. These schemes provide free medical care to these respondents.



**Figure 1.5:** Awareness of Government Health Schemes N = 390

As illustrated in Figure 1.5, 37.2 percent of respondents were aware of Jnani Suraksha Yojana as they have utilized and benefitted from this scheme, 5.9 percent of respondents are aware of Pradhana Manthri Matru Vandana Yojana, 4.9 percent are aware of Jnani Suraksha Karyakaram, 5.4 percent are aware of Pradhan Manthri Surakshit Matritva Abhiyan and 7.7 percent are aware of Ayushman Bharath Scheme.

Majority of the respondents are unaware of government health schemes. The study reports that the Government sponsored schemes for the upliftment of women are mostly unknown to the respondents, the reason being lack of education, lack of information about these schemes, disinterest showed by these women in understanding these schemes and the inability to produce needed documents to avail these schemes.

## 6. Discussion

Health care services are essential to provide good quality services to tribal women. The study shows that all respondents opined that they have Primary Health Centre in their village or a nearby village. The study shows that a large majority of the respondents (85.8%) are availing services and facilities provided by the Primary Health Centres. This shows an encouraging and positive attitude towards the use of modern medicines. 49.8 percent of respondents have to travel 5-10 kilometres by auto to seek treatment. Majority of the respondents stated that the working hours were convenient, but they had to wait long hours to get treatment. 87.5 per cent stated that there were doctors in the PHCs who treated them well, but 35.3 percent are of the opinion that they did not treat them properly. 3.6 percent reported that they got free medicines sometimes from the health care centres they visited. But during emergencies, 20 percent of the respondents stated that there was a delay in providing proper treatment. Majority of them were unaware of free health check-ups conducted in their villages. The majority of the respondents have agreed that the visit of ASHA workers is quite regular and very helpful but some have complained that the ASHA workers give more attention to pregnant women and never bother about the health of other women. 44.1 percent stated that the ANMs visited their houses and distributed medicines and 55.9 percent of women said that ANMs never visited their houses to distribute medicines. The study shows only 5.6 per cent is covered with the health insurance scheme called Ayushman Bharath-Pradhan Manthri Jan Arogya Yojana, Yashashwini health card and Arogya Karnataka, which aims at providing free access to health. The coverage of Health insurance in the study area is far from satisfactory.

The study reports that the Government sponsored schemes for uplifting women are mainly unknown to the respondents, the reason being lack of education, lack of information about these schemes, the disinterest showed by these women in understanding these schemes and the inability to produce needed documents to avail these schemes.

## 7. Conclusion

The study concludes that although healthcare facilities and government welfare programmes are available for tribal populations, Yerava tribal women continue to face several barriers in accessing quality healthcare services. Poverty, illiteracy, poor infrastructure, geographical isolation, transportation difficulties, lack of awareness, and inadequate healthcare services negatively influence healthcare accessibility and utilization among the respondents.

Primary Health Centres and healthcare workers such as ASHA workers and ANMs play a significant role in improving the health conditions of Yerava women. However, there is a need to strengthen healthcare infrastructure, ensure regular availability of doctors and medicines, improve transportation facilities, and increase awareness regarding government health schemes and insurance programmes. Effective implementation of healthcare policies and welfare programmes can contribute significantly toward improving the health status and quality of life of Yerava tribal women in Kodagu district

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