SITUATIONAL ANALYSIS OF MUTHUVAN TRIBAL WOMEN IN KANTHALOOR IDUKKI DISTRICT

MSW DISASTER MANAGEMENT

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ABSTRACT

This qualitative situational analysis examines the health, education, and livelihood conditions of Muthuvan tribal women in Kanthaloor, Idukki district, Kerala, drawing on interviews, observations, and discussions with women and key community members. The study reveals persistent social and economic disadvantages: constrained access to healthcare, nutritional deficiencies, maternal health concerns, and transportation barriers that limit hospital access, despite the presence of government health programmes with low awareness and uptake. Educational gains in school enrolment coexist with significant barriers to continuation—poverty, long distances to institutions, domestic responsibilities, and restricted access to higher education—and adult women face limited opportunities for formal learning, which undermines awareness, confidence, and decision-making. Livelihoods are principally derived from agriculture, daily wage labour, forest product collection, and government employment schemes, yet income remains irregular and insecure owing to low wages, limited market access, environmental change, and scarce skill-development initiatives; women's economic contributions are substantial but their control over financial decisions is often limited. The findings underscore the need to improve healthcare accessibility, strengthen educational support, and promote sustainable, market-linked livelihood interventions, implemented through coordinated action by government agencies, local self-government institutions, and non-governmental organizations, while respecting the Muthuvan community's cultural identity and traditional knowledge..

Key words*:* *Muthuvan tribal women, Health, Education, Livelihood*

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CHAPTER I INTRODUCTION

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1.1 INTRODUCTION

Tribal people constitute 8.6% of India's total population, about 104 million people according to the 2011 census. The extent to which a state's population's tribal varies considerably. In the north eastern states of Arunachal Pradesh, Meghalaya, Mizoram and Nagaland upward of 90% of the population is tribal. In the remaining northeast states of Assam, Manipur, Sikkim and Tripura tribal people form between 20% and 30% of the population. The largest tribes are found in central India. Major concentrations of tribal people live in Maharashtra, Orissa and West Bengal. Tribal people in India are called Adivasi. Adivasi is an umbrella term fora heterogeneous set of ethnic and tribal groups. Although terms such as Atavika, Varnavasi or Girijan are also used for the tribes of India, some of the major tribal groups in India include Gonds, Santhals, Khasis, Angamis, Bhils, Bhutas, and Great Andamanese. All these tribal people have their own culture, tradition, language and lifestyle. From time immemorial tribal communities constitute an important segment of Indian society. India is also characterized by having second largest tribal population in the world. According to 2011 census, tribals constitute 8.2% of the total population of the country.

Tribes in Kerala

(Adivasi of Kerala) are the indigenous population found in the Southern Indian state of Kerala. They are considered as the most vulnerable community in the state. Most of the tribal people of Kerala live in the forests and mountains of Western Ghats bordering Karnataka and Tamil Nadu. In Kerala, there are 36 communities listed as Scheduled Tribes spread over all the fourteen districts of the state. Their total population according to 2011 Census is 4, 84,839 which accounts for 1.45 percentage of the total population of the state. Each community is so heterogeneous in terms of culture, belief, livelihood strategies, social organization, economy and developmental perspectives. The people living in the rural areas depend on the use of wild plants in their diet and have considerable resource knowledge. Traditionally they have diet association with their environment and they also have profound understanding on it. Forest covers almost one third of the world's land area, nearly almost all are inhabited by indigenous and rural communities who have customary rights to their forest and they developed ways of life and traditional knowledge. The World Bank estimates that about 240 million people live in predominantly forested eco system and depend substantially on forests for their livelihood. Tribes are said to be integral part with the forest eco-system as their habitant, has always with

in it or its fringes. The present study focuses on the situational analysis of muthuvan tribal women in kanthaloor.

The Muthuvan tribe is one of the major Scheduled Tribes in Kerala. They mainly live in the forest and hill regions of Idukki district, especially in Kanthalloor, Marayoor, and Edamalakkudy. They have a unique culture, language, customs, and traditional lifestyle. Most Muthuvan families depend on agriculture and forest resources for their livelihood. Although they have preserved their cultural identity, they continue to face challenges related to health, education, and economic development due to geographical isolation and limited access to basic services (Anusha & Atheeque, 2018; Jalanidhi Mission, 2020).

Women play an important role in the Muthuvan community. They take care of household responsibilities, children, farming activities, and collection of forest products. Despite their major contribution to family and community life, many Muthuvan women experience poor access to healthcare, education, employment opportunities, and government welfare programmes. These challenges affect their overall quality of life and limit their empowerment (Anusha & Atheeque, 2018).

Health is one of the key indicators of tribal development. Many Muthuvan women continue to face problems such as poor nutrition, lack of sanitation, dependence on unsafe drinking water, limited maternal healthcare, and low awareness about hygiene. Although government initiatives such as mobile medical units have improved healthcare access in tribal settlements, more efforts are required to improve women's health and wellbeing (Anusha & Atheeque, 2018; Government of Kerala, 2018).

Education is essential for women's empowerment and sustainable development. Literacy among Muthuvan women has improved, but school dropout, poverty, distance to educational institutions, and limited higher education opportunities continue to affect educational achievement. Education helps women improve their health awareness, participate in decision-making, and access better employment opportunities (Ramesh, 2015).

Livelihood is another important aspect of the lives of Muthuvan women. Most women participate in farming, cultivation of millets and vegetables, wage labour, and collection of forest products. However, seasonal employment, low income, climate change, and limited market access make livelihood insecure. Strengthening self-help groups, skill development programmes, and income-generating activities can improve their economic condition (Jalanidhi Mission, 2020).

This study focuses on the situational analysis of Muthuvan tribal women in Kanthalloor with special reference to health, education, and livelihood. The study aims to understand their present living conditions, identify the major challenges they face, and explore opportunities for improving their quality of life. The findings will be useful for social workers, policymakers, researchers, and government agencies in designing effective programmes for tribal women and promoting inclusive development (Anusha & Atheeque, 2018; Jalanidhi Mission, 2020).

Ornaments are an important part of the culture of Muthuvan tribal women. They wear ornaments not only for beauty but also as a symbol of tradition, identity, and social status. In earlier times, women commonly used silver, brass, beads, and locally available materials to make ornaments. These ornaments were worn during daily life as well as on special occasions such as festivals and marriages. According to L. K. Anantha Krishna Iyer (1909), ornaments among the Muthuvan reflect their traditional lifestyle and cultural identity.

Muthuvan women traditionally wear necklaces made of colourful beads, silver chains, bangles, earrings, nose rings, and anklets. The design of these ornaments is simple and is closely connected with their customs and beliefs. Many ornaments are handmade and passed down from one generation to another. According to Nadeem Hasnain (2019), tribal ornaments represent the history, beliefs, and cultural values of the community.

The ornaments worn by Muthuvan women are different from those of many other communities in Kerala. Their ornaments are generally simple, practical, and made from locally available materials, whereas people in many non-tribal communities often prefer gold jewellery with modern designs. These differences show the unique cultural identity of the Muthuvan tribe. Vidyarthi and Rai (1976) explain that each tribal community has its own distinctive traditions, dress, and ornaments that help preserve its cultural identity.

Today, the ornament-wearing practices of Muthuvan women are gradually changing due to education, modern fashion, market availability, and contact with other communities. Younger women may wear modern jewellery in schools, workplaces, or towns, while traditional ornaments are mainly used during festivals, cultural programmes, and religious ceremonies. According to Nadeem Hasnain (2019), modernization influences tribal culture, but many communities continue to preserve their traditional practices during important cultural events.

1.2 BACKGROUND OF THE STUDY

Tribal communities are an important part of Indian society. They have their own culture, language, traditions, and way of life. Most tribal people live in forests, hills, and remote villages where they depend on natural resources for their survival. Even though many development programmes have been introduced by the government, many tribal communities still face problems related to education, health, employment, and access to basic services. Among them, tribal women are one of the most vulnerable groups because they experience social, economic, and gender-related challenges.

The Muthuvan tribe is one of the recognized Scheduled Tribes in Kerala. Most Muthuvan families live in the hilly areas of Idukki district, especially in Kanthaloor Panchayat. They are well known for preserving their traditional customs, strong family values, and close relationship with nature. Agriculture, collection of forest products, and daily wage labour are the main sources of livelihood for many Muthuvan families. Although they have a rich cultural heritage, they continue to face many difficulties due to their geographical isolation and limited access to development opportunities.

Kanthaloor is a remote tribal area with difficult terrain and limited transportation facilities. Because of its location, many families find it difficult to access schools, hospitals, markets, and government services. Women often carry multiple responsibilities such as caring for children, managing household work, collecting firewood and water, and supporting agricultural activities. These responsibilities increase their workload and limit their opportunities for education, skill development, and income generation.

Education plays an important role in improving the quality of life of tribal women. It helps them gain knowledge, improve decision-making skills, and access better employment opportunities. However, many Muthuvan women have low levels of education because of poverty, lack of nearby schools, transportation difficulties, early marriage, family responsibilities, and language barriers. Girls may discontinue their education due to household duties or financial problems. As a result, many women are unable to benefit fully from government welfare schemes or employment opportunities.

Livelihood is another important aspect of the lives of Muthuvan tribal women. Most women are involved in farming, agricultural labour, livestock care, and collection of forest products. Their work contributes significantly to the family income, but they often receive low wages

and have limited employment opportunities. Seasonal unemployment, climate-related problems, and limited access to markets also affect their income. Many women do not receive proper training in modern agricultural methods or skill development programmes, making it difficult for them to improve their economic condition. Health is closely connected with the overall well-being of tribal women. Good health enables women to take care of themselves and their families. However, many Muthuvan women face health problems due to poor nutrition, anaemia, inadequate sanitation, lack of clean drinking water, and limited access to healthcare services. Pregnant women and mothers may find it difficult to receive regular antenatal and postnatal care because health centres are located far from their settlements. Awareness about reproductive health, preventive healthcare, and nutrition is also limited in some areas.

The Government of India and the Government of Kerala have introduced various programmes to improve the living conditions of tribal communities. These include educational scholarships, residential schools, healthcare services, livelihood support programmes, tribal development projects, and women empowerment schemes. However, the benefits of these programmes do not always reach every family equally. Lack of awareness, transportation difficulties, administrative barriers, and cultural differences may reduce the effective use of these services.

A situational analysis helps to understand the present condition of a community by identifying its strengths, challenges, needs, and available resources. Studying the education, livelihood, and health status of Muthuvan tribal women in Kanthaloor provides a clear understanding of the issues affecting their daily lives. It also helps identify the factors that influence their social and economic development.

This study is important because tribal women play a central role in the development of their families and communities. Improving their education, livelihood, and health can contribute to better living standards, increased participation in decision-making, improved child welfare, and sustainable community development. The findings of this study can help policymakers, social workers, non-governmental organizations, and tribal development departments to design programmes that are more suitable for the needs of Muthuvan tribal women.

Therefore, the present study, "Situational Analysis of Muthuvan Tribal Women in Kanthaloor: A Study on Education, Livelihood, and Health," aims to understand the current situation of Muthuvan tribal women, identify the major challenges they face, and provide useful information for planning effective interventions and promoting their overall empowerment and well-being.

1.3 STATEMENT OF THE PROBLEAM

The Muthuvan tribe is one of the important tribal communities in Kerala. Most Muthuvan families live in remote hilly areas where access to education, healthcare, employment, and other basic facilities is limited. They have a unique culture, language, and traditional way of life, but they also face many social and economic challenges. Among them, Muthuvan tribal women are one of the most disadvantaged groups because they have to manage household responsibilities, childcare, agricultural work, and other livelihood activities at the same time.

Education is one of the key factors for the development of women and society. It helps women improve their knowledge, confidence, and decision-making ability. However, many Muthuvan women have low levels of education. Poverty, lack of nearby schools, transportation difficulties, family responsibilities, early marriage, and limited awareness about the importance of education often prevent girls and women from continuing their studies. As a result, many women are unable to access better employment opportunities or fully benefit from government welfare programmes.

Livelihood is another major concern among Muthuvan tribal women. Most women depend on agriculture, daily wage labour, livestock rearing, and the collection of forest products for their income. These jobs are often seasonal, physically demanding, and provide only a limited income. Many women do not have access to skill training, financial support, or stable employment opportunities. Because of this, families continue to experience poverty and economic insecurity. Limited access to markets, changing weather conditions, and dependence on agriculture further increase their livelihood challenges.

Health is also an important issue affecting the lives of Muthuvan tribal women. Many women face problems such as poor nutrition, anaemia, lack of clean drinking water, poor sanitation, and limited access to healthcare services. Health centres are often located far from tribal settlements, making it difficult to receive timely medical care. Pregnant women and mothers may not receive regular antenatal and postnatal care. Lack of awareness about nutrition, hygiene, reproductive health, and preventive healthcare also affects their overall well-being.

Although the Government of India and the Government of Kerala have introduced several welfare programmes for tribal development, many Muthuvan women are still unable to fully benefit from these schemes. Lack of awareness, poor communication, geographical isolation, and limited access to government services reduce the effectiveness of these programmes.

Therefore, there is a need to understand the present situation of Muthuvan tribal women and identify the challenges they face in their daily lives.

A situational analysis is useful because it provides a clear picture of the existing conditions, available resources, and major problems within a community. It helps identify the strengths and needs of the people and supports the planning of suitable development programmes. Understanding the educational status, livelihood conditions, and health situation of Muthuvan tribal women is essential for improving their quality of life and promoting their empowerment.

Therefore, the present study, "Situational Analysis of Muthuvan Tribal Women in Kanthaloor: A Study on Education, Livelihood, and Health," seeks to examine the current status of Muthuvan tribal women in these three important areas. The study aims to identify the major problems they face, understand the factors influencing their lives, and provide information that can help government departments, social workers, non-governmental organizations, and other stakeholders develop effective programmes for their welfare and sustainable development.

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1.4 SIGNIFICANCE OF THE STUDY

The study "Situational Analysis of Muthuvan Tribal Women in Kanthaloor: Health, Education, and Livelihood" is important because it helps us understand the real-life situation of Muthuvan tribal women. Tribal women are an important part of society, but they often face many problems that are not fully understood. This study provides information about their living conditions, the challenges they experience, and the support they need.

The study is significant because it focuses on three important areas of life: health, education, and livelihood. Good health helps women live a better life and take care of their families. Education gives women knowledge, confidence, and better opportunities. Livelihood provides income and financial security. These three areas are connected, and improvement in one area can also improve the others. Therefore, studying these themes together gives a complete understanding of the lives of Muthuvan tribal women.

This study helps to identify the health problems faced by Muthuvan women. Many tribal women have limited access to hospitals, health centres, maternal care, nutrition, and health awareness. By understanding these problems, the study can help health workers, government departments, and non-governmental organizations (NGOs) plan better health services and awareness programmes for tribal communities.

The study also highlights the educational status of Muthuvan women. Education is a basic right, but many tribal women and girls face difficulties in attending school due to poverty, distance, family responsibilities, and lack of educational facilities. This study identifies these barriers and suggests ways to improve educational opportunities. Better education can help women become more independent and improve the quality of life of their families.

Livelihood is another important area covered in this study. Most Muthuvan families depend on agriculture, forest resources, and daily wage work for their income. Their livelihood is often affected by low wages, seasonal employment, limited job opportunities, and lack of access to markets. This study helps identify these challenges and supports the development of better livelihood programmes, skill development training, and employment opportunities for tribal women.

The findings of this study will be useful for government departments, social workers, NGOs, researchers, and community leaders. Government agencies can use the findings to improve tribal welfare programmes and policies. NGOs can design projects based on the actual needs

of Muthuvan women. Social workers can use the information to provide better community-based services and create awareness among tribal families.

This study is also important for students and researchers. It adds knowledge about tribal women's lives, especially in Kanthaloor. Future researchers can use this study as a reference for conducting further research on tribal development, women empowerment, health, education, and livelihood.

The study encourages women's empowerment by identifying the strengths and challenges of Muthuvan women. When women receive better education, healthcare, and livelihood opportunities, they become more confident and actively participate in family and community decision-making. This contributes to the overall development of the tribal community.

The study also promotes social justice and equality. Tribal communities often experience social and economic disadvantages. Understanding their problems can help ensure that they receive equal opportunities and access to government services. The study supports inclusive development by giving importance to the voices and experiences of tribal women.

From a social work perspective, this study has great value. It helps social work professionals understand the needs of tribal women and develop suitable intervention programmes. The findings can support community organization, awareness campaigns, capacity-building programmes, and advocacy for tribal rights.

Finally, this study contributes to the sustainable development of tribal communities. It provides evidence that can help improve health services, educational facilities, livelihood opportunities, and overall quality of life. By identifying both the problems and the available resources, the study supports long-term development and the well-being of Muthuvan tribal women in Kanthaloor.

1.5 CHAPTERIZATION

This dissertation is presented in six chapters

Chapter- 1 Introduction, Background of the study, Statement of the problem, Significance of the study, and Chapterisation.

Chapter - 2 Review of literature

Chapter - 3 Methodology of the study includes Title of the study, Research Questions, Definition of concepts, Source of Data, Research Approach, Research Design, Sampling Method, Sample Size, Study areas, Ethical consideration, Assumption, Limitation and Scope.

Chapter -4 Case description

Chapter -5 Thematic analysis and interpretation

Chapter - 6 Findings suggestions and conclusions

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CHAPTER II REVIEW OF LITARETURE

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2.1 INTRODUCTION

A review of literature is an important part of any research study. It helps the researcher understand what previous studies have found, identify research gaps, and build a strong foundation for the present study. According to Creswell (2018), a literature review summarizes and evaluates existing research related to the topic and helps develop the research problem. Kothari (2004) states that reviewing literature enables researchers to avoid duplication and improve the quality of their research.

Many researchers have studied the social, economic, educational, and health conditions of tribal communities in India. However, only a limited number of studies have focused specifically on Muthuvan tribal women, especially those living in Kanthaloor, Kerala. Tribal women play a vital role in their families and communities, but they continue to face challenges related to education, healthcare, livelihood, gender inequality, and access to government services .Xaxa (2008) explained that tribal communities in India experience social exclusion and unequal access to development opportunities. Béteille (1991) also observed that tribal societies face multiple forms of inequality that affect their quality of life. These issues are often more severe for women because of gender-based discrimination and limited decision-making power.

According to Fernandes (2008), development projects and changes in land use have affected the livelihoods and traditional way of life of many tribal communities. Nair (2012) highlighted that tribal women in Kerala have poor access to quality education and healthcare, which limits their overall development. Similarly, Radhakrishna (2015) pointed out that employment opportunities for tribal women are often seasonal and poorly paid.

Studies by Rajan (2017) and Kumar (2019) found that although several government welfare schemes are available for tribal communities, many women are unaware of these programmes or face difficulties in accessing them. UNDP (2021) also emphasized that improving education, health, livelihood, and women's empowerment is essential for achieving sustainable development among indigenous communities .Based on these studies, it is evident that there is a need for a detailed situational analysis of Muthuvan tribal women in Kanthaloor. The present study aims to understand their health, education, livelihood, and social conditions and to identify the challenges they face in their daily lives. The review of literature provides the

theoretical and empirical background for this research and helps in identifying the existing research gap.

2.2 THEORETICAL FRAME WORK

2.2.1 EDUCATION

Khan (2002) conducted a study on the educational progress of tribal communities in India. The study provides a comprehensive understanding of tribal education by examining government initiatives, socio-cultural influences, and barriers affecting literacy and educational access. It serves as an important reference for understanding the historical and policy dimensions of tribal education in India.

Rajasenan (2013) highlighted the unequal distribution of socio-economic development among tribal communities in Kerala. The study found that tribes with higher educational attainment enjoy better living conditions and employment opportunities, while less developed tribal groups continue to face poor living conditions, limited job prospects, and inadequate access to education.

Asoora (2014) focused on the educational challenges experienced by Scheduled Tribes in Kerala. The study revealed that factors such as social isolation, poverty, and limited access to quality education continue to hinder educational advancement. Although government schemes and policies have contributed to improvements, sustained implementation and active community participation are essential for enhancing literacy, employment opportunities, and overall socio-economic development.

2.2.1 .1Lack of Educational Infrastructure

The availability of educational facilities in tribal areas is often inadequate. Schools may be located far from tribal settlements, making daily travel difficult, especially for girls. Many schools also lack proper classrooms, toilets, drinking water facilities, and sufficient teachers. These challenges reduce school attendance and increase dropout rates among tribal students. Mutharayappa and Bhat (2008) point out that poor infrastructure remains a significant obstacle to educational development in tribal communities

2.2.1.2 Gender Discrimination:

Gender discrimination continues to affect the education of tribal women. In some communities, greater importance is given to boys' education, while girls are expected to focus on household responsibilities. Early marriage and traditional beliefs may further limit educational opportunities for girls. According to Rani (2014), addressing gender-based inequalities is essential for improving the educational status of tribal women and ensuring equal opportunities for their development.

2.2.1.3 Limited Access to Higher Education

Access to higher education remains a major challenge for tribal women. Although some tribal girls complete their school education, many are unable to continue their studies due to various barriers. The limited availability of colleges and universities in tribal areas, financial difficulties, and lack of adequate support systems often prevent them from pursuing higher education. According to the Ministry of Tribal Affairs (2018), increasing educational institutions in tribal regions and providing scholarships and financial assistance can help improve higher education opportunities for tribal students, especially women.

Haseena and Muhammed (2014) revealed that the high dropout rate among tribal students in Attappady is influenced by several socio-economic, cultural, institutional, and educational (anusha, 2018)factors. Poverty, transportation difficulties, language issues, lack of parental awareness, unsupportive teachers, and inadequate educational support were identified as major reasons. The study recommends culturally relevant curricula, teacher training, community awareness (anusha, 2018)programmes, policy support, and better school facilities.

Nair et al. (2024) emphasized the importance of empowering tribal communities in Kerala through education, sustainable livelihood programmes, and inclusive governance. The study suggests that addressing poverty, social exclusion, and resource shortages is essential for improving the long-term socio-economic development of indigenous communities.

.Studies show that literacy level and educational achievement of the Muthuvan community are not satisfactory compared to other communities. The main reasons are socio-economic problems, geographical isolation, parental attitude towards education, and community attitude (Rajasenan, Abraham, George, & Rajeev, 2013; Anusha V. M., 2018). Government interventions and educational programmes helped to improve literacy level to some extent, but

the participation of Muthuvan students in higher education is still very low (Rajasenan et al., 2013).

Efforts are being made by the government to improve education among tribal communities. Tribal people (Adivasis) form about 9% of India's population. Many programmes and policies are introduced to improve primary education among them. Training programmes are also given to teachers to improve the quality of education (Bagai & Nundy, 2009).

Researchers have studied many programmes to reduce dropout rates and help students who are struggling in school. Many programmes showed positive results, but there is no single best programme that can be used in all situations. Different students face different problems, so different solutions are needed (Woods, 1995).

Dropout prevention programmes have been implemented for many years, but the dropout problem still exists. Research shows that reducing dropout rates requires proper planning, changes in the education system, and new educational approaches. No single programme can completely solve the dropout problem. The dropout problem is very complex, so many different solutions are needed. Students drop out of school for different reasons, so programmes should be designed based on their individual situations and needs (Jackson & Davis, 2000).

A study by Mitra and Singh (2008) showed that some schools made improvements by changing school practices, giving individual attention to students, and providing more opportunities for higher education. Small schools showed better results like better attendance, fewer discipline problems, better reading and writing performance, higher graduation rates, and more students going to college. This shows that school environment and teaching practices play an important role in students' educational success.

Studies also show that the status of women in society affects girls' education. In some tribal communities, especially in the north-eastern states, women have a higher social status. In those areas, literacy rate, enrolment, and dropout rate of girls are better. But poverty is still a major problem that affects tribal women's education. Literacy rates of tribal women are different in different states because of social and cultural norms, women's role in society, and their connection with mainstream society.

Paray (2019) examined the social, economic, and educational status of tribal women in India, especially among Scheduled Tribes. The study found that tribal women face difficulties in accessing education and employment opportunities. Although they work harder than men in

many situations, factors such as private ownership, capitalist systems, and traditional social structures limit their well-being and awareness of health-related issues.

Arya S. (2012) explained that tribal education faces many unique challenges like scattered population and living in remote areas. Existing educational programmes are not always suitable for their situation.

V. Rajkumar Velusamy (2021) highlighted that even though many government efforts are there, a big gap still exists in the education system of tribal people. More inclusive development and proper attention are needed to solve these problems.

Buzdar and Ali (2011) found that many tribal parents are interested in educating their daughters and they understand the importance of education. But due to poverty and lack of resources, they are unable to send their daughters to school. The major problems in tribal areas are lack of schools, poor infrastructure, transportation problems, lack of drinking water, electricity, school buildings, and basic facilities. The study suggests that improving school infrastructure is very important for improving girls' education. Good infrastructure leads to quality education and better participation in education.

Sinha (2005) pointed out that many tribal children are still outside the primary education system and many students drop out before completing secondary education. Educational institutions for tribal children are not sufficient in number and quality. Residential schools are helpful in retaining tribal students, but many residential schools do not have basic facilities and proper standards. Teacher quality is also low in many tribal schools.

Ghazi (1985) explained that women's education improves family health, children's education, and social development. The author stated that educated women are more confident in making decisions and improving their family's quality of life. This idea is important for understanding the need for education among Muthuvan tribal women.

Nair (2007) reported that tribal women in Kerala have lower educational opportunities than the general population. Distance to schools, poverty, and lack of awareness are major reasons for poor educational achievement among tribal women.

Anusha V. M. and Muhammed Atheeque P. P. (2018) found that many Muthuvan women have only primary education or no formal education. The study also observed that education influences health awareness and the overall well-being of women.

Government of Kerala Tribal Development Department highlighted that residential schools, scholarships, free textbooks, and hostel facilities have increased educational access for tribal children. However, many Muthuvan girls still discontinue their education because of social and economic barriers.

The educational status study of Muthuvan women (2015) found that most girls attend primary school but many drop out before secondary education. The reasons include long travel distances, poverty, and family responsibilities.

The same study (2015) reported that after puberty many Muthuvan girls are not allowed to continue schooling because of traditional customs and early family responsibilities. This reduces their educational opportunities.

The educational status study (2015) also noted that parents are becoming more interested in sending children to school because of government support such as mid-day meals, uniforms, and scholarships. These programmes have increased enrolment.

Anusha V. M. (2018) observed that educated tribal women have better knowledge about hygiene, sanitation, and nutrition. Education helps women make informed decisions about their families and communities.

Government reports on tribal education show that language differences between the Muthuvan community and school instruction create learning difficulties for children. This contributes to poor academic performance and school dropout.

Studies on Muthuvan education (2015) found that schools in remote tribal settlements often have limited facilities and sometimes only one teacher. This affects the quality of education available to Muthuvan children.

Researchers on tribal education have pointed out that educating tribal women improves employment opportunities, confidence, and participation in community development. Education also helps preserve culture while adapting to social change.

Recent reporting on Edamalakkudy Muthuvans (2025) showed that despite improvements in roads and schools, access to quality education remains difficult because of remoteness, poor infrastructure, and irregular attendance.

The Times of India Studies on Muthuvan communities explain that family income strongly influences girls' education. Children often help with farming and household work, making regular school attendance difficult.

Nayak and Kumar (2022) studied why tribal girls continue or leave school in rural India. They found that poverty, early marriage, lack of parental support, and absence of role models were the main reasons for school dropout. The study also showed that supportive teachers, local language teaching, and financial stability helped girls continue their education.

. Sen and Roy (2021) conducted a study on tribal women in the Naxalbari Block of West Bengal. They found that many tribal girls dropped out because of poverty, low literacy, gender discrimination, and poor access to educational facilities. The study suggested improving educational opportunities for tribal girls.

Ota and Mohanty (2009) examined the education of tribal girl children in India. They reported that long distances to schools, poverty, cultural practices, lack of awareness, and family responsibilities were major causes of school dropout among tribal girls.

Ota and Mohanty (2009) examined the education of tribal girl children in India. They found that poverty, traditional beliefs, early marriage, and gender discrimination prevent many tribal girls from completing their education. The authors recommended special educational support for tribal girls.

Bhagavatheeswaran et al. (2016) conducted a qualitative study among Scheduled Caste and Scheduled Tribe adolescent girls in Karnataka. They found that girls faced discrimination because of gender norms, domestic responsibilities, and safety concerns. These factors reduced their school attendance and increased dropout.

Nayak and Kumar (2022) studied why some tribal girls continue their education while others drop out. They found that gender discrimination, financial problems, and low parental support affected girls' education. The study suggested that family encouragement and government support can improve educational outcomes.

Mohanty, Thamminaina, and Kanungo (2019) studied the education of Particularly Vulnerable Tribal Group (PVTG) girls in India. They reported that gender inequality, lack of educational facilities, and poor economic conditions limited girls' access to education. The study recommended scholarships, hostel facilities, and community awareness programmes

2.2.1.5 MIDAY MEAL PROGRAME

Drèze and Goyal (2003) studied the Mid-Day Meal Programme in India. They found that the programme increased school attendance, reduced classroom hunger, and encouraged poor and tribal children to attend school regularly. It also improved children's nutritional status.

Afridi (2010) examined the impact of the Mid-Day Meal Scheme on primary school children. The study found that free meals increased school enrolment and attendance, especially among girls and children from Scheduled Tribes. The programme also helped improve learning by reducing hunger during school hours.

Chakrabarti et al. (2019) studied the implementation of the Mid-Day Meal Scheme in tribal areas. They found that the programme helped reduce malnutrition and improved school attendance. However, the quality of food and regular supply varied across schools.

Khera (2006) reviewed the Mid-Day Meal Scheme in India. The study reported that the programme increased enrolment, reduced dropout rates, and promoted social equality by encouraging children from different social backgrounds to eat together. The author recommended improving food quality and effective monitoring.

2.2.2 HEALTH

Health deprivation is very high among tribal communities because they are one of the most marginalized and vulnerable groups in society. According to Agrawal (2013), tribal people face many health problems due to poverty, lack of medical facilities, and low awareness about health and hygiene.

2.2.2.1 MATERNAL HEALTH

Maternal and Child Health (MCH) care is very important for the health of mothers and children. The World Health Organization (WHO) defines Maternal and Child Health care as services that include promotion of health, prevention of disease, treatment, and rehabilitation for mothers and children. However, many tribal women do not properly use maternal and child health services. Unintended pregnancies are common among tribal women because the use of safe contraception methods is very low (Ram, 2001; Sharma and Rani, 2009).

2.2.2.2 NUTRITION FOOD

Nutrition is another major issue among tribal communities. Tribal women and children are highly vulnerable to malnutrition and undernutrition (Sahel, 2022). Many tribal communities

lack awareness about health, sanitation, hygiene, and nutrition (Singh and Samael, 2016; Maiti, Unisa, and Agrawal, 2005). A study conducted in Jharkhand and West Bengal found that pregnant tribal women had low intake of energy, protein, calcium, and iron (Mandal et al., 2019).

Anusha and Muhammed Atheeque (2018) studied the health status of Muthuvan tribal women in Kerala. They found that many women suffered from poor nutrition, anaemia, poor sanitation, and limited access to healthcare facilities. The authors suggested improving health awareness and medical services in tribal settlements.

Vithya et al. (2024) conducted a systematic review on maternal health among tribal women in Kerala. The study found that many tribal women faced problems such as anaemia, malnutrition, poor maternal care, and difficulties in reaching health centres. The authors recommended strengthening primary healthcare services in tribal areas.

2.2.2.3 HEALTH CARE

Government of Kerala (2023) reported that Tribal Mobile Medical Units help improve healthcare access in remote tribal settlements. Regular medical check-ups and awareness programmes have increased healthcare utilization among tribal families.

The Ministry of Tribal Affairs (2022) stated that improving healthcare facilities in tribal areas is a priority. The ministry supports mobile health units, nutrition programmes, and maternal healthcare to improve the health of tribal women.

The National Health Mission (2023) emphasized that community health workers play an important role in promoting maternal and child health among tribal communities. Health awareness programmes have improved immunization and antenatal care.

The World Health Organization (2022) explained that women living in remote and indigenous communities often face health inequalities because of poor access to healthcare, poverty, and limited education. The report recommended equal access to quality health services.

The Government of India (2021) highlighted that the Pradhan Mantri Jan Arogya Yojana has helped improve access to healthcare for economically weaker families, including tribal communities, by reducing financial barriers to treatment.

NITI Aayog (2018) reported that tribal communities continue to face health disparities because of geographical isolation and poor infrastructure. The report recommended strengthening health systems in tribal regions.

Das and Bose (2015) studied the nutritional status of tribal adults in India. They found that tribal women had higher levels of malnutrition than tribal men. The study showed that poverty, poor diet, low education, and lack of healthcare were the main reasons for undernutrition among tribal women.

. Debnath and Bhattacharjee (2016) examined the role of women's empowerment in tribal nutrition. They found that women with better education, decision-making power, and access to resources were able to provide better nutrition for themselves and their families.

. Ghosh-Jerath et al. (2020) reviewed the nutritional status of indigenous women in India. They reported that many tribal women had poor dietary diversity, anaemia, and low Body Mass Index (BMI). The study recommended improving food diversity and strengthening nutrition programmes in tribal areas.

. Saha and colleagues (2022) studied the nutritional status of Scheduled Tribe women using NFHS-5 data. They found that age, education, income, occupation, place of residence, and household wealth significantly affected the nutritional status of tribal women.

Kosariya, Chakraborty, and Nagwanshi (2024) reviewed maternal health and nutrition among tribal women in India. They found that malnutrition, anaemia, poor maternal health, and limited access to healthcare services were common problems. The study recommended better nutrition education and stronger health services.

2.2.3 LIVELIHOOD

2.2.3.1 POVERTY

Chakravarthy (2013) examined the socio-economic challenges faced by tribal women working in the informal sector in India. The study identified issues such as low wages, lack of job security, gender and caste discrimination, illiteracy, and insufficient legal protection. The researcher emphasized the need for labour reforms, skill development programmes, and supportive policies to improve their conditions.

Poverty is one of the major reasons behind the low educational status of tribal women. Many tribal families have limited income and struggle to meet their basic needs. As a result, spending money on education becomes difficult. Families may not be able to afford school-related expenses such as uniforms, books, and transportation. In some cases, girls are expected to support household work or contribute to the family income instead of attending school. Studies by the Ministry of Tribal Affairs (2018) and Rao and Narain (2010) highlight that economic difficulties often prevent tribal girls from continuing their education

Haseena (2014) found that tribal women in Kerala continue to face socio-economic marginalization despite the state's positive development indicators. The study points out that the real-life experiences of tribal women are different from the image of empowerment often associated with Kerala. Therefore, focused development programmes are needed to address the barriers they face.

Mariyammal (2016) highlighted the important role of indigenous women in the rural economy of Kodaikanal. Tribal women contribute to their families through agriculture, informal work, and forest-based livelihoods. However, their contributions often go unrecognized because of social marginalization, limited educational opportunities, and insufficient institutional support. The study emphasizes the need to improve livelihood opportunities for these women.

.The Muthuvan community has limited contact with the outside world. Agriculture is their main occupation. They cultivate crops like ragi and paddy using traditional and organic methods. They also do animal husbandry, daily wage labour, and collection of minor forest products as secondary occupations (Breeks, 1983; Sathya Narayanan, 2001; Scheduled Tribes Development Department, 2013).

Studies also show that due to government programmes and interaction with non-tribal people, there are many changes in the Muthuvan community. Changes happened in food habits, dress, language, health practices, and lifestyle. Tribal participation in politics and use of technology also increased due to government activities, but it also led to changes in their traditional lifestyle (Cherian, Korulla, & Sheena, 2018).

Thakur (2009) pointed out that tribal communities, especially women, are socially, economically, and physically backward. Women are often treated as less important, so special attention is needed to improve their status and livelihood opportunities.

The National Nutrition Monitoring Bureau (2017) found that many tribal women suffer from nutritional deficiencies due to inadequate dietary intake and poverty. The report recommended improving food security and nutrition education among tribal communities.

Rajan (2012) found that the livelihood of Muthuvan tribal women mainly depends on agriculture, forest produce, and daily wage labour. Their income is usually low and seasonal.

Nair (2013) reported that Muthuvan women actively participate in farming activities such as planting, weeding, harvesting, and caring for crops, but they have limited control over family income.

Kerala Institute for Research, Training and Development Studies of Scheduled Castes and Scheduled Tribes (KIRTADS) (2015) observed that most Muthuvan families depend on forest resources like honey, medicinal plants, and wild fruits for their livelihood.

2.2.3.2 IMPACT OF EDUCATION ON LIVELIHOOD

Ministry of Tribal Affairs (2016) stated that poor infrastructure, lack of transport, and limited market access reduce the earning opportunities of tribal women.

Jose and Thomas (2016) found that low educational attainment among Muthuvan women restricts their access to skilled employment and government jobs.

UNDP (2017) emphasized that improving livelihood opportunities for tribal women through skill development and self-help groups can reduce poverty and improve family well-being.

Government of Kerala Tribal Development Department (2018) reported that various livelihood schemes have been introduced, but many tribal women are unable to fully benefit due to lack of awareness.

Bharath and Kumar (2018) found that Muthuvan women play a major role in household economic activities, but their work is often unpaid and undervalued.

KIRTADS (2019) highlighted that migration for wage labour has increased among tribal families because traditional livelihood sources are becoming less reliable.

ILO (2019) noted that tribal women often face unequal wages, poor working conditions, and limited social security compared to other workers.

2.2.3.3 SELF HELP GROUP

Anitha (2020) reported that self-help groups have helped some Muthuvan women improve their income through small businesses, savings, and financial independence.

National Commission for Scheduled Tribes (2021) observed that better access to education, training, and financial support is essential for improving tribal women's livelihoods.

Tribal Development Department, Kerala (2022) stated that livelihood programmes focusing on agriculture, livestock, and entrepreneurship have shown positive outcomes in some tribal settlements.

.. Mehta and Singh (2021) studied employment and livelihood among tribal communities in India. They found that many tribal women depend on seasonal agricultural work and forest-based activities for their income. During the off-season, they face unemployment and financial difficulties, which affect their livelihood and family well-being

. Kumar et al. (2019) examined rural labour employment in tribal villages of eastern India. The study found that employment for tribal women is mostly seasonal, especially in farming. During the non-agricultural season, women have very limited work opportunities and their household income decreases.

Mosse et al. (2002) studied seasonal labour migration in tribal areas of western India. They reported that many tribal women migrate with their families during the lean agricultural season to work as daily wage labourers. Seasonal migration has become an important strategy for survival because local employment is not available throughout the year.

Kundu (2024) studied the livelihood and employment patterns of tribal women. The study found that tribal women work in agriculture, forest produce collection, and informal labour. However, most of these jobs are seasonal, low-paid, and insecure. The author recommended skill development and better livelihood opportunities for tribal women.

2.3 RESEARCH GAP

A review of previous studies shows that many researchers have studied tribal communities in India and Kerala. Some studies have focused on the health conditions of tribal women, while others have discussed education, poverty, or livelihood separately. However, only a few studies have specifically focused on Muthuvan tribal women in Kanthaloor by combining the three important themes of health, education, and livelihood in one study.

Most of the available studies discuss general problems faced by tribal communities but do not provide detailed information about the present situation of Muthuvan women in Kanthaloor. Their daily life, access to healthcare, educational opportunities, and income-generating activities have not been studied together. Therefore, there is a need for a comprehensive situational analysis.

In the area of health, previous studies mainly focus on maternal and child health, nutrition, and communicable diseases. Very few studies explore women's awareness of health services, mental health, reproductive health, sanitation, and the challenges they face in accessing healthcare facilities. There is also limited information about the quality of government health services available to Muthuvan women in Kanthaloor.

Regarding education, many studies mention that tribal literacy is lower than the general population. However, there is limited research on the educational status of Muthuvan women, school dropout, higher education opportunities, adult education, and the factors affecting their education. The role of family support, poverty, language barriers, and distance from schools also needs more attention.

In the field of livelihood, earlier studies mainly discuss agriculture, forest-based occupations, and wage labour. However, there is little information about the present livelihood opportunities available for Muthuvan women, their participation in self-help groups, government livelihood schemes, financial independence, and skill development programmes. The impact of changing social and economic conditions on their livelihood has not been studied in detail.

Another important gap is that many earlier studies are based on secondary data or cover large tribal populations. Very few studies use primary data collected directly from Muthuvan women living in Kanthaloor. As a result, the real experiences, needs, challenges, and opinions of these women are not fully represented.

There is also limited research examining the relationship between health, education, and livelihood. These three areas are closely connected. Poor health can affect education and employment, while better education can improve health awareness and livelihood opportunities. Understanding these connections is important for planning effective development programmes.

Therefore, this study aims to fill these research gaps by conducting a detailed situational analysis of Muthuvan tribal women in Kanthaloor. It will provide updated information on their health, education, and livelihood conditions and identify the major challenges they face. The findings will be useful for policymakers, social workers, researchers, and government agencies to design appropriate welfare programmes and improve the quality of life of Muthuvan tribal women.

CHAPTER III METHODOLOGY

CHAPTER 3 METHODOLOGY

3.1 INTRODUCTION

The study is qualitative in nature. The researcher aimed to understand the present situation of Muthuvan tribal women in Kanthaloor, focusing on their health, education, and livelihood. Therefore, an exploratory and descriptive research design was used .The study was conducted among Muthuvan tribal women living in Kanthaloor Panchayat of Idukki district. The respondents were selected through purposive sampling. Women from different age groups were included in the study to understand their experiences and challenges .Data were collected through in-depth interviews and observation. An interview guide was used as the main tool for collecting information. The study explored issues related to health, education, and livelihood among Muthuvan tribal women. The collected information was analysed under three main themes: health, education, and livelihood. Participation in the study was voluntary, and the privacy of the respondents was maintained throughout the research.

3.2 TITLE OF THE STUDY

SITUATIONAL ANALYSIS OF MUTHUVAN TRIBAL WOMEN IN KANTHALOOR

3.3 RESEARCH QUESTION

Research question

How do education, health, and livelihood conditions influence the overall life experiences of tribal women?

Sub question

- How does education help tribal women in their daily life?
- How do health problems and health services affect the life of tribal women?
- How does work or income help tribal women and their families?

3.4 DEFINITION OF CONCEPTS

Education

Conceptual definition

Education is the process of living involving the continuous reconstruction of experiences to control the environment and fulfil one's potential (john Dewery)

Operational definition

Measured in terms of literacy level ,years of schooling and access to formal / informal learning among tribal women.

Health

Conceptual definition

A state of complete physical mental and social well being and not merely the absence of disease or infirmity (WHO)

Operational definition

The state of complete physical mental and social well being of individuals in the community measured by access to medical facilities prevalence of disease nutritional status and sanitation conditions in the study areas.

Livelihood

Conceptual definition

Livelihood is the means by which people secure the necessities of life including income, food, and resources through work skills and access to assets (chambers'& Conway, G 1992)

Operational definition

The means and activities through which individuals and families secure their basic needs and income including agriculture wage labour forest produce collection and cottage industries assessed by occupation type income level and resource dependence.

Pilot study

A pilot study was conducted in Kanthaloor before the main research. The purpose of the pilot study was to test the research tools, understand the study area, and identify any difficulties in collecting data. It also helped the researcher improve the interview schedule and make the questions easier for the participants to understand.

The pilot study was carried out among Muthuvan tribal women in Kanthaloor. The findings from the pilot study helped the researcher make necessary changes to the data collection process and ensured that the main study could be conducted smoothly and effectively.

3.5 SOURCE OF DATA

The study used both primary and secondary data

Primary data were collected directly from Muthuvan tribal women in Kanthaloor through semi-structured interviews and observation.

Secondary data were collected from books, journals, research articles,

3.6 RESEARCH APPROACH

The study adopted a qualitative research approach to understand the present situation of Muthuvan tribal women in Kanthaloor. The approach helped the researcher explore the experiences, challenges, and needs of the women with regard to health, education, and livelihood. It provided an in-depth understanding of their living conditions and the factors affecting their well-being in these three areas.

3.7 RESEARCH DESIGN

The study used a descriptive research design. It helped the researcher understand and describe the health, education, and livelihood conditions of Muthuvan tribal women in Kanthaloor. The design also helped to identify the challenges and experiences of the women in these areas.

3.8 Description of Research Site and Participants

The study was conducted in Kanthaloor Grama Panchayat in Idukki district, Kerala. Kanthaloor is a hilly area located in the Western Ghats and is home to the Muthuvan tribal community. Most people depend on agriculture, forest resources, and daily wage work for their livelihood. The area has schools, primary health centres, Anganwadis, and government welfare services,

but some tribal settlements have limited access to these facilities because of distance and poor transportation. Kanthaloor was selected for the study because a large number of Muthuvan tribal families live there and the area reflects their social, economic, and cultural life.

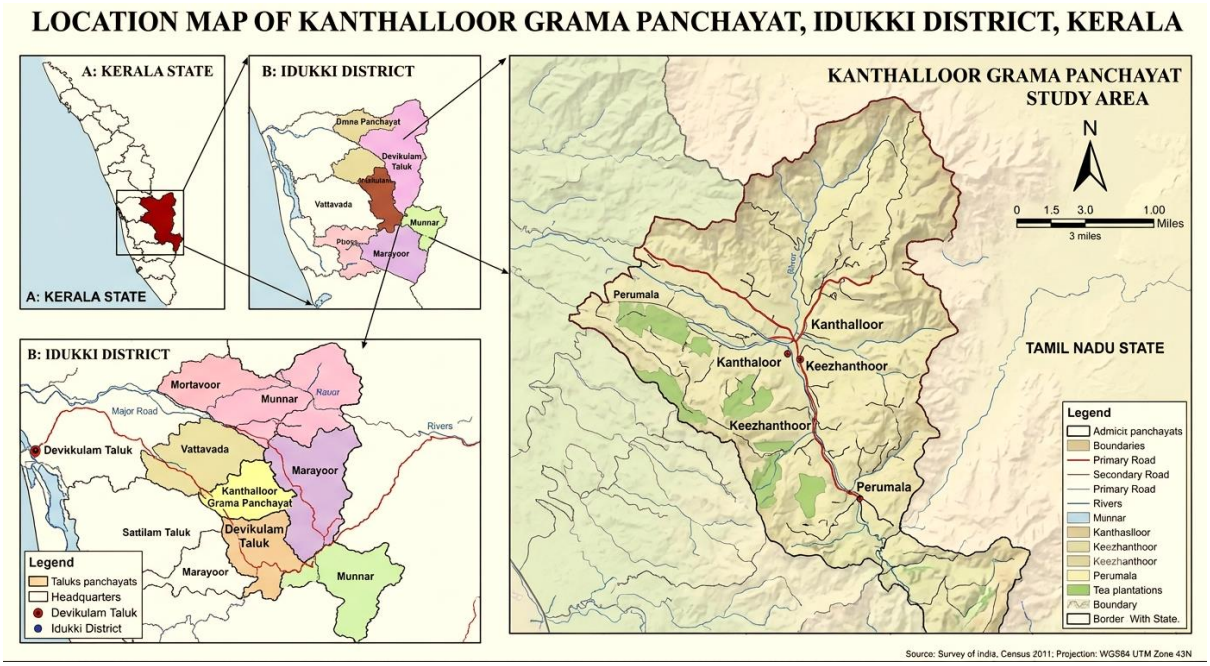

Fig:1 Location map of the study area

participation

The participants of this study were Muthuvan tribal women living in Kanthaloor. They belonged to different age groups, educational backgrounds, occupations, and family types. Most of them were involved in agriculture, daily wage work, household activities, and collection of forest products. Some women were members of Self-Help Groups (SHGs) and beneficiaries of government welfare schemes.

The participants were selected using purposive sampling because they could provide useful information about their health, education, and livelihood. They participated in the study voluntarily, and informed consent was obtained before collecting data. The privacy and confidentiality of all participants were maintained throughout the research.

3.9 SAMPLING METHOD

The study used purposive sampling. Muthuvan tribal women in Kanthaloor were selected as respondents because they could provide information related to health, education, and livelihood.

3.10 SAMPLE SIZE

The sample for the study consisted of five Muthuvan tribal women from kanthaloor. They were selected through purposive sampling and participated in the study by sharing their experiences related to Health, Education and Livelihood

3.11 STUDY AREA

The study was conducted in Kanthaloor Idukki District, Kerala, where a significant population of Muthuvan tribal communities resides.

3.12 ETHICAL CONSIDARATION

Informed consent was obtained from all respondents before the study. Participation was voluntary, and the purpose of the study was explained to them. The privacy and confidentiality of the respondents were maintained, and the information collected was used only for academic purposes.

3.13 Assumptions, Limitations and scope

The respondents answered the questions honestly.

The information collected reflects the real situation of Muthuvan tribal women.

The selected sample represents the Muthuvan tribal women in Kanthaloor.

The data collected are sufficient to achieve the objectives of the study.

Scope of the Study

This study focuses on the situation of Muthuvan tribal women in Kanthaloor. It examines their health, education, livelihood, and social conditions. The study helps to identify their major problems, available resources, and possible areas for improvement. The findings may be useful

for social workers, researchers, government departments, and organizations working for tribal development.

Limitations of the Study

The study is limited to Muthuvan tribal women in Kanthaloor.

The sample size is limited, so the findings cannot be generalized to all tribal communities.

Time and financial constraints limited the study.

Some respondents were hesitant to share personal information.

Language and cultural differences created some difficulties during data collection.

CHAPTER IV CASE DESCRIPTION

CHAPTER 4 CASE DESCRIPTION

Case 1

Mrs A is a 36-year-old woman who belongs to the Muthuvan tribal community. Her native place is Idamalakudi. After her marriage, she started living in Kulachuvayal with her family. She married and has two children, both girls. Her husband works as a daily wage labourer Mrs A studied up to the seventh standard. She studied in a hostel during her school days However, she had to stop her education after the seventh standard because of financial problems in her family. Her father and mother were also daily wage labourers, and their income was not sufficient for the daily needs of the family. Her parents were not educated, so they did not give much importance to education. After stopping her studies, Mrs A started going for daily wage work to support her family. She says that she was very interested in studying and liked going to school during her childhood, but she did not get the opportunity to continue her education because of the family financial difficulties.

Now Mrs A wants her children to get a good education. Both of her daughters are attending school, and she tries to provide them with the facilities they need for their studies, including tuition support. Even though the family still faces financial problems, she strongly believes that her children should get a proper education. In the present situation, women's health is not very good. Many women suffer from different diseases, especially Anaemia, which is one of the most common health problems among women. It mainly affects pregnant women and adolescent girl children. Many women are affected by anaemia, and one of the main reasons is their food habits. In the past years, people used to eat traditional foods such as ragi, chama (millets), and different types of leafy curries. They also collected edible leaves from the forest. These foods were healthy and nutritious. But in the present time, these foods are not easily available. Most women mainly use rice and sambar in their daily food. Nutritious food items are very expensive, so it is very difficult for many families to buy them .In the present situation, many awareness classes are conducted about anaemia and proper food habits. Through these programs, women get information about nutrition and health. She also explained about menstrual health among girl

children. The first menstruation of a girl is considered very important and it is celebrated. During that time, the girl receives new dresses, sweets, and good food. In the Muthuvan tribal

community, during the menstrual period girls live in separate houses. Usually two or three such houses are there in the community. During that time women need more rest. They cook food and also sleep in those houses. After seven days, they must take a bath in the river and wash all their clothes and mats .Regarding hospital facilities, the situation is very difficult near the kudi (tribal settlement) because good treatment is not available there. Better hospital facilities are available in Marayoor and Adi Mali. The government provides some health facilities such as medical camps and awareness classes

. During the medical camp time, doctors and nurses visit and provide medicines. They give special care to pregnant women and provide vitamin tablets and tonics. Traditional health practices are not commonly practiced in the present situation. People are not very interested in these practices now, and it is also difficult to follow them. In the past, our ancestors went to the forest and collected different types of medicinal leaves and used them as medicine. But nowadays it is difficult to get such medicines. She also explained many women face mental health problems. One of the main reasons is the alcohol addiction of husbands. Because of this addiction, many husbands do not give money or proper support to their wives, which creates many difficulties for women.

She explained that most of the people there work as daily wage laborers. Their traditional work is kannadipaya making, which is very beautiful but also very difficult. All the family members go for daily wage work, including women. Women face many difficulties in their daily life. They wake up early in the morning, finish the household work, take care of the children, and then got work. Most of the time they do not get enough time even to eat food and they become physically tired. In some workplaces there is more work, but they receive only a low-level salary. The money they earn is not sufficient for their family needs and personal needs. She also explained that everything is expensive in the Kanthaloor context because it is a tourist place. All the items are sold at a high rate and they also have to buy things at the same rate. This situation makes life very difficult, especially for food items. She mentioned that women experience poverty in different ways. Some women experience food poverty, some face financial problems, and some do not get enough job opportunities. She

actively participates in the SHG in their settlement. The SHG programs are very active and they do many works and small-scale industries. They practice many activities such as cake making, pickle making, different types of snack making, soap powder making, dishwash bar making, and lotion making. These activities are very helpful for women. The SHG conducts

many activities such as meetings and celebrations. SHG helps women to come forward in society and develop their confidence. Through these activities, women practice In the present situation, women have undergone many changes compared to the past. Earlier, women did not come forward much and were mainly engaged in household work and daily wage labour. Butlin the current situation, the have started to come forward, especially because of the activities of SHGs. These groups conduct many programmes that are helpful for women. By attending such programmes, women are able to improve their confidence and participation in society. She explained that the biggest challenge faced by Muthuvan tribal women is education. Most of the women are not educated and do not know how to read or write, which remains a major difficulty. She stated that women need more support in the areas of education and self-care. Many women do not give importance to their own health and personal care, and this also affects their mental health. In the educational context, better school facilities are needed, and schools should be available near the settlement. In terms of health, women need to be made aware of the importance of self-care and mental health.

Case study 2

Mrs B is a 37-year-old woman from the Muthuvan tribal community. After her marriage, she started living in Kozhacherry kudi. Her native place is Idamalakudi. She can speak Malayalamwell, and sometimes she uses the Muthuvan language. She also knows Tamil. She did not go to school during her childhood. The school was very far from her kudi, which made it difficult for her to attend. Her parents were also not educated, and they did not understand the importance of education at that time. They were also not aware of hostel facilities for tribal children in those days. Because of the financial crisis in her family, Pushpa had to go for daily wage work from a young age. Her father and mother also worked as daily wage labourers. Since they were working Mrs B had to take care of the younger children and do household duties. Along with these responsibilities, she also went for daily wage work. She says she often feels sad that she could not study.

Mrs B explained that in earlier times the Muthuvan tribal community did not give much importance to education, especially for girls. During her childhood, there was very little awareness about government schemes for education. No one came to explain these facilities to the people in the kudi, so most families continued their traditional way of life. Now Pushpa understands the value of education. She strongly believes that education is important for a better future. Because of this, she is making sure that her children go to school. She also provides tuition support for them. Her children are studying in a hostel, and she believe that the hostel system is a good opportunity for tribal children to continue their education regularly.

According to Pushpa, at first the hostel rules and regulations were very difficult for the children. However, gradually they adjusted to the system and started studying with discipline. She believes that hostels help children attend school regularly and develop good study habits. Mrs B also shared her views about the health condition of the Muthuvan community. According to her, in earlier times people in the community were very healthy. She explained that the ancestors used to eat natural and traditional foods. Their main food items were ragi, chama another forest food. They also collected honey, fruits and sometimes meat from the forest. Because of this natural diet, people were physically strong and healthy. She said that in the past the women in the community were also very healthy. Their food was natural and nutritious, and they were active in their daily life. But Pushpa mentioned that the

present generation is not as healthy as before. According to her, the food habits of people have changed now. Many women in the community are facing health problems, especially anaemia. She believes that one reason for this problem is the lack of nutritious food in the present situation. SHE explained that nowadays many families depend mainly on rice and sambar for their daily food. Vegetables and other nutritious food items are very expensive, so they are not able to buy them regularly. Because of this, women are not getting enough nutrition, and it affects their health. Health facilities are available in our kudi (tribal settlement), but more medical facilities are available in Marayoor and Adimali. The government and health workers provide good treatment and care for our tribal community. They conduct medical camps and awareness programs especially for women. Special care is given to pregnant women and adolescent girls. In the past, there were not many health classes or awareness programs. But nowadays, girlchildren receive more classes and awareness about health and hygiene. This helps the women of the present generation.

Earlier generations practiced traditional healing methods and medicines Our forefathers had knowledge about traditional medicine, but the present generation does not have much knowledge about it. In our community, many women experience tension for different reasons. When we feel sadness or tension, we share our feelings with each other. We may not know big or technical words, but we understand each other problems. Many people in the community face similar struggles, so we support and understand one another Our daily work also affects our health. We wake up early in the morning and start our work. There is no proper rest. We have household work and also daily wage labour. Sometimes we feel very tired and sad. Some days we do not even get time to eat food properly. These situations affect our health . When health problems occur, we usually do not go to the hospital first. Instead, we take medicines like paracetamol or other tablets available nearby. In our community, water facilities are available. There are wells and also pipe connections. In earlier times, people used to go to the forest to collect water and other resources. But now we do not go much to the forest because of wild animals and other difficulties.

Some women in our community are aware about the importance of health, hygiene, and nutritious food. However, many of them are not able to practice these regularly due to different life situations She explained about the livelihood of the women in their community. Most of the women are engaged in Thozhilurappu (MGNREGA) work and other daily wage labour for their income. In earlier times, their traditional occupation was making kannadipaya using bamboo. However, the present generation does not have much knowledge about this work, and

it is also very difficult to continue Most of the women in the community participate in daily wage work. Even though they work regularly, the income is often not sufficient to meet the family needs. Expenses such as children's education, medical treatment, and loan repayment create financial difficulties for many families. In the past, their settlement experienced severe poverty, especially among women. But now the situation has improved compared to earlier times. She mentioned that the Thozhilurappu (MGNREGA) program is very helpful for their families. Many women in the community go for this work, and the income supports their household needs and children's education. All the women in the community are also members of Self-Help Groups (SHGs). These groups are very helpful for them. SHGs provide loans with a low rate of interest and also give different types of training such as cake making, stitching, pickle making, and soap powder making. These trainings help the women in the community to improve their skills and earn some additional income. Some women in the community are very good at stitching.

She explained that there were many differences between the older generation and the present generation of women in the Muthuvan tribal community. In earlier times, women did not participate in public programs or community activities. Most of them stayed inside the house and mainly focused on household work and daily wage labour. However, many changes have happened in the present generation. Now women are more active and they participate in different programs and community activities. They are members of Self-help Groups (SHGs) and Kudumbashree. These groups help women to interact with other people and become more confident in social participation. Even though there are many positive changes, the community still faces some challenges. One of the biggest problems is the low level of education among the people in the community. This lack of education affects their opportunities and development.

Case study 3

Mrs C is a 32-year-old woman whom I met in the hospital during my fieldwork. She is nine months pregnant, and her family members were also staying in the hospital with her. She lives in Iruttada Kudi. There are seven children in her family, and all of them are married. Her husband works as a daily wage laborer, and the family depends on his income for their livelihood. She studied up to the 7th standard. She now understands the importance of education. She stayed in a hostel at Adimali during her schooling. Her parents are not educated and did not give much importance to education at that time. Her family experienced many struggles, especially financial problems, which forced her to stopher studies. After discontinuing her education, she started working in household jobs and also engaged in daily wage work to support herself and her family SHE stated that many basic facilities are available in Marayoor. An Anganwadi is located near her house, which is very helpful during her pregnancy. The Anganwadi workers provide awareness about health, regular check-ups, vitamin tablets, and nutritional food for pregnant women.

According to Anjali, studying in a hostel is the best option for children because they can study well there. She said that otherwise many children may not attend school regularly. In the beginning, hostel rules and regulations were very difficult for her, but gradually she adjusted and practiced them. She belongs to the Muthuvan community, where education is not given much importance. SHE knows that the government provides some facilities for people, but she does not have much awareness about all the available services Menstrual Practices and Early Puberty She also explained the situation of women during menstruation and the practices followed when a girl attains puberty. When a girl reaches early puberty, she is asked to stay in a separate house for seven days. I personally visited this house. During this period, food is cooked separately in that house, and the girl stays there for seven days. After completing the days of separation, she returns to her home.

The respondent spoke about the health condition of the community in the past year. She said that most families eat simple homemade food. The common food items are chama, ragi, rice, and sambar. Meat and fish are not available every day because many families do not have enough money to buy them regularly. Due to financial problems, their diet mainly depends on locally available and low-cost food items. Treatment Facilities The respondent spoke about

The treatment facilities available to the community. For medical treatment, they usually go to Marayoor and Kanthaloor. There is no hospital available in their nearby area. If the condition is serious, they travel to Adimali for treatment. In the kudi (settlement), government health check-ups are conducted occasionally. During the check-ups, health workers provide vitamin tablets and give health-related advice. The Anganwadi workers also distribute vitamin tablets to children an Mental Health Support The respondent also shared information about mental health services. Anganwadi workers and the health check-up team give advice related to mental well-being. They encourage people stay happy and maintain a positive attitude. In some cases, they also provide basic counselling support to individuals who need help.

Case 4

Mrs D is a 60-year-old woman belonging to the Muthuvan tribal community living in Kanthaloor. She has spent her entire life in the tribal settlement and follows the traditional customs and culture of her community. She lives with her husband in a small house, while her four children are married and live with their own families nearby. Although her children visit her regularly and support her whenever possible, she and her husband continue to manage their daily life independently.

Mrs D was born into a poor family. During her childhood, educational facilities were very limited in the tribal settlement. Schools were located far from her village, and transportation facilities were not available. Because of these difficulties, she was able to study only up to the second standard. After that, she had to discontinue her education and help her parents with household work and farming activities. Even today, she cannot read or write fluently. Whenever she has to fill out forms, visit government offices, or read official documents, she depends on her children or other educated people in the village. She believes that the lack of education has made many aspects of life more difficult. Therefore, she encouraged all her children to attend school and complete their education. She feels happy that the younger generation has better educational opportunities than she had.

The main source of livelihood for SHE family is agriculture. The family owns a small piece of agricultural land where they cultivate vegetables such as beans, cabbage, carrots, potatoes, and garlic. Farming is their primary occupation and the main source of income. However, agriculture depends heavily on weather conditions. Heavy rainfall, drought, pest attacks, and wild animal intrusion often reduce crop production. During such periods, the family experiences financial difficulties. To earn additional income, A also works as a daily wage labourer whenever work is available. Even at the age of sixty, she continues to work because the family income is not sufficient to meet all household expenses. She believes that agriculture provides food security, but the income from farming alone is often uncertain.

The family follows a simple lifestyle and spends money mainly on food, medicines, farming expenses, and household needs. They receive some financial assistance through government welfare schemes meant for tribal communities and elderly people. However, SHE feels that the amount is not always enough to cover rising living expenses. She also says that accessing some

government services can be difficult because of the distance from the settlement and limited awareness about different schemes.

Health is another important concern in SHE life. Due to her age and years of physical labour, she suffers from joint pain, back pain, and knee pain. She has also been diagnosed with high blood pressure and takes medicines regularly. Sometimes she experiences weakness and dizziness, especially during periods of heavy work in the fields. She visits the nearest government hospital or Primary Health Centre whenever necessary. However, reaching the hospital is not always easy because transportation facilities are limited, and travelling long distances is difficult for elderly people. Because of these barriers, she occasionally postpones medical check-ups until her condition becomes serious.

A follows many traditional health practices along with modern medicine. She uses herbal remedies prepared from locally available medicinal plants for minor illnesses such as fever, cough, stomach pain, and body aches. She believes that traditional knowledge passed down from elders is valuable and should be preserved. At the same time, she understands the importance of consulting doctors for serious illnesses and taking prescribed medicines regularly.

Nutrition is another challenge faced by the family. They usually consume vegetables grown on their own farm along with rice and other locally available foods. Although home-grown vegetables provide healthy food, the family cannot always afford a balanced diet that includes fruits, milk, and protein-rich foods regularly. Financial limitations affect their food choices, especially during seasons when agricultural income is low.

SHE actively participates in the social and cultural life of the Muthuvan community. She attends traditional festivals, community meetings, and religious ceremonies. She has good relationships with neighbours and believes that mutual support among community members is an important strength of tribal life. During times of illness, family problems, or financial difficulties, members of the community help one another.

When asked about the changes she has witnessed over the years, SHE says that life has improved in several ways. Roads, schools, healthcare services, and government welfare programmes have become more accessible than during her childhood. More children now attend school, and awareness about health and hygiene has increased. However, she also feels

that traditional culture, language, and customs are slowly changing as younger generations adopt modern lifestyles. She hopes that future generations will preserve their cultural identity while also benefiting from education and development.

A case reflects the overall situation of many elderly Muthuvan tribal women living in Kanthaloor. Limited educational opportunities during childhood, dependence on agriculture, irregular income, age-related health problems, and difficulties in accessing healthcare continue to affect their quality of life. At the same time, strong family relationships, community support, traditional knowledge, and resilience help them cope with everyday challenges. Her life demonstrates both the achievements and the continuing needs of tribal women in education, livelihood, and health.

CASE 5

Mrs E is a 20-year-old Muthuvan tribal woman living in a remote tribal settlement in Kanthaloor, Idukki district. She belongs to a poor family that depends mainly on agriculture and daily wage labour for survival. Her family consists of her father, mother, one younger brother, and one younger sister. They live in a small house provided under a government housing scheme. Although the house provides basic shelter, the family continues to face financial difficulties. Their monthly income is not fixed because work is available only during certain seasons. Since childhood, SHE has lived in a simple environment where agriculture and forest resources play an important role in daily life. The family grows vegetables such as beans, cabbage, and carrots on small pieces of land whenever possible. During the farming season, every family member contributes to agricultural work.

Education has always been important to She attended the government school near her tribal settlement and was a regular student. She enjoyed learning Malayalam and Social Science. Her dream was to complete higher secondary education and become a teacher so that she could educate children in her community.

However, after completing Class 10, she discontinued her studies because of poverty. The nearest higher secondary school is located far from her settlement, and transportation facilities are limited. Travelling every day required money that her family could not afford. Her parents also expected her to stay at home to help with household work and agricultural activities.

Although she could not continue her education, SHE still believes that education is the key to a better future. She encourages her younger brother and sister to continue their studies. She regrets leaving school but hopes that one day she can join a vocational training programme or continue her education through open schooling.

Livelihood is one of the biggest challenges in SHE life. She works as a daily wage labourer on nearby farms. Her work includes planting seedlings, weeding fields, harvesting vegetables, carrying farm produce, and cleaning agricultural land. The work is physically demanding and depends on the agricultural season. She earns only a small daily wage, and employment is not available throughout the year. During the rainy season or when farming activities are low, she remains unemployed. Because of this irregular income, the family often struggles to buy food,

clothes, and medicines. Sometimes the family collects forest products such as honey, medicinal plants, and firewood for their own use. However, due to forest protection rules and changing environmental conditions, access to forest resources has become limited.

SHE wishes to learn tailoring, computer skills, or food processing so that she can earn a stable income. Unfortunately, there are very few skill development centres near her village, making it difficult for her to improve her employment opportunities. SHE health is generally satisfactory, but she experiences several common health problems. She often feels tired after working long hours in agricultural fields. Sometimes she suffers from back pain, body pain, and weakness due to heavy physical work.

Her diet mainly consists of rice, vegetables, and locally available foods. Because of financial problems, the family cannot regularly buy milk, eggs, fruits, or meat. As a result, she has been diagnosed with mild anaemia during a health camp. The nearest Primary Health Centre is several kilometres away. Public transport is limited, making it difficult to visit the hospital regularly. Therefore, the family usually seeks treatment only when someone becomes seriously ill.

Health workers such as ASHA workers occasionally visit the tribal settlement to provide immunisation, maternal health services, nutrition advice, and health awareness programmes. These services have improved awareness, but access to regular healthcare remains limited.

SHE shares a close relationship with her family. Her parents work hard to provide basic necessities despite their financial struggles. They encourage honesty, hard work, and respect for their tribal traditions. The Muthuvan community maintains strong social relationships. During festivals, agricultural activities, and community programmes, families help one another. Elders play an important role in solving community problems and preserving cultural traditions. Although community support is strong, many young women face similar challenges such as school dropout, unemployment, and limited career opportunities.

CHAPTER V THEMATIC ANALYSIS AND INTERPRETATION

CHAPTER 5 THEMATIC ANALYSIS AND INTERPRETATION

5.1 INTRODUCTION

This chapter presents the thematic analysis and interpretation of the data collected from the respondents. The information gathered through interviews and observations was carefully organized and grouped into different themes based on similar ideas and experiences. The themes help to understand the real-life situation of Muthuvan tribal women in Kanthalloor.

The analysis focuses on the major areas of the study, such as health, education, livelihood, social life, and the challenges faced by the women. Each theme is explained with the support of the responses given by the participants. The interpretation helps to understand the meaning of the findings and how they relate to the objectives of the study. This chapter provides a clear picture of the present condition, needs, and experiences of Muthuvan tribal women.

5.2 Profile of the Respondents

The respondents of this study were Muthuvan tribal women from Kanthaloor Grama Panchayat in Idukki district, Kerala. They were selected because they could share their experiences about their health, education, and livelihood.

The respondents belonged to different age groups. Some were young women, some were middle-aged, and some were elderly. They had different educational backgrounds. Some had never attended school, while others had completed primary, secondary, or higher education.

Most of the women were involved in agriculture, daily wage work, collection of forest products, animal husbandry, and household work. A few women were members of Self-Help Groups (SHGs) and received benefits from government welfare schemes.

The respondents lived in different tribal settlements in Kanthaloor. Their access to schools, hospitals, roads, drinking water, and other basic facilities was different from one settlement to another. Their experiences helped the researcher understand the present situation of Muthuvan tribal women.

The respondents were selected using purposive sampling because they had good knowledge about their own community and could provide useful information for the study. All respondents

participated voluntarily, and their privacy and confidentiality were protected throughout the research.

5.3 ANALYSIS AND DISCUSSION

5.3.1 How Education Helps Tribal Women in Their Daily Life

The findings of the study show that education plays an important role in the daily life of tribal women. Most participants shared that education has helped them become more confident, independent, and aware of different opportunities. Even women who studied only up to primary or secondary school said that education has made a positive difference in their lives. They explained that education helps them understand health information, support their children's education, improve their livelihood, communicate with others, and take part in family and community decisions.

Many women said that education has improved their health awareness. They are able to understand the importance of personal hygiene, safe drinking water, balanced food, vaccination, and regular health check-ups. They can read medicine labels and follow the advice of doctors and health workers. Educated women also make sure that their children receive proper immunization and medical care. This shows that education helps tribal women protect the health of their families and adopt healthy practices in their daily lives.

Another important finding is that education helps mothers support their children's education. Most women said that they encourage their children to attend school regularly and complete their studies. They help with homework whenever possible and attend school meetings. They believe that education is the best way to improve their children's future. Many participants also said that they want both boys and girls to receive equal educational opportunities. This shows that educated mothers value education and motivate the next generation to continue learning.

The study also found that education increases self-confidence among tribal women. Many participants shared that they are now able to speak confidently with teachers, health workers, government officials, and members of the community. They are not afraid to ask questions or seek information. Education has reduced their dependence on others for reading documents or filling out forms. As a result, they feel more confident in handling daily responsibilities and solving problems.

Education also helps improve the livelihood of tribal women. Some participants said that they attended agricultural training programmes, skill development classes, or Self-Help Group

meetings where they learned new skills. They now understand the importance of saving money, managing expenses, and using government schemes. A few women have started small income-generating activities to support their families. These experiences show that education helps women improve their economic condition and become more financially independent.

Another theme that emerged from the study is awareness of rights and government services. Educated women know about welfare schemes, scholarships, health insurance, and tribal development programmes. They understand how to apply for these benefits and encourage other women in their community to make use of them. Women explained that education has helped them understand their rights and access services without depending completely on others. This has increased their confidence and independence.

The findings also show that education improves women's participation in family decision-making. Many participants said that they now share their opinions on important matters such as children's education, healthcare, farming, and household expenses. Their family members also respect their views. Education has helped women think carefully before making decisions and has increased their role within the family. This reflects the positive influence of education on women's empowerment.

Communication skills were also found to improve through education. Participants said that they can speak confidently with teachers, doctors, Panchayat members, and government officials. They are able to explain their needs, ask questions, and understand the information given to them. Better communication helps them solve problems more easily and participate actively in community activities. This has strengthened their relationship with different institutions and improved their access to services.

The study further revealed that education encourages tribal women to participate in community programmes and development activities. Many women attend Gram Sabha meetings, health awareness programmes, and women's group meetings. They express their opinions and contribute to discussions related to the welfare of the community. Their participation shows that education develops leadership qualities and encourages women to become active members of society.

Another important finding is that education promotes gender equality. Many participants said that they believe girls should receive the same educational opportunities as boys. They encourage parents to continue their daughters' education and avoid early marriage. They feel that educated girls can become independent and contribute to their families and society. This

change in attitude reflects the positive impact of education on gender equality within tribal communities.

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Overall, the findings clearly show that education has brought positive changes to the daily lives of tribal women. It has improved their health awareness, confidence, communication skills, livelihood opportunities, knowledge of rights, participation in decision-making, and support for their children's education. Education has also encouraged them to participate in community development and promote equal opportunities for girls. Although some challenges such as poverty, limited educational facilities, and distance to schools still exist, the women believe that education is the key to a better future. The study concludes that education is an important tool for empowering tribal women, improving their quality of life, and supporting the overall development of their families and communities Overall, the findings clearly show that education has brought positive changes to the daily lives of tribal women. It has improved their health awareness, confidence, communication skills, livelihood opportunities, knowledge of rights, participation in decision-making, and support for their children's education. Education has also encouraged them to participate in community development and promote equal opportunities for girls. Although some challenges such as poverty, limited educational facilities, and distance to schools still exist, the women believe that education is the key to a better future. The study concludes that education is an important tool for empowering tribal women, improving their quality of life, and supporting the overall development of their families and communities.

5.3.2 How do health problems and health services affect the life of tribal women?

The case studies show that health problems have a direct impact on the daily life of tribal women. Poor nutrition and anaemia make women feel weak, tired, and unable to perform household work, agricultural activities, and childcare effectively. Limited access to nutritious food because of poverty further worsens their health. However, after receiving iron tablets, nutrition counselling, and support through government nutrition programmes, their health gradually improves. This shows that proper nutrition and regular health services can improve the well-being of tribal women.

The cases also show that many tribal women do not receive regular antenatal care because health centres are far away and transportation is limited. As a result, some women experience pregnancy and childbirth complications. These situations indicate that poor access to maternal healthcare increases health risks for both mothers and babies. Regular antenatal check-ups, institutional delivery, and emergency transportation can greatly improve maternal and child health.

The case studies reveal that many families first depend on traditional remedies when children become sick. Professional medical care is often delayed until the illness becomes serious. This delay can worsen the child's condition. After receiving treatment from healthcare providers, most children recover well. These cases highlight the importance of timely medical treatment, immunization, and health education in improving child health.

Another important finding is that distance and poor transportation prevent many tribal women from reaching healthcare facilities. Women often postpone treatment because travelling to hospitals is difficult and expensive. Mobile medical camps and outreach health services reduce this problem by providing healthcare directly in tribal settlements. These services help women receive treatment at the right time.

The cases also show that mental health is an important issue among tribal women. Family problems, financial difficulties, heavy workloads, and the loss of family members create emotional stress, anxiety, and depression. Without support, these problems affect daily life and family relationships. Counselling, emotional support, and participation in self-help groups improve confidence, emotional well-being, and social participation.

Poor sanitation and unsafe drinking water are also common problems identified in the cases. Many families suffer from diarrhoea, stomach infections, and other diseases because of poor hygiene practices and lack of sanitation facilities. After receiving health education, many families begin using safe drinking water, proper sanitation, and good hygiene practices. This reduces illness and improves overall family health.

The cases further indicate that chronic diseases such as high blood pressure are often diagnosed late because women ignore symptoms or do not undergo regular health check-ups. Health camps and routine screening help detect these diseases early and prevent serious complications through timely treatment.

Health awareness programmes have a positive impact on tribal women. After participating in health education sessions, women gain knowledge about nutrition, personal hygiene, breastfeeding, vaccination, family planning, and disease prevention. Increased awareness helps them make better health decisions and adopt healthier lifestyles for themselves and their families.

Financial difficulties are another major challenge highlighted in the cases. Many women delay treatment because they cannot afford transportation, medical expenses, or medicines. Free

government healthcare services, health insurance schemes, and free medicines reduce the financial burden and improve access to healthcare.

Finally, the cases demonstrate the important role of community health workers. Regular home visits, health education, maternal care, immunization support, and referral services encourage tribal women to use available health facilities. Community health workers act as a bridge between healthcare services and tribal communities, improving healthcare utilization and overall health outcomes.

Overall, the case studies clearly show that health problems such as malnutrition, pregnancy complications, child illness, poor sanitation, mental stress, chronic diseases, poverty, and poor access to healthcare reduce the quality of life of tribal women. At the same time, accessible health services, health education, government welfare programmes, and community-based healthcare play a vital role in improving their health, family well-being, and overall quality of life.

5.3.3 How does work or income help tribal women and their families?

The case shows that work and income have a positive impact on the life of a tribal woman and her family. The woman earns money through agriculture, forest produce collection, daily wage work, livestock rearing, handicrafts, and small businesses. These livelihood activities help her family meet their basic needs such as food, clothing, shelter, and electricity.

Her income allows the family to send children to school regularly by paying for books, uniforms, school bags, and other educational expenses. As a result, the children receive better educational opportunities and have a brighter future.

The income also improves the family's health. The woman can buy nutritious food such as vegetables, fruits, milk, eggs, and pulses. She is also able to pay for medical treatment when family members become sick. This reduces health risks and improves the overall well-being of the family.

The case further shows that income helps improve housing conditions. The family can repair their house, build a toilet, and purchase essential household items. Better housing and sanitation create a healthier and safer living environment.

The woman's earnings encourage savings through Self-Help Groups or personal savings. During emergencies such as illness, floods, crop failure, or unemployment, these savings help the family manage difficult situations without depending heavily on loans.

Regular work also increases the woman's confidence and self-respect. Since she contributes to the family income, her opinions are valued in household decisions. She becomes more active in community meetings and gains greater social recognition.

The case also highlights the importance of government employment programmes, vocational training, and skill development. These opportunities help tribal women improve their skills, earn regular income, and become more economically independent.

Overall, the case clearly explains that work and income are important for improving the economic, social, educational, and health conditions of tribal women and their families. However, challenges such as seasonal employment, low wages, poor market access, and limited job opportunities continue to affect many tribal women. Strengthening livelihood opportunities, providing skill training, improving market facilities, and ensuring government support can further improve their quality of life and promote sustainable development in tribal communities.

CHAPTER VI FINDINGS SUGGESTIONS AND CONCLUTIONS

CHAPTER 6 FINDINGS SUGGESTIONS AND CONCLUTIONS

6.1 INTRODUCTION

The final chapter of the study presents the findings, suggestions, and conclusion of the research. The findings are based on the information collected from Muthuvan tribal women in Kanthaloor through interviews, observations, and discussions. The data were analysed under the three main themes: health, education, and livelihood. The findings help to understand the present situation, the major challenges faced by the women, and the resources available in the community.

Based on these findings, practical suggestions are provided to improve the health, education, and livelihood of Muthuvan tribal women. The chapter concludes by summarising the major results of the study and highlighting the need for the combined efforts of the government, local self-government institutions, non-governmental organisations, and the tribal community to promote sustainable development while protecting the culture and identity of the Muthuvan people.

6.2 FINDINGS

- Most of the respondents were married women and lived with their families.
- Many families had low monthly income and depended mainly on agriculture and daily wage labour for their livelihood.
- Most women had only primary or secondary education. A few had completed higher secondary education, and very few had attended college.
- School dropout was found among some children because of poverty, transportation problems, and family responsibilities.
- Many women were engaged in farming activities such as cultivating vegetables, spices, and other crops.
- Women also participated in household work, child care, and collecting forest products, which increased their daily workload.
- Most women did not have permanent employment and faced financial difficulties during the off-season.
- Many families depended on government welfare schemes, ration supplies, and pensions for support.

- Access to healthcare facilities was limited because hospitals and health centres were located far from their settlements.
- Pregnant women and elderly people experienced difficulties in reaching hospitals due to poor transportation facilities.
- Some women had health problems such as anaemia, body pain, nutritional deficiencies, and seasonal illnesses.
- Awareness about preventive healthcare, nutrition, and regular health check-ups was limited among many respondents.
- Most families had access to basic education, but higher education opportunities were limited because of distance and financial problems.
- Women expressed a strong interest in educating their children despite the challenges.
- Roads and transportation facilities were not adequate in many tribal settlements, making travel difficult.
- Access to safe drinking water and sanitation facilities had improved in some areas, but problems still existed in a few settlements.
- Mobile phone usage had increased, but internet connectivity remained poor in several locations.
- Traditional customs and cultural practices continued to play an important role in the daily lives of the Muthuvan community.
- Women actively participated in family decision-making, especially regarding household matters and children's education.
- Alcohol abuse among some men affected family relationships, financial stability, and the well-being of women and children.
- Women faced challenges such as poverty, unemployment, limited educational opportunities, inadequate healthcare, and lack of transportation.
- Many women showed confidence, resilience, and a willingness to improve their family's living conditions through education and better employment opportunities.
- Self-help groups and government programmes had helped some women improve their income and savings, but many respondents wanted more training and livelihood opportunities.
- Most respondents expected better healthcare services, improved roads, quality education, skill development programmes, and increased employment opportunities from the government.

- Overall, the study found that Muthuvan tribal women have an important role in family and community life. However, they continue to face social, economic, educational, and health-related challenges that require greater support from the government and other organizations to improve their quality of life.

6.3 SUGGETIONS

- The government should improve healthcare services in tribal areas by providing regular medical camps, mobile health units, and better access to hospitals.
- Awareness programmes on nutrition, maternal health, child health, hygiene, and disease prevention should be conducted regularly.
- Better transportation facilities should be provided so that tribal families can easily reach schools, hospitals, and government offices.
- The government should improve roads connecting tribal settlements with nearby towns and villages.
- Educational support such as scholarships, free study materials, hostel facilities, and transportation should be provided to reduce school dropout rates.Adult education and literacy programmes should be organized for women who could not complete their education.
- Vocational training programmes should be introduced to help women develop skills in tailoring, food processing, handicrafts, organic farming, and small business management.
- More employment opportunities should be created through government programmes and local development projects.
- Self-help groups should be strengthened by providing financial assistance, training, and marketing support for their products.
- Easy access to bank loans and government financial schemes should be ensured for tribal women entrepreneurs.
- Agricultural support such as quality seeds, farming equipment, irrigation facilities, and technical guidance should be provided to improve income.
- Awareness about government welfare schemes should be increased so that all eligible families receive the benefits.
- Counselling and awareness programmes should be conducted to reduce alcohol abuse and its negative impact on families.

- Community-based programmes should encourage women's participation in leadership, decision-making, and local development activities.
- Safe drinking water and sanitation facilities should be improved in all tribal settlements.
- Internet and communication facilities should be improved to help women and children access education, health information, and government services.
- Non-governmental organizations (NGOs), educational institutions, and government departments should work together for the overall development of tribal communities.
- Cultural traditions and indigenous knowledge of the Muthuvan community should be respected and preserved while implementing development programmes.
- Special programmes should be introduced to support the health, education, and economic empowerment of tribal women.
- Continuous monitoring and evaluation of tribal development programmes should be carried out to ensure that benefits reach the people effectively.

6.4 CONCLUSION

This study on the Situational Analysis of Muthuvan Tribal Women in Kanthaloor highlights the overall living conditions, strengths, and challenges faced by tribal women. The findings show that Muthuvan women play a significant role in their families and communities. They are responsible for household work, child care, farming, collecting forest resources, and supporting their family's income. Despite their hard work, they continue to face many social, economic, educational, and health-related challenges.

The study found that access to healthcare is still limited in many tribal settlements because of remote locations, poor transportation, and lack of awareness. Many women do not receive regular health check-ups, proper nutrition, maternal healthcare, or timely treatment for illnesses. Although government health programmes are available, they do not always reach every family effectively. Strengthening healthcare services, conducting regular medical camps, improving nutrition programmes, and increasing health awareness can improve the health status of tribal women.

The educational status of Muthuvan women has improved over the years, but many girls still discontinue their education due to poverty, family responsibilities, distance to schools, and early marriage in some cases. Adult women also have limited opportunities for continuing education and skill development. Better educational facilities, scholarships, transportation, hostels, and awareness about the importance of education can help improve literacy and empower women.

Livelihood remains one of the major concerns. Most families depend on agriculture, daily wage labour, and forest-based activities. Their income is often seasonal and insufficient to meet family needs. Lack of employment opportunities, limited market access, and financial insecurity affect their standard of living. Providing vocational training, promoting self-help groups, supporting small businesses, improving agricultural practices, and ensuring fair prices for their products can strengthen their economic condition.

The study also found that Muthuvan women possess valuable traditional knowledge, cultural practices, and strong community relationships. Their culture, customs, language, and traditional skills are important strengths that should be respected and preserved while promoting development. Development programmes should be culturally sensitive and involve tribal women in planning and decision-making.

The case studies included in this research clearly show that the challenges experienced by individual women reflect the wider problems faced by the community. Issues such as poor health services, interrupted education, financial hardship, limited employment, and lack of awareness affect many families. At the same time, the women demonstrate resilience, determination, and hope for a better future for themselves and their children.

Overall, the study concludes that improving the lives of Muthuvan tribal women requires a comprehensive approach that addresses health, education, livelihood, social welfare, infrastructure, and women's empowerment together. Government departments, local self-governments, non-governmental organizations, healthcare professionals, social workers, and the tribal community should work together to ensure that development programmes effectively reach the people who need them most.

In conclusion, empowering Muthuvan tribal women through better healthcare, quality education, sustainable livelihood opportunities, skill development, financial inclusion, social awareness, and active participation in decision-making will improve not only the lives of women but also the well-being of their families and the overall development of the Muthuvan community in Kanthaloor. Such efforts will help create a healthier, educated, economically secure, and socially empowered tribal community while preserving its unique cultural heritage for future generation

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ANNEXURES 1: INTERVIEW GUIDE

Research question

How do education, health, and livelihood conditions influence the overall life experiences of tribal women?

Sub question

- How does education help tribal women in their daily life?
- How do health problems and health services affect the life of tribal women?
- How does work or income help tribal women and their families?

SOCIO DEMOGRAPHIC PROFILE

1. Age
2. Gender
3. Marital status
4. Occupation
5. Number of family member

HEALTH

1. How is your Health Now?

2.Dou you often feel tired or weak?

3.Do you get enough food every day?

4.What food do you usually eat in a day?

5.Do you drink clean and safe water ?

6.. Do you have any long-term illness ?

7. When you feel sick. what do you do first?

8.Do you go to the hospital or health cantered when need ?

9.Is the hospital far from your home?

10.Do you face any difficulty in reaching hospitals?

11.Do you get free medicines from the hospitals?

12.Are health workers visiting your area?

13.Do ASHA worker or HEALTH staff talk to you about health?

14.Dou you get regular health check -ups ?

15.During pregnancy, did you go for check- ups ?

16.Did you get support during delivery?

17.Do women face health problem after delivery?

18.Do you get enough rest during work?

19. Do heavy work affect your health?

20. Do you face body pain or back pain?

21. Do you feel stress or mental tension?

22. Do you talk to some one when you feel sad ?

23.Are sanitary facilities available near your home?

24. Dou have access to toilet ?

25. Do you know about menstural health ?

26. Do you face problems during menstruation?

27.Do girls get health education in your community?

28.What health problems are common among women here ?

29. What help do you need to improve your health ?

30.What changes do you want for better health care ?

EDUCATION

1. Did you go to school?

2. Up to which class did you study?

3. At what age did you stop schooling?

4. What was the main reason for stopping school?

5. Do you know how to read and write?

6.In which language are you comfortabile reading?

7 Do you feel education is important ?

8 Do parents encourage girls to study here?

9 Are schools available near your home?

10 Is it easy to travel to school?

11. Do girls face any problems in going to school?

12. Are teachers regular in the school?

13. Do children get text book and uniforms on time?

14.Do girls get scholarships or education support ?

15. Do you know about government education schemes?

16 Did house hold work affect your studies?

17 Did early marriage affect education of girls?

18 Do you help your children with their studies?

19.Do your children go to school regularly ?

20Are girls allowed to continue studies puberty?

21 Do girls drop out more than boys?

22Is there any adult education program here?

23 Would you like to continue your studies now?

24 What type of education would you like to learn?

25 Do you attend any skill or training programme?

26 Does education help in getting better work?

27 What problems do women face in education here?

28 What support is needed to improve girl's education?

29 What Changes do you want in the education system?

30 What are your dreams for girl's education?

Livelihood

1. what work do you usually do every day?

2 what time do you start your work?

3 what houses hold work do you do at home?

4 Do you go to the forest for work or collection?

5 What things do you collect from the forest?

6 Do you sell forest products like honey fruits or fire wood?

7 Who taught you this work?

8 Do you do farming work?

9 What crops do you grow ?

10 Do you work in others field as a labourer?

11 How many days in a week do you get work?

12. Do you get paid daily or weekly?

13 Is the income enough for your family need?

14. Do you face any problem in your work?

15 What work do women mostly do in your community?

16 Do men and women do the same work ?

17 Do ypu make any handi craft or hand made items?

18 Do you sell those items? where do you sell them /?

19 Do you get help from the government for livelihood?

20 Are you part of any self-help group or women's group?

21 Do you save money regularely?

22 Do you get work throughout the year?

23 During difficult time how do you manage income?

24 Do you teach your children these traditional works?

25 Do you like your present work /

26 What other work would you like to do if given a chance ?

27 What support do you need to improve your livelihood

28 Do health problems affect your work ?

29 What changes do you want for better life and work ?