

Assessing Government Health Schemes for Bhil Tribal Women: A Case Study from Banswara, Rajasthan

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Abstract

The Bhil tribe is the most populous tribal group in Rajasthan, and it is best represented in the Banswara district, which is characterized by geographical isolation, low literacy, poverty, and limited access to healthcare facilities. Poor maternal health, nutritional deficiencies, and lack of awareness about government health programs are several health issues facing Bhil women in Banswara. To curb these problems, the Government of India has launched several schemes, among them Janani Suraksha Yojana (JSY) and POSHAN Abhiyaan, which are significant initiatives focused on safer motherhood and better nutrition. The proposed descriptive research is based entirely on secondary data from NFHS-5 (National Family Health Survey), Census of India, Ministry of Health and Family Welfare reports, POSHAN Abhiyaan dashboards, and relevant research literature. This paper aims to evaluate the effectiveness of these government schemes in helping Bhil tribal women in Banswara district. The results show that, although the number of institutional deliveries has been on the rise, as has the number of nutrition services provided by Anganwadi centres, several gaps remain. The level of anaemia among women, lack of diversified diet, malnutrition in children, and access to antenatal care are not equally reaching tribal women, demonstrating that JSY and POSHAN are not being distributed equally to tribal women. Infrastructure limitations, low levels of education, social practices, and economic poverty still affect the health-seeking behaviour. The paper finds that, despite the positive role of government schemes, their implementation is weak; initiatives on awareness and communication targeting tribes should be more effective to achieve better maternal and nutritional health outcomes in Banswara.

Keywords: *Bhil Tribe, Banswara District, Janani Suraksha Yojana (JSY), POSHAN Abhiyaan, Maternal Health*

Introduction

India has one of the highest tribal populations in the world, and Rajasthan is one of the major states with high cases of tribals, especially in the south of the state. The Banswara district, commonly referred to as the Land of Hundred Islands, is predominantly tribal, with Bhils comprising more than 76 percent of the population (Census, 2011). The majority of families in the area live in isolated hamlets, rely on agriculture and wage labour, and have little access to basic facilities such as health care, clean water, and healthy food. The traditional practices, early marriage, multiple pregnancies, low level of education, and low decision-making in the household make women more disadvantaged in these tribal communities. These factors lead to poor maternal health, and malnutrition is high. The level of anaemia in women is still very high in Banswara, the child stunting rate is higher than the state average, and the level of awareness about the government health programs is also relatively low. To address these concerns, the Government of India came up with two significant programs:

- **Janani Suraksha Yojana (JSY)** to facilitate safe maternity by institutional birth.
- **POSHAN Abhiyaan** to decrease malnutrition with the help of supplementary nutrition, development surveillance, and behaviour change communication. Both plans are also largely reliant on field-level institutions, including Primary Health Centres (PHCs) and Anganwadi Centres, which are central in remote tribal villages. It is important to measure the effectiveness of these schemes in Banswara to determine whether the tribal women feel well supported.

Review of Literature

Available literature demonstrates that tribal women in India have greater health problems than non-tribal people. NFHS-5 estimates that 65 percent of tribal women in Rajasthan are anaemic, and maternal healthcare indicators continue to be

below state levels, particularly in tribal-majority districts like Banswara. Research shows that, despite the rise in institutional delivery in the country, owing to JSY, tribal areas have remained behind due to distance, low awareness, and cultural attachment to home births. Sharma and Meena (2020) found that JSY led to a reduction in the number of institutional deliveries in Rajasthan, but also that delayed payments and transport are barriers to tribal women participating in institutional delivery. There are gross gaps in nutrition-related studies: Rathore (2021) discovered that more than 40% of Bhil women experience low BMI, and the indicators of malnutrition (stunting and wasting) among Bhils are much higher in children. POSHAN Abhiyaan has enhanced growth following and additional food supply, but Patel (2018) found that growth following was monitored using digital tools that are challenging for tribal workers due to low connectivity and limited digital literacy. NGO reports from southern Rajasthan show that in some cases, Anganwadi workers have been irregularly receiving food items, and women have not been attending due to migration and pressure to work. All in all, the literature indicates that although health schemes are advantageous, they are less effective in tribal regions such as Banswara due to social practices, low literacy, financial constraints, and unequal coverage.

Research Problem

Although JSY and POSHAN Abhiyaan are in place, the incidence of maternal health issues and malnutrition remains high among the Bhil women in Banswara. These questions arise: whether such schemes are being effectively put to use, and whether tribal women can access and utilize them.

Research Objectives

1. To examine the secondary data on maternal health and nutrition among the Bhil tribal women in Banswara district.
2. To analyze the coverage and results of the Janani Suraksha Yojana (JSY) and POSHAN Abhiyaan through the district-level statistics.
3. To determine the lapses in awareness, service provision, and use using secondary evidence.
4. To determine whether tribal women are getting access to the government schemes.

Research Questions

1. What does secondary data tell us about the status of the maternal health and nutrition of Bhil women in Banswara?
2. What is the performance of JSY and POSHARNA in the district?
3. What problems or challenges do available reports and datasets create?
4. How can the penetration of such schemes be enhanced?

Research Methodology

The study employs a descriptive research design and relies entirely on secondary data. No primary observations, interviews, or field visits were carried out.

Sources of Secondary Data

- The NFHS-5 (National Family Health Survey) -Rajasthan provides statistics on institutional deliveries, anaemia, antenatal care, child nutrition, and Anganwadi services.
- Census of India (2011)-Was consulted to learn about the population, literacy, and concentration of tribes in Banswara.
- Ministry of Health and Family Welfare Reports: To know about JSY guidelines, implementation strategies, and maternal health performance.
- POSHAN Abhiyaan Dashboards-Report on growth monitoring, additional nutrition coverage, and Anganwadi operation.
- Research Articles and NGO Reports-Provide informative material on tribal health issues in Rajasthan.

Data Analysis

- Simple descriptive analysis: percentages, comparisons, and trend examination.

- Comparison of Banswara district data with Rajasthan state averages.
- Identification of gaps through thematic reading of reports and studies.

Analysis and Discussion

The secondary sources, NFHS-5 and POSHAN dashboards, indicate that the situation in the Banswara Bhil territory remains a significant issue in maternal and child health despite the availability of schemes such as JSY and POSHAN Abhiyaan. Fewer than 50% of women during pregnancy receive the recommended 4 ANC visits. Despite the rise in institutional births because of JSY incentives, the district is still behind the state average, with many tribal families still choosing home births because of cultural practices and lack of transportation, and the use of traditional birth attendants. Nutritional indicators are also of great concern: close to 67 percent of women are anaemic and more than 40 percent of children under five years old are stunted, which indicates chronic undernutrition, lack of dieting, and unstable usage of supplementary nutrition. There are uneven implementations of POSHAN Abhiyaan activities, such as growth monitoring, take-home ration distribution, and behaviour change communication, with particular weaknesses in reporting in remote tribal hamlets. Women lack the time to attend, and irregular attendance due to overworkload and seasonal migration further limits benefits. From these data sets, some structural and socio-cultural disparities emerge, such as limited knowledge of health and nutrition practices, transport-related problems that reduce access to JSY benefits, inconsistent operations of Anganwadi centres, strong cultural attachment to home deliveries, and poor literacy status, which impedes comprehension of government provisions. All these issues together underscore the reason why, even with the supportive policies, the use and effects of maternal-child health programmes have not been fully utilized and felt among the Bhil communities in Banswara.

Findings

Having less than the state average rates of maternal health indicators, Maternal health in Banswara remains at a lower point than the state average, demonstrating that the district is still grappling with the basic health outcomes of women. Initiatives such as Janani Suraksha Yojana (JSY) help increase institutional births, yet the majority of tribal families prefer their traditional methods and do not fully adopt modern methods. Likewise, POSHAN Abhiyaan has strengthened nutrition-related services in the area, but anaemia and malnutrition among women and children remain high. The tribal women's problems, such as poor education, distance to health centers, and lack of awareness of government schemes, are also additional factor in the situation. In general, secondary data indicate a clear gap between the design and implementation of government policies and their effectiveness in practice.

Recommendations

They need to raise awareness of the Bhili dialect to ensure that tribal women are well-informed about the advantages of JSY, nutrition requirements, and services offered to support them in Banswara, thereby improving maternal health outcomes. Transport support should also be enhanced for pregnant women in remote villages, where the distance and poor terrain are likely to delay or deny timely health care. Another consideration should be to ensure that additional food is consistently and punctually provided at Anganwadi centres, as these lapses directly affect the nutritional status of women and children. There is a need for stronger monitoring mechanisms in tribal-dominated areas to ensure effective service delivery. Moreover, cultural barriers can be overcome by encouraging male family members to be more active in supporting maternal health, thereby improving household decision-making. Engaging local leaders and NGOs in community-level communication will also enhance trust and make health messages more acceptable and effective.

Conclusion

This descriptive study based on secondary data indicates that, despite the positive impact of government programs such as Janani Suraksha Yojana (JSY) and POSHAN Abhiyaan on maternal and child health in the Banswara district, the situation remains uneven, particularly among Bhil tribal women. The number of institutional deliveries has grown over the years, indicating that JSY has raised awareness and contributed financially towards safer birth. Nevertheless, a large number of women are still unable to enjoy institutional care due to cultural practices, old-fashioned beliefs, and restricted mobility. On the same note, even with changes in nutrition services implemented under POSHAN Abhiyaan, the high incidence of anaemia and malnutrition indicates that the benefits are not being effectively delivered to all target beneficiaries.

The research also indicates that structural factors, such as distance to health facilities, transport, inconsistent provision of additional nutrition in Anganwadi centres, and health literacy, are key determinants of access to healthcare. Bhill women continue to suffer due to a lack of sufficient information regarding schemes, their entitlements, and basic maternal health needs, thereby limiting their inclusion in government schemes. These loopholes indicate a discrepancy between policy formulation and reality on the ground in remote tribal regions. To maximize the potential of these schemes, specific interventions that take into account the tribal community's socio-cultural characteristics are necessary. Health messages can be more relatable and acceptable through the use of Bhili dialect communication, active participation by local leaders and non-governmental organizations, and more powerful community-based outreach. Better transport systems, regular check-ups, and frequent nutritional support of grassroots institutions are also significant.

Through targeted, culturally informed actions, JSY and POSHAN Abhiyaan can contribute to significant improvements in maternal and child health in Banswara. By improving its execution in tribal areas, not only will service delivery be enhanced, but Bhil women will also be empowered to make wise health choices that lead to long-term health and wellbeing.

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