

Original Article

Approaching the Sustainable Development Goals (SDGs) through Access to Maternal Health Care among Tea Tribe Women in Assam, India

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Abstract

The present study explores the different barriers in accessing of maternal health care services of Married Tea Tribes Women of Assam. Adequate access to health facility is key to attain good health and well-being of women (SDGs-3). One of the acute problems found in the study area is the higher maternal mortality ratio (MMR) arising due to different barriers including non-accessing of timely maternal health care services of Married Tea Tribes Women of Assam. The study found that there are not only a few dispensaries and hospitals but also limited-service provisions too.

The study also focuses on the socio-economic status of Married Tea Tribe Women of Assam. The poor socio-economic status of tea tribe women is regarded as one of the primary causes of higher maternal mortality ratio (MMR) of married women.

The study conducted in Harmoti T.E. of Lakhimpur Districts of Assam. Primary data have been collected randomly from 40 Sample of Married Tea Tribe Women during April to June, 2024 from the study area. The study is also used various secondary sources of data to enrich the present study.

The study applies some simple statistical tools and techniques for the purpose of analysis of data.

Key words: Maternal health, Tea tribes, Socio-economic status, Maternal mortality ratio, Provisions.

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Introduction

The issue of maternal and child health has been given topmost important on the global development agenda since the signing of the United Nations Millennium Declaration in 2000. During pregnancy, childbirth, and the postnatal period of women need special care to ensure that women and their babies reach their full potential for health and well-being. Unfortunately, these stages of life still carry considerable risks to women and their babies, as women in many parts of the world lose their lives due to related complications and insufficient health care services. The developing countries like India need to adopt more initiatives to reduce maternal mortality ratio (MMR) as per Sustainable Development Goal (SDG) target. As per the global SDG target 3.1, member nations much reduce maternal mortality ratio to less than 70 maternal deaths per 100 000 live births by 2030.

The Tea Tribes of Assam State are mostly scattered in the Upper Assam Districts. Most of the married tea tribe women in the study area facing health related complexities due to inadequacy of health care services. The inequality and inadequacy in the maternal health care services have been considered as significant issue for the women in India particularly for Married Tea Tribe Women in Assam. The sound health of women is essential for the enhancement of productivity and maintaining stable family. The factors like caste, class, gender, occupation etc. are also important determinant of women health in India. The tea tribe women of Assam are mostly backward classes and migrated. These types of characteristics of women are doubling the problems inherent in women. The study related on maternal health care services of Tea Tribe Women of reproductive age observed that there are different reasons for non-uses uses of health care services such as work

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overload, feeling shame to attend antenatal care services, poor quality of the service. Some women refused to attend health care services due to no health-related problem, not showing illness of women and child, husband refusal, long distance from to health care centre, no transportation etc. can be traced for non-attending postnatal care services.

The pregnancy and child birth is a natural process as thought by some people, some other people think that it involves high risks and requires adequate care for such women. Most of the study found that adequate maternal health care services need in different stages of pregnancy of women. The maternal health care services should be made available before pregnancy, during pregnancy and after child birth of women. The low birth weight and death of new born are arising due to lack of proper health care services to women. Other possible consequences of missing out of maternal health care services are premature pregnancy, high risk of mortality, intrauterine growth retardation etc. The extent of accessibility of these services is very important for maintaining and eradicating the risks involved in pregnant women. The availability of maternal health care services is also important determinant for risk free pregnancy of women. The maternal health care services should be making available by the Government in time so that mortality of mother and child can be reduced. The World Health Organization (WHO) recommended that a minimum eight antenatal care services required by women when pregnancy is confirmed and during this period a woman is getting experiences regarding their pregnancy. The women should follow some healthy habit like-avoiding smoking, frequent contact with doctor regarding health condition, eating nutrition meal, regular exercising, taking folic acid, getting adequate rest etc. These health habits are very important for the sound health of women as well as unborn baby. The role of health professionals is very important in this regard. Adequate and timely treatment or check-up of women health reduce the risk of death. The health care centres should make available the maternity health care services for the all the needy women in time. The present study addresses the above issues so that risks of women can be reduced in the different stages of pregnancy and to make suggestions based on findings of the study.

Research Design:

The present study is a descriptive type of research. It follows structured approach where sample, research design, objective, questionnaire etc. are predetermined. This method is adopted to

determine the extent of problem or issue by quantifying the data. The present study is confined to Harmoti Tea Estate of Lakhimpur District of Assam during April to June, 2024.

Primary data have been collected from Married Tea Tribe Women. The data have been collected with the help of Interview Schedule. A simple probability sampling method is used for selecting the respondents for the purpose of present study. The sampling unit is Married Tea Tribe Women. A total 40 sample Married Tea Tribe Women are selected as sample for the purpose of field survey. Secondary data have been collected from books, journals, periodicals, magazines, Government reports, internet etc.

The data are analysed with help of statistical tools and techniques such as table, diagram, mean, standard deviation etc.

Objective:

The study is a modest attempt to highlight the barriers in accessing maternal health care facilities among Married Tea Tribe Women of Assam.

1. To study the socio-economic status of Married Tea Tribes Women.
2. To study the barriers in accessing of maternal health care services among Married Tea Tribes Women.
3. To record our suggestions based on findings of the study.

Literature Reviews:

It can be observed that only few literatures are found about the present study. No extensive study has been conducted in the present study area. The following are some studies regarding tribal women and maternal health care services are discussed below to enrich the present study:

Hossain, I. (2019), in his research study entitled "Garos of Garam Basti in Alipurduar of West Bengal, India: aspects of social and cultural life of a matrilineal tribe" observed that "the spread of education, rapid urbanization, industrialization, and modernization have a little bit of impact on the psyche and identity of the Garos of Garam Basti". The study is mainly concentrated on the anthropological study of Garo Tribes in West Bengal.

Nakhro, K., Ghosh K., Chatterjee, D., Bandyopadhyay, A. R. (2022) observed in their paper entitled "A study on nutritional status among the adult Garos' of West Garo Hills, North-East India (Meghalaya)" that most of the adult males and females are well-nourished and the study also found that only few females were severely undernourished.

Singh, V., Murry, B., (2020) in their research article entitled "Maternal Health Situation in North-East India: A Case Study of the Khasis" examined that the respondents are lacking of awareness with respects to reproductive tract infections and observed that socio-economic status and cultural barriers played crucial role in accessing available healthcare services to the people of Khasis.

Dutamo, Z., Assefa, N., Egata, G., (2015) in their research article entitled "Maternal health care use among married women in Hossaina, Ethiopia" observed that the maternal health care services are not adequate though the cares are relatively higher in the study area. They examined that "Engaging women in their own reproductive health affairs, strengthening maternal health care, increasing community awareness about obstetric danger signs during pregnancy and child birth, and telling the benefit of family planning should be major targets for intervention."

Gogoi, M., (2016) in his research paper entitle "A KAP study on family planning among the plain tribes' women in rural context of Assam" examined that there is no conformity between the knowledge of family planning and the actual level of practices of family planning. The study concluded that there should be adequate mass awareness programme to eliminate the fear of adverse health effect among the tribes.

Islam, M., R., (2016) in his research paper entitled "Utilization of maternal health care services among indigenous women in Bangladesh" examined that maternal health care services were disproportionately distributed among different minority groups in Bangladesh. The paper also examined that there are different factors such as place of residence, religion, school attendance, place of service provided, distance to the service centre, and exposure to mass media were significantly influenced on the use of maternal health care services among Mru Tribes in Bangladesh.

Momin, G., B., and Dutta, P., (2021) in their research article entitled "Factors affecting accessibility of maternal health-care institutions in Meghalaya: A hospital-based study", carried out to examine the problems faced by the women during their maternity period and the study also observed the quality and availability of maternal care infrastructure in Meghalaya. The paper found that most of women coming from different villages of Meghalaya and they have not availed adequate maternal health-care institutions nearby other than dispensary or sub-center. They also observed that "Women who came to get treatment in hospital during pregnancy had to

face difficulties like to travel a long distance, use public transport, bad road conditions, and financial problems."

Humtsoe, M. Y., and Soundari, M. H., (2019) in their research paper "Maternal health care practices of Lotha Naga tribal women in India", aimed to examine the maternal health care status of the Lotha tribal women as well as examine the maternal health care practices among Lotha tribal women. The study found that most of the Lotha tribal women have not availed any post-natal cares.

Reena, I., and Bélanger, D., (2011) in their paper entitled "Socioeconomic correlates of utilization of maternal health services by tribal women in India", discussed the effect of maternal characteristics on women's likelihood of using prenatal and delivery healthcare services among two groups of tribal women. The study found that "Tribal women in the North Eastern States of India are more likely to utilize maternal healthcare facilities compared to those in the central states of the country." The paper suggested that the different strategies for healthcare services in different tribal regions of the country.

Dutta, P., and Humtsoe, M., Y., (2016) in their research paper entitled "Social Inclusion and Rural Health Infrastructure with Special Reference to Women's Health Care: An Empirical Study on Ri-Bhoi District of Meghalaya" observed that there are acute shortage of medical specialists and para medical staff in the study areas. The study calls for awareness programme, seminars on the women health issues to address antenatal and post-natal health care services.

Results and Discussion:

Socio-economic status of respondents:

The study on socio-economic status of married tea tribe women has great implications on the maternal health and maternal mortality of women. The study is a humble attempt to understand various socio-economic factors like educational and health status, income, age, number of children, nature of family etc. of the respondents. Table: I show the mean and standard deviation along with variances of different variables. It can be observed that mean number of children (2.40) are lower than mean number of pregnancy (2.53) of tea tribe women. This indicates that there is higher maternal mortality rate in the study area. Table: I also depict that there is higher standard deviation in case of present age (9.28), age of pregnancy (3.82) and number of dependents (2.10). The deviations from mean of various variables are also shown by variance and this measure indicates the higher spread out of data from means.

Table: I: Demographic Characteristics of Respondents

Variables	Mean	Standard Deviation	Sample Variance	Standard Error
Age of Respondents	38.58	9.28	86.15	1.47
Number of Dependents	2.88	2.10	4.42	0.33
Age at Marriage	18.2	1.1	1.3	0.2
Number of Pregnancy	2.53	1.11	1.23	0.18
Number of deliveries	2.40	1.10	1.22	0.17
Age of final pregnancy	25.38	3.82	14.60	0.60
Number of children	2.40	1.10	1.22	0.17

Source: Primary data collected from field survey

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Barriers in accessibility of maternal health care services:

It can be observed that many pregnant women died in Assam due to largely preventable causes related to pregnancy and childbirth. As per report of Census of India the Maternal Mortality Ratio (MMR) and Maternal Mortality Rate in Assam is 195 and 12 percent respectively as against 97 and 6 percent in Indian rank. The maternal health care services can be made easily accessible to the needy women of Assam so that death rate of pregnant women and their children can be minimized. Efforts can also be made to improve access to such interventions must be intensified, especially in Assam where higher rate of mortality found. It can be said that the complications that potentially lead to maternal deaths during pregnancy as well as during

and after childbirth can be prevented or managed by well-planned interventions. The unintended pregnancies should be avoided to prevent death of women and children in India particularly in Assam. It is essential that the women including adolescents are required to access to contraception, safe abortion services to the full extent with quality post-abortion care services. The following sections depict different types of barriers found in the study area.

Economic barriers:

The tea tribe women belong to low-income group of the society. The economic crisis hampers the maternal health status of the women though the government provide free medical services to some extent. Table: II picturise the monthly income of the respondents.

Table: II: Distribution of Income (Monthly)

Variable	Frequency	Rank	Percentage
Less than Rs. 15000/-	30	1	75 %
Between Rs. 15001/- and Rs. 30000/-	8	2	20 %
Above Rs. 30000/-	2	3	5 %
Total	40		100 %

Source: Primary data collected from field survey

The monthly income of the sample respondent is very low in the study area. Most of the respondents (75 %) having income below Rs. 15000/- while only 5 percent of respondents earned monthly income of above Rs. 30000/-. This indicates lack of satisfactory accessibility

of the maternal health care services with their meagre income.

Delivery barrier:

The study reveals that only 42.5 percent of total sample tea tribe women availed maternal health care

services. The prime cause of not availing maternal health care services is the unwillingness to approach for the same. There are various reasons for such unwillingness as revealed by the respondents. One

Table: III: Maternal health care services

Variable	Frequency	Rank	Percentage
Availed of maternal health services	17	2	42.5 %
Non-availed of maternal health services	23	1	57.5 %
Total	40		100 %

Source: Primary data collected from field survey

Cultural barrier:

The tea tribe women follow some beliefs, customs, and morale norms prevalent in the society and this stand as barriers of maternal health care services to some extent. Most of the respondents preferred

Table: IV: Type of pregnancy

Variable	Frequency	Rank	Percentage
Normal pregnancy	28	1	70 %
Cessation	12	2	30 %
Total	40		100 %

Source: Primary data collected from field survey

Communication barrier:

Communication barrier is an important issue having greater impact on the health of women. The essence of communication understands of the message by both the parties. It is relevant to examine the approached/not approached for the maternal services by the respondents. The communication

Table: V: Approaching to health care centre

Variable	Frequency	Rank	Percentage
Approaching	28	1	70 %
Not approaching	12	2	30 %
Total	40		100 %

Source: Primary data collected from field survey

Diseases as Barrier:

Various types of diseases are found in different stages of pregnancy of tea tribe women of Assam. It can be observed that most of the pregnant women felt weakness due to lack of proper diet (Rank-1). These diseases are instigating the barriers more frequently. The following table: VI highlights various types of

Table: VI: Types of diseases suffered

Variable	Frequency	Rank	Percentage
Weakness	9	1	67.5 %
Injuries at workplace	2	4	
Musculoskeletal disease	5	2	
Gastro intestinal infection	3	3	
Major infection	2	4	
Skin disease	3	3	
Diabetes	1	5	
Chronic respiratory diseases	2	4	

of the prominent causes is the lack of time for such services as they cannot be absent in their daily earning.

natural pregnancy than cessation in the study area. Table: IV reveals that the higher rank (Rank-1) in case of normal pregnancy while cessation stands rank-2. This shows that the tea tribe women are mostly accustomed to normal pregnancy.

barrier is analysed with the help of approaching and not approaching for the benefits. The table: V shows that 70 per cent of the total sample respondents approached while 30 per cent of the total of the respondents did not approach to health care centres for the benefits of health care services.

diseases suffering in different stages of pregnancy of women. Most common diseases found to be weakness (9 nos.) of women followed by musculoskeletal disease (5 nos.). A total of 67.5 per cent sample respondents are suffering from various types of diseases while 32.5 per cent informed that they are not suffering any diseases.

Respondent without diseases	13		32.5 %
Total	40		100 %

Source: Primary data collected from field survey

Research Outcome and Policy Measures:

Most of the literatures related to the present research observed the issue of inadequacy of maternal health care services among tea tribe women of Assam which leads to higher maternal mortality ratio among women. The present study also found lacking of adequate health care services among women leading to low birth weight and higher death of new born. The study examines various barriers of availing and accessing of maternal health care services of tea tribe women and found that economic and socio-cultural barriers are naturally prevalent in the study area. The consequences of missing out of adequate maternal health care services are premature pregnancy, higher rate of maternal etc. The study observed that the Government initiatives regarding health care services to married women is not satisfactory in Assam particularly tea estates. These are hampering the accessibility of maternal health care services to attend Antenatal Care and Post Natal services among tea tribe women Assam.

The extent and quality of accessibility of maternal health care services are very important for maintaining and eradicating the risks involved in different stages of pregnancy of women. The quality health habits are very important for maintaining sound health of women and their unborn baby. The policy makers must take initiative to make aware through frequent discussion/talks with the pregnant women by visiting tea estates area of Assam. The health workers along with Aganwadi workers need to be directed to visit regularly the tea estate areas to spread awareness about health schemes and their benefits among women. The Government should issue free health card to each woman of tea estate and mark entry of the health status of them to have updated information to take necessary measures as and when required. Adequate and timely treatment or check-up of women health reduce the risk of death of women and their new born. The health care centres should make available the maternity health care services for the all the needy women in time.

Conclusion:

The availability of quality maternal health care services is the important determinant for risk free pregnancy of women. The maternal health care services should be making available by the Government in time so that mortality of mother and child can be reduced. The women should follow some healthy habit like-avoiding smoking, frequent contact

with doctor regarding health condition, eating nutrition meal, regular exercising, taking folic acid, getting adequate rest etc. to minimize risk involved in the stages of pregnancy of women. The quality health habits are very important for maintaining sound health of women and their unborn baby. The pregnant women should take timely advice from the doctor to make their health healthy and their unborn child.

It can be concluded that health issue of pregnant women is a sensitive matter and need pro-active measures to reduce maternal mortality rate of women of Assam.

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Conflicts of interest

The authors declare that there are no conflicts of interest regarding the publication of this paper.

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