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# UNIT 1 : TRIBAL STATUS AND DEVELOPMENT PERSPECTIVES

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## Structure

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## 1.0 OBJECTIVES

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After reading through the unit, you should be able:

- To study the tribal situation in India.
- To explore the different problems of tribals in different corners of the country.
- To study different strategies and programmes of tribal development.
- To analyse different institutions that are primarily designed for the welfare and protection of the tribal interests.
- To explore the present status of the tribals in India.

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## 1.1 INTRODUCTION

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“The very essence of development studies is a normative preoccupation with the poor, marginalized and exploited people in the South. In this sense, it should be in the first place *inequality* rather than *diversity* or *difference* that is the main focus for development studies: inequality of access to power, to resources, to a human existence- in short, inequality in emancipation” (Schuurman, 2001: 9, emphasis in original). Guided by this thought, it is a common understanding among the policy makers, civil society organizations, social workers and academics that different communities have placed unequally in Indian society. The unequal position of the tribals in the Indian society leads them to suffer from various forms of discrimination, marginalisation and subjugation. This leads to voicelessness, powerlessness and social exclusion of tribals. Looking at the structural profile of the India’s population, one striking feature is that a measure of disparity exists in the ownership of productive

assets as well as the income distribution among the various sections of population. The scheduled groups of the country are placed in a comparatively unfavorable position in terms of assets ownership and income distribution. They comprise in urban area, the urban poor and the rural areas, the rural landless and marginal and small farmers. It is felt that serious imbalances in the ownership of assets and income distribution coupled with widespread unemployment and under-employment have worsened among these sections. In addition, massive majority such as STs are remaining socially discriminated, economically exploited and politically marginalized. Hence, it has been called for serious concern among the policy-makers and planners to think of all round development of these sections. In other words, planners and policy-makers tried to address the following questions: what do we want to make the tribals out of their present status? What is the nature of the future of the Indian society that we want to develop?

Reckoning these thoughts, organised attempt both at the national and the State levels was made only during the post-independence period in the light of constitutional provisions, characterised by the value of justice: social, economic and political and other welfare measures for STs. This attempt was made through a series of five-year and other plans; the scale, range and quantum of assistance for tribal development have grown enormously. To put it differently, the marginalized and discriminated position of the tribals compelled the state to respond to these situations positively with the expansion of its 'inclusive' character by underlining the importance of adopting different developmental policies for the tribals in India. In short, the welfare of the vulnerable tribal groups has always featured prominently in India's plans and policies.

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## **1.2 TRIBAL SITUATION IN INDIA**

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The term 'Scheduled Tribe' is an administrative and legal category. This term is of recent origin, which came into being with the birth of the Republican constitution of India on January 26, 1950. Prior to that they were variously termed as 'aboriginals', 'adivasis', 'forest tribes', 'hill tribes' and 'primitive tribes'. There is no definition of a tribe in the Constitution but one may distinguish some characteristics that are generally accepted: self-identification, language, distinctive social and cultural organisation, economic underdevelopment, geographic location and initially, isolation, which has been steadily, and in some cases, traumatically, eroded. Many tribes still live in hilly and/or forested areas, somewhat remote from settlements.

A tribe is a social group, the members of which lives in a common territory, have a common dialects, uniform social organization and process, cultural homogeneity, having a common ancestor, political organisation and religious pattern. But it is difficult to find all these features in tribes. The Scheduled Tribes are notified under Article 342 of the Constitution as the tribes or tribal communities or; part of or groups within these tribes and tribal communities that have been declared as such by the President of India through a public notification. The purpose of this classification was to pursue an

inclusive development policy-affirmative action to correct some of the past injustices experienced by these communities and to integrate them into the socio-economic mainstream society through special development programmes. There was also hot debate in the Constituent Assembly on using 'ST' or 'aboriginal', but the concept 'ST' was unanimously accepted as it carries fixed meaning because it enumerates the tribe. The term was used mainly as a mark of identification and differentiation, that is, to mark out a group of people different in physical features, language, religion, custom, social organization etc. The importance of the term was to define the Adivasis (Ambagudia, 2007). In 1951, the Commission for Scheduled Castes and Scheduled Tribes proposed common elements to the definition of 'who the tribals are' as "tribal origin, primitive way of life, remote habitation and general backwardness in all respects." The criterion for determining tribal character was set up by the Lokur Committee in 1965, which included the followings: indication of primitive traits, distinctive culture, geographical isolation, shyness of contact with the community at large and backwardness. These criterias did not assume the final eligibility of a particular individual to be included in the category of 'ST'. Thus, the real difficulty in setting out formal criterion for defining a tribe arises from the fact that tribes in India have been for some decades remains in transition (Ghatak, 2003).

According to 2011 census, the tribal population of the country is 8.6 per cent of the total population. Looking at the compositional structure of the Indian tribal population, it is observed that more than half the Scheduled Tribe population is concentrated in the States of Madhya Pradesh, Chhattisgarh, Maharashtra, Orissa, Jharkhand and Gujarat. The main concentration of tribal population besides Central India is in the North-Eastern States. However, tribals have a presence in all the States and Union Territories except Haryana, Punjab, Delhi, Pondicherry and Chandigarh.

It has been noticed that a particular tribe is not confined to a particular state and they have been spread in different states. The tribes predominant in Chhattisgarh include the Gonds (Maria, the Hill Maria and the Muria) and the Dhurwa, while the dominant tribes of Chotanagpur are the Munda, the Santhal, the Ho, the Kharia and the Oraon. The Gonds are spread over Chattisgarh, Andhra Pradesh and Orissa. Similarly, the Bhils are found in Madhya Pradesh, Rajasthan, Maharashtra and Gujarat. Then there are the Gonds, Khond, Santal, Saora, Paroja, Koya, Munda and Oraon tribal communities in Orissa, with the Munda and Oraon also to be found in Bihar. The Gonds include several subgroups and are to be found in four states. The north Indian tribes include the Tharu, Dhurwa, Bhoksa, Korwa, Bhuiya, Chero, Majhi and the Biyar. There are certain tribes that are nomadic, while some others practice settled agriculture. The Birhor, for instance, which is now almost on the verge of becoming extinct, includes a section that is nomadic. Other examples of depopulated tribes are the Chero and the Mal Pahariya. Then there are the denotified tribes or tribes that were earlier known as criminal tribes. These tribes were primarily nomadic. There are about 36 such groups in Uttar Pradesh, 34 in Gujarat, 41 in Madhya Pradesh and 35 in Maharashtra. Some of the known denotified tribes in north and central India are the Bawaria, Kanjar, Bhatu, Beria, Meena, Harni, Dom,

Sansia and the Biloch. Different tribal communities live in about 15 per cent of country's area, in various ecological and geographical conditions ranging from plains, forests, hills and inaccessible areas. Tribal groups are at different stages of social, economic and educational development. They have drawn from more than 500 communities (with many overlapping communities in more than one State) as notified under Article 342 of the Indian Constitution.

Broadly speaking, the tribals have concentrated in the following regions of India (Chaudhari, 1997: 231):

- i. *North-Eastern Region:* In the mountain valleys and other areas of north-eastern India covering Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura live tribes like the Abor, Garo, Khasi, Kuki, Mismi, Naga etc. who mostly belong to Mongolian racial stock.
- ii. *Himalayan Region:* In the hilly areas and sub-Himalayan areas covering part of North Bengal, Sikkim, Uttar Pradesh, Himachal Pradesh etc. live a number of tribal groups like the Lepcha, Bhotia, Rabha etc. belonging to Mongolian racial stock.
- iii. *Central India:* In the older hills and Chotanagpur Plateau, along the dividing lines between peninsular India and the Indo-Gangetic basin live many tribal communities like Bhumij, Gond, Ho, Oraon, Munda, Santal etc., covering the states of Bihar, Orissa, Madhya Pradesh and West Bengal and mostly belong to Proto-Australoid racial stock.
- iv. *Western Region:* Covering the states like Rajasthan, Gujarat, Maharashtra, Goa, Dadra and Nagar Haveli live a number of tribal communities, the most important of them being the Bhil racially belonging to the Proto-Australoid group.
- v. *Southern Region:* Covering the states of Andhra Pradesh, Karnataka, Tamilnadu, Keral, in the Nilgiri Hills and covering lines of the Ghats live the Chenchu Irula, Kadar, Kota, Kurumbe, Toda etc., having Negrito, Caucasoid, Proto-Australoid or mixed physical features.
- vi. *Island Region:* Covering Andaman, Nicobar and Lakshwadeep Islands have a number of small tribes like the Andamanese, Onge, Sentinilese etc.

### Check Your Progress I

**Note:** Use the space provided for your answer.

1) Discuss the present status of STs in India.

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### 1.3 PROBLEMS OF TRIBAL IN INDIA

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The tribals of India are one of the most marginalized sections of the society. They have been facing numerous problems in social, economic, political and cultural spheres in different parts of the country at different stages of their life. Exploring these different problems, the Report of the Task Force on Development of Tribal Areas (1975), has pointed out the following problems faced by tribal people of different zones:

i) Northern zone, stretching from Ladakh in the North-East to Terrain region of Uttar Pradesh, has tribes who have been neglected by the authorities since British days, mostly due to remoteness of their habitat and difficult climatic conditions. It is only since the Chinese invasion that along the Himalayan Mountains, attention has been drawn to their plight.

ii) In the eastern, central and western zones, comprising the states of West Bengal, Bihar, Orissa, Madhya Pradesh, Uttar Pradesh, Gujarat, Maharashtra, Rajasthan, problems of tribal development are related to the pressure of population of land, problem of land tenure, indebtedness, rights of tribals in forest and practice of shifting cultivation coupled with lower production level.

Tribals of these areas suffer from chronic scarcity of food, water and employment. Added to these, is problem of modernization due to the growth of industrial complexes in the heart of tribal areas which has disrupted the traditional way of tribal life. This has also led to group tensions due to large scale population movement which industrialization entails compounded by resettlement of refugees from erstwhile East Pakistan among tribal people especially in Dandakaranya.

iii) Problems of Southern zone tribes are mostly based on their primitive economy of *podu* culture (shifting cultivation) or food gathering habits and prevalence of muttadari system of land tenure.

iv) Tribals living in the Islands of Andaman and Nicobar, Lakshwadeep and Minicoy have their problems arising out their subsistent economy based on fishing and cultivation of coconut.

In short, the history of tribals has been the history of discrimination, marginalization and subjugation. These different provisions of the tribals underlined the importance of the adoption of different developmental policies and programmes, which have been discussed in the next section.

#### Check Your Progress II

**Note:** Use the space provided for your answer.

1) What are the major problems faced by tribals in India?

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## **1.4 TRIBAL WELFARE/DEVELOPMENT MEASURES IN INDIA**

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Tribal development is based on twin approaches namely, protection of their interest through legislative and administrative support and promotion of developmental efforts through plan schemes. The legal and administrative aspects are mainly based on different provisions of the Indian constitution. There are more than 20 Articles and two special schedules in Indian constitution which have been primarily designed for the redressal and upliftment of STs following the policy of positive discrimination and affirmative action. Some of the important articles are mentioned below. Article 14 confers equal rights and opportunities for all. Article 15 rules out any discrimination on the ground of sex, religion, race, caste etc., and Article 15 (4) enjoins upon the state to make special provision for the advancement of any socially and educationally backward classes. Article 16 (4) empowers the state to make provisions for reservation in appointment or posts in favour of any backward classes, which in the opinion of the state, is not adequately represented. Article 46 deals with the positive responsibility of the state to take necessary steps for the promotion of educational and social interests of the weaker sections of the society and, in particular, the STs and promises to protect them from social injustice and all forms of exploitation. Article 275 (1) deals with the grant-in-aid for promoting the welfare of STs for raising the level of administration of the Scheduled Areas. Articles 330, 332 and 335 stipulate reservation of seats for STs in Lok Sabha and in the State Legislative Assemblies and in services.

Besides, there are two Schedules in the Indian constitution to deal with the tribals and schedule areas. The Fifth Schedule of the Indian constitution lays down certain prescriptions about the Schedule Areas as well as STs in states other than Assam, Meghalay, Tripura and Mizoram by ensuring submission of Annual Reports by the Governors to the President of India regarding the administration of schedule areas and setting up of Tribal Advisory Councils to advise on matters related to the welfare and advancement of the STs {Article 244 (1)}. In the same vein, the Sixth Schedule refers to the administration of tribal areas in the states of Assam, Meghalaya, Tripura and Mizoram by designating certain tribal areas as Autonomous Districts and Autonomous Regions and also by constituting District Councils and Regional Councils {244 (2)}. In order to involve the tribal people in the entire process of planning and decision making at the local level, the 73<sup>rd</sup> and 74<sup>th</sup> amendments of the constitution are extended to the Scheduled Areas through the Panchayats (Extension to the Scheduled Areas) Act, 1996. More recently, the Indian Parliament has also passed the Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of

Forest Rights) Act, 2006 to preserve their command over, and access to, natural resources. In short, all these constitutional provisions are directed towards developing the tribals at par with rest of the society.

The different tribal development measures can be analysed from two perspectives: colonial policy of tribal development and post-independence period efforts of tribal development.

### **Colonial Policy of Tribal Development**

The study of the socio-economic condition of the tribal people was difficult during the colonial period due to inaccessibility of tribal areas. It was only after the entry of the missionaries into these areas that the officers of the administration started paying some attention to the tribals. The history reflects that the British legislature in India passed the Scheduled District Act XIV of 1874 by which local governments were empowered to identify and declare certain areas as Scheduled Areas. Some important steps had been taken by British administration for the development of tribals in India. The British administration created the semi-autonomy territory of Kandh Mahal and promulgation of tenancy protection legislation. Again realizing the backwardness of these areas, the Indian Education Commission of 1882 had suggested for preferential treatment of tribal children in the form of non-payment of school fees and additional grants to the schools located in tribal areas.

The colonial policy of tribal development in India was based on the colonial policy of isolation. The colonial government dealt with the tribals keeping their own vested interests in mind. They realized the potentiality of tribal areas and hence restricted the entry of outsiders or the people from the plains by making the tribal areas partially excluded and excluded areas. As a result, the British adopted policies to isolate tribals from general masses (Xaxa, 1999: 1520). Since the British were also very eager to exploit vast forest wealth and utilize forests regions for defence and security purposes, improvement of communication in these areas was important. They took necessary steps to make these areas accessible but keeping the tribals isolated at the same time. Dr. J. J. Hutton, writing on the impact of British administration in tribal areas, observed: "Far from being of immediate benefit to the primitive tribes, the establishment of British rule in India did most of them much more harm than good. It may be said that the early days of British administration did very great detriment to the economic position of tribes through ignorance and neglect of their rights and customs. Many changes have been caused incidentally by the penetration of tribal country, the opening up of communication, the protection of forests and the establishment of schools, to say nothing of the openings given in this way to Christian Mission. Many of the results of these changes have caused acute discomfort to the tribes" (quoted in Tripathi, 1997: 115). Similar observations have also been made by the U. N. Dhebar Commission on the impact of British administration on tribals, where it stated that: "It resulted in reducing the tribals to a state of penury in most parts of India. They were at the lowest level of literacy except in certain parts. Their lands were heavily encumbered and a good portion had already passed in the hands of non-

tribals. Their rights in forest were definitely encroached upon. Outside elements introduced for the purpose of government and forest work continued to exploit them. On many an occasion reforms were ordered but all these proved futile” (Ibid: 115-116). Commenting on this, Prof. G. S. Ghurye observed that the acute of discomfort was very often so great that it led to apathy, indifference and moral deterioration and even a decline in population.

### **Tribal Development in the Post-Independent Period**

In the Constituent Assembly, Dr. B. R. Ambedkar stated: “On the social plane, we have in India, a society based on the principles of graded inequality, which means elevation of some and degradation of others. On the economic plane, we have a society in which there are some who have immense wealth who live in abject poverty. On the 26th January 1950, we are going to enter into a life of contradictions. In politics, we will have equality and in social and economic life, we will have inequality. In politics we will be recognizing the principles of ‘one man – one vote and one value’. If our social and economic structure continues to deny the principle of one man – one value, how long shall we continue to live this life of contradictions? How long shall we continue to deny equality in our social and economic life? If we continue to deny it for long, we will do so only by putting our political democracy in peril. We must remove this contradiction at the earliest possible moment or else those who suffer from inequality will blow the structure of political democracy which this Assembly had so laboriously built up”. This underlined the importance of adopting special steps for the necessary development of the marginalized section of the society, such as STs in India. It is relevant to mention here that there is no explicit or officially laid down tribal policy. The policy, thus, is derived from the constitutional provisions, various Acts and plans and programmes. As far as strategies are concerned, a focused and special effort was made during the Fifth Five Year Plan to evolve a strategy for areas having concentration of tribal population.

After independence, there was a hot debate on the approach to tribal development in India. The debate revolved around the colonial policy of isolation and the nationalistic policy of assimilation and integration. The colonial anthropologist, Verrier Elwin followed an isolationist path of tribal development after advocating the creation of a ‘National Park’ in an inaccessible part of the country, where Baiga culture could be preserved (Elwin, 1939: 511-519). Later on, he modified his ‘National Park’ theory of keeping the tribals as ‘museum specimens’ and clarified that “We do not want to preserve the tribesmen as ‘museum specimens’ but equally we do not want to stop the clock of progress but we do not want to see that it keeps the right time. We may not believe in the myth of noble savage but we do not want to create a class of ignoble.....” (Quoted in Vidyarthi and Rai, 1985: 415). This modification of ‘National Park’ theory provides backdrop to Nehruvian model of tribal development, popularly known as ‘*panchsheel*’ or five pillars of tribal development.

The five fundamental principles (*Panchsheel*) are as follows: (i) tribal should develop along the lines of their own genius and nothing should be imposed upon them; (ii) respect for tribal rights on land and forest; (iii) minimum investment of outsiders (non-tribals) in their administration and development; (iv) administration and launching of multiple schemes should be avoided and effects should be made within the framework of their social and cultural institution; and (v) evaluation of results should not be statistics but by the quality of life. These principles gave importance to tribal pluralism and aim to integrate the tribal population with the mainstream society. Thus, Virginius Xaxa argues that reservation was extended to STs with a view to integrate them in the so-called mainstream of Indian life (Xaxa, 2001: 2768). Our various policies and programmes of tribal developments are supposed to have been based on this approach of integrating tribals with the mainstream and brought at par with rest of the people.

As far as the tribal development is concerned, both the Central and the State governments have taken series of positive steps for the development of the tribal communities in India. However, the strategies/efforts of the Central government will be benefitted to all tribal people that have been included in the scheduled list and the steps taken by the states government will be confined to the tribal people of the concerned states. In this context, different subjects related to the tribal development have been specifically mentioned in the union as well as state list, which are as follows:

#### **Union Subjects**

- Welfare of ex-Criminal Tribes.
- Inclusion and exclusion in the Schedule list for tribes.
- Prevention of atrocities so far as it relates to Scheduled Tribes.

#### **State Subjects**

- Welfare of Scheduled Tribes- Execution of Special Schemes and Coordination of the works undertaken by other Departments of the Government in this direction.
- Submission of annual reports to the President regarding administration of Scheduled Areas.
- All matters relating to Tribes Advisory Council.
- Application of laws to the Scheduled Areas.
- Regulations for peace and good governments of Scheduled Areas.
- Problem of shifting cultivation.
- Organisation and control of Tribal and Harijan Research-cum-Training Institute.

- Central Grants under Article 275 (I) of the Constitution of India.
- Sub-Plan for tribal regions and matters related thereto.
- Matter relating to different provisions of preferential treatment policy of various states and rules framed there under.
- Matters relating to Tribal Development Co-operative Corporation.
- Education of Scheduled Tribes.
- Matters relating to Academy of Tribal Dialect and Culture.
- Rehabilitation and resettlement of tribals.
- All Plan, Non-plan, Central and Centrally Sponsored Schemes concerning tribals.
- The entire field establishment and matters relating to Education under the erstwhile Harijan and Tribal Welfare Department except the Educational Institution for Scheduled Caste.

Over the years, numerous outreaching policies and programmes such as anti-exploitative, protective, economics, social, cultural and welfare measures have been adopted by the central and different state governments. All these measures are of two types: (i) overall planning at the micro-level, and (ii) specific tribal development schemes for the welfare of tribal communities at the macro-level.

### **Tribal Sub-Plan**

Tribal Sub-Plan (TSP) is a plan within the state plan aimed at an area development of ST concentrated areas with focus on tribal population. The relatively few achievements of tribal development up to the Fourth Five Year Plan led to the emergence of TSP and it was brought into effect with the commencement of the Fifth Five-Year Plan in 1974-75. All blocks with the tribal population of 50 per cent or more are defined as Scheduled Areas and constitute a TSP. The important features of TSP are as follows (Tripathi, 125-126):

- i) The development in tribal areas has to be conceived in comprehensive term. The resources for the development should be pooled and the priority within these resources worked out with reference to the needs of these areas. Problem solving approach with clear objectives should be adopted, making the system flexible so as not to compromise on basic objectives.
- ii) The development of tribal areas has to be an integral part of the total development of the state and the nation. The major thrust of their development has to be provided by the various sectoral authorities themselves. The basic investment for development of tribal areas, therefore, should flow from the normal State Plan.

- iii) The special responsibility of the Union Government in terms of the constitutional provisions was also spelt out. Each central ministry is responsible for the development of these areas in relation to its functional jurisdiction. They should review the tribal situation and provide necessary investment for their speedy development. However, all sectoral efforts in their totality may still not provide the full answer to their problems. It was agreed that the nodal and the residual responsibility would rest with the Ministry of Home Affairs at Union level under the constitutional scheme. Thus, the roles of all partners in development were defined and a mechanism for its translation in operational terms was also provided.
- iv) Another basic premise in tribal development is the recognition of the fact that the socio-economic situation may require a specific answer. The basic unit of planning and implementation, which should be homogenous and viable, was defined as an Integrated Tribal Development project (ITDP). The sub-plan should be built from below and represent an organic build-up of project planning.
- v) The Primitive Tribal communities should be identified and special programmes with adequate flexibility built up for them.
- vi) The administrative system for tribal areas should be simple and over-specialisation discouraged so that the system was within the comprehension of the community which it was supposed to serve. Adequate administrative and financial powers should be delegated and responsibility at each level should be specific.

The sixth Five Year Plan focused on the higher devolution funds for the assistance of tribal families. The seventh Five Year Plan put emphasis on educational development of STs. During this plan, two national level institutions were set up for the economic development of STs (Hooja, 2004: 27): (i) Tribal Cooperative Marketing Development Federation (TRIFED) in 1987 as an apex body for the State Tribal Development Cooperative Corporations, and (ii) National Scheduled Castes and Scheduled Tribes Finance and Development Corporation (NSFDC) in 1989. During the eighth Five Year Plan, steps were adopted to bridge the gap between the levels of development of STs and other sections of the society. The ninth Five Year Plan aimed at empowering STs in different spheres. The tenth Five Year Plan focuses on tackling the unresolved issues and problems in a time bound basis, besides providing adequate space and opportunity for the tribals to empower themselves with the strength of their own potentials.

In short, during different Five Year Plans, the following schemes had taken up under different programmes (Hasnain, 2007):

### **1. Protective Measures**

- i) Legal aid.

- ii) Marketing agricultural and minor forest produce.
- iii) Sale and supply of essential consumer commodities.
- iv) Bonded labour.
- v) Non-productive credit.
- vi) Recognition of excise administration.
- vii) Strengthening of traditional panchyats.

## **2. Agriculture and Forests**

- i) Survey and land records.
- ii) Agricultural research.
- iii) General agricultural development.
- iv) Credit for productive purposes.
- v) Landless labourers.
- vi) Training of young farmers.
- vii) Forest villages.
- viii) Development of forests and forest based economies etc.
- ix) Shifting cultivation.

## **3. Animal Husbandry**

## **4. Irrigation**

## **5. Communication**

## **6. Electricity**

## **7. Industry**

- i) Small scale industry.
- ii) Medium industries and mining.

## **8. Special Programmes for Tribals affected by Major Projects.**

## **9. Isolated Small Tribal Communities.**

## **10. Education**

- i) 100 per cent coverage of children in age group 6-11 and 75 percent in age group 11-14.
- ii) Residential schools.

- iii) Provision of principal meals and uniforms.
- iv) Hostel accommodation.
- v) Pre-matric scholarships.
- vi) Post-matric scholarships.
- vii) Improvement of standards.
- viii) Teaching in mother tongue.
- ix) Extra-curricular activities.
- x) Physical education.
- xi) Construction of high schools and middle school buildings.
- xii) Special programme for youth in the age group of 15-25.
- xiii) Citizen education.
- xiv) Stipends to children of teachers.
- xv) Special pay to teachers working in extremely backward areas.
- xvi) Construction of residential facilities, especially for lady teachers.
- xvii) Development of tribal markets as centres for cultural activities.

## **11.Public Health**

- i) New public health centres.
- ii) Free medicines.
- iii) Special clinics and mobile dispensaries.
- iv) Safe drinking water.
- v) Research on tribal housing.
- vi) Development of small model towns in tribal areas.

## **12. Administrative and Voluntary Agencies**

- i) Strengthening administrative structure.
- ii) Housing for personnel in extremely backward areas.
- iii) Special pay for personnel belonging to development department working in extremely backward areas.
- iv) Aid to voluntary organizations.

### Check Your Progress III

**Note:** Use the space provided for your answer.

1) Critically examine some of the salient tribal welfare strategies in India.

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## 1.5 INSTITUTIONAL SETUP

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Initially, the over all responsibility to the development of the tribals was assigned to the Ministry of Home Affairs. In 1964, this responsibility was taken up by the new department, the Department of Social Security. In order to provide an integrated thrust to the tribal development, along with the development of other weaker sections of the society, the Ministry of Welfare was set up on September 25, 1985 and later on, it was renamed as Ministry of Social Justice and Empowerment in 1998. The thrust for more focused attention to the integrated socio-economic development of tribals led to the emergence of the Ministry of Tribal Affairs, which was separated from the Ministry of Social Justice and Empowerment in October 1999. It is the nodal Ministry for overall policy, planning and co-ordination of programmes for the development of STs in India. The main responsibility of the Ministry is to support and supplement, through financial assistance, the efforts of other Central Ministries, the State Governments and voluntary organizations, and to fill critical gaps taking into account the situation of STs. The Ministry of Tribal Affairs has the following mandates (GOI, 2008-2009: 8-9):

- i) Social security and social insurance to the STs.
- ii) Tribal Welfare: tribal welfare planning, project formulation, research, evaluation, statistics and training.
- iii) Promotion and development of voluntary efforts on tribal welfare.
- iv) STs, including scholarship to students belonging to such tribes.
- v) Development of STs in all spheres.
- vi) Development of Scheduled Areas and matter included in Fifth and Sixth Schedules.
- vii) Commission to report on administration of Scheduled Areas and welfare of the STs.
- viii) Implementation of the Protection of Civil Rights Act, 1955 (22 of 1955) and the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act,

1989 (33 of 1989, excluding administration of criminal justice in regard to offences in so far as they relate to STs.

In addition, governing by the fact that the needs and problems of tribals and solutions required were quite different from the Scheduled Castes, the National Commission for Scheduled Tribes was separated from the National Commission for Scheduled Castes and Scheduled Tribes on February 19, 2004 by amending Article 338 and inserting a new Article 338 A in the constitution through the Constitution (Eighty-ninth Amendment) Act, 2003. The main duties of the Commission are to investigate and monitor all matters relating to the safeguards provided for the STs and to evaluate the working of such safeguards; and to inquire into specific complaints with respect to the deprivation of rights and safeguards of STs.

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## **1.6 PRESENT STATUS OF STs**

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Efforts made from the beginning of the planned era through various developmental plans, policies, special strategies and programmes, have registered a definite quantifiable improvement in the socio-economic status of the tribals. However, the progress made by them could not bring them anywhere nearer to the mainstream society as the gap in their socio-economic status continued to prevail, not only as a matter of prime concern, but also as a task to accomplish during the Tenth Plan.

In order to address the emerging problems of tribal society in India, we have adopted common approach for all the tribal groups by clubbing them together. On the contrary, they exhibit a whole spectrum of human and cultural evolution – from hunter-gatherer-fisher (foragers) through shifting cultivation, pastoralism, marginal farming, to agriculture based on irrigation. It is naïve to think that they all have similar problems and that same or similar development or welfare schemes will be useful to them all equally. Looking at the Indian constitution, the SCs and STs have debated separately in the Constituent Assembly, but they have been clubbed together during the adoption of different provisions of the constitution. Due to this reason, the constitutional provisions have emerged as a major breakthrough for SCs but not with the STs. So, the STs are lagging behind SCs in terms of development in different spheres (Xaxa, 2001)

It has already been mentioned earlier that all the tribal groups have not experienced similar problems and they are at the different levels of economic development. The problems of the Munda, the Santhal, the Bhil, the Gond or the Meena are not the same as the problem of Birhor, or Chenchu, or Raji. The STs of North-East India and Rajasthan are not at the same socio-economic level as those of Jharkhand, or Orissa, or Chattisgarh.

Providing reservation of seats in the Legislatures and Parliament may be beneficial to, say, Santhal, Munda, Oraon, and Ho (to give example from Jharkhand) or Meena in Rajasthan, but it does not help much to other tribal groups of different states.

Reservation in jobs (say in the central government) has been useful to Meena, Naga, and Khasi, but is meaningless to hundreds of other tribes in the country. The existence of a scheme does not ensure its utility to all. On the other hand, those already ahead and less in need of these provisions do take maximum advantage to the detriment of their poorer tribal brethren. So, exploring the present status of tribals in different parts of the country, it can be argued that they do not represent similar statistics in the context of problems and the level of social, economic and political development.

### **Check Your Progress IV**

**Note:** Use the space provided for your answer.

- 1) Do you think that the introduction of numerous tribal welfare/development measures has changed the status of tribals in India?

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## **1.6 LET US SUM UP**

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This unit began with the exploration of the tribal situation in India and then goes on to look at the different problems at the different corners of the country with special reference to STs. It discussed about the different welfare measures during the colonial as well as independent period. This unit suggests that we have failed to adopt a single approach of tribal development which can initiate the all round development of tribals. The adoption of different tribal development strategies based on the diverse nature of the tribal society has influenced the tribal society in a positive way, which would have otherwise been lacking. The impacts of such policies are definitely in a positive direction but they are far away from the desirous result and they have a long way to go.

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## **UNIT 2 : EDUCATION AND TRAINING FOR TRIBALS**

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### **Structure**

- 20 Objectives
- 21 Introduction
- 22 Understanding Education
- 23 Scheduled Tribes and Education
- 24 Government Schemes and Policies on Tribal Education
- 25 Education and Training
- 26 Educational Problems of Scheduled Tribes
- 27 Let Us Sum Up
- 28 References and further readings

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### **2.0 OBJECTIVES**

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After reading through the unit, you should be able:

- To understand the concept of education,
- To explore the relationship between education and tribal society in India,
- To examine the importance of training in education and tribal society, and
- To analyse educational problems of STs in India.

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### **2.1 INTRODUCTION**

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India is an immensely diverse country with many distinct cultures, traditions and values. These differences, which are the product of long historical practices, have been linked with the experience and practice of certain groups, such as Scheduled Tribes (STs) in India, who are defined in terms of their ethnic identity. The ethnic identity of tribals locates them in a specific condition distinct from that of their fellow citizens. Their distinct position in the caste ridden society leads to differential treatment sometimes guided by the idea of discrimination, marginalization and subjugation in India. To put it differently, the STs in India have been experiencing discrimination and marginalization in their respective social context. So, the history of the tribals has been one of exploitation, subjugation and marginalization. They seek, in other words, opportunities that might enable them to lead a reasonably dignified life with some protection against conditions that render them vulnerable to exploitation and destitution. In this context, education plays an important role in improving the condition of STs in India.

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## **2.2 UNDERSTANDING EDUCATION**

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The term 'education' is derived from the Latin word 'educase', which means to nourish, to cause to grow (Patel, 1991: viii). Education can be defined as a cultural process, the way in which each of the new born infant, born with a potentiality for learning greater than that of any other mammal, is transformed into a full member of a specific human society, sharing with the other members a specific human culture. Education in the largest sense is any act or experience that has a formative effect on the mind, character or physical ability of an individual. In its technical sense, education is the process by which society deliberately transmits its accumulated "knowledge, skills and values" from one generation to another. This is due to the fact that the role of education in the traditional societies was largely confined to cultural accomplishment. The changed socio-economic condition, particularly after Independence, has witnessed opportunities for the tribals to receive education and employment and have provided them with new avenues to express and assert their equality. In this context, education is linked with the notion of empowerment.

There are three criteria of education (Tight, 2002: 16): i) Education implies the transmission of what is worthwhile to those who become committed to it; ii) It must involve knowledge and understanding and some kind of cognitive perspective, which are not inert; and iii) Education at least rules out some procedures of transmission on the ground that they lack willingness and willing to volunteer on the part of the learners. The National Policy on Education (NPE) 1986, Government of India (GOI), underlines the importance of education by treating education as the unique investment in the present and future that leads to all round development, material and spiritual.

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## **2.3 SCHEDULED TRIBES AND EDUCATION**

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Scheduled tribes in India occupy the lowest rung in the educational ladder. The need to improve literacy and education levels has been identified by various policy makers, academicians and social activists as the priority area for action to improve the overall status of the tribals in India. This is because education has the affirmative contribution towards building tribal life. Education is a potent tool for the emancipation and empowerment of tribals. The greatest single factor which can incredibly improve the status of tribals in Indian society is education. It is primarily regarded as the instrumentality for improving the condition of backward and the elevation of the backward is seen as one of the most important social product of education (Galanter, 1984: 58). It is indispensable that education enables tribals not only to gain more knowledge about the world but helps them to get status, positive self esteem, and self confidence, necessary courage and inner strength to face challenges in life. Apparently, it also facilitates them to procure a job and supplement the income of family and achieve social status. It is a cornerstone of tribals' empowerment because it enables them to respond to opportunities, to challenge their traditional roles and to

change their lives (Mohanty, 2003: 93). Education is also looked upon as an investment in human resources for income generation in any community in the sense that in a primarily agricultural community build up a member of a family capable of earning income from sources other than agriculture.

The role of education is not just limited to giving young people access to jobs and a decent living wage. The admission of disadvantaged groups to education and training programme is the part of the wider concern of promoting the educational processes throughout one's life, the indispensable condition not only for a durable integration for a job market, but also for full and active citizenship. Moreover in most cases, education helps to eradicate the transmission of poverty from one generation to the next (Sujatha, 1999: 11).

Education is regarded as an integral part of the empowerment process (Xaxa, 2001). Empowerment of the tribal community means capacitating tribal communities to secure access and control of their land, forest and water resources (Xaxa, 2005: 1368-1369) as well as to sustain and promote viable alternatives for security of their livelihoods. Empowerment, thus, is an interactive process whereby tribal communities are enabled to participate actively in local governance-decision-making that affects their own life situation. In other words, the positive impact of education can be summarized in the following ways: Education facilitates the processes, which will enable tribal to:

- Develop an analytical capacity for assessing their external and internal environment impacting on their own communities;
- Develop confidence and capacity to articulate their interests and perspective thereby participating in decision making processes leading to better governance;
- Develop skills to initiate local relevant alternatives to improve livelihoods and challenge external pressures;
- Value self and community history with a critical appreciation of traditional knowledge systems.

Exploring the other dimension, modern education can also have negative impact on tribal societies. The negative dimension of education is based on the fact of complexities that are associated with the entire process of educational development. Education has different connotations on tribal society based on the respective social context. It is closely linked with the process of modernization in response to the conservative tribal society in India. The negative impact of education on the tribals is based on the way in which the present educational system in India has been structured and operated. Its design has an urban middle class orientation that has imposed on the entire State both in terms of structure and content. As tribal communities of India are 'closed' in nature, their culture, tradition and value system clash with modern culture and values that are the outcome of the present educational system. There is a wide gap in terms of the concepts and value systems that tribal children learn in their environment

through socialization process and what they are expected to learn in school curricula. Stated otherwise, tribal children find a complete disconnect between what they see in their socio-cultural environment and what they learn in schools. Consequently, they become disinterested and drop-out. This demonstrates their apathy towards modern educational system.

**Check Your Progress I**

**Note:** Use the space provided for your answer.

1) What do you mean by education in the context of tribal society in India?

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## **2.4 GOVERNMENT SCHEMES AND POLICIES ON TRIBAL EDUCATION**

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Exploring the multicultural framework of the Indian society, the State is committed to the equality of the citizens. Within this framework, the Prime Minister of India, Dr. Manmohan Singh in his address to the nation from Red Fort on Independence Day 2007, expressed the Indian state’s concern to establish the deep relationship between democracy and development by focusing on the socio-economic, political and educational empowerment of STs including other marginalized sections of the society. These visions have been framed in Article 46 of the Indian Constitution. Article 46 directs the State ‘to take special care of the educational and economic interests of the weaker sections of the people; and in particular, of the Scheduled Castes and the Scheduled Tribes, and shall protect them from social injustice and all forms of exploitation’. Articles 330, 332, 335, 338 to 342 and the entire Fifth and Sixth Schedules of the Constitution deal with special provisions for implementation of the objectives set forth in Article 46. The Constitution of India has also adopted other provisions related to the educational development of the tribals including the provision of providing free and compulsory education to all children up to the age of fourteen years. In short, although the concern for the tribal education dates back to the colonial period, the Indian State has adopted preferential policies and programmes for the educational development of STs since independence for not only to bring a socio-economic transformation in tribal societies but also to reduce the vast inequalities between tribals and other sections (Mohanty, 2003: 91).

The government of India and different state governments have adopted number of special provisions for the educational development of the tribals. In this context, the following can be demonstrated:

## **Sarva Shiksha Abhiyan**

Sarva Shiksha Abhiyan (SSA) is an effort to universalize elementary education by community ownership of the school system. It is a response to the demand for basic quality education all over the country. SSA is to provide useful and relevant elementary education for all children in the age group of 6 to 14 by the year 2010. There is also another goal to bridge social, regional and gender gaps, with the active participation of the community in the management of schools. Some of the interventions being promoted in states under Sarva Shiksha Abhiyan include:

- Setting up schools, education guarantees centres and alternative schools in tribal habitations for non-enrolled and drop out children.
- Textbooks in mother tongue for children at the beginning of the primary education cycle, where they do not understand the regional language.
- Suitably adapt the curriculum and make available locally relevant teaching learning materials for tribal students.
- Special training for non-tribal teachers to work in tribal areas, including knowledge of tribal dialect.
- Special support to teachers as per requirement.
- Deploying community teachers.
- Bridge Language Inventory for use of teachers.
- The school calendar in tribal areas may be prepared as per local requirements and festivals.
- Anganwadis and Balwadis or creches in each school in tribal areas so that the girls are relieved from sibling care responsibilities.
- Special plan for nomadic and migrant workers.
- Engagement of community organizers from ST communities with a focus on schooling needs of children from specific households.
- Ensuring sense of ownership of schools by ST communities by increasing representation of STs in VECs / PTAs etc. Involving community leaders in school management.
- Monitoring attendance and retention of children.
- Providing context specific interventions eg. Ashram school, hostel, incentives etc.

## **Tribal Research Institutes (TRIs)**

There are fourteen TRIs, which have been set up by Andhra Pradesh, Assam, Bihar, Gujarat, Kerala, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu, West Bengal, Uttar Pradesh, Manipur and Tripura. These Institutes are engaged in providing planning inputs to the state governments, conducting research and evaluation

studies, collection of data, codification of customary law and conduct of training, seminars and workshops on different aspects of tribal society including the educational development. Besides these, other research institutions/organizations are also dealing with different tribal issues in India.

### **Central Institute of Indian Languages (CIILs)**

The CIILs, Mysore, has a scheme of development of Indian Languages through research, developing manpower and production of materials in modern Indian Languages including tribal languages. The Institute has worked in more than 90 tribal and border languages.

### **National University of Educational Planning & Administration (NUEPA):**

Educational development of Scheduled Castes and Scheduled Tribes is an area of major concern of NUEPA. It carries out studies, seminars, symposiums, etc. and evaluates ongoing/existing educational programmes. It covers programmes and schemes for Scheduled Castes and Scheduled Tribes.

### **University Grants Commission**

The University Grants Commission runs the Remedial Coaching Scheme with a view to improve the academic skills and linguistic proficiency of the Scheduled Caste and Scheduled Tribe students to prepare them for the National Eligibility Test (NET) conducted by UGC/CSIR.

### **Financial Assistance**

The GOI and different state governments have adopted number of scholarship schemes for tribal students. It includes different measures to improve the educational level of STs through steps like provisions of scholarships, boarding facilities, free distribution of nationalised text books (NTBs), uniform and imparting special coaching for appearing in various competitive examinations (GOI, 2002: 450). It has also introduced mid-day meals in all primary schools to check the drop out rate among students including tribal pupils. With the objective of promoting literacy among tribal students, different state governments have undertaken measures to provide residential facilities to STs. Girls hostels scheme was started in Third Five- Year Plan with the aim of providing residential facilities to tribal girls in pursuit of education. Central assistance of 50 per cent cost of construction to the States, 100 percent to the Union Territories is provided under the scheme. Boys' hostels scheme was started in 1989-90 under the same pattern as the Girls' Hostels.

Another important development in the policy towards education of tribals is the National Policy on Education (NPE) 1986, which, among other things specified the following:

- Priority will be accorded to opening primary schools in tribal areas.
- There is a need to develop curricula and devise instructional material in tribal language at the initial stages with arrangements for switchover to regional

languages. In this context, Assam was the first state to prepare teacher training modules and separate teaching learning materials for the Bodo tribal language in 1995. Bodo is also a medium of instructions in some districts of Assam.

- ST youths will be encouraged to take up teaching in tribal areas.
- Ashram schools/residential schools will be established on a large scale in tribal areas.
- Incentive schemes will be formulated for the STs, keeping in view their special needs and lifestyle.

The NPE, 1986 and Programme of Action (POA), 1992, recognized the heterogeneity and diversity of the tribal areas, besides underlining the importance of instruction through the mother tongue and the need for preparing teaching/learning material in the tribal languages.

The collective and uninterrupted impact of positive measures explores the considerable progress in the field of education. When we examine different census reports such as 1961, 1971, 1981, 1991 and 2001, it provides a pleasing statistics because the literacy rate of all social groups has increased nearly three-folds from 1961 to 2001, while the tribal literacy rate has increased more than five times from 1961 to 2001 (table-3). Exploring the statistical impacts from the following table, it can be argued that the STs are lagging behind the SCs and general category in educational accomplishment, but this must be seen against a starting point of almost total exclusion from educational opportunities until fairly recently.

### Check Your Progress II

**Note:** Use the space provided for your answer.

- 1) Critically examine the different schemes and policies of the government towards educational development of STs in India.

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## 2.5 EDUCATION AND TRAINING

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The theme of education and training of disadvantaged groups is high in the agenda in many countries because it is related to much wider phenomenon: growing deprivation and social exclusion. Scheduled Tribes are the most marginalized sections of the society; therefore, to assist their socio-economic development, there is an imperative need to provide more employment avenues and income generation

opportunities. On November 4, 2009, in his speech at the inaugural session of the conference of Chief Ministers, State Ministers (Tribal Development/Social Welfare Departments) and State Ministers (Forest Departments), New Delhi, the Prime Minister of India, Dr. Manmohan Singh, underlined the importance of skill development mission by stating that the skill development mission needs to take a special look on enhancing the skill development training in all tribal areas of the country.

Hackett distinguishes between training and education (1997: 3). Training is particularly skill up gradation in specific work. Education is seen as a more broadly based training for life. Training is a means of ensuring specific tasks, which are carried out in accordance with a predetermined procedure. Education is intended to open people's mind to enable them to work from first principles and question predetermined principles. In spite of such differences, there is a close relationship between training and education.

### **Importance of Training**

The significance and value of training has long been recognized. Training is a means of communicating new knowledge and skills and changing attitudes. It can raise awareness and provide people with the opportunity to explore their existing knowledge and skills. Training can:

- increase people's confidence
- confirm to people the value of what they are already doing
- enable people to pass on new skills to colleagues in the workplace
- raise general awareness
- change people's attitudes
- improve morale

Training is a learning process that involves the acquisition of knowledge, sharpening of skills, concepts, rules, or changing of attitudes and behaviors to enhance the performance of employees. The impact of training can be summarized in the following ways:

- i) Training helps in optimizing the utilization of human resource that further helps the employee to achieve the organizational goals as well as their individual goals.
- ii) It helps to provide an opportunity and broad structure for the development of human resources' technical and behavioral skills in an organization. It also helps the employees in attaining personal growth.
- iii) Training helps in increasing the job knowledge and skills of employees at each level. It helps to expand the horizons of human intellect and over all personality of the employees.

The GOI and different state governments have adopted number of schemes and provisions for the training of tribals.

### **Vocational Training Centre**

With the objective of developing the skills among tribal youth for a variety of jobs as well as self-employment and to improve their socio-economic condition by enhancing their income, the GOI introduced the establishment of Vocational Training Centre in tribal areas in 1992-1993. It was revised in 1994 and is being implemented through the state governments and union territories, institutions/organizations set up by the government as autonomous bodies, educational and other institutions like local bodies, cooperative societies and non-governmental organizations (NGOs) registered under the Societies Registration Act, 1960. The scheme is implemented for the benefit of the Scheduled Tribes as well as PTGs and can be taken up anywhere in the country but priority will be given to remote tribal areas, areas inhabited by particularly vulnerable tribes and areas affected by extremist activities. It aims at upgrading the skills of the tribal youths in various traditional/modern vocations depending upon their educational qualification, present economic trends and the market potential, which would enable them to gain suitable employment or to become self employed.

Under this scheme, the training for trades including modern trades having employment potential in the region is provided. Another important development in relation to the scheme is the 33 per cent reservation of seats for tribal girls (Government of India, 2009-2010: 107). Keeping in view the limited potential of even skilled persons in an interior area, each ST boy/girl is trained in two trades of his/her choice, each course is of three months duration. The course content/ syllabus for a particular trade will be finalized by the organization in consultation with the local ITIs/Polytechnics, etc. Each trainee is to be attached at the end of six months to a master craftsman in a semi-urban/urban area for a period of six months to learn his/her skills by practical experience. The organizations establish linkages with recognized institutions which can provide a Certificate/Diploma to the candidates for the trades in which they have been trained. The organization should establish linkages with placement services, and for the candidates interested in self employment after availing the training, the organization shall arrange easy micro finance/loans for them through financial institutions, National Scheduled Tribe Finance Development Corporation (NSTFDC), banks, etc. Preference is given to those institutions which guarantee placement/employment after completion of training. Under the scheme of Vocational Training, grants will be available for organizing vocational trainings in recognized institutes or in Vocational Training Centres subject to terms and conditions revised from time to time of the scheme.

## **Training for Aged Tribals**

Tribal Welfare Association, an independent and secular organization registered in 1984 under the Tamil Nadu Societies Registration Act of 1975, has been focusing much on the 'capacity building' aspect of tribal world. It is concerned about the skill development of the tribal youth and women, which will provide them the alternative skills to supplement and augment their income and employment and to fulfill the community needs with locally available raw materials and human resources towards optimum use. Some of the important skill training programmes in equipping tribal youth and women are:

- Tailoring
- Type-writing
- Motor rewinding
- Ecological farming
- Car driving
- Milk dairy for women
- Cooperative management

After the completion of skill training programmes, trainees are provided with financial assistance as loan, with subsidy and grants from TWA, Nationalized banks and the Government.

## **Community Polytechnics**

The scheme of Community Polytechnics has been in operation in selected diploma level institutions since 1978-79. It provides platforms for transfer of appropriate technologies to rural masses/local communities. Preference is given in training to rural tribal youth and helps them to obtain need based gainful employment. It applies science and technology through skill oriented non-formal training, technology transfer and technical support services.

In addition to this, the government has also introduced the scheme of coaching for the STs during the Fourth Plan period. The objective of the scheme is to help to those tribals who are coming from deprived families and disadvantaged environment, who find it difficult to compete with those coming from a socially and economically advantageous background. The main objective of the scheme is to develop skills among tribals through special coaching in the related area that will create a better chance to succeed in competitive examinations. Guided by this understanding, the government has introduced pre-examination coaching centres run by state governments, universities, registered private institutions, etc. These institutions impart coaching on different courses such as, civil service examination, state civil service examination, entrance examination for medical, engineering, MBA and other professional courses; other examinations conducted by Union Public Service Commissions, staff selection

commission exam, General Insurance Corporation, etc.

### Check Your Progress III

**Note:** Use the space provided for your answer.

- 1) Explore the relationship between training and education in the context of tribal society.

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## 2.6 EDUCATIONAL PROBLEMS OF SCHEDULED TRIBES

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The STs are at different levels of socio-economic and educational development. Scheduled Tribes consist of diverse groups of people whose life styles, customs, practices and languages differ considerably, not only from that of the general population but also from one another. The problems of education of the ST children vary from area to area and tribe to tribe. The presence of STs, who are historically deprived both socially and educationally, makes the educational situation quite complex. In the colonial period, they did not make use of the educational opportunities that colonialism provided. The low educational achievements of STs that we encounter today are totally inconsonant with the fact that this group was recently debarred from traditional knowledge or learning. It is, therefore, not surprising that in India today, the State does not care enough about the literacy of these groups and these groups themselves have also not developed a powerful drive to force the State to provide better educational services.

Empirical studies indicate that one of the major reasons contributing to the low literacy level of tribals is the unsuitable scheduling of the school timing, which clashes with the work schedule of the economic activities of tribal families in which even the potential school going children participate. Thus, Varrier Elwin very appropriately sums up the situation that: "For a tribal family, to send its grown up girl or boy to school, is essentially a matter of economics; and entails dislocation in the traditional pattern of division of labour....many parents cannot just afford to send their children to school" (quoted in Hasnain 1983: 105). Supporting this position, the National Sample Survey, 42<sup>nd</sup> Round claims that the drop out rate among the tribals is mainly for participating in household economic activity and for other economic reasons. There are various difficulties at home that prevent them from devoting enough time for study or they are forced to help their parents in agricultural and household works, leaving them with little time for studies. This leads to the poor performance of the tribal children compared to non-tribal children in India.

Another crucial problem is the language of instruction in which elementary education is to be provided. The language advantage includes: i) increase of access and equity; ii) improve learning outcomes; iii) reduce drop-out rates; iv) socio-cultural benefits; and v) reduction of overall costs (Rani, 2009: 160). Having to learn a state language that is not their mother tongue creates learning problems. Unlike non-tribal children, whose mother tongue is the language of the text, tribal children have to learn all four disciplines of listening, speaking, reading and writing in an alien language and culture. This is one reason why tribal children often drop out from school. The monolingual tribals face cognitive and communicative problems, where the institutions are in the major regional language and this is what T. K. Oommen has described as “teaching through an alien language” (quoted in Pathy 1989: 25). Virginius Xaxa also supports this view by stating that language is one of the most serious handicaps before tribes to get the benefits of the preferential treatment policy as compared to even the Scheduled group such as Scheduled Castes (Xaxa, 2008). The poor response of tribal children to formal education and their higher rate of attrition especially in the first few years of schooling relate to the language problem. So, in the name of state language, the notion of one dominant language as the medium of instruction leaves thousands illiterates in their mother tongue and foster low achievement levels in the dominant language itself (Patnayak, 1981: 43).

#### **Check Your Progress IV**

**Note:** Use the space provided for your answer.

1) What are some of the educational problems of the tribal society in India?

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### **2.7 LET US SUMUP**

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This unit began with the general understanding of education and attempted to explore the close relationship between education and tribal societies. It is followed by the positive responsibility of the state institutions towards the educational development of tribal societies by underlining the importance of different welfare schemes and policies. It also discussed the importance of training in tribal life and the relationship between education and training. This unit concluded by analyzing different educational problems of the tribal society in India.

In spite of various public incentives, concessions and welfare measures, educational development among tribal groups is far from satisfaction. The gap between tribals and

general population remains conspicuous. These groups are still far below the general population in educational accomplishment, but this must be seen against a starting point of almost total exclusion from educational opportunities until fairly recently. Specific constraints impeding education of different tribal groups have never been addressed by the administrators and policy makers seriously. Needless to examine that most of the educational programmes for tribals have aimed at quantitative expansion, sometimes even at the cost of the qualitative aspect, which, in turn, has inhibited dissemination and growth of literacy in tribal areas (Pathy, 1999: 272). To put it differently, the general view of the education scene in the country brings out that the tribal areas stand at a much lower level in terms of literacy and enrolment of school going children, compared to the other areas. Education was seen as a vital element in the overall strategy of sustainable development. It, however, cannot on its own provide the solution to all problems, nor is it an alternative to other development programmes or structural change (Rao, 2000: 4182). So, we should make voracious attempt to overcome all these hurdles. In this context, comprehensiveness of education is highly desirable and it must act as an affective agency of culture and also promote changes in the desired direction.

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## **UNIT 3 : HEALTH AND NUTRITION OF THE TRIBALS**

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### **Structure**

- 3.0 Objectives
- 3.1 Introduction
- 3.2 Health Status of the Tribal
- 3.3 Factors Influencing Health and Nutrition of the Tribal
- 3.4 Diet and Nutritional Status of the Tribal
- 3.5 Health Strategies
- 3.6 Let Us Sum Up
- 3.7 Further Readings and References

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### **3.0 OBJECTIVES**

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Good health is difficult to define, but it is certainly more than just the absence of disease. It reflects a state of mental, social and physical fitness and well – being of the individual and is strongly influenced by his or her lifestyle. Health and nutrition are very intimately related aspects of an individual’s biological status. Both are under the influence of hereditary and environmental factors.

After reading this unit you will be able to:

- Understand the health status and health problems faced by the tribal communities,
- Understand the various factors influencing the health of the tribal communities,
- Understand the nutritional status and able to assess the nutritional deficiencies that characterize the health of the tribal communities, and
- Understand the scope and area of social work intervention in tribal health and nutrition problems and will be able to develop health strategies on how to work with the tribal communities.

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### **3.1 INTRODUCTION**

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Human beings need a wide range of nutrients to lead a healthy and active life and these being derived through the diet which man consumes daily. Food contains various substances that are required for growth, development and maintenance of the body. These substances are called nutrients which are proteins, carbohydrates, fats, vitamins,

and minerals. The amount of each nutrient that is required by man depends upon his age and physiological status. Adults need nutrients for maintaining constant body weight and ensuring proper body functions. Infants and young children who are growing rapidly require nutrients not only for maintenance of body functions but also for growth. Infants and young children require relatively more nutrients (2-3 times) per kg body weight than the adults. In special physiological conditions like pregnancy and lactation, adult women need additional nutrients to meet extra demand for foetal growth and maternal tissue expansion in pregnancy and milk secretion during lactation. These extra intakes of nutrients are essential for the normal growth of an infant in uterus and during the early postnatal life.

Health is a multifaceted aspects and has been defined by WHO as “a state of complete physical, mental and social well- being and is not merely the absence of disease or infirmity”. Health and the related problems are very much interlinked with the socio-economic conditions of the community, particularly the tribes who are living in remote and inaccessible areas where health care and development services of the government are not available. So there is an urgent need to understand the concept of health among tribes and their traditional knowledge and health seeking behaviour. The health seeking behaviour of the tribal groups is associated with their beliefs, customs and practices. Health status of different communities particularly the tribal group is influenced by their way of life including their social and economic conditions, nutrition and living conditions, dietary habits, taboos and superstitions, etc.

In this unit we will be discussing on the health and nutritional status, health problems of the tribal communities in general and the various factors influencing it. Also we will discuss the urgent and emerging issues concerning tribal health and nutrition. This will enable us to develop health strategies for social work intervention.

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## **3.2 HEALTH STATUS OF THE TRIBAL**

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The tribal groups in India inhabit widely varying ecological and geo-climatic conditions (hills, forests, deserts, etc.) and are at different stages of social, cultural and economic development process. The scheduled tribes differ considerably from one another in their biological characteristics, language, cultural practices and beliefs, and in their socio-economic characteristics. The health of these tribal groups is a function of the interaction between socio-cultural practices, genetic characteristics and the environmental conditions (Basu, 1996). The overall health status of the tribal community is dependent upon the effects of environment in which they live, genetic characteristics, cultural patterns and the lifestyles of the tribal groups, health care delivery service in tribal areas, and their detached attitude largely accepting the modern health care services at the initial stages of the disease.

The problems of tribal health cannot be studied in isolation from the general population of India. Tribal suffer from the same diseases as others with marked preponderance of infective over degenerative diseases. The tribals who have

remained isolated will soon be exposed to the rapid pace of development and industrialization in our country (Tiwari S.C., 1994). The general health problems of the tribal resemble those of the rural and underprivileged sections of our society. These comprise malnutrition, anaemia, parasitic infections like diarrhoeal and respiratory disorders. The life of the tribal is so affected with these disorders, right from birth that the average life expectancy is much lower in contrast with the national average of 58-50 years (Verma C Ishwar 1994).

Basu (1996) suggested that there is an urgent need for initiating area specific, group specific, health need specific, action research studies among the tribal communities in India so that the health oriented action research studies ultimately help the authorities in formulating effective need based health care strategies among various tribal groups in India. Widespread poverty, illiteracy, malnutrition, non-availability of safe drinking water and sanitary living conditions, poor maternal and child health service, ineffective coverage of national health programmes and consanguineous marriages have been found to affect the health status of the tribal adversely and also responsible for some of the specific illnesses including genetic disorders. Unfortunately, proper health services are not available in many of the tribal areas. Understandably, the common beliefs, customs and practices connected with health and disease influence their choice of treatment methods. The inadequate nature of facilities in many tribal areas, lack of respect in the staff manning these facilities for the indigenous culture and further inadequate attention towards these patients is often responsible for the non-acceptance and distrust of the tribal towards the modern medicine.

It has been found that certain states like Madhya Pradesh, Orissa, Rajasthan, Gujarat, Assam and in some other areas, certain diseases like goitre, yaws, malaria and guinea-worm are endemic (Government of India, 1989). Primitive tribal groups of India have special health problems because of their ignorance, unhygienic conditions, and lack of health education and non-availability of health care facilities in their habitation areas. There is general agreement that the health status of the tribal population in India is very poor and many scholars have tried to establish this with the help of morbidity, mortality and health statistics. The low health status of tribal community in general is closely linked with factors such as their poverty, illiteracy, lack of infrastructure facilities for medical care in the area where they inhabit.

The gradual encroachment by the modern society on the natural resources of the tribal and depleting them of their habitat and exposing them to the apparently alien modern acculturation is a continuing stress which could result in a variety of health problems both mental and physical.

Therefore in order to have a better understanding of tribal health let's discuss the tribal concept of health and perception of disease and disease causation along with the health problems and dimensions.

### **Concept of Health and Perception of Disease**

There are 705 tribes located in five major belts in India. (Census, 2011) Each tribe

is not only geographical specific but also culture specific. Hence what is true in one case may not be true in the other case. The tribal belief of causation of disease can be broadly categorized into two areas. They are strong believers of natural theory of diseases. According to them when man falls out of harmony with nature, he suffers from illnesses and becomes susceptible to diseases and accidents. Hence there are the rituals to restore balance and harmony with nature.

Treatment is influenced by the cause of sickness perceived by the group. The tribals have some scientific knowledge, learnt through traditional experience. This knowledge is part of their socio-cultural religious system. The treatment procedure amongst the tribals can be broadly divided into preventive and curative methods. The preventive procedures include use of charms, amulets, animal sacrifice propitiations of disease seeking spirits, worship of God-belief in protective function of rituals. The curative practices include first worship of deities and spirits. To the tribals religion and medicine are not separate. It has also been found that some tribals practice their traditional system along with western system of medicine, if available.

Although the concept of well-being and the notion of the disease varies between different tribal groups, yet in tribal habitat, a person is usually considered to be afflicted with some diseases if he/she is incapable of doing the routine work which is usually being expected to be carried out by that individual in the society, i.e. incapacitation from work is the universal index of poor health. Thus the concept of ill health becomes functional one and not clinical. This is precisely the reason among many tribal groups, e.g. Kutia Kondha, Muria, Madia, Bhattra, Halba, Jaunsari, Santal, Lodha, Kharia, Bhil, Rathwa, Mina, Jatapu, Saora, Pando, Khairwar, Oraon, Munda, Kinnauras, Dhodias and among many others; symptoms such as pains and ache, weakness, scabies, prolonged cough, mild fever, wounds, etc. are not taken seriously as symptoms of disease.

A tribal in general, hardly makes a distinction in the magnitude of fever. However, within the limits of their own respective worldview, most of the tribal societies have definite means for identifying and classifying various kinds of ailments and diseases. It may be worth while to state that at least one component of health is universally seen among the tribal societies, and that is, committing or omitting certain acts, in other words breach of trust is thought to bring upon some kind of affliction on the individual or a family as a whole. Measles, tuberculosis, diarrhea, cholera are some such diseases where individual's action may cause some concern to the family, clan or the village. Interestingly the causation of such disease is independent of the sanitary condition of the community/individuals. The fate of the individuals and the community depends on their relationship with unseen force, which intervenes in human affairs. If human beings offend them, the mystical power punish by causing sickness, death or other natural calamities. The tribal people believe in the presence of benevolent and malevolent spirits, the former playing a protective role, while the latter are considered being responsible for causing disease and epidemics.

It is common observation across the tribal culture that the ancestral spirits play important role in the prosperity and protection of the family. And they have to be properly honored for otherwise they will bring wrath on family members. These spirits are believed to bring a state of physical, mental and social well-being to the members of the family. There are many spirits who are feared because of their power to afflict people by bringing a number of diseases. The role of the spirits, ghosts and deities in the tribal life in the causation and treatment of diseases is so important that the local tribal people have to seek the help of traditional diviners, medicine men, sorcerers (Sirha, Gunia, Bhua, Jani, Bhopa, Ojha, Pujari etc.) for appeasing, controlling or driving away the disease causing agents. The frequency of worshipping or getting in touch with malevolent spirits is more common because of their immediate effect on day-to-day life. Studies indicates that the tribals in Bastar, Phulbani, Mayurbhanj, Sundergarh, Panchmahals, Purulia, Dumka, Dehradun, Gadchiroli, Barmer, Valsad, Kinnaur, and Udaipur practices offering through sacrifice for health related purposes is very common among them.

However, it is important for us to know that the tribal scene in India does not present a uniform canvas in terms of beliefs and health seeking behaviour. Broadly speaking, about four different strata of the tribal population have been discerned. As per the strata their belief system and concept of health and disease do differ. For example on top of the strata is the acculturates layer who have adopted more or less the way of life of non-tribal sections forming the upper crust of the society. They have traveled the farthest from their original tribal habitat. The second are the settled tribes' agriculturist in the fringe plains who have come quite some way from the tribal highlander; being no longer isolated they are in the process of transformation. Tribal from the North Eastern parts of India can be categorized in these two strata because of their lifestyles and belief system. They are much more advanced than the other tribes in India in terms of their understanding towards health and disease causation. The third category is that of the highlanders who, having hardly shifted from their habitat, have undergone little transformation and may still practice shifting cultivation. The last category is of the still isolated backward groups, including the so-called "primitive groups", who are encrusted in their original habitat, having little exposure and, consequently have preserved their original socio-economic-cultural traits. The four-fold classification does not represent any rigid or water tight compartments, but is meant merely for the sake of comprehension of the scenario in a very general way.

### **Dimensions of Tribal Health in India**

The culture of the community determines the health behaviour of the community in general and individual members in particular. The health behaviour of the individual is closely linked to the way he or she perceives various health problems along with access to various health care institutions.

Primitive tribal group in India have special health problem and genetic abnormalities like sickle cell anemia, G-6-PD red cell enzyme deficiency and STD. Insanitary condition,

ignorance, lack of personal hygiene and inadequate health education are the main factors responsible for a majority of health problems.

Some of the problems indicated by investigations in tribal areas include:

- (a) Endemic diseases like malaria, introduced from outside or otherwise like TB, influenza, dysentery, high infant mortality and malnutrition. These diseases also reflect that there can be the possibility of HIV infection as TB and STD are found in great number among tribals.
- (b) Venereal disease include abortion, inbreeding, addiction to opium, custom of eating tubers of DIOSCERA (may cause sterility as it contain substances used in oral contraception).
- (c) Nutrition, anemia is a major problem for women in India and more so in rural and tribal belt. Anemia lowers resistance to fatigue, affects working capacity under conditions of stress and increases susceptibility to other diseases. Tribal diets are generally grossly deficient in calcium, vitamin A, B, C riboflavin and animal protein.

Similarly crude birth practices were found to exist in some tribal groups like Khurias, Gonds, Santals, Kutia Khondhs of Orissa etc. More than 90 percent of deliveries are conducted at home attended by elderly ladies of the household. No specific precautions are observed at the time of conducting deliveries, which resulted in an increased susceptibility to various infections. These practices also increased the risk of mother to child transmission of disease like HIV/AIDS. Sexually transmitted diseases are most prevalent diseases in the tribal areas. Malnutrition was common and greatly affected the ability to resist infection, leading to chronic illness and the post weaning period leading to permanent brain impairment. A high incidence of malnutrition was observed in primitive tribal groups in Phulbani, Koraput and Sundergarh districts of Orissa and also among Bhils and Garasia of Rajasthan and Padars, Rabrig and Charans of Gujarat and Bondas of Orissa. [NFHS 3 (2005-06)]

### Check Your Progress I

**Note:** Use the space provided for your answer.

- 1) Discuss the tribal concept of health and perception of diseases. What are the major factors responsible for tribal health problems?

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### **3.3 FACTORS INFLUENCING HEALTH AND NUTRITION OF THE TRIBAL**

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India is a signatory to the Alma Ata World Health Organisation (WHO) declaration of 1978 and committed to attaining the goal of “Health for All” by 2000 A.D through primary health care approach. However it seems to be a distant dream seeing the present health scenario of the country. Therefore it is necessary to realize how complex the subject is. Overall, an average Indian’s health is inferior to his western and many Asian counterparts. The health of the average present day tribal is poorer. Time was when tribal was considered synonymous with a healthy human being. Some writers have dubbed this idea as a myth. However, in order to proceed to examine the health of the tribal communities, it is well to recognize it as a product of complex inter-play of several forces and factors some of which can be spelt out as:

- Physical environment
- Socio-Economic state
- Nutritional availability and dietary habits
- Psycho-social culture
- Health culture and health related behaviour
- Mortality and morbidity patterns
- Genetic disease and disorders
- Tribal Medicine
- Health delivery systems

Let’s have a brief discussion on some of the vital factors influencing the tribal health.

#### **Physical Environment**

Physical environments, has a profound impact on health in multiple ways. In the case of tribal communities it has more importance as they have a direct and meaningful relationship with nature. They also derive their means of subsistence from primary sectors like land and forest. They are dependent on the raw, natural resource provided by nature in their surroundings. But, today, such balance with nature is not very common. By and large, ecosystems have suffered degradation impairing their viability to support rising population of the tribal communities, mainly on account of depreations of some non-tribal sections. This factor is of importance and has been contended with.

#### **Socio-Economic State**

Next to availability of resources is the factor of socio economic organization of a

group. It has been observed that relations within a tribal group, particularly a village community, have generally been permeated by principle of equity tending towards a socialistic order, ensuring minimal nutritional levels for all members. Tribal societies have often taken care of the weak and the destitute. Instances have been cited where the entire village production of grains etc. was distributed among the members. Such communitarian organizational-cum-distributive practices have been withering under the impact of the current individualistic-capitalistic trends.

### **Nutritional Availability and Dietary Habits**

Within the framework of availability of food and nutrition, we must take note of social heritage and dietary habits of tribals. As in respect of any other society tribal diet is regulated by certain norms and traditions. For instance, the Saora of Orissa regards drinking milk as taboo. Under the influence of the caste society, some communities have turned vegetarian like the Tana Bhagat of Bihar and certain Gonds of Chattisgarh. Nevertheless, a large number of tribal communities are eclectic in their approach to food which is derived from farm i.e. agricultural products, as well as forest, catering to both plant and animal nutrition. The unfortunate fact today is that there has been depletion of both tribal agricultural land and forest. Despite legal and administrative measures, a sizeable percentage of his land has slipped away from the tribal. Further, it is well known that deforestation after independence has taken place on a big scale and, for this reason and otherwise, there has been large scale destruction of wild life. Shrinking of these resources has had devastatingly poisonous and depleting effect on availability of food for the tribal. Further there has been curtailment in the nutrition which went into the tribal human system through homemade alcoholic beverages. In overall result, social and medical scientists have reported high incidence of nutritional deficiency among vulnerable segments viz. infants, children, pregnant women, nursing mothers.

### **Genetic Disease and Disorders**

There are two genetic disorders, namely sickle cell anaemia and G-6-PD deficiency found to occur in high frequencies in Scheduled Tribe populations in Indian subcontinent. Both male and female were equally affected in the case of sickle cell anaemia whereas males were more affected than females in G-6-PD deficiency cases. The sickle cell disease was found in 72 district of Central, Western and Southern India. There were more than 35 tribal population groups showing a frequency of more than 19 percent. The inter-linkage of some genetic characteristics with the environment, specific disease endemicity and therapeutic problems, has to be understood. It appears that some degree of documentation of the nature and extent of inbreeding among some tribal communities has been done, but many more tribal groups need yet to be studied.

### **Tribal Medicine**

The tribal systems of medicine, broadly speaking, depend on herbal and psycho-

somatic lines of treatment. Inadequate attention was given to tribal medicine. Prejudice should not cloud our approach. There is a need to delve into them for two reasons. One to gain access to the knowledge which this section of humanity possesses and make the best use of it to their advantage for health care and development. Second, in the light of the international protocol seeking to take away this knowledge for profit, it is important to retrieve and preserve tribal medicine. Hence, intensive and extensive research should be taken up in tribal medicine to open up new frontiers.

### **Health Delivery Systems**

The design of the health delivery systems in the tribal areas needs to conform to the socio-economic conditions, morbidity patterns, demographic patterns, terrain and climate, and other indicators like nutrition status, life expectancy, disability rates, and alcoholism etc. It should not be just a replica of what obtains in the other rural areas of the country. Preventive approaches should be given priority over the curative approaches due to lack of infrastructure and specialized technology. Immunization programmes for infants and children and various other prophylactic programmes can pay rich dividend. Secondly, the type of health care personnel required needs consideration. Cultural differences demand posting of the right type; inhospitable condition of the tribal areas drive away the usual run of medical and para-medical staff. As a result health institutions remain unmanned along with drugs and equipment in short supply.

### **Check Your Progress II**

**Note:** Use the space provided for your answer.

1) What are the factors influencing health of the tribals?

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## **3.4 DIET AND NUTRITIONAL STATUS OF THE TRIBAL**

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Health is an important aspect of development and nutrition plays a central role in determination of health and well-being of individuals and affects growth and development through out the life cycle. Nutritional status of the tribal depends on the consumption of food in relation to the needs that influences the eco system in which they live (Mohapatra and Das, 1990). The health problems of the tribals are profoundly influenced by interplay of socio-cultural and economic factors, which are quite

distressing. Hence, it is necessary to understand the food habits of the tribals in view of their subsistence economy, social isolation and food insecurity. Their natural habitat renders them vulnerable to a host of astringent unsanitary living conditions, wide spread poverty, illiteracy, ignorance, absence of safe drinking water, lack of personal hygiene and health education, poor utilization of maternal and child health services and ineffective coverage of health services. A considerable proportion suffers from malnutrition such as protein-energy and deficiencies of iron, vitamin A and iodine (Roa *et al.*, 1989; Bulliya *et al.*, 2002). Their common superstitious beliefs, customs, practice and taboos connected with health and disease intimately related to treatment of diseases that affect the morbidity and mortality. Maternal and child care is largely neglected, which is reflected in terms of high infant mortality and maternal mortality rates (Kumar *et al.*, 1991). Malaria, meningitis, unspecified fevers, diarrhea, respiratory infections and neonatal tetanus takes a heavy toll (Basu *et al.*, 1993). A larger number suffers from various communicable diseases like leprosy, tuberculosis, and venereal disease transmitted through contact with non-tribals (Swain, *et al.*, 1990). Worm infestations are high due to semi starvation, inferior food and unhygienic food habits, which in turn affect nutritional status. The acute food insecurity feature is commonly characterized with malnourishment, vulnerability and poor socio economic condition. It is reported that more than half of the tribal population is not consuming the recommended requirement (Patel, 1985). Their diets are grossly deficient in animal protein, fats and vital nutrients like calcium, iron, riboflavin and vitamin A. Besides scarcity of food, they have superstitions and misconceptions regarding food in spite of all sufferings and starvations. Further extremes of magico-religious beliefs and taboos tend to aggravate the nutritional problems. A high prevalence of malnutrition is reported in primitive tribal groups such as Lanjia Saura, Kutia Kondh, and Paudi Bhuiyan. Protein-energy-malnutrition and iron and vitamin deficiencies are widely prevalent among preschool children. High rate of micronutrient deficiency is documented for adolescent girls, pregnant women and lactating mothers (Rao *et al.*, 1989; Vijayaraghavan *et al.*, 1997). Owing to hard work along with poor quality of food, females suffer from different ailments since their early age and survival tasks, which result in inevitable neglect and adverse affect on health during infancy.

### **Measure of Nutrition Status**

Malnutrition has been defined (Jettliffe, 1966) as a pathological state resulting from relative or absolute deficiency or excess of one or more essential nutrients, this state being clinically manifested or detected only by biochemical, anthropometric or physiological tests.

Clinical examination of individuals is an important practical method of assessing the nutritional status of an individual and a community. The method is based on examination for changes, believed to be related to inadequate nutrition, that can be seen or felt in superficial epithelial tissues, specially the skin, eyes, hair and buccal mucosa, or in organs near the surface of the body, such as the parotids and the thyroid glands. Occasionally this may be supplemented in the field by certain physical tests

with or without instrumental aids, such as the testing of the ankle jerk. This method has the advantage as it is relatively inexpensive as neither elaborate field equipment nor a costly laboratory is required. Though the method is simple but it has its own limitations (Jetliffe, 1966).

Age and body weight largely determine the nutrient requirements of an individual. Body weight and heights of children reflect their status of health and growth rate, while adult weight and height represent what can be attained by an individual with normal growth. Height unlike weight, once gained cannot be lost as weight is not affected by chronic malnutrition. The nutritional goal of any country would be to provide adequate nutrition and health support to its population so that they attain their full genetic potential in growth and development.

Anthropometric measurement (Vijayaraghavan, Singh and Swaminathan, 1971) of Indian children up to 14 years belonging to well-to-do groups have shown that they grow at rates similar to those of children in the developed countries.

Malnutrition in children in the tropics is important not only because it is common but also because it highlights important relationships between infection, immunity and nutrition which are of universal application.

All malnourished children show reduced growth and muscle protein deficiency. Two 'polar' types of protein energy malnutrition (PEM) are recognized, they are Marasmus and Kwashiorkor, but many children have a mixed clinical picture (Cowen and Heap, 1993).

Marasmus occurs in infant aged under 1 year when maternal milk supply is interrupted by death or illness and in older children in time of famine. The child has clearly lost muscle and subcutaneous fat. The skin is dry and wrinkled and there is no peripheral oedema. The hair is thin and dry. Body temperature is low. The child looks anxious but moves less than normal and may be hungry, but vomit any foods offered. Such children are susceptible to diarrhoeal and respiratory infections, trachoma and vitamin A deficiency.

Children with Kwashiorkor are usually aged 18 months to 4 years and have been weaned from the mother's breast. Muscle loss occurs but subcutaneous fat is preserved, and there is obvious peripheral oedema. The hair is dry, straight and depigmented. The skin is scaly and glistening, peeling and hyper pigmented, especially on the legs. The abdomen is distended and the liver enlarged. The child is fractious and irritable and often has diarrhea. Clinical vitamin A deficiency may be present.

Children with mixed 'marasmic kwashiorkor' have a varied picture with muscle loss, oedema and damaged skin (Cowen and Heap, 1993). The diagnosis of the malnutrition syndrome is primarily clinical. Anthropometric documentation is essential for the individual child and for the study of the community. Body weight on a centile chart is a measure of current nutritional status. Allowing for the presence of oedema;

body length or height indicates previous progress in growth. Children with kwashiorkor have low serum albumin, potassium, zinc, magnesium and calcium levels and low blood sugar, and may be anaemic with defective blood clotting.

The treatment of marasmus requires the provision of adequate nutrients appropriate to the age of the child, with powder or cow's milk as the basis, involving the mother if possible at all stages. The management of kwashiorkor is more complicated. Clinical dehydration at present should be treated with oral rehydration solution. Adequate intake of protein and calories require frequent feeds of a mixture of skimmed milk, vegetable oil and sugar (sucrose or glucose), followed by cereals, pulses, rice, eggs and meat or fish according to availability. Supplement of potassium and magnesium and vitamin A are important early treatment and should be followed with additional iron, folic acid and B vitamins. Children with kwashiorkor may also have tuberculosis and malaria may also complicate convalescence (Cowen and Heap, 1993).

Prevention of childhood malnutrition in a community depends on :

- Adequate community food supplies;
- Education of mothers in the use of nutritious foods which are cheap and available in their community; and
- Primary health care programmes including monitoring of child development, treatment of or immunization against common infections, provision of vitamin A supplements.

In India, prevention of childhood malnutrition is not possible at the present situation because of the extremely inadequate infrastructure facilities for health care in rural India, where the people are poor and there are no adequate food supplies in interior villages, parents are illiterate, primary health centres are almost non-existent in the village.

### **Check Your Progress III**

**Note:** Use the space provided for your answer.

1) What do you understand by malnutrition?

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## **3.5 HEALTHSTRATEGIES**

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Tribal groups of India have specific problems, some of those are built-in problems of these communities and some are imposed upon them which jeopardize their overall

development and progress inclusive of their health, therefore, the health care delivery system should be such designed for each specific needs and problems by bringing their personal involvement. NGOs working for the development and welfare of the tribal, collaboration of Voluntary Organisation/NGOs should be secured to integrate and co-ordinate their activities and services with the health development plan of the Government for the tribal population. The following strategies may be actively followed by NGO functionaries for the health development of the tribal population:

**a) Socio-Cultural and Environment Awareness**

- Formulation of realistic development plans based on needs of specific tribal group
- Adequate understanding of socio-cultural background of different tribal groups, perception of diseases, their beliefs and taboos, study of health culture at micro level. Positive tribal cultural values, traditional skills should be encouraged and to be inducted to mainstream of life.
- In most of the tribal communities, there are a number of folklores related to health. Documentation of folklores available in different socio-cultural systems may provide the model for appropriate health and sanitary practices in a given eco-system.
- Identification of indigenous herbs for medicinal use and their preservation and documentation in the light of the TRIPS agreement.
- Development of ethno-botanical and ethno-zoological museum at the divisional headquarters, collection, preservation and display.
- Efforts on sanitation, personal hygiene, provision of safe drinking water, dispelling the misbeliefs and taboos, magico-religious practices etc., awareness of hazards of consanguineous marriages.

**b) Nutrition**

- Development of horticulture with emphasis on local fruits.
- Introduction of Integrated Child Development Scheme (ICDS) in all blocks (basically strengthening the existing Government resources).
- Development of poultry and fisheries.
- Study of nutritional status and physical growth.

**c) Maternal and Child Health**

- Hundred per cent immunization of mothers and children with special emphasis on measles vaccination.
- Strengthening the services of the existing health programmes related to mother and child health and ensuring the services are accessible and available.
- Distribution of Vitamin A.

- Oral rehydration therapy and education.

**d) Genetic Disorders**

- To hold training camps of medical staff for awareness of genetic disorders and marriage counseling.
- Training of laboratory technicians in the technique of simple genetic tests like sickling, G-6-PD enzyme deficiency etc.
- Screening of villages for sicklers and G-6-PD deficient individuals, identified persons can be tattooed with dot marks.

**e) Health education**

- Chapters on horticulture, poultry, immunization, common diseases, genetic disorders, ORS, hygiene, sex education etc. may be included in the Middle and High school syllabus.
- Distribution of leaflets and playing of audio and, where possible, video cassettes preferably in local dialects in weekly markets, ghotuls, schools etc.
- Development of effective communication strategies on health education and health care among tribal groups.

**f) Training**

- Organisation of short term orientation courses on tribal culture for health workers at district and sub-divisional headquarters.
- Identification of traditional health practitioners and their training in public health.
- Training of tribal girls as nurses, midwives to generate better response.
- Strengthening of tribal research institutes which may serve as base laboratories.

**g) Other Measures**

- In difficult tribal/hilly areas, Mobile health teams should be formed to provide professional services for medical care and research and collect health information.
- In tribal areas, “*Haats*” (weekly market centres) are the focal point of activity. Each “*Haat*” should be provided with a Primary Health Centre (PHC).
- As some Primitive tribal Groups are reported to be stagnant or declining, efforts should be made to delineate the causative factors.

**Check Your Progress IV**

**Note:** Use the space provided for your answer.

- 1) What intervention strategy may be followed to promote health and prevent

malnutrition among tribal communities in India?

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### **3.6 LET US SUMUP**

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General health status of the tribal is poor as compared to the modern society. They may suffer from some distinct health problems, not because they have some specific type of health, but because of specific placement in difficult areas and circumstances, in which they live. Also because of the widely varying geo-climatic and ecological conditions the different tribal societies depending on their uniqueness may have some specific health issues and problems of their own. We often tend to forget that till a few decades ago, the small tribal population did not exert any undue pressure on land, forest and other similar natural resources. The tribal health in India unfortunately was never taken seriously. The nutritional problems of different tribal communities located at various stage of development were full of obscurities and a very little scientific information on dietary habits and nutritional status were available due to lack of systematic and comprehensive research investigations. Though some intensive field work has been done by social scientists but some of the studies treated the problem of the tribal health in peripheral and casual manner. For a meaningful understanding of the tribal health, it is important to understand the people themselves their indigenous medicines and understand how under the existing social, economic and cultural setting these needs can be best met to the satisfaction of people themselves.

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### **3.7 FURTHER READINGS AND REFERENCES**

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