

Chapter 6.2

Low literacy and poor Educational facilities.

Education is most crucial requirement of sustainable growth of developing society. Education plays important role in integrating tribal with mainstream societies. The level of education is therefore, a major index of measuring level of tribal development. Inspite of constitutional provisions and government efforts, literacy level in tribals has been very low.

Education alone is a chief avenue that will upgrade the economic and social structure of scheduled tribes. For tribals education can help to attain freedom from exploitation and poverty. Also it can help to take advantages of new economic avenues.

Impact of Education on Tribals :

- ① Education can help individual to overcome income barriers and expands the scope/horizon of community (tribal) when it come to making career choices , personal growth.
- ② Education Can help to improve standard of living among tribals .

- ③ Proper education will not just benefit the tribals but benefit the entire economy as tribal are part of Indian society.
- ④ Education is most supreme and vital parameter for better tomorrow of tribal population.
- ⑤ Education also linked to other socioeconomic development like Health status, employment and political representation. Hence to improve these parameters ⁱⁿ tribals, education is important.

Status of education

Although literacy rate of S.T. population has increased compared to 2001 census, but still it is below the national level average. (Especially female literacy).

<u>2011 CENSUS</u>	S.T. Population	Percentage	Total	National
	Male population	68%		
	Female population	49%	59%	74%

Regional variation :

- ↳ Some state with higher concentration of tribal population have been doing well
e.g. Mizoram (91.5%), Nagaland (80%).
- ↳ On other hand state with more number of tribal population (not concentration) continue to perform very low
e.g. Jharkhand (57.1%), MP (50.6%), Odisha (52.2%)

Status of Educational system :

- ↳ High dropout rate at primary level in tribal and secondary level
 - I - IVth class : 38 %
 - I - Xth class : 70 %] dropout rate
- ↳ Absenteeism of teachers
- ↳ Low enrollment rate
- ↳ Lack quality education [logic and numerical - skills]
- ↳ Many times schools and students are present only on paper (documents only) and no actual infrastructure or student - corruption.

Causes of Low literacy

- ⇒ According to :-
- Dhebar Commission (1961)
 - Kothari Commission (1966)
 - Xaxa Committee report (2011)
 - Prajitchi Committee report (2002)

* following are the causes of low literacy :

① Tribal side problem :

- ① Poverty of parent : Education is still a luxury for many tribal families.
- ② Childrens are considered as economic assets hence working at farm or child labour activity.
- ③ Geographical barrier : School distance is one of the reason for low enrolment rate specially for girls .

- ④ Attitude of parents : Education does not yield any immediate economic return. tribals prefer to engage their children in remunerative employment which provide instant return.
- ⑤ Socio religious reason : outsider contact avoid Taboo to meet outsider, language of others, etc.
- ⑥ Girls : early marriage, siblings care, toilet availability, security.

B) Government side problems :-

- ① Inadequate infrastructure : School, Boarding, lodging, food resources like mid-day meal, etc.
- ② Geographical barrier : tribal areas are mostly remote and isolated. Distance of school from home is one of the factor for poor enrollment of tribal specially girls.
- ③ At school and its environment are alien to traditional tribal miliey, young tribal children do not wish to stay in it.
- ④ Medium of language : constraints for tribal population [lack of mother tongue at school]
- ⑤ Teacher related issues : Absenteeism, method of teaching, lack of incentives for teachers, etc
- ⑥ Syllabus of education : lack consideration of socio-cultural characteristics of tribals

while designing syllabus.

⑦ Issue of discrimination, exploitation in schools and colleges.

E.g. • Dr. Payal Tadvi suicide in mumbai due to harassment in hostel

• sexual assault in Maharashtra Ashram school.

⑧ Naxal affected area: low enrollment and high dropout rate.

⑨ National education policy lack proper attention to tribal education, related problems and solutions.

Recommendation/suggestions to Improve education.

(i) school Syllabus, curriculum should includes local culture, folklore and history to increase interest of tribal children - Increase enrollment

(ii) method of teaching should involves storytelling theatre, painting, music and dance performance.

(iii) sport activities favourable to tribal interest like archery, local sport should be promoted

(iv) provision for basic infrastructure at school should be made available.

(v) Arrangement of travelling for long distance in geographically isolated area.

(vi) vocational education, skill development in local crafts and skills .

- (vii) local teacher should be recruited.
- (viii) Incentives to children to attend school
e.g. mid day meal , video programme, etc.
- (ix) opening of more Ashram school in tribal region (residential schools)
- (x) Involvement of NGO and civil society to promote awareness and motivate people to send children to school.
- (xi) Arrangement of school time according local needs , harvesting season, ...etc.
- (xii) Attitudinal change of parent by Counselling
- (xiii) Use of ICT to improve education level
e.g. Teleeducation .
- (xiv) Provision of child care centres, Balwadi, etc.

V. Xaxa Committee Recommendations

- ① Teachers should be recruited locally, separate teacher cadre for tribal area.
- ② new Teacher training Institute should opened.
- ③ Easy recruitment criteria for teacher [under RTE]
- ④ state should develop a policy of multilingual education e.g. Bilingualistic textbook .
- ⑤ Gramsabha should involved in school related issues.

- ⑥ Special coaching to improve representation of tribal in higher education.
- ⑦ Micro-project / ITDA support to tribal schools should be strengthened for prevention of dropout.
- ⑧ Increase number of Jawahar Navodaya Vidyalayas.
- ⑨ Residential school should be set up specifically for nomadic tribes.
- ⑩ Protect student from abuse, neglect, exploitation and violence.
- ⑪ Need for social audit for monitoring functioning of schools.
- ⑫ Tribal youth should be provided scholarship in more areas like painting, Art, craft, song and dance.
- ⑬ Vocational Education promotion.

Government Initiatives

⇒ Constitutional provisions :

- ↳ Art. 46 : Special care of education and economic interest of weaker sections.
- ↳ Art. 350 : Provision for mother tongue at Primary School level.
- ↳ Art. 21(a), Art. 51, Art. 15(4).

⇒ Programmes and Acts :

- ↳ Right to Education Act.
- ↳ Sarva Shiksha Abhiyan.

- ↳ National education Policy 1986.
- ↳ Mid-day meal scheme
- ↳ Reservation for S.T. in education (Art.15(4))
- ↳ Navodaya schools
- ↳ Provision for scholarship: Premetric, postmetric.
- ↳ Kasturba Gandhi Balika Vidyalaya.
- ↳ Tribal University, Amarkantaka (MP)
- ↳ Coaching for IIT, IIM, civil services.
- ↳ Ekalavya Ashram school.
- ↳ New education policy 2018 (Kasturirangan panel draft)

Case studies :

- ① PPP project used for teachers training [local].
both teachers and students benefiting [odisha].
- ② Kerala : 'Gotra Bandhu' in each school, who act as intermediate between tribal children and school (wayanad district, kerala)
- ③ OMTES : odisha Model of Tribal Edu. Society.
- ④ Lok Biradar Prakalpa - maharashtra by Prakash Tamte.
- ⑤ Bharatiya Adimjati Sevak Sangha.
- ⑥ Dantewada - livelihood College (chhattisgarh)
- ⑦ Muktiashala project by Anutai Wagh near mumbai (Thane).
- ⑧ KISS : Kalinga Institute of social Sciences [Bhubaneswar, odisha].

Health and Nutrition

→ SDG-③

Healthcare is a major problem in tribal area. Lack of food security, sanitation, safe drinking water, poor nutrition and high level of poverty aggravate a poor health status in tribals.

Till recently, abundance of fruits, tubers, roots, leaves in forest on one hand and indigenous healthcare system on other hand, contributed positively to tribal health. But skills as well as natural resources are fast disappearing.

- ↳ Health of tribal population is outcome of environmental and sociocultural factors.
- ↳ Status of Tribal Health :

According to
NFHS 2005-06



	S.T.	India Average
· IMR	62	57
Under 5 IMR	95	74
Institution delivery	18 %	38 %
Anemia in women	68.5 %	55 %

- ↳ Life expectancy :- 40-50 year found in M.P. (S.T. popn)
 - Base study (1993-94) found in Muria - Male - 37 yrs, Female - 40 yrs
- ↳ Child vaccination :- S.T. Population - 31.3%. [NFHS 2005-6]
 - India average - 43.5%.
- ↳ Insurance penetration :- 2.5% of tribal population.
- ↳ Genetic Disorders : Sickle cell anemia, Glucose-6-phosphate deficiency, Thalassamia.
- ↳ Sexually transmitted diseases :-
 - Santhal - 7-8%
 - Polyandry, polygamy, Prostitution are Reasons.
 - from outsiders.
- ↳ Seasonal diseases :-
 - Malaria, Dysentery, Cholera, etc.
- ↳ Addiction : Alcoholism, charas, opium, etc.
- ↳ Malnutrition :- Anemia, Stunting, ...etc.
 - eg. • Nandurbar district in Maharashtra.
 - Chikhaldara in Amaravati district in Maharashtra - children stunting.
- ⇒ Impact of Christian missionary activities in tribal areas : e.g. Karia Khond tribe
 - Brings modern medicine to tribal people
 - decrease superstitions, taboo and increase acceptance of modern Healthcare System
 - North East India specially more benefited.

Causes of poor health in tribals

- ① scarcity of sanitation and clean drinking water - hence water born chronic diseases.
 - ② Deficiencies of minerals and elements
 - Himalayan region : Goiter
 - Yaws, TB, venereal diseases
(Infection after weak immunity)
 - ③ Lack of early detection and diagnosis.
 - ④ Low level of vaccination in tribal area.
 - ⑤ Poverty, illiteracy lead to poor child and mother healthcare
 - ⑥ open defecation - nearly 75% open defecation
 - ⑦ Sociocultural factors :-
- Belief system, superstitions, taboo, etc.
 - Rely on shaman, medicine man, witchcraft
 - Cultural → infection due to contact with outsiders e.g. khairwar in MP are on verge of extinction due to syphilis infection after contact with outsiders.
 - Allow patient to expose to healthy person, specially children more vulnerable.
 - Unhygienic childcare activities.
 - outsider contact e.g. Jarawa (Grand trunk road)
 - Practice of polygamy, polyandry, etc.

⑧ Problem of Healthcare personal :

- ↳ opposition from local medicine man to modern medicine doctor, as they consider modern medical practitioner as enemy, competitor.
- ↳ Shortfall of staff ; as reluctant to go to tribal area (less incentives to work in tribal area)
- ↳ Lack of availability of local doctor or local staff due to education and skill problem.
- ↳ women don't prefer taking treatment from male doctors. (lack of female physicians)

⑨ Inadequate Communication channel :

- ↳ Geographical isolation , requires mobile dispensaries , ambulances , etc.
- ↳ Lack of infrastructure in tribal area -Road , hospital , etc near to tribal habitats .

⑩ Large family size : Hence lack of food security , and health provision .

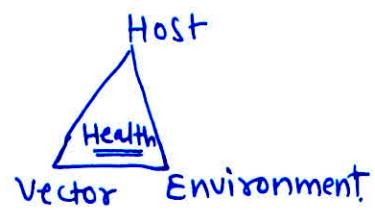
⑪ Most vulnerable categories are : women, children, PVTGs , and geographically isolated tribes .

Case Studies

- (i) Kondh tribe :- Delivery of child by mother herself.
- (ii) Many tribes consider small pox or chicken pox as visit of Devi (Goddess) and they do not isolate patient .

- ④ Bhil tribe (studied by Bhardhan) : when fell sick , they only take treatment when person is bedridden and unable to work. They don't believe in free treatment, hence shows low response to public healthcare system. They adopt or take help of modern healthcare as last resort.
- ⑤ Baster region : when got sick, first seek help of magicoreligious doctor - sirha , second option is herbal medicine and last resort modern medical practices .
- ⑥ Khaiwar tribe of Madhya Pradesh is on verge of extinction as they are not able to conceive the child. They consider this is season of curse of Goddess or due to Black magic done by the nearby tribe (Baiga) . However it has been observed that this can be because of syphilis infection caused when they come in contact with outsider (in 1960s) migrants.
- ⑦ Jarawa tribe of Andaman & Nicobar facing new infections brought here due to tourism and the contact with outsider due to Road construction.
- ⑧ Singpo tribe in Arunachal facing drug addiction
- ⑨ Jaunsar tribe has started utilising modern medicine in recent time .

Recommendation to improve Health



- ① To undertake pathological mapping of tribal area , and accordingly design government Programme in customised way to address the need of area (consider sociocultural Practices of tribes).
- ② Modern healthcare system need to in Consonance with indigenous way , considering the magico-religious healers .
- ③ Location of healthcare facilities as per local need within distance.
- ④ Awareness to tribals regarding :
 - Superstitions practices e.g. not separating patient
 - Health literacy , Sanitation
 - vaccination , disease prevention
 - Regarding nutritions, moder & childcare
 - Regarding government scheme.
 - Regarding doubts of modern medicines.
- ⑤ Health functionaries should aware of background of tribe (cultural sensitive approach needed)
- ⑥ Train local youth to build local health functionaries (personnel) .
- ⑦ Focus should be on early detection & diagnosis.

- ⑧ Preventive approach should be more important like Immunization, etc. (Need change in attitude to accept modern medicine)
- ⑨ Increase the number of female physician in tribal area.
- ⑩ family welfare centric approach.
- ⑪ Incentives for doctors to practice in tribal area
e.g. Reserve seat in higher education
- ⑫ Increase number of mobile clinic, Air ambulance.
e.g. mobile clinic (Boat clinic in Assam)
- ⑬ Improve health infrastructure - Hospital, instruments.
- ⑭ Promotion of tribal indigenous knowledge, herbal medicine.
- ⑮ Use of ICT - e.g. Telemedicine for isolated areas
- ⑯ Involve NGO, civil society, local bodies in health care services.
- ⑰ Improve Nutritional support : mid day meal, PSD, supplements of Iron, vitaminine, Iodine, etc.
- ⑱ Rehab. centre, counselling in addiction cases.
- ⑲ Local medicinal man should be considered ally, Partner to modern medicine, so that both can work together without feeling of enmity.

V.Xaxa Committee Report

- (1) Tribal Health Assembly : similar to the Tribal Health assembly of SEARCH (NGO in Gadchiroli, MH)
- (2) Tribal Health Council and Tribal Advisory Council at state level
- (3) Customise local planning , consider social determinant of health .
- (4) Improve nutrition level of children, improve Health literacy
- (5) Anganwadi should become primary health knowledge centre for tribals .
- (6) Provision for IPR rights to tribal ~~health~~ herbal medicine .
- (7) Tribal health plan .
- (8) Human resource for Health System : ASHA, ANMs .
- (9) Data collection and data processing [Reserve 1% budget for this purpose] .
- (10) Tribal Development Index , Tribal Health Index should be measure to trace health status .

Government Initiatives

- (i) nutrition and essential medicine supply through PDS services and through P.H.C. (Primary Health Centre)
- (ii) supplement of folic acid, deworming tablet,...etc.

- (iii) Universal Immunization programme.
- (iv) National Health Policy 2017 emphasis on tribal Health.
- (v) Relaxed norms for establishing P.H.C. and subcentre.
- (vi) AYUSH Programme, TKDL to preserve traditional knowledge.
- (vii) Ayushman Bharat
- (viii) Use of ICT - Telemedicine of Odisha government.
- (ix) National Institute of Tribal Health
e.g. Malaria clinic in Bastar (Chhattisgarh).
- (x) School kitchen garden in Manipur for midday meal.
- (xi) Provision of fortified food.

Nutrition

↳ Issues of malnutrition in tribal area.

- Anemia, Goiter, malnourishment, low body weight, etc.
- Stunting of children
- Nutrition related issue - Disease prone due to poor nutrition.

Causes of Malnourishment :-

- ① Staple food : e.g. Rice or Corn only, taboo to drink milk (Gond tribe).

- ② Deficit in vitamins and protein in diet.
- ③ Poverty, unemployment, food shortage, decrease in forest resources, lack of PDS supply to tribal area.
- ④ Socio-religious Reason : Taboo practices, totemism.
- ⑤ Development induced displacement - change in diet, lack of local resources.

Case Study :-

↳ Child malnutrition in Chikhaldara area of Amravati district in Maharashtra.

Solution :-

- ① Swachha Bharat Abhiyan
- ② Food Security Act, mid-day-meal.
- ③ Nutritional supplements : Folic acid tablet, calcium tablet, Iodine Bindis.
- ④ Mother and childcare focused healthcare : Anganwadi Centre
- ⑤ Involve locals, local bodies, NGO, local resources.

NGO working In Health Sector :-

- (i) SEARCH foundation, Gadchiroli, Maharashtra
- (ii) Sevadham foundation, Pune.
- (iii) AWARE - in state of Odisha, Tamil Nadu, AP, etc.
- (iv) Lok Biradari Prakalpa, Mahargi Seva Samiti by Prakash Tamte.
- (v) Mahan and Maitri foundation.

- Sustainable development Goal -3
- National Health Policy 2017
- POSHAN Abhiyan.

Unemployment and Underemployment

Majority of tribal household works in agricultural sector as cultivators, marginal farmers and labours. Some of the tribal families are associated with hunting, gathering and pastoral activities. Small proportion of tribes are engaged in industrial sector (factory labourer). Very small portion of tribal are educated and either government employees or professional such as the doctors, teachers. [Representation in professional jobs is limited].

Nature of Employment :

- ① Manual work, lower wages, unorganised sector.
 - ② Bad working condition, work at plantation farm.
 - ③ Involvement of middlemen (Contractor).
 - ④ Seasonal work, bonded labour.
 - ⑤ Artisan worker - found their skill outdated due to lack of marketing, industrial production.
- ⇒ After contact with outsiders there economy undergoes several changes : Increase unemployment.

	Cultivators	Labourer
1961	68 %	20 %
1981	54 %	33 %

source: census 1991.

Causes of Unemployment/Underemployment

- ① Land alienation : Removal of source of income, Bonded labour, indebtedness, landless labourer
- ② Lack of education and skill training in tribals
- ③ Ban on shifting cultivation - loss of livelihood
- ④ Development induced displacement.
- ⑤ lack of marketing for forest product
- ⑥ Impact of Industrialisation - Artisan lost their market.
- ⑦ Emotional attachment of tribals to their land, area and ecology (Hill people don't want to go to plain area for employment e.g. Santhal Paharia)
- ⑧ Low agricultural yield and seasonal employment
- ⑨ Poor implementation of government scheme for employment e.g. MGNREGA.

Consequences of Unemployment

- ↳ Indebtedness , land alienation, poverty,
- ↳ Addiction , migration to urban area - slum.
- ↳ low level of skill, education, health to family members - Hence vicious cycle of poverty .
- ↳ Sometime participate in naxal activities, crimes.

In this way unemployment and underemployment impacting the tribal people & society.

Government Measures

- ↳ Constitutional : Article 23 banned bonded labour.
- ↳ minimum wage Act 1948
- ↳ Reservation in jobs in public sector (Art. 16)
- ↳ wage employment programme - MGNREGA .
- ↳ self employment programme - Ajeervika scheme
- ↳ Vanbandhu Kalyan , Vandhan scheme, Tribal sub Plan , TRIFED , e-commerce for tribal product
- ↳ MSP for forest produce , joint forest management.

Deficiencies in programmes :

- ↳ Poor implementation
- ↳ Indifferent attitude of officials
- ↳ Lack of aspiration from tribal end .

Solution / Recommendation :

- ① Prevention of land alienation
- ② Job oriented education (Vocational education)
- ③ Forest policies need to amend , forest rights act 2006 need to implement effectively .
- ④ Skill training , incentives for cottage industry .
- ⑤ Promotion of SHG oriented employment
(e.g. Vandhan scheme)
- ⑥ Realisation of tourism potential in tribal area .
- ⑦ Commercialisation of tribal product / Arts .
e.g. warli painting , metal sculptures ,etc .

Examples / case study

- ① TRIFED - kandha tribe (odisha) – collect siali tree leaves for preparation of drona. They send these drona to Tirupati Temple (Andhra Pradesh) and many other places.
- ② Gujarat – Tribal youth : driving skill teaching to nearly 20000 youth.
- ③ OTELP – odisha Tribal empowerment and livelihood programme : Target youth.
- ④ Coir Industry : Andaman and Nicobar
- ⑤ Joint forest management success programme in meghalaya.
- ⑥ livelihood Hub – Dantewada (>10 skill)

Xaxa Recommendation

- National institution of Tribal Development
- Watershed development
- Co-operative society (credit)
- Marketing Provision for MFP.
- Scheme like Mahila shashaktikaran yojana

Migration

- forced migration
- Seasonal migration

↳ In search of employment due to low productivity of agriculture, increase in population pressure, monetisation of economy, decrease in forest resources, climate change.

⇒ Where migration : push & pull factor

- Urban centre for employment
- Development related displacement
- forced migration to city or town due to land alienation
- for education and better lifestyle at city.
- Tea gardens - Assam, Kerala & Karnataka.
- Migration : depends on - education, skill set, distance from home.

⇒ Nature of Job after migration :

- | | |
|-----------------------|---------------------|
| - Brick kiln | - mining activities |
| - Agricultural labour | - plantation |
| - Domestic work | - child labour. |

Effects :

- ① migration does not lead to improvement in way of life tribal. It is merely to survive and avoid starvation.

- ② Low skilled and low paid job due to lower education and lack of formal skill.
- ③ Chotanagpur regions tribal migrates to plantation in Assam and West Bengal, Kerala.
- ④ Migration at urban area led to break from original ties (culture/customs) e.g. language.
- ⑤ Sale of girls; prostitution due to forced migration.
- ⑥ Conflict between local and migrant.
- ⑦ Erosion of language, culture, customs and traditional knowledge.
- ⑧ Changes in marriage, family pattern, authority.
- ⑨ Positives: Better education to migrant children
 - ↳ migration make tribal aware about outside world and aware about their right.
 - ↳ so, this led to decrease in exploitation at local level, when transferred that awareness to village area.
- ⑩ Denied PDS access due to documentation issues.
- ⑪ Remittance to village → Hence village development.

Government Initiative

- ↳ Minimum Wage Act 1948
- ↳ JAM Trinity - PDS transfer system
- ↳ Inter-state migration work Act 1971.
 - ↳ Impose obligation to contractor
- ↳ Employment programme at local level e.g. MNREGA
- ↳ Anti-trafficking Act (2018), one Nation one Ration Card.