CHAPTER- 4

IMPACT AND ASSESSMENT
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One of the primary responsibilities of a democratic welfare state is to provide an extension of educational facilities, in fact universal education, in order to create among the masses a common will to live better as well as an awareness of civic rights and obligations. In Article 45 of the Indian Constitution has made education the subject of Directive Principles of State Policy. It lays down “The state shall endeavour to provide, within a period of ten years from the commencement of this Constitution, for free and compulsory education for all children until they complete the age of fourteen years”. ¹

The concept of the state’s responsibility for the improvement of public health and the idea of a citizen’s right to medical care were affirmed solemnly in Article 47 of the Directive Principles of State Policy of the Indian Constitution of 1950. It stated:

“The state shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties, and in particular, then state shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health”²

¹ J. S. Bhandari & S. M. Channa, Tribes and Government Policies, Cosmos Publication, New Delhi, pp. 41-49.
² G. Borkar, Health in Independent India, A Decade of Progress, Govt. of India, 1957, p.5.
Public health and sanitation, hospitals and dispensaries, and matters relating to intoxicating liquors, are included in the State List of the Seventh Schedule of the Constitution. Certain other matters, such as treatment of the lunatics and the mental deficient, adulteration of food stuffs, medical profession, control of infectious and contagious diseases or pests, are placed in the Concurrent List, subjects on which the State Government and the Union Government enjoy concurrent jurisdiction under the Constitution. As regards the implementation of the directive principle on health, it was intended to be carried out by all the constituent states and the Government of India.

The Saoras have many problems alike to any other tribal communities of the State, but what is unique to them is that the large scale exploitation which they have been undergoing over the years by one of their neighbouring community, the Dombs. It wouldn’t be an exaggeration to say that one can’t think of any developmental measures among the Saoras without understanding these Dombs, an untouchable caste of the plains.\(^3\) Initially their relationship with the Saoras was symbiotic rather than parasitic. They wove clothes from yarn spun by the Saoras and sold these to them. Besides, the Saoras sought their advice on various matters and gradually reposed their confidence on them. In course of time the Dombs

\(^3\) Dr. N. Patnaik, *The Saora, Tribal and Harijan Research Institute, Bhubaneswar, Orissa, 1989*, p.58.
became a powerful community among the Saoras who controlled the socio-economic life of the tribe.

The most important point is that according to their traditions trading is considered a low profession. As such, they prefer to dispose off their produce and also buy their requirements at the doorsteps. On the other hand, the Dombs, who are very hard working, climb stiff hills and move miles together to reach different corners of Saora land with their trade. Besides, during the days of acute scarcity a Saora can get a little loin and few articles on credit from the Dombs. The Saoras are mostly cheated and exploited in transaction with them. Thus, the exploitation goes on.

The Saoras are one among the few tribes of Orissa, who practise shifting cultivation extensively. Being the chief source of their income it has become a way of life for these people. The government has imposed restriction on shifting cultivation since it is considered to be devastative, harmful and disadvantageous. It is a fact that due to repeated cutting and burning of forests, not only the forest is affected, but also the productivity of land and considerably been reduced adversely affecting the economy of the Saoras. Even under such circumstances the Saoras show a considerable doggedness in sticking to this type of cultivation. What is, therefore, necessary that before restricting shifting cultivation, sufficient care should be taken to provide them with good land, rehabilitate them in their own villages or colonies established in suitable places near about their present habitat. Moreover, a study on food habits and nutritional status of the Saoras
shows that from the crops grown in shifting cultivation they used to get their required amount of vegetable protein. If the practice of shifting cultivation is kept under ban without providing them any alternative source from which to get the protein supply, these measures will do more harm than good to them by causing dietary imbalance. Keeping in view the failure of the earlier colonization programmes and that the land in tribal areas is in short supply the other solution to this problem would be to bring about reform in the productive organization through scientific shifting cultivation.

Education has a vital role to play in the process of human resource development. But the Saoras lay very little emphasis on education of their children. However, this mayn’t be true among the converted Saoras. In converted areas the attendance in the schools is comparatively much higher than the non-converted areas. Although there are many schools established in the Saora villages, yet these aren’t adequate. Moreover, in comparison to schools established by Education Department, the residential types are very few. But the residential schools, which provide various facilities to the children are favoured more by the Saoras than the non-residential schools. Many non-residential schools lack certain basic facilities, like permanent building, required number of class rooms, furnitures for the students and teachers, full sanctioned strength of teachers and adequate reading and writing materials. It is, therefore, suggested that more number of schools of

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4 Ibid., pp.61-62.
5 Ibid.
residential types should be established in different remote villages. Establishment of schools alone wouldn’t serve the purpose. In Saora area the educational institutions are mostly manned by the Dombs, who are looked down by the Saoras. It is often seen that the teachers mostly close the schools and spend their time at home. This problem has to be tackled effectively by strengthening the inspection by the higher authorities. The problem of language is an important factor which is very much responsible for large scale drop-out and stagnation in the schools. In the beginning learning Oriya is definitely a difficult proposition for the small children who aren’t acquainted with the script. Both the teachers and the students experiences a lot of difficulty in communicating their feelings to each other due to language problems. If the teachers would have knowledge in Saora language they could easily make the students understand the courses. Therefore, in the existing institutions and the institutions which will be established in future, there is a necessity for appointing teachers with good knowledge of Saora language.

Language is a major barrier in the initial schooling stage of tribal children. Tribal children are monolinguals. They only know their respective mother tongues. When they are admitted into the primary schools, they get dumb-founded initially as they fail to communicate with their teachers who too lack the knowledge of the language of their pupils. Students of one tribal community are also unable to communicate with their peers belonging to

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other tribal communities. Thus when there is a gap of communication between the educants and their teacher, instruction becomes unsuccessful. A child’s cognitive frame is in tune with its mother tongue, culture and physical environment. And therefore, when instructional communication is done at the pre-primary stage in a language other than that of the educant, then what is the quantum of receptivity is anyone’s guess. Language a visible identifier of successful schooling. Hence a teacher must necessarily learn the language of his pupils so as to make the teaching meaningful and successful at the pre-primary and primary stages. In the present system of primary education a tribal child remains in physically, culturally, linguistically and psychologically disadvantaged position. The teacher seldom appreciates the cultural values of his pupils. A tribal child can’t be expected to be multilingual and multicultural, though a multilingual person is better equipped and a multicultural person is better educated.

Language is a tangled problem in a multi-ethnic and plural society. In order to reduce the magnitude of drop outs, stagnation and wastage in pre-primary and primary education of tribal children the three language formula strictly adopted. At the pre-primary and the primary stage (upto third standard) a tribal child has to be taught in its mother tongue only. Textbooks for the pre-primary and primary classes should be prepared in tribal languages exclusively using the scripts of the regional language. As a result of the rise of minority consciousness in Orissa Santal, Saora, Ho and

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7 Ibid.
Kondha elites have evolved their scripts for their own languages. Adoption of tribal scripts shouldn’t be encouraged, because that is likely to create more confusion and make the problem unwieldy. After the lower primary stage the tribal child has to be introduced to the regional language which is generally the medium of instruction and examination at the Secondary, higher secondary and university levels of education. \(^8\) Thus it is essential and inevitable to introduce a bilingual-transfer model at the upper primary stage in order to overcome the instructional communication barrier.

In order to make primary education successful, text books need be prepared in the language of major tribal communities using the scripts of the regional language. The general primers and text books are being written in the regional languages now by the non-tribal authors, who lack comprehensive knowledge about tribal societies and cultures. The author require to be educated first about the ecosystem, flora and fauna of tribal habitats as well as about the tribal cultures and languages before embarking upon the task of preparing primers for tribal children. It is necessary to promote a special class of text books writers for pre-primary and primary tribal students.

The home environment of a tribal child is natural, picturesque, serene and delightful. Whereas the school atmosphere is formal, impersonel, serious and time-bound. The glamour of environment for a tribal child is so strong that right from infancy it remains submerged and inebriated in the

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\(^8\) Prof. N.K. Behura and K. K. Mohanty, ‘Perspective of Culture in Tribal Education, THRI, Bhubaneswar, p.18.
splendour and vehemence of its vastness and beauty. While grouping up a tribal child becomes an inextricable part of its sedate and quite habitat and gradually gets acquainted with the hill environment around him. The tribal child, living along with its parents, kins and neighbours in the village is gradually exposed to the total environment around and his knowledge about the elements of its environment steadily increases and it develops an intimate relationship with the world around.

In order to attract tribal children to schools, the environment and atmosphere of primary schools be made informal, homely and compatible. Now when a tribal child comes to a school for the first time, he finds himself in an altogether different world. He is separated from his family members and peers for specific periods, and on the other hand is subjected to the discipline of the school. He resents and sometimes revolts against the curtailment of his natural freedom and ‘happy life’. Initially he gets perplexed and loses his normal composure and thus he remains in search of an opportunity to run away from the school. The incidence of non-enrolment and absenteeism is high among the tribes for two important reasons: firstly, there is acute poverty and second, there is lack of parental motivation. Hunger wipes out the urge for education. A hungry child can’t be expected to go to a school for study. Tribal parents are negatively motivated towards the present system of education. They say that there is no certainty that their children will do well in studies. And even if they do well, there is no job security. They also say that the present system of education alienates one
from honest labour. It infuses false vanity into the mind of an educant, and as a result he/she refrains from manual work. Tribal parents, particularly the unlettered ones have no aspiration to educate their children when they find educated youths in their communities are unemployed who have become liabilities for their respective families.

**Approach to Tribals:**

During the pre-Independence period, the British rulers mostly followed the policy of segregation and tried to keep the tribals isolated from the rest of the population. This isolation not only led to exploitation of the tribal population by the selected non-tribals like the money-lenders and contractors, but also helped the British rulers to exploit and enjoy the natural resources of such areas as the rest of population weren’t aware or concerned with the developments of these areas. A number of Acts were passed to keep some areas isolated or segregated like the Scheduled Tracts (1870), Scheduled District Acts (1876), Backward Tracts (1919), Excluded Areas and Partially Excluded Areas of 1936; Elwin also suggested the “establishment of a sort of National Park” (1939) and minimum contact between the tribals and non-tribals. The policy of segregation not only promoted exploitation and served colonial interest, but also created a sense of separatism among the tribal groups with the rest of India.

This policy, however, was criticised by the nationalist leaders and social workers like A. V. Thakkar and others who didn’t want the tribals to be confined in isolated and inaccessible hills and jungles.
Immediately after Independence, the same policy of isolation with certain modifications was followed. Gradually it was changed. The declaration of “a new particular areas of tribal concentration as Scheduled Areas and Tribal Areas” doesn’t always indicate the isolation policy as the observation of Shri A. V. Thakkar as Chairman of the Sub-Committee, constituted by the Constituent Assembly in this regard shows that some form of isolation was suggested to check exploitation and not to keep the tribals isolated. It recommended “considering the past experiences and the strong temptation take advantage of the tribal simplicity and weakness, it is essential to provide statutory safeguards for the protection of the land”, (Elwin 1963).  

Gradually the approach and policy of assimilation, as a result of contact of the tribals with the non-tribals, and the integration of the tribals in the regional and national spheres were followed and no doubt, the policy and approach towards the tribals after Independence was influenced by Pandit Nehru to a great extent.

**Nehru and the Indian Tribes:**

Nehru was greatly impressed by its democratic ethos and sense of discipline. He observed, “They are an extremely disciplined people, often much more democratic than most others in India. Without a Constitution, they function democratically and carry out the decisions made by their elders or their own representatives almost without exceptions”.

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to approach, “this simple folk in a spirit of comradeship and not like someone aloof who had come to look at them, examine them, or make them conform to another way of life”. He also strongly felt it a wrong approach, “to call some people primitive and to think of ourselves as highly civilised”. Nehru was very much concerned with the tribal policy and tribal development, but consistently opposed any type of imposition or interference with their way of life. He felt that “if you approach the tribal people with affection, go to them as a liberating force and as a friend so that they may feel you have come not to take away something from them but to give them something…. But, if they feel you have come to try to change their methods of living, then it is all completely wrong”. He strongly felt that the main problem is not to provide facilities to the tribals, but to “understand these people, make them understand us and create a fond of affection and understanding between us”. In order to preserve their traditional way of life and culture, he considered the language as an important factor and made it “perfectly and absolutely clear that Government would encourage the tribal language as to encourage and help them to flourish”. Though Nehru was anxious for educational and economic development of the tribals, he strongly expressed the desire that “there would be no attempt to impose other’s way of life on them in a hurry”. Let the change come gradually and be worked out by the tribals themselves” (1957). Pandit Nehru strongly believed in the co-existence of numerous diverse cultures and thus felt that

11 Buddhadeb Chaudhuri (ed.), Tribal Development in India, “Problems and Prospects”, 1st edn., Inter India publications, New Delhi, 1982, pp.147-149.
the tribal groups can become a part of integrated Indian nation. Integration of tribals and non-tribals is very crucial and for this the non-tribals need education as much as the tribals. The approaches to the tribal problems and development, as conceived by Nehru, are clearly stated in his Foreward to the Elwin's book, "Philosophy of NFFA’ (2nd ed.) which really formed the basis of the national policy towards tribal development.

In the name of development Nehru was against the imposition of anything on the tribals. Programme should be initiated considering the felt needs of the tribals where they should have the final say lastly, the customary rights of the tribals on land and forest, which they have enjoyed so long would be honoured.

**Tribal Development Programmes:**

The different measures taken for programmes initiated in the context of the tribals may be broadly classified into three groups – (a) protective, which includes constitutional safeguards and also legislations restricting and regulating alienation of tribal over resources, particularly land, (b) mobilisation, which includes reservation in academic institutions, services and legislatives, and lastly (c) developmental, which includes a large number of programmes covering social services, health, education, economy, etc. (Roy Burman;1989). However, it mayn’t be possible to examine and critically analyse all the programmes initiated or efforts made in the context of tribal development in different plan periods, but even if some areas are analysed this should no doubt reflect the general pattern and may indicate
how far the broad approach and type of development visualised by Pandit Nehru, and also suggested by the social scientists have been fulfilled and translated into reality.

After Independence, various efforts were made to improve the socio-economic conditions of the tribals and to sustain the constitutional safeguards given to them. A number of Commissions, Committees, working groups or study teams were framed from time to time evaluate the condition of the Scheduled Castes and Scheduled Tribes. The first study team on tribal development was constituted as early as 1949. On the Criminal Tribes Act Enquiry Committee and a number of such study-teams or working groups reports are available including the very recent report of the working group on Development of Scheduled Tribes during Seventh Five Year Plans, 1990-95. These study team reports, working groups reports and similar other reports or discussions often guided and helped to reformulate the development strategy with reference to the tribals. The different programmes and schemes initiated by the Government during the different plan periods can be grouped broadly into six categories:

1. Economic, including agriculture, forestry, animal husbandry and small scale industry.
2. Educational.
3. Health, sanitation and family welfare.
4. Communication and housing.
5. Socio-cultural.
6. Political.
In the first plan, mostly as a part of Community Development Programme, various programmes were initiated with particular reference to health, communication and housing.

In the Second Plan initiated in 1956, the establishment of 43 Special Multi-purpose Tribal Blocks in areas with tribal concentration for integrated tribal development was a significant step. Special emphasis was given to education in addition to health, agriculture, communication and housing programmes. In the Third Plan, these blocks were renamed as Tribal Development Blocks where major emphasis was given on economic development along with education, health, housing and communication. Allocation was also increased manifold and 489 Tribal Development Blocks were opened for integrated tribal development, each block covering about 25,000 population of which two-third belonged to the tribal areas.\(^{12}\)

However, due to wider coverage, per capita expenditure went down. By the end of the Fourth Plan, 43 percent of the tribal population were covered in 504 tribal development blocks. During this period, a number of special programmes were initiated for the poorer families or small marginal farmers. Thus special attention was directed to the individual families during this period in addition to area-based programmes. However, the Task Force Report on Development of Tribal Areas has noted a proportionate decrease in expenditure on tribal programmes. In the First Plan, expenditure on tribal

\(^{12}\) Dr. N. Patnaik, The Saora, Tribal and Harijan Research Institute, Bhubaneswar, 1989, pp.62-63.
programmes was around 1 percent which came down to 4 percent in the Fourth Plan and 2 percent in the Fifth Plan Period.

The Fifth Five Year Plan was a landmark in the development planning for the tribal people because the concept of sub-plan for the tribal regions of a state within the overall frame of the state plan was initiated. The unit of planning was an Integrated Tribal Development Project (ITDP). In the Fifth Plan, 18 sub-plans were initiated covering 65% of the tribal population in India in 16 states and 2 UTs. The preparation of annual sub-plan was a concurrent exercise with the state annual plans. The tribal sub-plan approach initiated in the Fifth Plan continued in the Sixth Plan basing on the geographical and demographic concentration of the tribals and also included Sikkim, besides the States and UTs already in the Fifth Plan. The main objectives were to narrow the gap between the level of development of tribal areas and others and to improve the quality of life of the tribal people; and to achieve these, economic programmes, protective measures, employment, education, health services, credit facilities were initiated and the importance of LAMPS was re-emphasised and strengthened. Attempts were made to cover the entire tribal population and tribals living outside the tribal concentrated areas were also included and in this plan period about 75% of the tribals were covered where most investment was made and emphasis was given on amelioration of poverty, development of human resources, education, elimination of exploitation and development of adequate infrastructure.
There is acute shortage of water in Saora area. The problem is more acute in the villages located in the plains. The innumerable small and big hill streams dry up mostly in February. In the absence of adequate number of drinking water wells the people have to depend upon tiny springs for their requirement. Water in those places get dirty and contaminated by various germs. The Saoras have to drink that water and as such they suffer from various diseases. Therefore, priority should be given for providing safe drinking water to each and every hamlet and village. If necessary, a grand water survey may be conducted in the whole belt to locate the water level.

Although the general health of the tribe is fair yet they suffer from various diseases which are mainly due to in-sanitary conditions and lack of health education. It is, therefore, necessary that proper health education should be imparted through popular talks, group discussions, demonstrations and audio-visual aids to the people so that they understand the problems in scientific perspective and adopt remedial measures to improve their health and nutritional status. Besides, steps should also be taken for improving the environmental condition with reference to water supply, drainage, disposal of waste products.

For treatment of different ailments, the Saoras not only resort to magical therapy, but also various herbal medicines available locally. It is, therefore, necessary to identify these medicinal plants and ascertain their medicinal values and protect the rare species. The Saora people are very

\[13\] Ibid.
much susceptible to malaria. This should be effectively checked by taking various preventive measures. It is very important in the Saora context as fever means some sacrifices to be offered to ancestors which ultimately leads to debt.

Housing is an intimate factor connected with the problems of health and disease. The Saora houses aren’t only very poor in quality but also most unhygienic. Though air and light are available in abundance yet the Saoras don’t take advantage of these gifts of nature. The house lacks proper ventilation as there is no window. These factors are responsible for respiratory diseases, eye troubles and low resistance of the body. The reasons for darkness and congested atmosphere in the house are probably due to their ignorance, poverty, a sense of insecurity and age old habits. If environmental factors considerably affects the health of a community, personal hygiene. On the other hand, affects primarily the health of the individual. 14

The traditional belief system of the Saoras has its own concepts about the causation of diseases. They believe that the sufferings are mainly due to, the wrath of the gods and goddesses, evil spirits, black magic, witch craft, sorcery, evil eye and breach of taboo, etc.

The common diseases found among Saoras are malaria, gastrointestinal disorder, diarrhea, dysentery, respiratory troubles (bronchitis), hook work and round worm infections, skin diseases, etc. Venereal diseases

14 Ibid., pp.26-27.
such as yaws, leprosy, tuberculosis and filaria aren’t found among them. Besides, they suffer from malnutrition- which is very commonly marked among the children. For treatment of these disease they mostly resort to magical method by taking the help of the traditional medicine man (shaman) of the village. In magical treatment the shaman establishes a direct link with the spirit who is responsible for causing illness and for its sanitation offerings are made and animals are sacrificed. Besides magical therapy, the Saoras also make use of some herbal preparations according to the advice of the medicine man for treatment of certain diseases.

Health is the first input in human development which is essentially concerned with the well-being of the common man. Development had three equally important aspects viz, (i) raised living standard reflected through income and consumption (ii) such fertile conditions which facilitate high self-esteem and (iii) people’s freedom to choose. Health and the means to maintain it were the fundamental bases of development. It has been seen during the last five decades that the increase in the per capita income was associated with improved health indicators and there were also some evidences that economic decline had some association with the decline in health indicators (UNICEF, 1990).

Health Status of the Tribals:

On almost all the indices of health, the status of tribals was poor. The Report of the Working Group on Development and Welfare of ST during 8th Five Year Plan (GOI, 1989) indicated that diseases like goitre, yaws, malaria
and guina-worm were endemic in tribal pockets. A study of Nutrition Programmes in Orissa States (NFI, 1987) reported that cohort rates (for the periods 1977-81) of the neo-natal, post-natal and infant mortality rates among tribals of five districts of Orissa had been as high as 92. 90, 67. 30 and 160. 20 respectively.

Various Indian studies on snippets and facets of health in general and tribals in particular have revealed that the health status in general and tribals' health in particular were closely associated with:-

a) Poverty
b) Illiteracy
c) Plural residence
d) Knowledge, attitude and practice
e) Under-privileged status and ecological factors.

A significantly large number of tribals lived below the poverty line in both rural and urban areas. The percentage of Scheduled Tribes below the poverty line was higher than those of Scheduled Castes in rural areas. In India the Rural Literacy Rate (RLR) in general population as per 1991 census was 30%. Some states were still are behind this dismal literacy rate. It is alarmingly low for the female tribal population. The disadvantage groups Scheduled Castes, Scheduled Tribes and women had a very low literacy rate.

Illiteracy resulted in many hydraheaded problems associated with health which baffled all planners. Even a high literacy rate was not sufficient for a good health status. The trend emerging from the analysis of the census data of 1971, 1981 and 1991, indicated a negligible correlation between
female literacy rate and population growth rate. For a nation the antonym of illiteracy was not mere literacy, instead it had to be education (Sahay, 1993).\footnote{Manoranjan Sahay, "Health Status of Tribal in India", Social Change, June-Sept, 1993, pp.173-75.}

Literacy was the initial step towards school education and majority of the tribals were far from even this initial step.

The data from various studies reveal that people living in rural areas had poor health status. The prevalence of blindness, tuberculosis, leprosy, malaria, filaria, goitre, vitamin and nutritional deficiency, worm-infestations etc., was also high in the rural areas.\footnote{Ibid.} An overwhelming majority of tribals (94\%) lived in rural areas and most of them dependent on agriculture, agricultural labour, bamboo-basket making, fishing, food gathering and hunting, animal husbandry, etc. They live in mud houses with poor sanitation arrangements. The poor health status of the tribals was to a large extent because of their ruralness.

Health of a person depends on his knowledge about the basics of health, his positive attitude to the proven tenets of good health and practising them. Tribals believed in a number of superstitions and taboos regarding food habits. For example, among the tribals of Bastar, milk is a taboo. They are still ignorant regarding the value of immunization and vaccination. Poor personal hygiene made them, particularly the children below five years, prove to infections. The unshakable faith in witchcraft, magic, sorcery, etc.
was a barrier in being open to change and adopting the advanced medical methods of fostering health.

Tribals in India were certainly an under-privileged group. They were socially as well as economically weaker than the rest of the population. Even among the other under-privileged groups they were economically the weakest and socially distant. Tribals were spread all over the country. The ecology, geography and climate specially in the hill regions posed a barrier to their health and quality of life. The movement of men, materials and knowledge became difficult in view of the rugged terrain and its inaccessibility. The food habits of the tribals were different and due to a very restricted type of food products, in their environment they didn’t get sufficient amount of nutrients leading to alarmingly high levels of malnutrition.

**Poor Tribal Health Status: Few Remedial Measures:**

The Constitution of the WHO defined health as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. The complex relationship between health and environment (geo-physical, socio-cultural, economic conditions, psychological barriers, etc.) made it clear that health was no longer the responsibility of only the physicians, nurses, midwives and other health professionals who sought to cure and prevent diseases rather it was also the responsibility of the planners, architects, teachers, employers, psychologists, government and the public itself, etc. who should be held responsible for fostering bad or good
environment (WHO, 1993). Since health was immediately related to physical and biological environment, it was essential to provide safe drinking water, keeping the environment free from pathogens as well as harmful biochemical agents and sufficient opportunity for optimum intake of nutrition.

It is generally believed that the difference between the health of the tribals and the non-tribals is a consequence of ethnicity. The health of the tribals is explained in relation to their tribalness, a cultural product of age old historical process and inherited biological traits. A different explanation of the health of the tribals focuses on their socio-economic characteristics, the most important of which are ruralness, illiteracy and poverty. An overwhelmingly large percentage of the tribal population (94%) live in the villages of India as well as in Orissa. The rural tribal female literacy is much lower in India. It is 7% compared with 18% in the general population. Majority of the rural tribal population exist below the poverty line.

It has been found that the health is as much, even more, a socio-economic problem as it is a physical one. The health problems of the poor are rooted in their environmental conditions. It has been seen that as health improvement is essentially related to economic, political and social conditions, improvement of health status of a population is also essentially an economic, political and social issue.

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There have been a number of studies on the tribes, their culture and the impact of acculturation on the tribal society. There have also been studies on the status of women relating to their socio-cultural problems, either economic rights, their participation in management, their access to employment, food, health, education, etc. But these issues haven't been properly focussed in relation to the tribal women. There are only a few studies on the status of tribal women in India. Thus the study of tribal women cannot be ignored. It becomes important because the problems of tribal women differ from a particular area owing to their geographical location, historical backward and the process of social change. For this, there is a need for a proper understanding of their problems specific to time and place so that relevant development programmes can be made and implemented. There is a greater need for undertaking a region-specific study of the status and role of tribal women which alone can throw up data that will make planning for their welfare more meaningful and effective.

The status of women in a society is significant reflection of the level of social justice in that society. Women's status is often described in terms of their level of income, employment, education, health and fertility as well as the roles they play within the family, the community and society. The status of tribal women in matrilineal societies has been observed to be somewhat better than that of their counterparts in patrilineal societies and they have a significant role in the tribal economy.

Ibid., pp.173-74.
However, after a comparative analysis of the various indicators (political organisation, religion, ritual practices) among the different tribes of India, it has been observed that the status of tribal women is comparatively lower than that of tribal men. Moreover, the status of tribal women has gone from bad to worse as a result of the social change which has affected the social structure of tribal society.

As health is one of the important indicators of human development, it has been seen that health is a function, not only of medical care, but of the overall integrated development of society-cultural, economic, educational, social and political. Each of these aspects has a deep influence on health which in turn influences all these aspects. Hence, it is not possible to raise the health status and quality of life of people unless such efforts are integrated with the wider effort to bring about the overall transformation of a society.

The common beliefs, customs and practices connected with health and disease have been found to be intimately related to the treatment of disease. It is, necessary to take a holistic view of all the cultural dimensions of the health of a community. Maternal and child health care is an important aspect of health seeking behaviour which is largely neglected among the tribal groups (Basu, et al, 1990). Health and treatment are closely interrelated with the environment, particularly the forest ecology. Many tribal groups use different parts of a plant not only for the treatment of the

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19 Ibid., pp.175-76.
diseases, but population control as well. There is a positive correlation between forests and nutrition. It has been noted by many that tribals living in remote forest areas have a better overall health status and eat a more balanced diet than tribals living in less remote, forest free areas. The mode of utilisation of available natural resources often determines the long-term impact on health.

Efforts have been made to examine the health status of tribal women in the light of several parameters, i.e. sex ratio, female literacy, marriage practices, age at marriage, fertility, mortality, life expectancy at birth, nutritional status and mother’s health, forest ecology and women’s health, child bearing and maternal mortality, maternal and child health care practices, family welfare program, sexually transmitted diseases and genetic disorders. It may, however, be mentioned that health related studies among the tribal population found to be limited, most of the available studies are fragmentary in nature without an adequate sample size and standard methodology. Therefore, the present study is being carried out by the investigator on Saora tribe, one of the most primitive tribes of Orissa, to determine their position in the society.

**Sex Ratio:**

Sex ratio (females per thousand males) measure the balance between males and females in human population. Large imbalances in this aspect affect the social, economic and community life in many ways. A higher or lower sex ratio reflect the status of the socio-cultural, maternal and child
health care programmes existing in the population. As compared to the general population, there appears to be a more even distribution of males and females among the scheduled tribes, i.e. 982 (1971), 983 (1981), 972 (1991). It shows that females in the tribal society aren’t neglected. However, it may be pointed out that their sex ratio (972) in 1991 census shows a definite decline when compared to the 1981 census figure of 983.

The sex ratio among the Saora tribe is higher indicating the better health status of women in their society.

**Female Literacy:**

Literacy is universally recognised as a powerful instrument of social change. The level of literacy is undoubtedly one of the most important indicators of social, cultural and health development among the tribal communities. Literacy is important for the women for their overall development. Infant mortality is found to decrease significantly when the mother is educated at the primary level and above. The Indian tribes have been exposed to literacy only recently. By and large, their response to programmes of literacy and of formal education varied significantly between tribes and from region to region. These responses depended on their socio-cultural, economic, demographic characteristics and on the magnitude and direction of the forces of modernisation, such as urbanisation and industrialisation (Bose, 1970). The influence of Christianity in some tribal areas had also played a significant role. According to 1991 census data, excluding Assam, Jammu and Kashmir, the literacy rate among the general
population aged 7 years and above was found to be 52.19 (64.20 for males and 39.19 for females). Literacy among the tribals was found to be very low i.e. 25.9 per cent and especially so among the tribal females (14.5 per cent). Most of the literates among the Scheduled Tribes were literate only upto the primary level. Within the country the level of literacy among the tribals varied widely.

The lowest level of literacy among the tribals was recorded in Andhra Pradesh (14.5 per cent) and the highest in Mizoram (80.0 per cent). The lowest level of literacy among the females was found in Rajasthan (4.1 per cent). Among the Union Territories, the highest literacy among the tribals was observed in Lakshadweep (79.1 per cent). But literacy level among the Saora tribe of Orissa is still lagging behind and it is distressingly low among the females.

**Marriage practices and Age at Marriage:**

The cultural norms that particularly affect women’s health are attitudes towards marriage, marriage practices, age at marriage, values attached to fertility and sex of the child, pattern of family organisation, her status in the society, decision-making capability and ideal role demanded of women by social and cultural conventions. All these determine her place in the family, her access to medical care, education, nutrition and other health resources.
Marriage Practices:

India is characterised by the presence of a large number of endogamous castes, tribes and religious communities with different types of marriage practices. Some of the marriage practices affect the health of the females among the tribals. The age at which the girl was given in marriage depended on social values. Girls in tribal societies were given in marriage generally after puberty. The major life threatening complications for very young mothers were pregnancy induced high blood pressure, anemia and difficulty in delivery systems. The high rate of fertility and mortality among the tribes attributed it to the low level of education and income, lack of knowledge of family planning methods and importance of small family size, poor medical facilities, lack of proper sanitation and drinking water.

Nutritional Status and Mother’s Health:

The health and nutrition problems of the vast tribal population of India were as varied as the tribal groups themselves who presented a bewildering diversity and variety in their socio-economic, socio-cultural and ecological settings. The nutritional problems of different tribal communities located at various stages of development were full of obscurities and very little scientific information on dietary habits and nutrition status was available due to lack of systematic and comprehensive research investigations. Malnutrition was common and greatly affected the general physique of the tribals.

Good nutrition was a requirement throughout life and was vital to women in terms of their health and work. Nutritional anaemia was a major problem for women in India and more so in the rural and tribal belt. The situation was particularly serious in view of the fact that both rural and tribal women had a heavy work load and anaemia had a profound effect on their psychological and physical health. Anaemia lowered resistance to fatigue, affected working capacity under conditions of stress and increased susceptibility to other diseases. Maternal malnutrition which was quite common among the tribal women was also a serious health problem, especially for those having many pregnancies too closely spaced, and reflected the complex socio-economic factors that affected their overall situation. The nutritional status of pregnant women directly influenced their reproductive performance and the birth weight of their children, a factor that is crucial to an infant's chances of survival and to its subsequent growth and development.

Diet of not a single tribe in different States of India and particularly of Orissa, can be said to be fully satisfactory. Tribal diets were generally grossly deficient in calcium, vitamin-A, vitamin-C, riboflavin and animal protein. Studies carried out at the National Institute of Nutrition (1981) and Planning Commission of India (Sixth Five Year Plan, Govt. of India) reported a high protein calorie malnutrition along the rice eating belts. Studies of tribal communities in Orissa conducted by Ali (1992) found that an ecological imbalance caused by rapid deforestation had resulted not only
in depleting food resources, but in prolonged droughts, adding to hunger and starvation. The morbidity status of tribal women revealed the prevalence of pyrexia, respiratory complaints, gastro-intestinal diseases and rheumatic diseases. Among the adult women gynecological complaints and deficiency diseases were common.

**Forest ecology and women’s health:**

The forest based tribal economy in most parts of the world was women-centered. Women made provisions for the basic necessities like food, fuel, medicine, housing material etc. from the forest produce. Food was obtained from shifting cultivation and from minor forest produce like flowers and fruits collected from the forest. Extraction from herbs, roots and animals were used for medicine. All these efforts incurred an excessive workload on women.

Because of the extensive felling of trees by vested interests, the distances between the villages and the forest areas had increased, forcing the tribal women to walk longer distances in search of minor forest produce and firewood. From the study, it has been revealed that women put in an average of 14 working hours per day as compared to 9 hours put in by men. Given this additional workload, even women in advanced stages of pregnancy were required to work in the agricultural fields or walk great distances to collect fuel and minor forest produce.21 The over strain on tribal women however,

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wasn’t adequately compensated due to the non-availability of minor forest produce and decreases in food grain production. As a result of deforestation, additional distance and less fertile soil, the availability of food for the tribal family was reduced. To add to the malnutrition and additional workload, there was the destruction of traditional herbs through deforestation and the lack of access of the tribals to modern medicine. This, combined with the increasing ecological imbalance, resulted in diseases such as TB, stomach disorders and malaria.

**Child bearing and maternal mortality:**

Child bearing imposed additional health needs and problems on women, physically, psychologically and socially. The complications of pregnancy and of child birth and of illegally induced abortions were adverse resulted in large numbers of female deaths (U. N. 1984). In India the maternal mortality was around 500 per 100,000 live births, which was about 50 times that in a developed country or in the better off segments of the Indian society (UNICEF, 1986). Poor nutritional status with its concomitant problems of poor body weight and height, poor weight gain during pregnancy, low hemoglobin levels, was one of the primary underlying causes of maternal mortality in India. Generally, mal-nourishment, poor medical facilities and unfavorable social conditions were the major underlying causes for high maternal mortality in India. The situation was all the more aggravated among women in the tribal belt of India because of the prevailing magico-religious and socio-cultural practices.
Maternal and child health care practices:

Maternal and child health care practices were found to be largely neglected in various tribal groups in general and Saora tribes in particular. Expectant mothers to a large extent weren't inculcated against tetanus. The consumption of iron, calcium and vitamins during pregnancy was poor. The habit of taking alcohol during pregnancy was found to be common among the tribal women and almost all of them continued their regular activities including hard labour even during advanced pregnancy. No specific precautions were observed at the time of conducting deliveries which resulted in an increased susceptibility to various infections. Services of paramedical staff were secured only in difficult labour cases. In addition, a lot of women suffered from ill health due to pregnancy and child birth in the absence of a well defined concept of health consciousness. Vaccination and immunization of infants and children were inadequate among tribal groups. And extremes of magico-religious beliefs and taboos aggravated the problems.

Family Welfare Programmes:

While evaluating the impact of the family welfare programme on Saora tribal women, it was observed that tribal women gave more attention to child welfare and child development programmes rather than mother care or family planning programmes. This may be because of their inherent maternal instinct and protectiveness towards their children. A very few percentage of women are aware of the family planning methods.
Infections of the female genital tract were numerous and widespread. They constituted a large part of low grade morbidity among women contributing to a continuous physically draining fatigue. These functions were closely related to inappropriate care or poor hygiene in connection with child birth and other related things. They included the sexually transmitted diseases which were most prevalent diseases in the tribal areas.

**Lack of knowledge:**

While going through the available literature on the health status of the tribal women it was observed that comprehensive area health related studies were limited, most available studies were isolated, didn’t cover the various dimensions of health affecting the status of tribal women like (i) sex –ratio, (ii) female literacy, (iii) marriage practices, (iv) age at marriage, (v) life expectancy at birth, etc.

It has been found that there was scarcity of studies on many urgent issues affecting the health status of tribal women.

**Educational status of Saora tribal women:**

The tribal traditions have been singularly devoid of literacy skill, though the same isn’t true in case of education. In the modern age when literacy has been recognised as an important tool of empowerment, the tribal society has been greatly disadvantaged and the tribal women, abysmally disadvantaged. The tribal woman is enormously handicapped. Being a woman, she is already handicapped in Indian society, as all women are, in
matters of education, and of economic independence. When she comes from a tribal society, she is doubly disadvantaged.

In order to get a clear perspective let us look at the literacy figures. At the all India level the literacy percentage among women, according to 1991 census, is 39.42 while among the tribal women it is only 14.5 percentage. As against the total male literacy 63.86, the total female literacy by itself is very low i.e. 39.42, and among the tribal women it is further shamefully low as 14.5 per cent.

The factors that are responsible for such a low educational level among the tribal women in general are true for the entire tribal society. As mentioned earlier, the division of labour has been unfavorable to the tribal women. Traditional education among the tribes does not discriminate among boys and girls but unfortunately the literacy skills were never a plan of the programme in these centres of traditional education.

During the last fifty years or so, the traditional institutions of education (taken in a macro sense) have fast been losing ground and now are almost defunct in many tribal societies. Whereas these institutions provided training to both boys and girls, whether together or separately, for their roles in adult life, they didn’t provide any kind of literacy skill as it was alien to their cultural traditions. The tribal societies were local specific, well knit and closed societies, the oral traditions served their needs and hence literacy skills weren’t in their genre and genius. It is, however, unfortunate that the planners of modern education failed to appreciate their functional educative
role and debunked them with the result that these institutions withered away. If the literacy skills including other educational objectives would have been interwoven, the development level of the tribal societies in general and tribal women in particular wouldn’t have been as poor as it is today. To my view, the failings are those of modern educators, and not that of the tribals themselves because we couldn’t integrate modern education as a social institution in the tribal society in an effective manner.

**Status of Tribal Women:**

As stated in the beginning, the status of tribal women in the modern world is very peculiar. Whereas, they have relatively higher social status when prepared to the women in rural areas, yet they are the most economically deprived. The question of their empowerment is wrought with problems which have some areas that are common to women in general while some are specific to them and that too, in matriarchal/matrilinetal societies have different dimensions.

**Education among tribal female:**

Having seen that the status of tribal women in their own society is at a pedestal as compared to their non-tribal counterparts, it is necessary that education be made available to them for rapid progress. “This aspect of female education was taken up by the missionaries. They have been imparting education to the women folk but mostly they have converted tribals as their pupils. Naturally the unconverted are deprived of this
facility”. The social problems due to lack of education among tribal girls have peculiar dimensions.

**Adult Education Programme:**

The Adult Education Programme in tribal areas, needs special impetus. The contents, methods and materials for tribal women under this programme has to be relevant in terms of (a) their spoken language and (b) their cultural needs work specific, culture specific, etc). A fresh look needs to be given to the present approach. What is happening under this programme is that materials are written and produced in a centralised manner with little or perfunctory regard to the legal requirements/needs. What is required perhaps is that the educated tribals from the community are involved in writing the materials drawing upon the rich folk and cultural materials. Language and script are two important components of the policy. Whereas it is desirable to have the regional script, the language must necessarily be used which is spoken and understood by the adult female tribal learners in this particular case.

The nature of adult education programme in tribal areas has made some change in its approach but it hasn’t made significant change in its character since Elwin observed the following about Social Education (the forerunner of adult education programme):

“Although some effort has been made to relate it to the prevailing social and cultural practices, this has been of poor standard. The general emphasis on Social Education activities in the Multipurpose Blocks has
simply ranged from folk dances to youth activities and literacy classes to the opening of libraries and reading rooms. It was at least hoped that social education would be the forerunner of other programmes which would be closely related to the tribal culture in all its aspects.\textsuperscript{22}

The Total Literacy Campaigns are preached to be voluntary work but are in essence imposed by bureaucracy and its impact is likely to be marginal and temporary because voluntarism is basically an innate attribute and can’t be found in that great abundance as is being envisaged under the TLC.

Literacy among the tribal women has been lagging behind all other sections—urban males, urban females, rural males, rural females, SC males (rural and urban), SC females (rural and urban) and tribal males. It is at the lowest rung. The adult education programme needs to be sustained perpetually and, therefore, peoples’ participation has rightly been identified as a crucial need. But tribal women’s participation in both designing of the and its approach as well as its execution is highly important. Tribal women’s participation in these activities have been almost negligible. At best, their participation is as ‘beneficiaries’. The need is that they should be actively involved in the planning process of the programme because it is true that they are illiterate yet they are educated because they are playing their role in the tribal society effectively and are making decisions in their lives.

\textsuperscript{22} Verrier Elwin, Report of the Committee on Special Multipurpose Tribal Blocks, New Delhi, Ministry of Home Affairs, Govt. of India, 1960, p.98.
The accent of both ITDP and Micro Project has been an integrated approach and the programmes receiving priority attention are horticulture in the areas, irrigation, marketing, besides programmes like agriculture, communication, forestry, health, education and animal husbandry, etc. Until today, a lot has been done by these agencies. It is further hoped that these concerted efforts will bear fruits, if carried forward with dedication, good will and sincerity.