CHAPTER 1

Introduction
CHAPTER-I
INTRODUCTION

1.1. Tribals in India
1.2. Tribals in post- independence period
1.3. Role of Women in Tribal economy
1.4. Social and Religious status of Tribal women
1.5. Educational Status of Tribal Women
1.6. Health Status of Tribal women
1.7. Dietary habits and Nutritional status of Tribal women
1.8. Reproductive Health Status-Issues and Concerns
1.9. Need for the study
INTRODUCTION

1.1. Tribals in India

The Tribal population of India (84.3 million) was larger than that of any other country in the world. In fact, it was almost equal to the Tribal population of nineteen countries with substantial Tribal population during 2011. Myanmar, with a Tribal population of 14 million, was the second largest in Tribal population. The Tribal population of India was more than four times that of Myanmar and more than six times of Mexico (10.9 million) which has the third largest Tribal population in the world. The Tribal population of India was more than the total population of France and Britain and about four times that of Australia. If all the Tribals of India lived in one state, it would have been the fifth most populous state after Mizoram, Uttar Pradesh, Bihar, West Bengal and Maharashtra.

The term ‘Tribe’ was derived from the Latin word “Tribus” indicating ‘the people’ or ‘masses’. The Tribals in India were known as Adivasis. They were considered as early settlers of the country. Sometimes they were described as Vanyajati, Upajati or Girijan. The Tribal s in India constituted 8.20 percent of the total population. In some States and Union Territories (UTS) they constituted an overwhelming majority, e.g. Mizoram (94.75%), Lakshadweep (93.154%), Nagaland (87.70%) and Meghalaya (85.53%) even though they form only a small proportion of the total Tribal population in India. On the other hand, the States of Madhya Pradesh, Maharashtra, Orissa, Bihar, Gujarat, Rajasthan, Andhra Pradesh and West Bengal accounted for 83 percent of the total Tribal population, even though the non-Tribals constituted the majority population in these states.

Andhra Pradesh was the traditional home of 59, 18,073lakhs of Tribals (belonging to 33 different groups and 200 ethnic groups) inhabiting the border areas in the North and North-East. The Scheduled Tribes chiefly comprised of Sugalis, Yerukalas and Yanadi’s. Other tribes like Chenchus, Koyas and Kammaras were small in number. The Tribal population of Andhra Pradesh was concentrated in Srikakulam, Visakhapatnam, Vizayanagaram, East Godavari, West Godavari, Mahaboobnagar, Warangal, Aliabad, Kurnool, Kadapa, Khammam and Guntur districts.
<table>
<thead>
<tr>
<th>State</th>
<th>Name of the State/UT</th>
<th>Population (Total)</th>
<th>Male (Total)</th>
<th>Female (Total)</th>
<th>Scheduled Tribe (Male)</th>
<th>Scheduled Tribe (Female)</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>India (Excl. 3 Sub-divisions of Senapati Distt. of Manipur)</td>
<td>1210569573</td>
<td>623121843</td>
<td>587447770</td>
<td>104281034</td>
<td>52409823</td>
</tr>
<tr>
<td>01</td>
<td>JAMMU &amp; KASHMIR</td>
<td>12541302</td>
<td>6640662</td>
<td>5900640</td>
<td>1493299</td>
<td>776257</td>
</tr>
<tr>
<td>02</td>
<td>HIMACHAL PRADESH</td>
<td>6864602</td>
<td>3481873</td>
<td>3382729</td>
<td>392126</td>
<td>196118</td>
</tr>
<tr>
<td>03</td>
<td>PUNJAB</td>
<td>27743338</td>
<td>14639465</td>
<td>13103873</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>04</td>
<td>CHANDIGARH</td>
<td>1055450</td>
<td>580663</td>
<td>474787</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>05</td>
<td>UTTARAKHAND</td>
<td>10086292</td>
<td>5137773</td>
<td>4984519</td>
<td>291903</td>
<td>148669</td>
</tr>
<tr>
<td>06</td>
<td>HARYANA</td>
<td>25351462</td>
<td>13494734</td>
<td>11856728</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>07</td>
<td>NCT OF DELHI</td>
<td>16787941</td>
<td>8987326</td>
<td>7800615</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>08</td>
<td>RAJASTHAN</td>
<td>68548437</td>
<td>35550997</td>
<td>32997440</td>
<td>9238534</td>
<td>4742943</td>
</tr>
<tr>
<td>09</td>
<td>UTTAR PRADESH</td>
<td>199812341</td>
<td>104480510</td>
<td>95331831</td>
<td>1134273</td>
<td>581083</td>
</tr>
<tr>
<td>10</td>
<td>BIHAR</td>
<td>104099452</td>
<td>54278157</td>
<td>49821295</td>
<td>1336573</td>
<td>682516</td>
</tr>
<tr>
<td>11</td>
<td>SIKKIM</td>
<td>610577</td>
<td>323070</td>
<td>287507</td>
<td>206360</td>
<td>105261</td>
</tr>
<tr>
<td>12</td>
<td>ARUNACHAL PRADESH</td>
<td>1383727</td>
<td>713912</td>
<td>669815</td>
<td>951821</td>
<td>468390</td>
</tr>
<tr>
<td>13</td>
<td>NAGALAND</td>
<td>1978502</td>
<td>1024649</td>
<td>953853</td>
<td>1710973</td>
<td>86027</td>
</tr>
<tr>
<td>14</td>
<td>MANIPUR</td>
<td>2570390</td>
<td>1290171</td>
<td>1280219</td>
<td>902740</td>
<td>450887</td>
</tr>
<tr>
<td>15</td>
<td>MIZORAM</td>
<td>1097206</td>
<td>555339</td>
<td>541867</td>
<td>1036115</td>
<td>516294</td>
</tr>
<tr>
<td>16</td>
<td>TRIPURA</td>
<td>3673917</td>
<td>1874376</td>
<td>1799541</td>
<td>1166813</td>
<td>588327</td>
</tr>
<tr>
<td>17</td>
<td>MEGHALAYA</td>
<td>2966889</td>
<td>1491832</td>
<td>1475057</td>
<td>2555861</td>
<td>1269728</td>
</tr>
<tr>
<td>18</td>
<td>ASSAM</td>
<td>31205576</td>
<td>15939443</td>
<td>15266133</td>
<td>3884371</td>
<td>1957005</td>
</tr>
<tr>
<td>19</td>
<td>WEST BENGAL</td>
<td>91276115</td>
<td>46809027</td>
<td>44467088</td>
<td>5296953</td>
<td>2649974</td>
</tr>
<tr>
<td>20</td>
<td>JHARKHAND</td>
<td>32988134</td>
<td>16930315</td>
<td>16057819</td>
<td>8645042</td>
<td>4315407</td>
</tr>
<tr>
<td>21</td>
<td>ODISHA</td>
<td>41974218</td>
<td>21212136</td>
<td>20762082</td>
<td>9590756</td>
<td>4727732</td>
</tr>
<tr>
<td>22</td>
<td>CHHATTISGARH</td>
<td>25545198</td>
<td>12832895</td>
<td>12712303</td>
<td>7822902</td>
<td>3873191</td>
</tr>
<tr>
<td>23</td>
<td>MADHYA PRADESH</td>
<td>72626809</td>
<td>37612306</td>
<td>35014503</td>
<td>15316784</td>
<td>7719404</td>
</tr>
<tr>
<td>24</td>
<td>GUJARAT</td>
<td>60439692</td>
<td>31491260</td>
<td>28948342</td>
<td>8917174</td>
<td>4501389</td>
</tr>
<tr>
<td>25</td>
<td>DAMAN &amp; DIU</td>
<td>243247</td>
<td>150301</td>
<td>92946</td>
<td>15363</td>
<td>7771</td>
</tr>
<tr>
<td>26</td>
<td>DADRA &amp; NAGAR HAVELI</td>
<td>343709</td>
<td>193760</td>
<td>149949</td>
<td>178564</td>
<td>88844</td>
</tr>
<tr>
<td>27</td>
<td>MAHARASHTRA</td>
<td>112374333</td>
<td>58243056</td>
<td>54131277</td>
<td>10510213</td>
<td>5315025</td>
</tr>
<tr>
<td>28</td>
<td>ANDHRA PRADESH</td>
<td>84580777</td>
<td>42442146</td>
<td>42138631</td>
<td>5918073</td>
<td>2969362</td>
</tr>
<tr>
<td>29</td>
<td>KARNATAKA</td>
<td>61095297</td>
<td>30966557</td>
<td>30128640</td>
<td>4248987</td>
<td>2134754</td>
</tr>
<tr>
<td>30</td>
<td>GOA</td>
<td>1458545</td>
<td>739140</td>
<td>719405</td>
<td>149275</td>
<td>72948</td>
</tr>
<tr>
<td>31</td>
<td>LAKSHADWEEP</td>
<td>64473</td>
<td>33123</td>
<td>31350</td>
<td>61120</td>
<td>30515</td>
</tr>
<tr>
<td>32</td>
<td>KERALA</td>
<td>33406061</td>
<td>16027412</td>
<td>17378649</td>
<td>484839</td>
<td>238203</td>
</tr>
<tr>
<td>33</td>
<td>TAMIL NADU</td>
<td>72147030</td>
<td>36137975</td>
<td>36009055</td>
<td>794697</td>
<td>401068</td>
</tr>
<tr>
<td>34</td>
<td>PUDUCHERRY</td>
<td>1247953</td>
<td>612511</td>
<td>635442</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>35</td>
<td>ANDAMAN &amp; NICOBAR ISLANDS</td>
<td>380581</td>
<td>202871</td>
<td>177710</td>
<td>28530</td>
<td>14731</td>
</tr>
</tbody>
</table>
They generally confirmed to a common government and shared a common
territory. They also observed certain social taboos regarding marriage, profession
or occupation and had developed a well assessed system of reciprocity and
mutuality of obligation. The Tribal society was usually small, close knitted, and
largely organized on the basis of kinship. The most striking features were their
simplicity, honesty and truthfulness. The tribes differed considerably from one
another in race, language, culture and beliefs in their myths and customs.

However, the tradition and culture of tribes was gradually changing under
the influence of modernity, science & technology, access to transportation and
economic necessity. The Central and State Governments were focusing on the
welfare and development of Tribal regions and special budget allocations were
made for Tribal development. With depletion of game animals and indiscriminate
destruction of forest vegetation which were the main resource bases of the Tribals,
they were forced to depend more on agriculture and farming for their livelihood.
This economic dependence was compelling them to cross the barriers of isolation.

The women living in the Tribal regions in India remained outside the
preview of modern facilities. They preferably followed their own traditions,
superstitions and their own ways of child rearing practices. They did not pay
adequate attention to their health, sanitation, surroundings, nutrition and social
behavior to get a better bio-psycho, social status in the society. They had firm
beliefs in their own methods, and developed their own norms and standards of
health, sanitation, socialization, child bearing and rearing practices. They were not
conscious of the drawbacks and repercussions of their traditional ways of living in
their habitats.

The Pregnant and nursing mothers didn’t get sufficient amount of
nourishment, they did not go for regular health checkups, and did not take any
precautions. They had their own perceptions regarding precautions to be taken
during pregnancy and during post natal care of children. Their perceptions about the
amount of food to be given to young children and mothers has resulted in anemia,
malnutrition and associated problems, disease and social economic backwardness.
The problem of malnutrition, communicable diseases, health hazards, lack of
awareness were not only associated with pregnant, nursing mothers and children but all members of the Tribal community.

In this background, it’s a well known and accepted fact that in the Tribal world, women contributed to the economic development more substantially than men. A Tribal woman occupied important place in the socio-economic structure of her society unlike in other non-Tribal societies. Women were not treated as drudgers or beasts of burden. They exercised a relatively free and firm hand in all aspects related to their social life. But it was still important to emphasize that the Tribal women by herself was exactly the same as any other women with the same passions, love and fears, the same devotion to the home, to husband and children and the same virtues in addition to the burdens imposed by the environment and economic conditions.

Though Tribal women were away from the mainstream of national life, they were not kept away from the impact of socio-economic changes affecting the neighborhood or society in general and these changes have adversely affected the position of Tribal women all over India and they have been subjected to various forms of deprivation.

Various changes and new practices have added to their work without enhancing their position. The Tribal women who were equal partners in economic pursuits have been relegated to the background in economic development. The ideas of segregation and distribution inherent in non-Tribal stereotypes and development models have penetrated into the Tribal areas. Women’s development was treated as a separate issue. They have not been integrated into the development process and were being considered as a separate group distinguished by sex and not by the work they performed.

Singh (1992) stated that Tribal world of India has been researched over 200 years by administrators, ethnographers, missionaries, census authorities, anthropologists, sociologists and historians. According to him two sets of assumptions have governed their writing, namely: the British administrators turned ethnographers and anthropologists who described the Tribal community as a state of Arcadian simplicity. The deterioration of Tribal community was attributed to
sanskritization of semi-Tribal chiefs and the vulnerability of the Tribal character. “The second assumption postulated that the Tribals were a subsystem of the Hindu system and that they were being absorbed into the Hindu society. The Hindu mode of absorption was spelt out by an anthropologist in terms of their integration into the economic organization of the caste. There was very little Hindu about this mode of absorption. The tribes were in fact getting integrated into a secular system of production market system as it was extended to the Tribal regions (Singh, 1993).”

Much of the writings on tribes during that period could be viewed side by side with the anthropological, historical, colonial analysis of Tribals. There was a strong link between anthropology, and colonial system. Ethnography had its roots in the administrators need to collect information at the grass root level. Anthropology had developed in this era only. In fact, it was during this period that the image of “Protector” of minorities was established. Anthropologist on one hand stressed the role and function of ethnicity and diversity in the formation of a nation, state; on the other hand it had also created a social category called a tribe (Singh 1993).”

1.2. Tribals in post-independence period

In the post-independence period, scholars started taking interest in studying the stratification in Indian rural society. In the sociological writings one can decipher two kinds of hierarchies, used to describe social stratification. The first was referred to as “sacred” ritual on hierarchy with Brahmins at the top, untouchables at the bottom and intermediate groups ranked according to certain principles of purity and pollution.

The second kind of hierarchy was called “secular” or politico- economic with the most powerful economic and political group (e.g. Land owners) at the top and the least powerful economic and political group (e.g. Land less labourers) at the bottom.

The studies on tribes were far removed from this kind of treatment, in the continuation of the colonial tradition of collecting ethnographic materials related to life cycles rituals, customs, etc. of the Tribals by anthropologists. The second was
lack of a precise definition of tribe. Bulk of the studies conducted on the ethnic life of the people deal with the achievements of development plans and massive social change witnessed among them without actually attending to the issue of Tribal stratification and tribe as an ethnic entity.

It was to be noticed, however, that Tribal women were not totally debarred from owning any kind of property. Among most of the tribes, unmarried women have absolute right over their own earnings (Dutta, parul, 1976). However, they inherited movable property and the boys got all the immovable property (Jagirdar, 1986).

The fact that they were allowed to inherit certain specific things itself was a sample proof of their limited right of ownership and inheritance. They were allowed to own only meager and unimportant things. This was probably done to digress them from the control and management of major property areas (Sachchidananda, 1978).

Among the matrilineal societies though the household property was inherited from mother to daughters and she was the owner of property, the management of property was always vested in the hands of a male (Sen. Jyoti 1978). Among the Khasis, property was managed by the wife’s brother (Gurdan, 1914). Among the Garos by the husband and his father in law, who usually was his paternal uncle also (Majundar, 1980). Among both the Khasis and the Garos, though succession to important offices was through females, it was always a male who succeeded a sister’s son (NathAlokananda and Majundar, 1986). Here the women power has been kept in check by the dissociation of management and decision making in production from ownership. Among the same matrilineal tribes, the immediate result of matrilocal residence was not feminine superiority but only the superiority of the wife’s kin (Lowie, Robert, 1921). Therefore, when the husband after initially establishing a matrilocal residence, an independent domicile, he was its undisputed lord (Nath, Alokananda and Majundar, 1986). In domestic management, males and females held equal power, however, in important matters male distinctly dominated. Sen reported from her study on Khasis that “here all married informants always consulted their husbands in day-to-day work, either in
economic activities or in matters of social life. This, matrilineal social structure which by law goes in favour of Tribal women was not as favorable as it seemed to be. It was not enough to say that the status of Tribal women was determined by the kind of social structure a particular society has. Some other aspects need to be taken into account like the participation of Tribal women in the economic activity.

1.3. Role of Women in Tribal economy

There was a division of roles based on sex almost everywhere in the world in relation to the traditional economic structures. The hazardous tasks as well as those requiring physical strength have been ascribed to men, and works which need sustained effort and endurance have been assigned to women. This division was strengthened by taboos and beliefs. In India the tribes were at different levels of economic development and in each, women had a significant role. The main occupation was food gathering and hunting, shifting cultivation, cultivation of land by ploughing and regions where the Tribals work in mining and other industries. These modes of production did not always exist in isolation but was also present simultaneously. According to NFHS III half of the persons in scheduled-tribe households were in the lowest wealth quintile. Among the four caste/tribe groups, those in the other backward classes were the most typical of the population as a whole: they were most evenly distributed across the wealth quintiles.

In societies characterized by hunting and food gathering, for example, the Birhor in Bihar, hunting was the job of men while collection of fruits, edible roots and tubers was the work of women. They also cooked the meals; looked after the children and managed the affairs of the household. Besides hunting and gathering economy, the Birhor have taken up the craft of rope making as a means of subsistence, in which women played a very important role.

In case of shifting cultivation, tribes lived in comparatively inaccessible regions, where nature was less hospitable. A closer economy binds the group together and cultivation was a joint endeavour. But men and women worked together. The men fell trees and cleared forest, the rest of the operations were done jointly by the males and females.
In the agricultural tribes, for example the Munda oraonsanthal and the Goud, women worked shoulder to shoulder with men. The women exclusively looked after the transplanting and harvesting besides weeding, reaping, husking and winnowing, while men did ploughing, leveling, irrigation, and watching the crops. Besides this, women fetched water from the distant springs, collected firewood for fuel, cleaned the house, cooked the meals and looked after children. In spite of this, Tribal women suffered from certain disabilities-in agricultural economy, ploughing the field and thatching the roof were absolutely taboo for them. Similarly among Toda of the Nilagiris who practiced pastoral economy, it was taboo for women to enter the dairies since they were considered to be impure. They sheared wool and spun while among the other tribes of Central and Western Himalayas like the Khasa of Jaunsar-Bawar, the Bhotia of Central Himalayas women worked hard from morning till evening. In Kinnaur women helped men in horticulture. In matrilineal societies, among the Khasis, women engaged in trade. They sold fish, stitched clothes in the market and supplied tea and snacks in offices etc. They also worked in agriculture, both shifting and wet paddy cultivation, besides looking after the home and children.

Thus one can see that the Tribal women in traditional social structures had an important role to play in the Tribal economy. But it cannot be said that their status was equal to that of men as they participated equally with men in the Tribal economy. Most of the times they did so for meeting the subsistence requirements. For the same reason, now with the opening of mines and growth of industries in Tribal areas, a large number of Tribal women worked as wage labourers. In other words, Tribal women played a significant role in the traditional Tribal economy.

1.4. Social and Religious status of Tribal women

In social matters, it was believed that the Tribal women enjoyed considerable freedom of movement and choice compared to her non-Tribal counter part. Besides this, by and large she had freedom in issues relating to occupational mobility, marriage and divorce. There was hardly any stigma with regard to divorce, remarriage of divorcee or widow and these were permissible. Generally, a birth of a daughter in a Tribal society was not considered bad though in some patrilineal societies like the Khasa a male child was considered a boon and a female child a curse.
Choice of marriage

Prevalence of various types of marriages in Tribal societies like marriages by exchange, capture, purchase, service, probation and by trial reflected the importance of men and women in choosing their mates. Tribal women have a say in the selection of mate provided it was in conformity with the marital norms of the tribe. There was, of course, a variation in the degree of freedom between tribes. Though among most of the tribes of Arunachal Pradesh, a girl has little say in the selection of male while an Angaminaga women enjoyed considerable freedom in selecting a mate. Similarly the mizo women’s opinion really counted at the time of the selection of her mate, whereas among the Bhil or Baiga it was just a formality.

However, when it came to the question of decision making the men come to the forefront. The girls may select the partner but it was the male head of the family who finalised the match. It was he who decided the bride wealth and similar matters concerning marriage. Even in the case of the matrilineal Khasis it was the maternal uncle who was the competent authority. Thus, even though a Tribal woman had some choice in choosing her mate, the power of decision making lies with the men of the society.

Age at Marriage

Adult marriage among Tribals till very recently has been an important phenomenon. For example, among Gonads, it was found that maximum number of males i.e., 66 percent married at the age of 21-24 years and 70.09 percent females at the age of 17-20 years. Tribal women in the traditional social structure thus did not suffer from the evils of child marriage and the problems associated with it.

Sex Ratio

In most of the Tribal societies there was an affirmation of male dominance both at symbolic and empirical level. In fact in the language of the Taron. Mishmi’s of eastern Arunachal Pradesh the word for marriage was ‘miyabraiya’ which literally means ‘buying a women’.
Some social anthropologists, however, do not agree with this version. Evans-Pritchard for instance had said payment for bride constituting a sale was now recognized to be a gross distortion of the facts’. It was believed that bride-wealth was not just an economic transaction, but involved a whole gamut of Kinship relation. It not only established relations between two families which continued throughout the life time but also provided security for a women. Among the Rengma Nagas, divorcé was very rare, a divorced man lost the bride-wealth and it was difficult for him to pay more. Bride-wealth was nominal and was considered a token payment for the change of residence on the part of the bride after her marriage. It was believed by many that since the payment of bride wealth speaks of a better position of Tribal women, correspondingly the shift from bride-wealth to dowry was considered as the mark of changing of the position of women from high to low.

Sex life

Pre-marital relationship was not a subject of objections in the Tribal life, provided the rules of avoidance in the choice of mates was not violated. Therefore, a greater degree of tolerance and social sanction prevailed with regard to intimate relationship between a Tribal maid and a youth which may or may not lead to marriage. The institution of youth dormitory provided a socially safe place for pre-marital sexual relations. Among the Murias of Baster there existed simple, innocent and natural attitude towards sex.

Despite this, certain restrictions were not or cannot be imposed on men which were imposed on Tribal women like that pre-marital relations should not lead to pregnancy and if so, she was ostracized for this. If she died in this state it was believed that she will become a spirit. Even where the institution of dormitory was existing, women left it immediately after marriage whereas men were allowed to enjoy its membership for some time.

Taboos and place of women in Tribal rituals

There were certain norms and taboos which applied to most of the Tribal women and were significant in determining their participation. Some
anthropologists have taken the view that kinds of restrictions placed on women during menstruation, pregnancy and child birth may be treated as indicator of the status of Tribal women. According to Frank and Bacdayans (1965) ‘Surely the most obvious interpretation of menstrual taboos was that they were institutionalized ways in which males in primitive society discriminated against females’. Other scholars have argued that menstrual taboos were symbols of the high power and status of women.

1.5. Educational Status of Tribal Women

The low educational status of Tribal women was reflected in their lower literacy rate, lower enrollment rate and higher dropout rate from the school. There was gender bias in the literacy of Tribal population. The female literacy was lower than the male literacy though there has been five-fold increase in the literacy of Tribal females. It was still much lower than the national average of the females. NFHS III findings reflected that 61.7 percent of Tribal women were illiterates.

The relative ratio of girls-Tribal and non-Tribal enrolled for every 100 boys was given by Statistical Profile Of Scheduled Tribes In India (2013). Though the enrollment ratio for girls has been increasing in both the Tribal and non-Tribal groups, the ratio for Tribal girls was much lower than that of Tribal boys and was even lower than that for non-Tribals at all given periods of time. The comparison of number of Scheduled Tribe girls per 100 ST boys revealed that there were 94 girls in Classes I-V, 91 girls in Classes VI-VIII, 81 girls in Classes IX-X and 72 girls per 100 boys in Classes IX-XII.

The drop-out rates of girls was higher than those for boys in Tribal as well as general population. Drop-out rates for All India from class I to V fell steadily over the years from 42.6 in 1990-91 to 25.6 in the year 2007-08 and then a decline in 2009-10 (28.9) and 2010-11 (27). Similar decline in the dropout rates of ST population was observed from 1990-91 (62.5) to 2010-11 (35.6). However, at the all India level, the dropout rates for both boys and girls have declined continuously since 1990-91 which showed a remarkable improvement in the quality of education for STs. The drop-out rate for Tribals at the secondary level was as high as 70.0 percent and for the girls it was almost 71.30 percent. Quite clearly, the reasons for
high dropout of ST children after class VIII and then again after class X have to be addressed if their educational status was to be enhanced to enable them to take advantage of the overall growth of the economy. Consequently, there were only a negligible percent (0.06 %) of Tribal women in institutions of higher education.

There were wide variations in the literacy rates of various Tribal groups. There were tribes with zero percent literacy and there were tribes with literacy rate as high as 40 percent (Nagas). The female literacy rates also varied from zero percent in some tribes to 33 percent in Khas as Jaintias etc. The high rate of illiteracy was due to the fact that the girls were required to work in the house. Women were given importance but were burdened with helping in household duties and were forced to work on farm and as agricultural labourers, as a wife, to help make both ends meet. The whole Tribal economy was dependent on women and as such she was not spared for any petty past times like education..

1.6. Health Status of Tribal women

The factors which influenced the health status of the Tribal population in general, were also applicable to Tribal women, in fact, more so. Kar (1993) has reported that the reproductive behaviours of Nocte Tribal women in Arunachal Pradesh was intimately related to her value system and cultural traditions. She was considered to be healthy if she gave birth to four or five children and also worked in the fields.

Most of their health problems were due to malnutrition, lack of hygiene, non-availability of safe drinking water etc. Illiteracy and ignorance added to their superstitious beliefs and made the solutions to the health problems more difficult. Lack of medical and health institutions, and non-functioning of the existing institutions, made the situation worse as even Tribals who wished to utilize modern medical services did not get the facility. At the same time, the knowledge of traditional medicine and its hold over the community was fast vanishing due to modernization. All these factors contributed to the poor health status of Tribals, especially those living in interior Tribal areas.
The forest foods such as the roots, tubers, fruits, flesh foods etc., have dwindled due to commercial forestry and encroachments of outsiders, resulting in shortage of food. At the same time the non-availability of outside foods for most of the year due to the inaccessibility of the Tribal locations and the high costs of food items imported from outside etc, added to undernourishment. Excess alcohol consumption also contributed to lesser expenditure on food. The net result was that even a casual visitor to the backward Tribal areas found several Tribals suffering from starvation and disease.

Motherhood and childhood were unsafe due to various reasons, such as superstitions, malnutrition and lack of medical and health facilities and environmental sanitation. Health statistics on infant and child mortality rates, and morbidity rates pointed to low health levels among Tribals. Given the low accessibility to health services as well as poor environmental sanitation, it was inevitable that communicable diseases, diarrhea, nutritional and respiratory infections took their toll on children’s lives, while ill-health due to fever was very common especially during rainy season. Tribals suffered from various serious ailments such as T.B, Goiter, Malaria etc, which were on the raise. Vomiting and diarrhea and consequent dehydration were causes for death among the infants and children. Skin disease, especially scabies, was also prevalent.

1.7. Dietary habits and Nutritional status of Tribal women

The Tribals inhabiting the forest and mountainous tracts largely subsisted on the flora and fauna of nature. Due to their primitive levels of technology and rigorous habitats, their crop yields were too low to meet their food requirements round the year. Whatever little they grew was sometimes not sufficient to pay back the money lenders. Therefore, they had to supplement their diet with edible wild roots, tubers, leaves, fruits, nuts and occasionally small game from the surrounding forest. The staple food of Tribals varied from region to region. Ragi or Chodi in Srikakulam, Vijayanagaram, Visakhapatnam and East Godavari and jowar in Godavari gorges, Warangal and Adilabad district, maize and bajra were also consumed in some areas.
The diet pattern varied seasonally depending on the availability of various items of food in the forest. During the periods of scarcity, they resorted to the consumption of even unfamiliar roots and tubers, which often resulted in diarrhea. Psychological, social and cultural factors also influenced the selection of foods which generally resulted in the monotonous consumption of relatively large qualities of a single food item causing specific deficiency disease, while certain highly nutritious foods were deflected due to their beliefs and value systems. Milk was generally not consumed in Tribal areas of Srikakulam and Visakhapatnam district because of their belief that it was meant only for the calf on the analogy of a mother’s milk for her child. Specific totem animals and plant species sacred to various Tribal groups were totally prohibited from consumption.

Usually breast feeding started immediately after the delivery and generally continued till three years or till the mother conceived again. Very rarely did a Tribal child suffer for want of mother’s milk. Supplementary feeding started around the 9th month. 36.8% of babies were weaned from mother’s milk before second year while 82.4% of Tribal babies were weaned between 3-4 years of age. There were special foods for children except foods that were considered heavy and caused indigestion which were avoided for them. NFHS III report stated that Scheduled Tribes have relatively high levels of under nutrition according to all three measures (Height-for-age, Weight-for-height, Weight-for-age). The nutritional status of children was strongly related to maternal nutritional status. Under nutrition was much more common for children of mothers whose body mass index was below 18.5 than for children whose mothers were not underweight.

The life situations and occupations determined the quantity and quality of food consumed. The food intake of children was very low as compared to the balanced diet norm as can be seen above. Because of the variations in food habits, the deficiencies vary across different groups. For instance, Srikakulam Tribal children ate much less cereals than the other Tribals and they made up for it by higher intake of seeds and nuts especially mango, seed flour mixed with ragi flour and vegetables Since Srikakulam Tribals and Gonds of Adilabad have taken up settled cultivation, they consumed less meat (game) while the Chenchus and the
Godavari Tribals who are still hunters eat more meat, consumption of milk and milk products, oils and sugar were low in all Tribal children.

Among the different nutrients, calories and calcium deficiencies were more severe among Tribal children. Protein intake was highest among Gonds of Adilabad because the staple food was pulses. Children of Srikakulam Tribals and Chenchus also consumed protein over the recommended allowance. Calcium deficiency was common to all categories, but the position of Srikakulam Tribals and Chenchus was slightly better. The Tribals in Srikakulam consumed larger quantities of green leafy vegetables and hence had an adequate intake of vitamin A. The impact of the deficiency was reflected in their heights, weight and growth patterns. The prevalence of protein-calorie malnutrition (PCM) signs among the preschool children among Gonds and Chenchus was very high (17-19%) compared to other Tribal groups. They were lighter and shorter. 89% of the pre-school children were also found to be anaemic. Vitamin A deficiency leading to blindness was also common.

The diet consumed by the Tribal women consisted mainly of cereals, pulses, vegetables and small grains which were available in the forests. Their main staple food was ragi. The consumption of rice has increased recently due to the opening of daily requirement depots by the government. Tribals in general, observed taboo on certain foods for pregnant women and lactating mothers. Pregnant mothers were not supposed to eat papaya which was believed to cause abortion. They also avoided eating twin bananas as they believed that it resulted in twin births. Mutton, milk and milk products were not served to lactating mothers till third month, while green leaves were avoided for six months, and all roots and tubers were avoided for one year.

Food intake of pregnant women revealed deficiency in cereal consumption across all groups. The intake of milk, milk products, sugar and jaggery was very low across all the groups. Most Tribal diets were low on cereal content and calorie intake was deficient in all groups. Iron and calcium deficiency was also evident. There was difference in the diet of a pregnant women and lactating mothers in the Tribal groups. In general, lactating mothers consumed more cereals than the
pregnant women. Analysis of dietary and nutritional intake clearly showed deficiency in food and nutrient intake which coupled with repeated infections lead to malnutrition and poor health.

1.8. Reproductive Health Status-Issues and Concerns

The poor health condition of the Indian Tribals was reflected in the status of their Reproductive Health correlated with individual and household, social and economic conditions (Middleberg, 2003). Reproductive Health represented the overall health condition of a population. The reproductive role of women all through the process of gestation, birth, breastfeeding, and child-rearing placed her at the focal point of a population’s Reproductive Health (Shankar and Thamilarasan, 2003). Moreover, women were central to various social and economic activities in Tribal communities requiring reciprocal interactions with the contributing factors of Reproductive Health.

Importance of Reproductive Health

Reproductive Health was a crucial part of general health and a central feature of human development. It was a reflection of health during childhood, and crucial during adolescence and adulthood. It set the stage for health beyond the reproductive years for both women and men, and affected the health of the next generation. The health of the newborn was largely a function of the mother's health and nutrition status and of her access to health care.

Reproductive Health was a universal concern, but was of special importance for women particularly during the reproductive years. Although most Reproductive Health problems arise during the reproductive years, in old age general health reflected earlier reproductive life events.

However, men had particular roles and responsibilities in terms of women's Reproductive Health because of their decision-making powers in Reproductive Health matters, at each stage of the reproductive life cycle. There was a cumulative effect across the life course events at each phase having important implications for future well-being. Failure to deal with Reproductive Health problems at any stage in life set the scene for later health and developmental problems.
Reproductive Health was an important component of general health and it was a prerequisite for social, economic and human development. The highest attainable level of health was not only a fundamental human right but it was also a social and economic imperative because human energy and creativity were the driving forces of development. Such energy and creativity cannot be generated by sick, tired people, and consequently a healthy and active population becomes a prerequisite of social and economic development. Women’s access to ‘power and resources’ emerged as the important contributing factor to their Reproductive Health at the fourth World Conference on women in 1995 held in Beijing which emphasized on increasing women’s economic and educational status, and as a consequence, women’s reproductive rights (Pillai and Wang, 1999). Thus, Reproductive Health indicated the level of self-determination, women’s reproductive rights, and strength of Tribals’ socio-political power.

**Reproductive Health Issues**

Women bear by far the greatest burden of Reproductive Health problems. Women were at risk of complications from pregnancy and childbirth; they faced risks in preventing unwanted pregnancy, suffered the complications of unsafe abortion, bear most of the burden of contraception, and were exposed to contracting and suffering the complications of reproductive tract infections, particularly sexually transmitted diseases (STDs), HIV / AIDS. Among women of reproductive age, 36% of all healthy years of life lost was due to Reproductive Health problems such as unregulated fertility, maternal mortality and morbidity and sexually transmitted diseases including HIV/AIDS. By contrast, the equivalent figure for men was 12%.

Biological factors alone were not the cause of women's disparate burden. Their social, economic and political disadvantages had a detrimental impact on their Reproductive Health. Young people of both sexes were also particularly vulnerable to Reproductive Health problems because of lack of information and access to services. Reproductive Health was affected and was affected by, the broader context of people's lives, including their economic circumstances, education, employment, living conditions and family environment, social and gender
relationships, and the traditional and legal structures within which they lived. Sexual and reproductive behaviors were governed by complex biological, cultural and psychosocial factors. Therefore, the attainment of Reproductive Health was not limited to interventions by the health sector alone. Nonetheless, most Reproductive Health problems cannot be significantly addressed in the absence of health services, medical knowledge and skills.

The status of girls and women in society, and how they were treated or mistreated, was a crucial determinant of their Reproductive Health. Educational opportunities for girls and women powerfully affected their status and the control they have over their own lives and their health and fertility. The empowerment of women was therefore an essential element for health.

1.9. Need for the study

A comparative analysis of the various indicators (political organization, religion, ritual practices etc.) among the different tribes of India, showed that the status of Tribal women was comparatively lower than that of Tribal men. Moreover, the status of Tribal women has gone from bad to worse as a result of the impact of social change which has affected the social structure of Tribal society (Chauhan, 1990). The status of women in a society was a significant reflection of the level of social justice in that society. Women's status was often described in terms of their level of income, employment, education, health and fertility as well as the roles they played within the family, the community and society.

There have been a number of studies on the tribes, their culture and the impact of acculturation on the Tribal society. There were a number of studies on the status of women relating to their socio-cultural problems, their economic rights, their participation in management, their access to employment, food, health, etc. But these issues also need to be reviewed in the light of changing socio-economic conditions especially with focus on Tribal women. Thus the study of Tribal women becomes important because the problems of Tribal women differ from a particular area to another area owing to their geographical location, historical background and the processes of social change (Chauhan, 1990). For this, there is a need for proper understanding of their problems specific to time and place so that relevant
development programs can be made and implemented. There is a greater need for undertaking a region-specific studies of the status and role of Tribal women which alone can give data that will make planning for their welfare more meaningful and effective.

As such the present research study entitled: “Reproductive Health Status -- Issues and Concerns of Tribals” attempts to examine their changing ways and record the actual changes taking place in the status and situation especially of Tribal women. The present study was thus taken up with the objective of focusing on the situation of Tribal women in Andhra Pradesh with special focus on Reproductive Health for the Doctoral Programme.

The thesis was presented in Six Chapters

- The First Chapter Introduces the research problem and discusses about the need for research in the area focusing on the situation of Tribal women in Andhra Pradesh with special focus on Reproductive Health

- The Second Chapter focuses on the Tribal Development in India, two reports of relating to tribal development were presented. Section A presented the report “Statistical Profile of Scheduled Tribes In India 2013 (Ministry of Tribal Affairs Statistics Division, Government of India)” and Section –B presented the report “Tribal Sub-Plan (TSP), 2014-15 of Andhra Pradesh”.

- The Third Chapter presented the review of literature related to Tribal women’s Reproductive Health and attempted to generalize the reported findings and observations.

This review has been categorized and presented under the following headings- Studies on Socio, cultural and Economic Status of Tribal women, Studies on Reproductive Health, Studies on Nutritional Status and Morbidity, Studies on Literature on Fertility Behavior and contraceptives and Studies on RTI, STD’s and HIV/AIDS
• The *Fourth Chapter* on methodology stated the objectives of the study, sampling frame, tools for data collection, data processing and statistical tests.

• The *Fifth Chapter* - Results and Discussion analysed different components like Socio- Economic and Demographic Profile, Food Habitation and Nutritional Status of the Respondents, Reproductive and Maternal Health Care, Family Planning and Usage of Contraception and Information about RTI/STI and HIV/AIDS by.

• The *Final Chapter* summarized the findings of the study and presented implications drawn from the findings and suggestions for further research.