



Impact of developmental programs on tribals with special reference to Telangana state

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Abstract

Tribal territories and people are at the bottom of the human development index in every state and district. On a worldwide scale, natural resources are being depleted, resulting in widespread poverty among indigenous peoples. The effects of planned developmental intervention on tribals have no visible impact from 1961 to 2020. No one can deny that India's tribals are among the world's poorest. Regardless of national poverty estimates, tribal faiths in India have more than 65 percent of the population living in poverty, with the exception of the north-east states, and tribal regions are the most underdeveloped and undeveloped in India. The bulk of these projects, whether they include forests, enormous dams, or massive mineral discoveries, are designed to benefit non-tribals at the expense of local tribals. Local tribal women should be included in health education, with advice from health experts. A well-balanced diet rich in iron and minerals, as well as hundred percent vaccines, can enhance the nutritional and health status of pregnant tribal women. The growth of poultry and fisheries should be encouraged. For their forest goods, the tribe should be compensated fairly.

Keywords: tribals, human development, poverty, peoples, forest, education, status, growth, tribal women

Introduction

The term "tribe" refers to a "categorization of human social groupings." In anthropology, the term tribe has a specific meaning. India and Africa have the world's biggest tribal populations. The numbers are staggering: The tribal lands of India, which are classified into 533 tribes and account for around 10% of the country's population, are home to over 80 million people. Indian tribes have a strong connection to environment and live in some of the country's most beautiful and natural locations. They are a humble and frequently interesting people who, although being mostly undisturbed by modernity, have maintained their traditions and rituals.

The word "tribe" was employed throughout the time of ancient city states and the early establishment of the Roman Empire. The Latin term "tribus" has been translated as "a group of humans creating a community and claiming descent from a common progenitor." The Scheduled Tribes of India may be traced back to races such as the Proto-Australoids, who previously controlled India, the Mongolians, who are still present in Assam, and, to a lesser extent, the Negritos Strain, which is indicated by frizzy hair among the Andamanese and Kardars of South-West India. A scheduled tribe is defined by primitive traits, distinct culture, geographical isolation, shyness of engagement with the rest of the world, and backwardness.

The world's largest tribal population is found in India and Africa. The figures are staggering: there are over 80 million tribals in India, divided into 533 tribes, accounting for almost 10% of the country's population. Tribes in India have a deep connection to environment and live in some of the country's most beautiful and natural settings. They are a simple and often fascinating people who have maintained their rites and customs while being mostly unaffected by the modern world.

Around 80% of them live in the 'central belt,' which stretches from Gujarat and Rajasthan in the west to Maharashtra, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, and Orissa in the east, and West Bengal and Tripura in the west, passing through Maharashtra, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, and Orissa in the east. Meghalaya, Mizoram, Nagaland, Arunachal Pradesh, and Sikkim, as well as the union territories of Dadra and Nagar Haveli, Andaman & Nicobar, and Lakshadweep in northeastern India, account for the remaining 20% of the population. In the southern states of Kerala, Tamil Nadu, and Karnataka, a small number of them live. Andhra Pradesh, or Telangana, has the largest tribal population among India's southern states.

Tribals in Indian sub-continent

Adivasis refers to the Tribes of the Indian subcontinent, who are considered India's original people. They were preceded by Dravidians and Indo-Aryans.

It refers to "any of the various ethnic groups thought to have been the original occupants of the Indian subcontinent." In India, however, tribes are not recognized as indigenous people.

In India's constitution, several ethnic groups were grouped together "as a means of social and economic advancement. The Adivasi people of India have been referred to as Scheduled Tribes since that time." "Those tribes or tribal communities, or parts or groupings within such tribes or tribal communities, recognized as Scheduled Tribes for the purposes of this constitution under Article 342," according to Article 366.

The Indian government has adopted a number of department policies dealing to tribal welfare since the inception of the first five-year plan. Nehru, the plan's main architect, was a fervent believer that the tribes should be able to profit from contemporary medical, educational, agricultural, and economic wealth, but not at the expense of their unique and precious features. He stressed that development in tribal areas should be gradual and steady, and that bureaucrats and development personnel should adopt a pro-tribal mindset and culture, as well as establish an environment that supports tribal participation in the development process.

Tribes like the Abor, Garo, Khasi, Kuki, Mismi, Naga, and others live in the mountain valleys and other regions of north-eastern India, which includes states and union territories like Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, and Tripura. In the sub-Himalayan districts of North Bengal, Uttar Pradesh, and Himachal Pradesh, tribes such as the Lepcha, Rabha, and others, mostly belonging to the Mongolian ethnic group, exist.

Many tribal people, including the Bhumij, Gond, Ho, Oraon, Munda, Santal, and others, dwell in the older hills and Chotanagpur Plateau, which span the states of Bihar, Orissa, Madhya Pradesh, and West Bengal and are largely of Proto-Australoid ethnic heritage. Western India region: Rajasthan, Maharashtra, Gujarat, Goa, Dadra and Nagar Haveli are home to a diverse tribal population, the most noteworthy of which is the Bhil ethnic group, which belongs to the Proto-Australoid group.

In the Nilgiri Hills and converging lines of the Ghats, covering the states of Karnataka, Andhra Pradesh, Telangana, Tamil Nadu, and Kerala, the Chenchu, Irula, Kadar, Kota, Kurumba, Toda, and other Negrito, Caucasoid, Proto-Australoid, or mixed physical traits live. On the islands of Andaman, Nicobar, and Lakshadweep, minor tribes such as the Andamanese, Onge, Sentinelese, and others live.

Scheduled Tribes are communities that are given special treatment by the Indian constitution. These communities were considered "outcastes" for thousands of years and were excluded from the Chaturvarna system, which functioned as the social superstructure of Hindu civilization on the Indian subcontinent.

Adivasis is another name for Scheduled Tribes. These castes and tribes have long been associated with low-wage labor with few opportunities for advancement, and they face significant socioeconomic disadvantage and prejudice when compared to the general population.

Objectives of Present study

The major goals of this work are to:

1. Emphasize demographic characteristics of tribes;
2. Investigate tribal literacy and educational status.
3. Examine tribe members' health and rights.
4. To discuss the current state of Scheduled Tribes and possible remedies.

Population Changes

Since the beginning of the planning year in 1951, efforts have been undertaken to improve the lives of these communities. The socio-economic position of Scheduled Tribes has improved as a result of special policies. However, the gains they have achieved will not bring them much closer to mainstream society, as the socioeconomic divide between them and the rest of society continues. Both the general population and scheduled tribes are seeing an upward trend. From 5.4 percent in 1951 to 8.2 percent in till now, the percentage of Scheduled Tribes in the total population has grown. The scheduled tribal population has grown at a faster rate than the overall population during the last decade.

Ratios by Gender

The gender ratio is a measurement of the balance between males and females in a human population, and it is an essential part of any population's demographic profile. In many aspects, a large imbalance in this regard has an impact on social and economic community life. The socio-cultural, maternal, and child health care available in the population is reflected in the higher or lower sex ratio. The male-favorable sex composition of India's population has been discovered.

The scheduled Tribes appear to have a more even distribution of males and females than the general population, and their sex ratios are comparatively greater than the general population. This implies that women in tribal society are not ignored. Their interests were safeguarded by social and cultural ideals. However, it began to exhibit a downward trend from 982 in 1971 to 972 in 1991, before slightly increasing to 978 in 2001. This reduction might be linked to greater morality among Scheduled Tribe girls due to nutritional inadequacy and restricted access to health facilities. The good impact of a specific health and family welfare push for them in 2001 might explain the little increase.

Rate of Education

One of the most significant indices of social, cultural, and health advancement in tribal cultures is literacy. Literacy has just lately been introduced to Indian tribes. In general, their responses to literacy and formal

education programs differed greatly between Tribes and areas. Their reactions were influenced by socio-cultural and demographic factors, as well as the scale and direction of modernization pressures like urbanization and industrialization.

Literacy among women is a strong tool for social transformation. In comparison to the mainstream population, indigenous women have low literacy rates. While literacy rates for STs, boys, and females have been growing since 1981, there is still a significant disparity in literacy rates between the general population and scheduled tribal populations. Female literacy is still quite low among scheduled tribal women.

The Age Distribution

The Age Distribution of any region or sub-population reveals demographic characteristics and might show whether the population structure is young or elderly. As per the available information from the Government statements it can be assumed that the tribal population is younger than the non-tribal population in the age category 0-14 (younger population) is around 40%, whereas the non-scheduled tribe population is about 35%, according to the 2001 census. For scheduled tribes, the Aging Index is lower (15 percent). The proportion of economically active people (15-59 years old) in the scheduled tribal population (22 percent) is lower than in the non-tribe population. The dependency ratio for scheduled tribes is 84 percent, whereas it is 74 percent for non-tribes.

Status of Education

In 1986, the National Policy on Education was revised and a special drive was launched to improve the educational status of scheduled tribes. Through the Sarva Shiksha Abhiyan initiative, efforts to universalize elementary education proceeded. The national program of Nutritional Support to Primary Education, often known as the Midday Meal, serves as a support service to help students stay in school longer. At the middle school level, the rate of enrolment of both scheduled tribe boys and girls has been fairly spectacular. When compared to the population as a whole. Scheduled Tribe Girls kept up a solid pace, particularly in the middle. In both years, however, the enrolment ratio for scheduled tribal females in primary and secondary school was lower than the entire population.

Another important statistic in the sphere of educational progress is the drop-out rate, which has been steadily declining in both general and scheduled tribal groups. Dropout is a common issue for both general and planned trend students. While both categories have shown a downward tendency from 1990-01 to 1998-99, the problem with scheduling tribes as they courses looks to be the more serious. 82.96 in grades 1 to 8 and 82.96 in grades 1 to 10 in 1998-99. At the secondary level, the difference between the general population and scheduled tribe was seen to be widening from 13.67 in 1990-91 to 15.52 in 1998-99, which is reason for worry.

Status of Health

Health is a result of society's whole integrated development—cultural, economic, educational, social, and political—rather than only medical treatment. The treatment of disease has been found to be intimately related to common beliefs, customs, and practices related to health and disease. It is vital to have a comprehensive picture of the cultural aspects of a community's health. There is a richness of health-related folklore in most tribal societies.

Documenting this folklore in many socio-cultural systems might be quite gratifying, and it could serve as a model for acceptable health and sanitary practices in a particular eco-system. Maternal and child care is a crucial element of health seeking behavior that tribal communities typically overlook. The environment, particularly forest ecology, is intimately linked to health and therapy. Many tribal societies employ various plant components not just for sickness treatment, but also for population control.

There is a clear link between forests and food security. Many people have noticed that tribals who live in distant places have better overall health and consume a more balanced diet than tribals who live in less isolated, forest-free areas. The way accessible natural resources are used frequently affects the long-term influence on health.

In India, tribal people face a wide range of issues, including health, violence and crime, nutrition, sanitation-water, and community health. Infections including infectious, parasitic, and respiratory disorders cause the bulk of avoidable fatalities in rural and tribal areas. In rural locations, infectious illnesses dominate the morbidity pattern (40 percent rural: 23.5 percent urban).

Waterborne illnesses, which account for roughly 80% of illness in India, result in an Indian becoming every fourth person to die from such diseases worldwide. Waterborne infections are responsible for 1.5 million fatalities and 73 million lost workdays per year. The following three types of diseases are common in tribal/rural settings.

1. Diarrhea, amoebiasis, and typhoid fever are all diseases that are transported through the gastrointestinal system. Infectious hepatitis, worm infestations, and poliomyelitis are some of the most common diseases. Diarrhea affects approximately 100 million people every year, as well as cholera.
2. Diseases such as measles, tuberculosis (TB), whooping cough, and pneumonia are spread via the air by coughing, sneezing, or even breathing. There are 12 million cases of tuberculosis in the world today (an average of 70 percent). Every year, about 1.2 million new cases are recorded, with 37 000 cases of measles reported.

3. Malaria, filariasis, and kala-azar are among the more challenging infections to treat. These are frequently the outcome of growth. Irrigation brings malaria and filariasis, pesticide usage has resulted in a malaria-resistant strain, and ditches, gutters, and culverts created for road construction and cattle ranch development, for example, serve as breeding grounds for snails and mosquitoes. In India, over 2.3 million malaria bouts and over 1000 fatalities occur each year. 3 Microfilaria is carried by 45 million individuals, 19 million of them are current cases, and 500 million people are at risk of infection.

Sanitation and Safe Drinking Water Inadequate sanitation, poor hygiene, and a lack of clean water supply result in greater health expenditures, reduced worker productivity, lower school enrollment and retention rates for females, and, probably most significantly, the denial of all people's rights to live in dignity (WHO-2011) In India's rural areas, almost 80% (1.2 billion) of the population (68.89 percent) do not have access to sanitation and defecate in the open. However, a growing number of people own a cell phone.

In India, 200 million women are forced to wait for open defecation on the roadside or along canal banks during daylight hours. When they hit adolescence, girls leave out of schools without restrooms. Despite this, a large number of individuals are nevertheless required to deal with other people's garbage. There is nowhere private for adolescent females to cope with menstruation hygiene.

Crimes and Violence

The violence perpetrated against tribal women and men involves a variety of harmful physical, emotional, and sexual acts against women and girls, which are most typically perpetrated by family members, but can also be perpetrated by outsiders. "Any act of gender-based violence that results in or is likely to result in, Physical, sexual, or psychological injury or suffering to women," according to the United Nations Declaration on the Elimination of Violence against Women. Every 18 minutes, a crime against the underclass is committed.

Every day: three women are raped, two are murdered, two Houses are burnt, 11 people are beaten in India.

Every week: 13 persons are murdered, five home or possessions are burnt and six are kidnapped or abducted. Nearly 80% girls are facing the domestic violence (beaten, slapped or threatened), health problems.

Social and Economic Conditions

1. Thirty seven percent of tribal people are living below poverty.
2. More than half (54%) of their children are undernourished.
3. Sixty five percent of tribal people do not know read and write in India, tribal community women burden double discrimination.

Telangana Scenario

Telangana has a total tribal population of 32.87 Lakhs forming 3.1% to the total population of the state as per 2011 census. There are 33 scheduled tribes of which 30 live in areas of tribal concentration in hilly and forest areas while 3 communities are dispersed through-out the state. Largest scheduled tribe population is in Telangana among southern states while it has 8th largest tribal population in the country. The state has borders with tribal areas of Orissa, Chattisgarh and Maharashtra.

Thus the state has its own specialties and common issues with other states of the region.

For the purposes of taking up development programs, the tribal population has been divided into

1. 1.Areas of tribal concentration (ITDA areas)
2. Modified area development pockets (MADA)
3. Clusters
4. Dispersed population and
5. Primitive tribal groups.

Area specific and group specific tribal development strategies are being implemented since the inception of tribal sub plan in fifth year plan 1974-75 as part of all India strategy. Elimination of exploitation and taking development of the areas of tribal concentration to the level of general areas within a time period of 15 years was the long term goal when this strategy was started. Even though the tribal sub plan, though ITDAs is under implementation for the past 30 years, the achievement of two objectives remains unfulfilled. In the country as a whole also, similar conditions of unrest are being felt in several predominantly tribal states. Thus the experiences in Telangana may be useful to other states.

The total scheduled tribe (ST) population in 1951 was 7.66 Lakhs which increased to 56.76 Lakhs in 2001, an eight-fold increase, as a result the proportion in total population has increased from 2.46 per cent in 1951 to 6.59 per cent 2001, a three-fold increase. This is because, all though the period the ST population has increased at a faster rate than the total population. The ST population growth rate during 1951-61 was 5.47 per cent per year, while that of the total population was only 1.46 per cent. In the recent decade 1991-2001, ST population growth rate is 3.01 per cent that of total population 1.37 per cent.

The study of demographic and health determinants of infant deaths in Telangana were the Banjara tribal group in the Govindaraopet mandal of Warangal district studies pointed out that out of 348 infant deaths 45.4 percent were neonatal and 54.6 per cent were post neonatal. About 25 percent infant deaths occurred due to dysentery / diarrhea and 20 percent due to maternal factors such as prematurity, birth injury, multiple birth, low birth weight,

birth asphyxia and so on. Average number of surviving offspring per married women and mortality in relation to live births were 3.67, 2.96 and 27.5 respectively. It was also found a high fertility and mortality among the Pardhans of Adilabad district.

Tribal Welfare Department is working on the following sectors: 1. Educational development. 2. Economic development. 3. Infrastructural development. 4. Skill development. 5. Preservation and promotion of art, culture and traditions. 6. Promotion and Development of voluntary efforts on tribal welfare. 7. Protection from Social Exploitation and safeguarding the Constitutional & Traditional Rights. 8. Ensure the Rights of Forest Dwelling Scheduled Tribes on forest lands.

Government Initiation for the Tribal development

The following are some significant milestones in tribal development

- The programs were created with a specific emphasis on STs (1951)
- Adoption of the five guiding principles of tribal development, known as 'Panchsheel' (1956)
- The creation of Multi-Purpose Tribal Development Blocks to help STs develop more quickly (1961)
- Implementation of TSP and SCA Special Strategies to secure the flow of population-proportional funding from other developmental sectors for tribals (1974)
- Poverty alleviation programs to help at least 50% of tribal households get out of poverty, as well as the growth of infrastructure in tribal regions (1985)
- The establishment of specific financial organizations, such as the Tribal Cooperative Marketing Development Federation (1987) and the National Scheduled Castes and Scheduled Tribes Finance and Development Corporation (1989)
- As per the 73rd and 74th Amendments to the Constitution (1993) and the Panchayats (Extension to the Scheduled Areas) PESA Act, provide participatory development of STs at the grass-roots level, engaging PRIs and Gram Sabhas (1996)
- A major shift in focus from "welfare" to "development" and "tribal empowerment" (1997); establishment of a separate Ministry of Tribal Affairs (1999); and establishment of a separate National Scheduled Tribes Finance and Development Corporation (2001). haemagglutination activity. Seeds also contain a lectin

Conclusion

The Overall scenario and the conditions of tribal regions in India are just pathetic. The effects of planned developmental intervention in the tribals from 1951 to 2021 that 20 years of intervention has not made any significant impact in improving the conditions of the tribals. There is all-round degradation of natural resources in the tribal regions, resulting in rampant poverty among the tribal people. In human development index, the tribal regions and people are at the bottom of the table in every state and districts. No one can question the basic fact that the tribal people in India are poorest of all. Whatever may be the statistics of below poverty line population at the national level any tribal region in India has more than 65% of the population living below the poverty line and the tribal regions are the most backward and most undeveloped in India. Apart from that the tribal people are facing number of problems main are land alienation, indebtedness and exploitation of economical and physical.

It is focus that the tribal regions and tribal people are the poorest, inspite of rich and abundant natural resources. These natural resources, specifically land and water are either neglected or not developed or in other scenario, if at all developed in some cases, the benefits of the same are largely cornered by the non-tribals and so called progressive people.

Whether they are forests, whether they are big dams, whether they are vast minerals, in most of the cases they are meant to benefit the non-tribals at the cost of the local tribals. Health education should be impacted by the local tribal women with guidelines provided by health functionaries. The nutritional and health status of pregnant tribal women need to be improved by adequate intake of nutritious diet, including iron and minerals and also by hundred percent immunizations. Development of poultry and fisheries are to be encouraged. Remunerative prices should provide to the tribal of their forest produces.

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