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Children of India: Rights and Opportunities

Scheduled Tribe Children in India:

Multiple Deprivations and Locational Disadvantage

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Foreword

Children below the age of 18 years account for nearly 40 per cent of India's population. It goes without saying that enabling all children to realize their full creative potential is critical for sustaining India's economic growth and accelerating human development. Not all children have benefited equitably from the remarkable progress and transformation that the country has witnessed in recent years. Tens of millions still face basic challenges of survival and healthy development.

Children are first and foremost individuals, born with indivisible and inalienable human rights. They also belong to families and communities that need to have access to resources and services, as well as capacities to ensure realization of their rights. Policy approaches are needed that address both the income and non-income dimensions of children's deprivations. Continued neglect of material, human and psycho-social dimensions of child well-being can prevent children from living a full life and from making informed decisions later on in their life. India too would miss out on the dividends that can accrue from a full expansion of children's capabilities.

The Institute for Human Development (IHD) and UNICEF are partnering to offer a platform for examining different dimensions of child rights. Experts and commentators were invited to explore the impact of development policies on children and women and suggest alternative approaches to the elimination of children's deprivations. They have explored how best to ensure that all children benefit from equal and non-discriminatory access to basic social services. They have looked at ways of capitalizing on the demographic dividend, creating fiscal policy space for investing in children and strengthening the legislative and institutional framework for protecting children.

These contributions are being brought out as IHD - UNICEF Working Paper Series *Children of India: Rights and Opportunities*. We hope that the series will contribute to enriching public discourse and strengthening public action to promote the rights of children.

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Director, Institute for Human Development

Karin Hulshof
India Country Representative, UNICEF

Scheduled Tribe Children in India:
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Preet Rustagi, Sunil Kumar Mishra and
Balwant Singh Mehta*

Summary

Children constitute a proportionately larger share of the tribal population as compared to the non-tribals in India. They receive limited policy attention per se from their vantage point of view, except in domains of developmental concern for the nation, such as education, nutrition, mortality, and so on. Even these concerns, however, are mainstream popular objectives, which do not particularly pay adequate attention to concerns of diverse social groups. The exclusion of tribal children stems from the social, perceptional 'othering' of Scheduled Tribes (and also Scheduled Castes) within society. A large part of this pertains to locational isolation, which is the basis of their exclusion. This paper illustrates this factor through various quantitative indicators.

The proportion of material poverty among the tribals exceeds that of the rest of the population. The deprivations faced by children encompass a larger set of dimensions compared to the conventional measures of poverty. The multiple deprivations faced by tribal children are an offshoot of the locational disadvantage, which affects tribal communities in India. Any attempt to move towards ensuring equal rights to all children necessarily

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has to take into account this dimension. The nature and extent of exclusion among tribal children is largely an outcome of how tribal communities have been isolated from mainstream, dominant upper caste groups in the society. This is reflected in the overall development of areas inhabited by tribals, in terms of a host of parameters, infrastructure and other facilities related to education and health care, for instance.

This paper examines the multiple deprivations faced by Scheduled Tribe populations, especially children, in the sphere of education, nutrition and immunization, as well as water, shelter and sanitation. An analysis of eleven states with tribal concentration provides a reflection of their relative position as compared to non-tribal populations in terms of urbanisation, housing, sources of water and household facilities such as toilet, drainage and bathroom.

This paper further looks at villages with tribal concentration to examine the elements of exclusion, by using as a proxy the poor availability of basic facilities that are likely to have a negative impact on the human development outcomes for tribal children living in these remote, ill-provided areas. In order to ensure inclusive development, there is a need to acknowledge differences across social groups and pay attention to these concerns through investments, policies and schemes. Such efforts are essential for the equalisation of initial conditions in order to create a level playing field and work towards inclusive development.

Scheduled Tribe Children in India:
Multiple Deprivations and Locational Disadvantage

1. Introduction

The Scheduled Tribes as a social group are distinct for a number of characteristics, which have implications for the multiple deprivations faced by tribal children. They are among the poorest, most deprived population group in the country. This is associated with the social exclusion aspects stemming from factors such as traditional and cultural practices which result in the tribes being treated as the 'other', isolation from mainstream and group identity related behaviour, apart from the income poverty which is but one element (Thorat, 2008; de Haan, 2007; Das, et al., 2010; Gaiha, et al., 2008). Social exclusion influences access and opportunities, and thereby processes and outcomes. Addressing aspects of social exclusion is of both instrumental and intrinsic value within a space wherein very little is known about the extent and nature of multiple deprivations that are a reflection of the presence and operation of exclusion. The filling in of the void is more appropriate when one is speaking of children, the deprivations they face and its implications for the future of the country and its people.

The proportion of material poverty among tribals exceeds that of the rest of the population. The deprivations faced by children encompass a larger set of dimensions as compared to the conventional measures of poverty. The multiple deprivations faced by tribal children are an offshoot of the locational disadvantage which affects tribal communities in India. Any attempt to move towards ensuring equal rights to all children necessarily has to take into account this dimension. The nature and extent of exclusion affecting tribal children is largely an outcome of how tribal communities have been isolated from mainstream, dominant upper caste groups in the society. This is reflected in the overall development of areas inhabited by tribals, in terms of a host of parameters, infrastructure and other facilities related to education and health care, for instance.

The significance of examining multiple deprivations for children has been explored through many studies, including the Bristol one which looked at seven dimensions (Gordon, et al, 2003). Multiple deprivations which encompass material and non-material dimensions are increasingly

gaining recognition with the recent human development report introducing a new composite index for multidimensional poverty.

This paper examines the multiple deprivations faced by Scheduled Tribe populations, especially children, in the sphere of education, nutrition and immunisation (individual child specific indicators) as well as water, shelter and sanitation (household indicators). Such quantitative analysis illustrates the extent of deprivations faced by Scheduled Tribe children. Further explorations based on tribal concentrated areas reveal the poor availability of facilities in these locations as compared to others, which is a reflection of the exclusionary elements that are likely to have a negative impact on the human development possibilities for tribal children.

What is the magnitude of the children that are in focus here? Although the share of scheduled tribes in the population comprises only 8 per cent as per the 2001 Census, with a majority of them inhabiting villages, the share of children is relatively higher among tribal populations (45 per cent) compared to the non-tribals (41 per cent) in India. The location of tribal populations in backward areas, stark inequalities in the availability of basic amenities and the resultant high deprivation levels impact tribal children much more (often this is similar to the scheduled castes/dalit children) as compared to children belonging to other social groups.

Of the 84 million Scheduled Tribe persons, 38 million are children below 18 years. A majority of the tribal children, about 35 million, live in rural areas. The highest poverty levels are reported among the tribals compared to other social groups. They are one of the poorest, most deprived population groups in the country and are generally located in the backward pockets/regions.

Using unit level data of the NFHS-3 (2005-06), deprivations faced by tribal children have been estimated and compared with non-tribal children across selected eleven states of India to provide a quantitative exposition of the higher extent of deprivation among the tribal children. A further exercise of calculating the odds ratios has been undertaken to reflect the probability of tribal children being deprived over the rest.

The deprivation of adivasis/indigenous people/Scheduled Tribes is fairly well known, but what is it about them that explain such levels of backwardness. Is it location or geography? Is it the share in the population or the overall extent of development and its penetration into tribal areas or for indigenous people? Even the spread of amenities and living conditions reflect the extent of deprivations faced by adivasis which has been analysed using the Census data.

On household amenities, the Census of India provides data across states for STs as well. This has been used to illustrate how ST households fare as compared to non-ST households in the eleven major states of India. The comparison has been undertaken for household related deprivations, such as shelter (good, livable or dilapidated); water (safe drinking water availability in or near to premises; alternatively if a distance has to be traversed for collection of water – how many of the ST and non-ST households indeed collect unsafe water for consumption); and sanitation facilities (households without bathrooms, toilets or drainage).

It may not always be feasible to examine whether it is the geographical location of tribals that is one of the primary reasons for their deprivation levels; however in this paper, we have tried to use a proxy in the form of tribal concentrated villages vis-à-vis other villages where their presence is either absent or negligible. This illustrates the stark contrast in basic amenities in the sphere of education, health and other infrastructure, with villages that are tribal concentrated faring poorly in comparison to other villages.

The second section following this introduction provides some background characteristics on tribals in general and children as well. Broad indicators reflecting human development of tribals as compared to other social groups are discussed here along with deprivations faced by children (as individuals and household members). A depiction of the probability of deprivation among tribal children as compared to non-tribals based on the odds ratios is discussed here. Section III undertakes a detailed analysis across the eleven selected states where the population of tribals exceeds five per cent (this excludes Jammu and Kashmir; and the north eastern states which are predominantly tribal but display altogether different scenario compared to tribals in other parts of the country).

Section IV compares the tribal concentrated villages to villages where they are negligible on the availability of a host of amenities in four of the major tribal states of Chhattisgarh, Jharkhand, Orissa and Madhya Pradesh. This illustrates the clear scenario of disparities in numerous facilities, depicting the negligence on the part of policymakers and planners to target these areas. Finally, the concluding section presents the key findings and provides some suggestions for a targeted approach to help include tribal children as well as populations in India's development. It is opportune to undertake such exercises to bring forth the stark disparity across tribal dominated locations as compared to others for targeted foci. Whether it is the outcome analysis or an examination of availability, tribal concentrated areas and adivasi populations are deprived, including their children who are affected as a result of all this.

2. Context of Poverty and Deprivations among Adivasis/Scheduled Tribes

Tribal people comprise eight per cent of India's population, while SCs account for 16 per cent. Among the few positives across different human development indicators, the ST's report more balanced sex ratios, irrespective of rural or urban areas. It is not clear whether the only positive indicator among the tribal populations is linked to poverty or higher fertility rates.

Table 1: Proportion of Population and Share Below Poverty Line

Social Group	Proportion of Population			% Under Poverty		
	Rural	Urban	Total	Rural	Urban	Total
Scheduled tribe	10	3	9	45	34	44
Scheduled caste	21	15	20	35	44	36
Other backward class	43	37	42	25	34	27
Others	25	44	30	16	19	17
All	100	100	100	27	29	27

Source: Calculated from unit records of NSS, 61st round.

While the share of tribal populations is small at one-tenth of all India's population, their share in poor households is the largest across social groups and stands at 45 in rural areas (see table 1), where most tribals are located. Urbanisation levels are only 8 per cent for Scheduled Tribe children (see table 2). Birth registration is critical in ensuring an identity for every child born,

Table 2: Some Selected Indicators

	ST	SC	Non-SC/ST	All
% Child Population	45	44	40	41
% Rural Children	92	81	72	75
Sex ratio (0-17)	945	904	908	910
TFR	3.2	2.92	2.75 (2.35)*	2.68
CMR	35.8	23.2	17.3 (10.8)*	18.4

Source: Census of India, 2001; NFHS-3.

which alternatively goes unrecorded. Tribal children record the lowest birth registration with certificates. Among those children who do not get certificates, but nevertheless are registered, again the proportion of tribal children is high.

Table 3: Birth Registration and Other Health Related Indicators

	ST	SC	OBC	Other Caste	All
Birth registration with certificate (Cu5)	18	24	22	40	27
Birth registered but does not have certificate(Cu5)	21	13	12	16	14
Percentage delivered in a health facility	17.7	32.9	37.7	51	38.7
Percentage delivered by a skilled provider	25.4	40.6	46.7	57.8	46.6
Children (12-23 mths) who received all basic vaccinations	31.3	39.7	40.7	53.8	43.5
Women (15-49 years) with any anaemia	68.5	58.3	54.4	51.3	55.3
Women (15-49 years) with moderate or severe anaemia	23.7	19.0	16.2	14.3	16.8
Men (15-49 years) with any anaemia	39.6	26.6	22.3	20.9	24.2
Men (15-49 years) with moderate or severe anaemia	19.2	12.6	10.3	9.2	11.2

Source: NFHS-3.

The outreach of health facilities is minimal among tribal populations, with the lowest percentage of institutional deliveries. Adivasis in general, whether women or men, report higher proportions of persons as anaemic. In other words, while income poverty is one measure, in terms of other deprivations, tribal populations, especially children fare even more poorly.

This paper looks into the material poverty based measure across social groups and other deprivations. Poverty measured using the household concept highlights the higher proportion of children in poor households facing deprivations. However, there are multiple deprivations faced by children, many of which go beyond material/income poverty alone. Here too, deprivations are considered as a larger set, encompassing education, health, nutrition, shelter, sanitation, water and other related conditions. The recent development paradigm adopted in India is that of inclusive growth, which is an acknowledgment that certain sections of

the society have been marginalised from the growth process, and need to be brought in, for development to be equitable and inclusive.

UN General Assembly statement on child poverty in January 2007 states: "Children living in poverty are deprived of nutrition, water and sanitation facilities, access to basic health-care services, shelter, education, participation and protection, and that while a severe lack of goods and services hurts every human being, it is most threatening and harmful to children, leaving them unable to enjoy their rights, to reach their full potential and to participate as full members of the society."

In order to calculate these deprivations, certain definitions[1] were adopted keeping in view the data sources and availability. The global study on child poverty used seven deprivations[2]: education, health, food, information, sanitation, shelter and water. We modified this to six deprivations, with the following definitions for three individual deprivations of education, nutrition and immunisation; and three household deprivations with respect to shelter, sanitation and water.

Individual deprivations:

Children are considered deprived of

- Education: by calculating children aged 6-17 years who are not currently attending school (2004-05).
- Nutrition: based on the proportion of all under- five children who are more than two SD below the international reference population (WHO) for stunting or wasting or being under weight.
- Immunisation: by calculating proportion of children from one to under-five years who did not receive full immunisation, that is, all the eight basic specified vaccinations.

Household Deprivations:

- Sanitation: All children in households with inadequate or no access to toilet facility (where no toilet or inadequate toilet includes no facility/uses bush/field, composting toilet, dry toilet).

1. These were developed as part of the IHD-UNICEF India country study on child well being and deprivations.
2. Based on the Bristol study, Gordon, et al., 2003.

- Water: Children in households using unsafe water or where it takes 30 minutes or longer to collect water.
- Shelter: Children living in a dwelling with five or more people per room or with low quality and inadequate roof material (which includes natural and rudimentary roof materials such as mud, thatch, palm leaf, grass mixture, plastic/polythene sheet, rustic mat, raw wood planks, un-burnt bricks and so on).

In the next section, we have focused on reflecting the situation of tribal children in comparison to the non-tribal children, with regard to both the individual and household deprivations.

2.1 Individual Deprivations

Deprivations that affect children as individuals are discussed here, irrespective of the households to which they belong to, such as in the spheres of education, health and nutrition. Entry into schooling in the form of enrolments is improving over time, but retention throughout the periods of elementary education, even up to 14 years is still not happening, especially for girls and more so among the adivasis. Early exit partly due to compulsions of joining the workforce or inability to sustain themselves in formal schooling therefore results in far higher levels of educational deprivations among the tribal children.

Similarly, even in the spheres of health and nutrition, adivasi children reportedly have a higher chance of being underprivileged. The higher mortality rate among the tribal populations, especially children, has been the focus of attention in many studies (see Das, et al. 2010 and the studies cited therein). At least a part of this is aggravated by the relatively poorer health and nutritional statuses among tribal children.

Education

The tribal populations reportedly have the lowest literacy rates both for females and males. The gross enrolment ratio for ST children in primary sections is relatively higher since a large proportion of these children were outside the ambit of schooling prior to the Sarva Shiksha Abhiyan and its efforts focusing on universalisation of elementary education. The GER is only low in the secondary schooling level among the tribals and calls for receiving similar attention in the coming years. The gender parity is relatively better for the STs among primary classes, but declines as one moves to higher levels which can be seen from table 4.

Table 4: Basic Educational Indicators

Literacy Rates - 2001 Census			
	ST	SC	All
Total	47	55	65
Female	35	42	54
Male	59	67	75
Gross Enrolment Ratio (SES, 2006-07)			
I-V	129	124	111
VI-VIII	74	76	74
IX-X	42	52	53
Number of Girls per 100 Boys (SES, 2006-07)			
I-V	89	82	88
VI-VIII	79	73	83
IX-X	68	66	73

Source: Census and SES, different years.

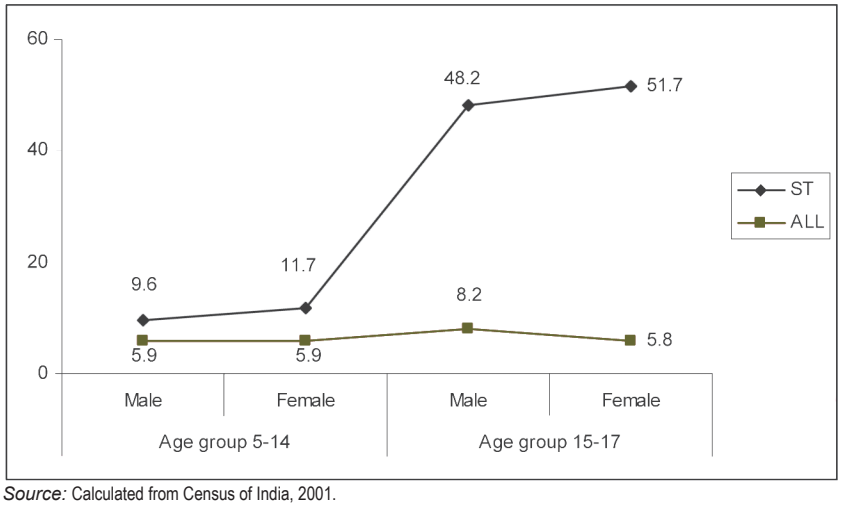
However, the dropout ratio among the girls is generally higher. This is clearly so in the case of primary schooling for STs. Among the higher classes, both in upper primary and secondary schooling, the incidence of dropouts is higher among the tribal children as compared to others. Part of the reason for this is the entry of tribal children into workforce/labour markets. The extent of child labour among adivasis is higher than in all other social groups.

Table 5: Dropout Rates

		ST	SC	All
I-V	Girls	36	40	27
	Boys	31	32	24
I-VIII	Girls	62	55	45
	Boys	63	52	47
I-X	Girls	80	72	62
	Boys	78	67	59

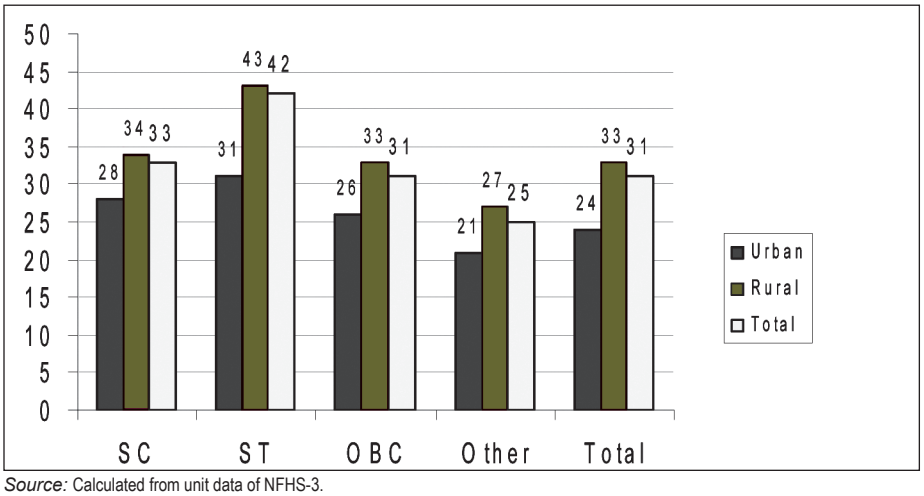
Source: SES, 2006-07.

Figure 1: Working Children in Different Age Groups: 5-14 and 15-17 years



Source: Calculated from Census of India, 2001.

Figure 2: Education Deprivation Among Children (6-17) Across Social Categories (%)



Source: Calculated from unit data of NFHS-3.

This is more so among children in the age group of 15-17 years, where nearly one-half of all children in the age group is found to be working (see figure 1).

It is less surprising that a larger share of children who are deprived of education, when we consider the age group 6-17 years, is bound to be among the scheduled tribes (see figure 2). In this case, we have only considered the current attendance, which reveals that close to 43

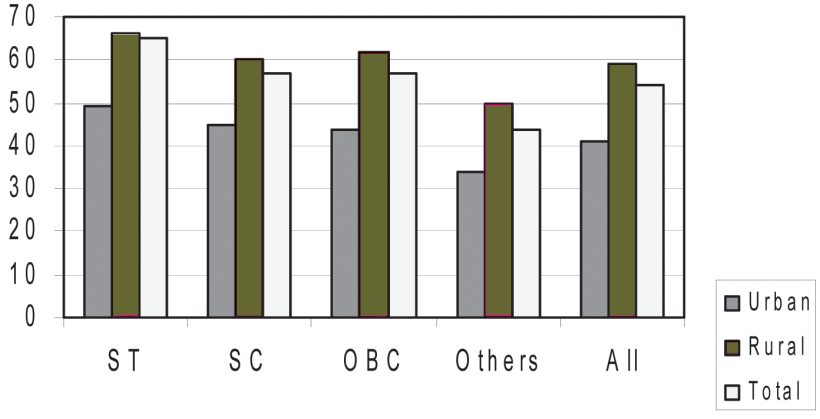
per cent of rural adivasi children are deprived of education. Tribal children have 1.7 times more chances of being educationally deprived than non-tribal children in the same age group.

Health and Nutrition Deprivations

Every day on an average more than 26,000 children under the age of five die around the world, mostly from preventable causes. Nearly all of them live in the developing world (UNICEF, 2008). Universal cover of full immunisation is the goal to be attained. Even the basic vaccinations are not received by many children in the country.

Diarrhoea is one of the single most common causes of death among children under the age of five worldwide, followed by acute respiratory infection. Death from acute diarrhoea is most often caused by dehydration due to loss of water and electrolytes. Nearly all dehydration-related deaths can be prevented by prompt administration of rehydration solutions (NFHS, 2007). Of the 1433 children in the 12-23 months age group who suffered from diarrhoea in

Figure 3: Immunisation Deprivation Across Social Groups and Location



Source: Calculated from unit data of NFHS-3.

India, one-fourth did not receive a medical treatment at all. Similarly, of the 2766 children in the same age group who suffered from cough and cold, 752 (27.18 per cent) of them did not undergo any medical treatment.

Given the small number of children who are covered by the sample in NFHS, including this dimension for consideration of health deprivation would delimit the numbers tremendously. Hence, we chose to look at immunisation separately.

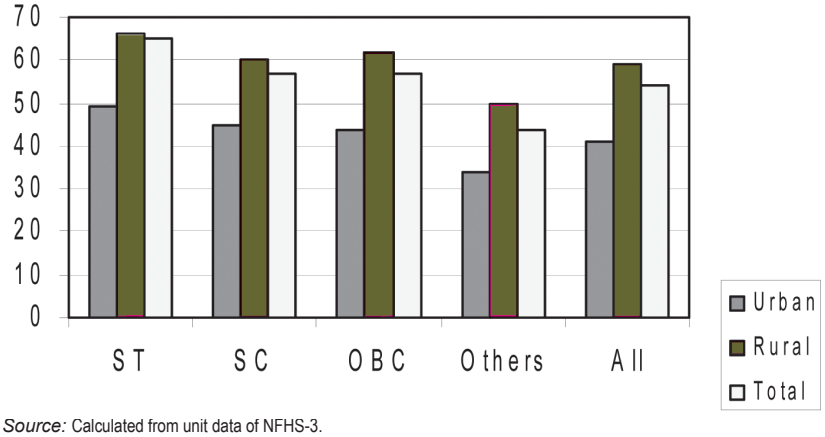
As discussed in the first section, many children in India do not even have their births registered. Although this is not mandatory as yet to receive state benefits, and it may also not be desirable to make it so, what this indicates is the disconnect and marginalisation of the adivasis, which keeps their children away from even basic immunisation, leave alone other health related facilities.

Health deprivation considers two dimensions of immunisation and access to health services in cases of children suffering from diarrhoea, common cold and fever. The sample size of children in the age group 1-5 years, who are affected by these ailments and those who seek services are so minuscule[3], that it makes such a measure infeasible. Thus, for this paper, only the full immunisation has been considered.

Figure 3 reflects the extent of immunisation cover among children between the ages of 1 to 5 years. The disadvantage of not being fully immunised affects tribal children much more as compared to all other social groups. The odds ratio shows that tribal children have two times more chances of being deprived of full immunisation as compared to other non-tribal children.

As for other health related deprivations, another way of looking at the issue is by assessing the availability of facilities, which is undertaken in section 4 to illustrate the disparity in tribal concentrated villages.

Figure 4: Food Deprivation Among First and Last Wealth Quintile Households Across Social Groups



Source: Calculated from unit data of NFHS-3.

3. This is based on the unit records of NFHS-3.

On the nutrition deprivation front, again the Scheduled Tribe children are more deprived. The three measures of nutrition – stunting, wasting and underweight – are considered here. A child is nutritionally deprived as per the definition if she/he is either stunted, wasted or underweight.

A large proportion of children in India are undernourished, as is reflected in the outcome indicators of stunting, wasting and underweight. More than three-fourth (62 per cent) of all children in the age group of 1-5 years report below acceptable standards of stunting, wasting or underweight. Severe deprivation is noted among 14 per cent of children who report undernutrition status in all the three measures.

Problems of stunting and underweight are relatively higher as compared to wasting and signal towards food insecurity. While the proportion of underweight children has declined over the last two NFHS rounds, proportion of wasting and stunting among the deprived children have shown an increase.

An adivasi child has 1.5 times more chances of being deprived, at least on account of one of the three standard nutritional indicators, as compared to the non-adivasi children.

Interestingly, tribal children display higher inequality in the nutritional deprivation levels than those from the Scheduled Castes, with the ST children of the highest quintile reporting 35 per cent nutritional deprivation, while that of SC children being 46 per cent (see figure 3). Part of the reason for this may be the relatively better off sections of the urban tribal populations, which perhaps exceed that of the SCs. However, a look at figures 3 and 4 shows that children from all social groups have almost similar levels of nutritional deprivation.

2.2 Household Deprivations

Inadequate shelter and sanitation facilities, along with water deprivation, impact the lives of children in multiple ways. By far, water availability or access to sources of drinking water appears to be relatively better, with the caveat that the quality of this water is not considered here. Assuming 'safe-ness' of the drinking water by the source is not the best way to consider this critical dimension, but secondary data sources often do not allow for a more detailed or nuanced analysis. The chances of facing household level deprivations are much larger among the tribal populations as will be seen in all the three spheres discussed here.

Table 6: Household Deprivations Affecting Children in India (in %)

	Sanitation	Shelter	Water
Total	63	49	14
Rural	78	52	16
Urban	22	39	8
SC	73	58	15
ST	85	54	30
OBC	69	50	14
Others	41	39	9

Source: Calculated from unit data of NFHS-3.

Safe Drinking Water

Considering safe drinking water by its source of availability across social groups again highlights the fact that ST households generally depend on relatively unsafe sources for their water consumption. This is especially noticeable from the rural ST households which constitute the majority of tribals. Given the fact that unsafe water is one of the most common causes for diseases and frequent morbidity, the instances of infections and even mortality among the adivasi children could well be an outcome of this factor.

Table 7: Percentage of Households Having Safe Drinking Water by Social Groups

Area	SC	ST	OBC	Other	Total
Urban	95	92	94	97	95
Rural	88	68	85	88	84
Total	90	71	88	92	88

Source: Calculated from unit data of NFHS-3.

Table 7 shows that only 68 per cent of rural adivasi households have access to safe drinking water sources. This is by far the least across other social groups. With an odds ratio of 3, tribal children are three times more likely to be water deprived compared to non-tribals.

Deprivation of Sanitation Facilities

The problem of water is further compounded by poor and inadequate sanitation facilities. More than three-fourth of all households in the country lack any sanitation facility, with the share among the STs being higher at 89 per cent. Ironically, the situation in urban areas is

also poor when it comes to toilet facility in ST households, with 34 per cent of them not having any facility (resorting to open defecation). The incidence of deprivation of sanitation among ST children is reflected in their having four times more chances of being deprived as compared to non-tribals.

Table 8: Percentage of Households by Type of Toilet Facility Across Social Groups

Area	Type	SC	ST	OBC	Other	Total
Urban	Flush Toilet	66.5	60.6	73.2	89.4	78.5
	Pit toilet latrine	3.7	5.3	3.6	2.8	3.3
	No facility	28.9	33.9	22.8	7.4	17.7
Rural	Flush Toilet	12.8	7.2	16.9	35.5	19.7
	Pit toilet latrine	4	3.9	2.7	8.2	4.5
	No facility	83	88.7	80.2	56.2	75.6
Total	Flush Toilet	27.6	13.1	34.4	59.8	39
	Pit toilet latrine	3.9	4	3	5.8	4.1
	No facility	68.1	82.6	62.4	34.2	56.6

Source: Calculated from unit data of NFHS-3.

Shelter Deprivation

The definition used here comprises of two components: roof material and crowding (persons per room). In terms of floor and wall materials used for shelter, the STs depend on natural and rudimentary material, with lesser finished material compared to all other social groups. For roof materials, the SC and OBC households use relatively more natural materials, especially in rural areas than the STs. Also the percentage of shelters with smaller number of rooms and crowding with 5 or more persons per room are relatively higher among the SCs. Therefore, incidence of shelter deprivation is a bit higher among SCs as compared to STs. Nevertheless, 54 per cent adivasi children are shelter deprived.

Table 9: Shelter Deprivation Among Children

Area	Shelter Deprived Children				
	SC	ST	OBC	Other	Total
Urban	47	42	41	32	39
Rural	61	55	53	42	52
Total	58	54	50	39	49

Source: Calculated from unit data of NFHS-3.

3. Selected Major States with Relatively Higher Tribal Populations

Of the total Scheduled Tribe population which is 84 million persons, and with 45 per cent children under the age of 18 years among them, a majority of them are locationally concentrated in some of the major Indian states. Of these, eleven states are selected for analysis here, which is further narrowed to four of the most concentrated states in the following section to illustrate the distinctiveness of the tribal areas in terms of various facilities. These eleven states comprise 87 per cent of the tribal population in the country.

These eleven states are the four eastern states of Jharkhand, Orissa, Assam and West Bengal; five central and western states of Chhattisgarh, Madhya Pradesh, Gujarat, Rajasthan and Maharashtra and two southern states of Andhra Pradesh and Karnataka (see Table 10). Tribal children constitute 14 per cent of the total child population in these states.

Table 10: Selected States by Share of Tribal Population

No.	State	% tribal
1	Chhattisgarh	31.8
2	Jharkhand	26.3
3	Orissa	22.1
4	Madhya Pradesh	20.3
5	Gujarat	14.8
6	Rajasthan	12.6
7	Assam	12.4
8	Maharashtra	8.9
9	Andhra Pradesh	6.6
10	Karnataka	6.6
11	West Bengal	5.5
	Total	8.2

Source: Calculated from Primary Census Abstract data of the Census of India, 2001.

Most of the research on tribal issues focus on poor outcomes on the basis of a range of indicators (Sarkar, et al., 2006; Das, et al., 2010). A look at the data on amenities in terms of the variation in availability across tribal areas as compared to non-tribal locations presents the dire conditions in which adivasi children live and grow. In this section, we examine the extent of urbanisation, housing condition, drinking water sources, sanitation in terms of toilets, bathrooms and drainage among ST households and non-ST households (see Tables 11 to 15).

Table 11: Proportion of Children and Urbanisation Levels Among Tribals

State	Share of ST Children to total children	Urbanization	
		All	ST
Andhra Pradesh	7.8	27.3	7.5
Karnataka	7.3	34.0	15.3
Maharastra	10.3	42.4	12.7
Gujarat	16.3	37.4	8.2
Rajasthan	13.3	23.4	5.4
Madhya Pradesh	22.3	26.5	6.4
Chhattisgarh	32.3	20.1	5.3
Orissa	24.5	15.0	5.5
Jharkhand	26.5	22.2	8.3
West Bengal	6.1	27.8	8.3
Assam	12.7	12.9	4.7
All	14.0	29.1	7.7

Source: Calculated from Primary Census Abstract data of the Census of India, 2001.

The Census of India provides detailed information on various household amenities and facilities. We have calculated some of these variables to further explore on certain domains, such as shelter deprivation, which is now juxtaposed with the housing conditions for STs and non-STs.

Children of the ST households are most shelter deprived in the states of Rajasthan, Andhra Pradesh, Orissa and Karnataka. However, if the housing condition is taken into consideration, the states of Assam, Orissa, Chhattisgarh and Jharkhand are the four states where non-ST homes are more dilapidated than that of STs. In all other states, the tribal households report a larger share of dilapidated houses.

The most prominent difference is with regard to good and livable houses, with non-ST households having a higher share of good houses, while the STs make do with livable homes in more number of cases. The differences are very stark in Andhra Pradesh, Gujarat, Orissa and Madhya Pradesh where ST houses are more livable than good while the reverse is true for non-STs.

Table 12: Distribution of Census Houses by Their Condition

State	% ST HH			% Non-ST HH		
	Good	Livable	Dilapidated	Good	Livable	Dilapidated
Andhra Pradesh	41.3	52.7	6.0	56.2	39.5	4.3
Karnataka	30.1	62.5	7.4	36.7	57.6	5.7
Maharastra	32.4	59.1	8.5	47.6	46.4	6.0
Gujarat	31.1	65.7	3.1	49.1	47.9	3.0
Madhya Pradesh	39.7	55.5	4.8	52.8	43.8	3.4
Chhattisgarh	50.8	46.9	2.3	50.3	46.4	3.3
Orissa	16.7	75.4	7.9	24.3	64.5	11.2
Jharkhand	31.7	62.8	5.4	39.0	55.2	5.8
West Bengal	30.2	59.2	10.7	38.5	52.1	9.4
Assam	26.5	65.2	8.2	24.1	64.6	11.3
Rajasthan	28.9	67.2	3.9	45.7	50.9	3.4
All	41.3	52.7	6.0	43.9	50.0	6.1

Source: Calculated from Household Amenities data of the Census of India, 2001.

In terms of the sources of drinking water for rural households, the share of ST households depending on unsafe sources exceeds that of all other households in all states, except for Karnataka and Madhya Pradesh. This displays the vulnerability of ST households to water borne diseases and ailments.

Table 13: Percentage of Rural Households Depending on Unsafe Sources

State	ST	Non-ST	point change (non-ST-ST)
Andhra Pradesh	27.4	22.7	-4.7
Karnataka	16.9	19.7	2.8
Maharastra	38.2	30.4	-7.8
Gujarat	31.5	20.8	-10.7
Madhya Pradesh	38.5	38.5	0.0
Chhattisgarh	43.8	27.8	-16.0
Orissa	41.2	35.7	-5.5
Jharkhand	64.9	64.3	-0.6
West Bengal	32.3	11.3	-21.0
Assam	54.4	41.2	-13.2
Rajasthan	42.0	39.1	-2.9
All	39.9	28.2	-11.7

Source: Calculated from Household Amenities data of the Census of India, 2001.

There is further information on whether water is available in or near the premises or the household has to collect it from a distance. Nearly 30 per cent of all ST households go out of their premises to collect water. What is heartrending about this is that more than 55 per cent of these households depend on unsafe water sources. Across the select eleven states, more ST households depend on sources away from their premises (see table 14).

Table 14: Percentage Households Collecting Water from a Distance and From Unsafe Sources (by ST and non-ST)

	Collecting Water from a distance		Unsafe sources of water		Point change non-ST-ST
State	ST	Non-ST	Of the total ST in col.2	Of the total non-ST in col.3	
1	2	3	4	5	6
Andhra Pradesh	29.7	21.2	42.1	35.6	-6.5
Karnataka	31.4	25.6	26.0	26.7	0.7
Maharastra	22.6	16.3	61.5	56.6	-4.9
Gujarat	24.8	19.7	51.1	54.2	3.1
Madhya Pradesh	31.9	25.7	52.5	49.4	-3.1
Chhattisgarh	27.1	19.4	57.0	30.2	-26.8
Orissa	36.5	31.0	54.6	39.2	-15.4
Jharkhand	34.0	23.0	79.3	69.4	-9.9
West Bengal	23.8	20.2	41.2	13.9	-27.3
Assam	28.1	23.8	66.2	53.2	-13
Rajasthan	35.2	27.2	52.0	57.9	5.9
All	29.9	22.5	54.7	41.3	-13.5

Source: Calculated from Household Amenities data of the Census of India, 2001.

In terms of households that go out of their premises to collect unsafe sources of water, the scenario among STs and SCs is almost similar in most of the states, except for West Bengal, Chhattisgarh and Orissa where the disparity is larger (see table 14).

The sanitation condition is quite bad across states and social groups. Even then the ST households surpass all others (see Table 15). Whether it is an instance of absence of bathroom in the house, or of toilet or drainage, the ST rural households are much more deprived than the non-STs.

Table 15: Rural Households Deprived of Bathroom, Toilet and Drainage Facilities Within the House

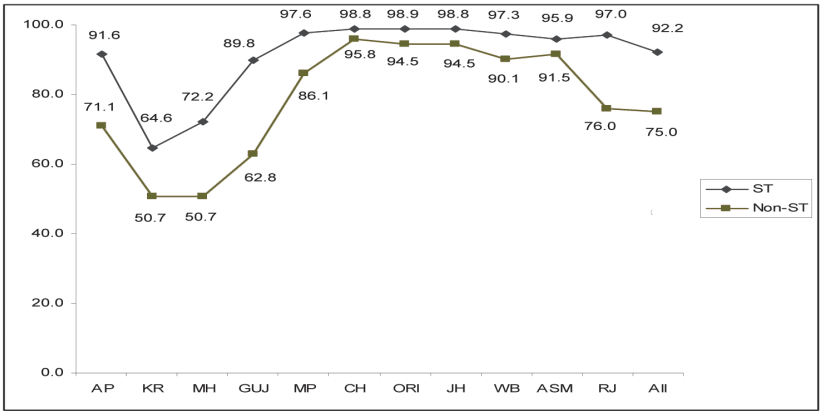
State	ST			Non-ST		
	HH with no bathroom in the house	no toilet	no drainage	HH with no bathroom in the house	no toilet	no drainage
Andhra Pradesh	91.6	93.9	75.2	71.1	80.7	57.0
Karnataka	64.6	90.3	70.6	50.7	81.9	64.0
Maharastra	72.2	88.3	73.8	50.7	80.6	56.2
Gujarat	89.8	94.1	95.2	62.8	74.0	83.9
Madhya Pradesh	97.6	96.8	91.0	86.1	89.0	76.3
Chhattisgarh	98.8	97.5	90.3	95.8	93.2	87.7
Orissa	98.9	97.9	90.6	94.5	90.3	83.2
Jharkhand	98.8	97.0	90.1	94.5	91.6	78.3
West Bengal	97.3	89.3	87.5	90.1	71.7	83.8
Assam	95.9	66.5	91.4	91.5	35.9	83.9
Rajasthan	97.0	96.8	90.7	76.0	83.1	74.0
All	92.2	93.4	86.8	75.0	79.0	71.9

Source: Calculated from Household Amenities data of the Census of India, 2001.

Figures 5, 6 and 7 provide a pictorial depiction of the higher deprivation among the ST households in all the three parameters pertaining to sanitation facilities within the households in rural areas. The distance between the two curves across the selected states depicts the disparity among STs and non-STs.

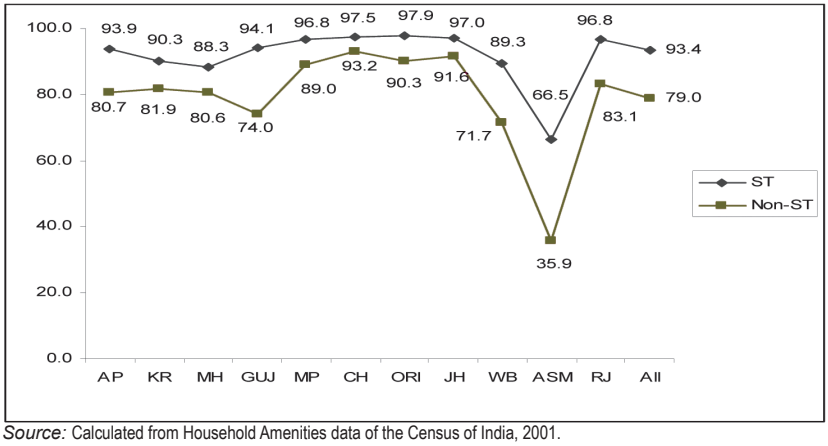
Relatively, the southern states, especially Kerala, report a lower level of deprivation. However, in terms of the gap among STs and non-STs, Chhattisgarh appears to have similar levels of deprivation in all the three variables, reflecting an overall poor situation in terms of sanitation.

Figure 5: ST and Non-ST Households with no Bathroom in the House



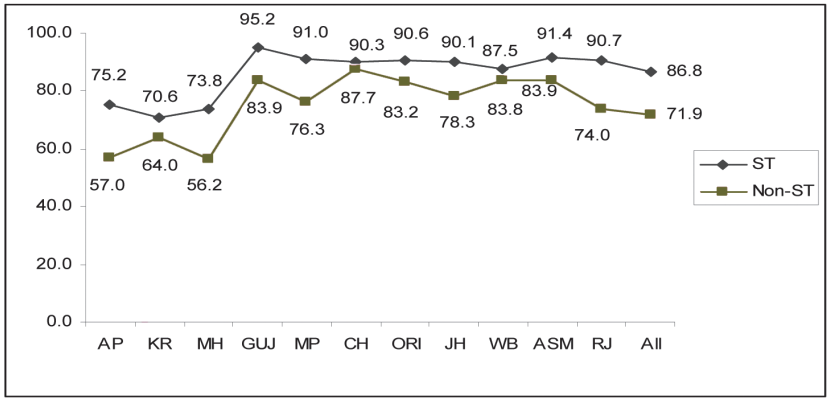
Source: Calculated from Household Amenities data of the Census of India, 2001.

Figure 6: ST and Non-ST Households with no Toilet in the House



Source: Calculated from Household Amenities data of the Census of India, 2001.

Figure 7: ST and Non-ST Households with no Drainage in the House



Source: Calculated from Household Amenities data of the Census of India, 2001.

4. Are Tribal Concentrated Villages Different?

Using the village amenities data from the Census of India, we tried to examine how different the rural areas inhabited by adivasis are. This has been undertaken by considering only four of the tribal dominant states (as illustration the states of Jharkhand, Orissa, Chhattisgarh and MP are considered) to ascertain the differences in villages where a predominant majority are adivasis as opposed to those where their presence is negligible.

The availability of educational facilities is improving in most of the villages across all states and regions; as a result even those areas where ST population is concentrated are known to have some educational institution. The difference in provisioning of education in tribal dominated areas to villages where they are negligible is remarkable in Orissa and Chhattisgarh (see Table 16). The gaps in availability of schooling facility between villages that are tribal dominated and others increases as one goes up from primary to middle to secondary school levels, with the tribal concentrated villages having a very low proportion of secondary schools per 1000 villages. The presence of adult literacy centres within 5 km in villages of MP and Chhattisgarh contributes to these states having a higher proportion of any educational facility.

Table 16: Educational Status of ST Concentrated Villages

State	Educational Facility		% villages having PS within 5 km		% villages having MS within 5 km		per 1000 villages number of villages having SS school	
	NT	TC	NT	TC	NT	TC	NT	TC
Jharkhand	49.7	52.9	93.2	88.2	75.8	52.3	4.6	0.6
Orissa	73.8	52.8	97.7	86.0	89.9	50.7	20.2	1.6
Chattisgarh	92.1	84.3	99.5	94.2	84.0	51.9	52.4	8.2
M P	83.8	83.5	98.2	97.2	72.6	60.9	28.6	5.9
State	Number of villages per 1000 having colleges within 5 km		Number of villages per 1000 having industrial school within 5 km		Number of villages per 1000 having training school within 5 km		Number of villages per 1000 having Adult literacy center within 5 km	
	NT	TC	NT	TC	NT	TC	NT	TC
Jharkhand	8.6	4.6	0.9	0.2	1.0	0.3	7.4	3.5
Orissa	29.1	6.7	1.4	0.6	0.9	0.0	0.2	0.2
Chattisgarh	10.2	2.1	1.3	1.0	0.8	0.5	28.3	27.4
M P	6.4	3.5	1.1	1.5	0.6	0.8	50.4	33.7

Note: NT – Negligible Tribals (less than 5%); TC – Tribal Concentrated; MS – Middle School; SS – Secondary School
Source: Calculated from Village Directory, Census of India, 2001.

A part of the problem with tribal areas is the smaller habitations and distances between them. Both these factors constrain meeting of norms set for schooling availability. Given the necessity that every child be in school as imposed by the Sarva Shiksha Abhiyan (SSA) and now that free and compulsory education is a right of every child, what ought to be the alternative models of making schools available to tribal habitations? Ashram residential schools meant for tribal children are taking these young children away from their families and natural habitations, but if it provides all the essential ingredients for enhancing their capabilities, it can be considered as an option.

Table 17: Health Status Among ST Concentrated Villages

State	% villages having any health facility		Number of villages having maternity home within 5 km (Per 1000 villages)	
	NT	TC	NT	TC
Jharkhand	8.9	9.0	4.2	1.1
Orissa	14.4	5.7	2.4	0.2
Chattisgarh	31.6	14.6	2.6	3.2
M P	26.7	23.6	5.6	5.1
State	Per 1000 villages no. of villages having health center within 5 km		% of villages having PHCs within 5 km	
	NT	TC	NT	TC
Jharkhand	8.8	3.4	25.5	17.8
Orissa	2.2	0.2	27.0	14.1
Chattisgarh	4.4	1.5	14.7	7.2
M P	5.6	2.7	12.4	10.5

Note: NT – Negligible Tribals (less than 5%); TC – Tribal Concentrated.
Source: Calculated from Village Directory, Census of India, 2001.

The health status in terms of the availability of facilities is generally quite poor, with only 6 per cent of tribal concentrated villages reporting any health facility in Orissa, while it is 9 per cent in Jharkhand (see Table 17). Relatively, across these four states, MP is better in terms of having health facility in at least one quarter of all villages. While health centres and maternity homes are rarely present within a distance of 5 km in most of these states, the differences between the non-tribal villages as opposed to the tribal concentrated locations is not very strikingly apart. In comparison to other health facilities, PHCs within 5 km are available in a good proportion of villages relatively.

In order to understand the phenomena of such disparities in tribal concentrated areas, further exploration of other economic factors is illuminating in terms of explaining the prevalence of poverty which extends to other deprivations too. Are there obvious differences in the extent of infrastructural development and investment in terms of availability of facilities? A look at the extent of irrigated land, access to power supply and other infrastructural facilities is provided here (see Table 18).

Table 18: Extent of Irrigation and Access to Power Supply

State	% irrigated area to total area			% villages having access to power supply		
Tribal status	Total	NT	TC	Total	NT	TC
Jharkhand	18	25	13	16	22.2	4.3
Orissa	19	31	7	66	85.7	30.1
Chhattisgarh	20	39	3	86	96.9	65.8
Madhya Pradesh	34	42	15	95	97.3	87.7

Note: NT – Negligible Tribals (less than 5%); TC – Tribal Concentrated.
Source: Calculated from Village Directory, Census of India, 2001.

The difference across the villages with dominant tribal population and others where negligible tribals inhabit is clear in terms of the extent of irrigation. Given the dependence of tribal populations on rural agriculture, this would impact on the productivity and result in seasonal variations due to rain-fed cultivation. This is further accentuated by the absence of power supply in the village itself.

Access to power supply varies tremendously across the villages of the country; among these four states Jharkhand is the worst, while in MP and Chhattisgarh it is quite good. Irrespective of that, the tribal dominant villages have poorer access to power in general.

Table 19: Other Infrastructures in ST Dominated Villages

State	% villages having access to post office within 5 km		% villages having bus services within 5 km		% villages having railway services within 10 km range		% villages bank facility	
	NT	TC	NT	TC	NT	TC	NT	TC
Jharkhand	84.7	49.8	43.0	32.9	25.7	19.5	4.0	1.3
Orissa	76.6	40.3	68.0	39.9	16.8	9.3	3.5	0.4
Chattisgarh	67.4	45.2	55.2	26.6	15.6	5.9	5.8	0.8
M P	76.4	55.1	57.2	43.7	19.1	10.2	3.6	0.9
State	% villages having CCBs within 5 km		% villages access to paved road*		% villages access to power supply		% irrigated area to total area	
	NT	TC	NT	TC	NT	TC	NT	TC
Jharkhand	15.4	9.0	22.1	14.6	22.2	4.3	25.3	12.5
Orissa	19.4	4.7	46.7	24.5	85.7	30.1	30.5	7.0
Chattisgarh	28.7	8.9	41.2	19.0	96.9	65.8	39.1	3.0
M P	20.9	13.8	31.0	23.1	97.3	87.7	41.6	15.1

Note: NT – Negligible Tribals (less than 5%); TC – Tribal Concentrated.
CCBs = co-operative commercial bank
Source: Calculated from Village Directory, Census of India, 2001.

Other infrastructural indicators have been constructed to reveal the disparity between the levels of access to various facilities such as paved roads, power supply, bus and railway services, post office, banking facilities and so on. Areas with tribal concentration uniformly display a lower proportion of villages having access to these facilities (see Table 19). The impact of not having educational or health facilities within a radius of 5 km, is further compounded by inaccessibility due to poor transportation and infrastructural facilities. The multiplicity of deprivations that are visible in tribal concentrated villages, further magnify the extent of exclusion faced by adivasis in terms of constraining their overall human development, curtailing opportunities and thereby capabilities.

5. In Conclusion

Given the higher proportion of children among tribal households and a significant proportion of material poverty among them, there is a specific need for focused attention on the adivasi children. The multiple deprivations faced by the tribal children further accentuate the magnitude of the problem at hand. In order to meet the millennium development goals or achieve any of the basic human development objectives, India will necessarily have to pay attention to the concerns of tribal populations, and children more specifically. However, in order to design an affirmative action, as stated by Gaiha, et al., (2008) it is important to deal with the salience of tribal affiliations and the potentially important role of identity in perpetuating deprivation (see Akerlof and Kranton, 2000).

The deprivations faced by tribal children stem from various quarters – partly from income or material poverty; from poor infrastructural facilities in terms of availability and access both; and these together manifests in various forms of deprivations for the children in the sphere of education, health, nutrition and so on. As seen in the analysis above, many of the deprivations appear to be associated with the poor attention paid to locations inhabited by tribal communities, in terms of investments and infrastructural facilities. Information dissemination and awareness generation in a range of areas also have a critical role to play in improving overall well being.

In order to move towards inclusive development, the tribal dominated areas and populations need to receive planned attention through investments, policies and schemes. Some attention is being given to the concerns of tribals, yet the range and extent of deprivations faced by adivasis is so vast that immediate and urgent efforts are required to focus on the areas inhabited by tribal populations. Innovative initiatives are needed to cater to the specific needs of adivasis in order to ensure better outreach to these communities.

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