

The Other Children: Adivasi Children in India

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Introduction:

At the very beginning it is worthwhile to mention that paucity of available data on adivasi children has been the major problem in writing this paper. It is also to be noted that there are three important issues to be kept in mind before drawing any inference on the status of adivasi children in India:

Firstly, the adivasi people in India do not constitute a homogenous set of people. They are heterogeneous in nature. As per the 2011 Census there are 705 main scheduled tribes and out of that 75 are regarded as Particularly vulnerable tribal people notoriously ill-famous as Primitive Tribal Groups (PTGs).¹ Each segment is different from the other in terms of its distinctive culture, primitive traits, and socio-economic backwardness. However, they have some common characteristics like distinct language, religion, a profound bond linking the individual to the community and to nature, minimal dependence on money and markets, a tradition of community-level self governance system and an egalitarian cultural context that shuns social hierarchy as is found to be prevailing in the Hindu Caste System.²

Secondly, the colonial rulers before independence introduced private ownership of land system in adivasi world by discarding the age-old community based ownership of land. Families with adequate land ownership gave birth a neo-elite class i.e. Adivasi middle class. The same system has continued till date. The emergence of the adivasi middle class is further boosted by the sweeping advent of modern education and their entry into government and other white-collar jobs. However, adivasi groups with relatively large population like Santals reaped the benefits of modern education more and have more middle class adivasi population while adivasi groups with small population like Birhore are still in the margins and the rate of emergence of the middle class in their groups is not at par with their former counterparts.³ The adivasi middle class is not regarded as deprived section as they have adequate income, good education and health for their children, and other basic amenities in living a decent life. It is also true that this adivasi middle class is also far-removed from the adivasi people who are living in the far-flung areas.

Thirdly, adivasi people's exposure to the outer world has led to the abandonment of their traditional way of life. Early marriage, introduction of dowry instead of bride price, discouraging widow remarriage, divorce and separation and the like are making gradual ingress in the adivasi society because of *sanskritisation*.³ Conversely, religious beliefs among adivasis are also creating differences among them. Many adivasi adopted Christianity as their religion and denounced many age-old practices. On the other hand those who are following the mainstream Hinduism also adopted the things practised in the mainland. In this circumstance the gaps between the Christian, Hindu and Adivasi with traditional beliefs are being steadily increasing along with concomitant hatred, antagonism and mistrust at group and even at individual level. It is seen that converted adivasis are in no contact with their counterparts and are living in isolation. Even their children are not allowed to mix with their

counter-parts i.e. non-converted adivasi children. In addition, it is also true that the stress on acquiring modern education perpetrated by the Christian Missionaries unwittingly widens the gap between Christian and non-Christian tribal.³

Against this backdrop the present paper would be dealing with following things:

1. Education
2. Health
3. Present Approaches for Development of Adivasi People in general and Adivasi children in particular

However, it is to be noted that in this paper, Adivasi, tribe and Scheduled tribe have been used interchangeably with one and the same connotation.

1. Education:

Education is considered to be the greatest leveller in a given society. Many think that education is the panacea of all evils. Modern education, however, is very new to the adivasi society as reading and writing are alien to them.³ Traditionally, the oral system of learning is being followed by them from time immemorial. Moreover, the teachers, mainly from another community, are strangers to the prevailing adivasi culture, customs, language and generally having a very low respect for the same have further aggravated the problem of low enrolment, high absenteeism and exceptionally high drop-outs. This has been discussed in the latter half of this section.

Parents' education is really contributory to the children's education. Hence, the literacy rate among adivasis is important to understand the educational status of them. As per 2011 census 59% adivasi people are effectively literate. However there is 19.1% gender gap in literacy rate which is regarded as quite high.¹ Report no. 543 of NSS 66th round, 2009-10 reveals that 63.1% tribal people are literate as against 72.8% of all India figure.⁴

However, over the years literacy rate is increasing among adivasis as is evident from the following table but still they lag far behind the all India percentage:

Table 1: Comparative Literacy Rates of STs and Total Population (in per cent)

Category / Census Year	1961	1971	1981	1991	2001	2011
Total Population	28.3	34.45	43.57	52.21	64.84	72.99
Scheduled Tribes	8.53	11.30	16.35	29.60	47.10	58.96
Gap	19.77	18.15	19.88	22.61	18.28	14.03

Source: Statistical Profile Of Scheduled Tribes In India 2013, Ministry of Tribal Affairs, GoI

But 2011 Census data reveal that there is a great disparity in Adivasi literacy among various states ranging from 49.2% in Andhra Pradesh to that of 91.7% in Lakshadweep.¹ It is also to be noted that states like Madhya Pradesh, Odisha and Bihar with large adivasi population are having literate adivasi below national average.¹

It is true that Education system in India has made significant progress over the years especially after the introduction of the flagship programme i.e. Sarva Shiksha Abhiyan targeting at universalizing elementary education. However, the studies time and again have

shown that the average performance that educational achievement of Adivasi students at all levels continues to be below par.⁷

Gross Enrolment Ratio (GER) for any stage (Different Classes) is defined as percentage of the enrolment in that stage to the estimated child population in the respective age group. The following table would give us an understanding about the school enrolment of adivasi children in India:

Table- 2: Gross Enrolment Ratio among ST Students and All Categories

Classes	Boys		Girls		Total (ST)	All Categories
	ST	All Categories	ST	All Categories		
Classes I - V (6 - 10 Years)	137.2	115.40	136.7	116.7	137	116
Classes VI - VIII (11 - 13 Years)	90.7	87.70	87	83.1	88.9	85.5
Classes I - VIII (6 - 13 Years)	120.5	104.90	118.7	103.7	119.7	104.3
Classes IX - X (14 - 15 Years)	57.1	69.00	49.1	60.8	53.3	65
Classes I - X (6 - 15 Years)	108.2	97.60	105.3	94.8	106.8	96.2
Classes XI - XII (16 - 17 Years)	32.7	42.20	24.8	36.1	28.8	39.3
Classes IX - XII (14 - 17 Years)	45.4	55.50	37.3	48.4	41.5	52.1
Classes I - XII (6 - 17 Years)	96.8	88.00	92.8	84.8	94.8	86.5

Source: Statistics of School Education 2010-2011.

From the above table it is quite evident that at elementary level (Class I-VIII) GER is in favour of the ST children but problems start thereafter. The GER of ST children falls drastically at the secondary level (53.3) with a gap of almost 12 as compared to the All India level and the GER at the post-matric level it decreases to 28.8; 10.5 points lower than the All India level. ST girl children's GER in secondary level is alarmingly low (49.1) which means more ST girls have dropped out before they even complete the elementary stage of education. It is also interesting to note that at the primary stage (Classes I-V) GER in both ST boys and Girls are almost the same but the GER of ST Girls starts to lag behind their male counterparts thereafter.

Now, to have a closer look on the drop-out rate among ST students the following table will be helpful:

Table- 3: Drop-out Rates among Adivasis and All Categories (in percent)

	Boys		Girls		Total		Gap
	ST	All	ST	All	ST	All	
Classes I-V	37.2	28.7	33.9	25.1	35.6	27	8.6
Classes-I-VIII	54.7	40.3	55.4	41.0	55	40.6	14.4
Classes-I-X	70.6	50.4	71.3	47.9	70.9	49.3	21.6

Source: Statistics of School Education 2010-2011.

From the above table it is quite easy to say that out of 100 ST students who enter the schools at class -I almost 65 would complete class-V, while 45 would complete class-VIII and only 29% would study up-to class -X. There should be an urgent attention to arrest the drop-out by the ST children at Class-VIII standard. Part of the reason for this desertion is the entry of tribal children into workforce/labour markets. The extent of child labour among adivasis is higher than all other social groups severally.⁸

There are many reasons for the above mentioned dismal picture of Adivasi Children's education. Many argue that poor curriculum and syllabus, deficient pedagogy and negligent teachers along with unconcerned and nonchalant parents constitute the problem.³ While others focus on two important factors behind the educational disparities between SC/ST children and children from other communities are poverty and discrimination based on caste/ethnicity and gender.⁹

The SSA Framework for Implementation based on the Right to Free and Compulsory Education Act, 2009 clearly summarizes three types of exclusion faced by the SC children which are also very true in case of the Adivasi Students too: ¹⁰

By Teacher	By Peer Groups	By the System
Segregated seating arrangements in the Classroom	Calling SC children by caste names	Incentives schemes meant for SC children not being implemented in full.
Undue harshness in reprimanding SC children, especially in relation to upper caste children	Not including SC children in games and play activities	Lack of acknowledgement of SC role models in the curriculum or by teachers.
Not giving time and attention to SC children in the classroom	Not sitting with SC children	Reinforcing caste characteristics in syllabi and textbooks
Excluding SC children from public functions in the school		Lack of sensitisation of teachers in teacher education and training
Making derogatory remarks about SC Children		Insufficient recruitment of SC teachers
Denying SC children the use of school facilities, including water sources		
Asking SC children to do menial tasks in school,		

Lastly, in terms of quality of learning, the NSSO baseline survey of 2005 also found that only 52.4 per cent of ST children between the ages of six and 14 could read and write--the lowest among all social groups.¹¹

2. Health:

The health statistics of the adivasi people is not proportionate to the non- adivasi counter-parts and they lag far behind in terms of key health indicators as it would be evident from the following table:

Table 4: Comparison of Health Status among Tribals and Non-Tribals

Indicators	ST	Total
Infant Mortality	62.1	57
Neo-Natal Mortality	39.9	39
Post-natal Mortality	22.3	18
Child Mortality	35.8	18.4
Under-5 Mortality	95.7	74.3
ANC Check-UP	70.5	77.1
Percentage of Institutional Deliveries	17.7	38.7
Full Vaccination of Children	31.3	43.5
Percentage of Households covered by a Health Scheme/insurance	2.6	31.9
Prevalence of any anaemia (<12.0 g/dl) in Women	68.5	55.3

Source: National Family Health Survey- 3; 2005-2006.

From the above table it is quite evident that health outcomes for adivasi people are poor when compared to the general population in India. The health status of the primitive tribal people like Birhore, Bondas, Lodhas, Totos are worse than their counterparts like Santhals who are regarded as better off tribal species in India.

The sub-optimal health status of the adivasi people and the health inequalities between adivasi and non- adivasi populations reflect a fundamental failure to ensure the freedom of adivasi people in fully realizing their human, socio-economic and political capabilities.¹² However, it is to be noted that the indigenous people are universally experiencing health and wealth disparities across the countries of the world.^{13,14} Extreme form of health deprivation faced by the indigenous people are being frequently reported by organizations like Survival International, Cultural Survival and the like. Another critical issue is that of representation—indigenous peoples are not merely another population group with ill health. They are people who are systematically marginalised within their own nation states; they are rarely given the opportunity to represent their own perspectives and understandings of their health and their views on the actions to be taken to improve it.¹³

High incidence of adivasi child mortality is of grave concern for all. Das, Kapoor, and Nikitin (2010) based on 2005 NFHS data revealed the following major findings related to the topic under discussion:¹⁵

1. *"Scheduled Tribes make up 8 to 9 percent of the population, but account for about 14 percent of all under-five deaths, and 23 percent of deaths in the 1-4 age group in rural areas"*.

Table 5: Child Mortality among Adivasis Far Exceeds Their Relative Share in the Rural Population

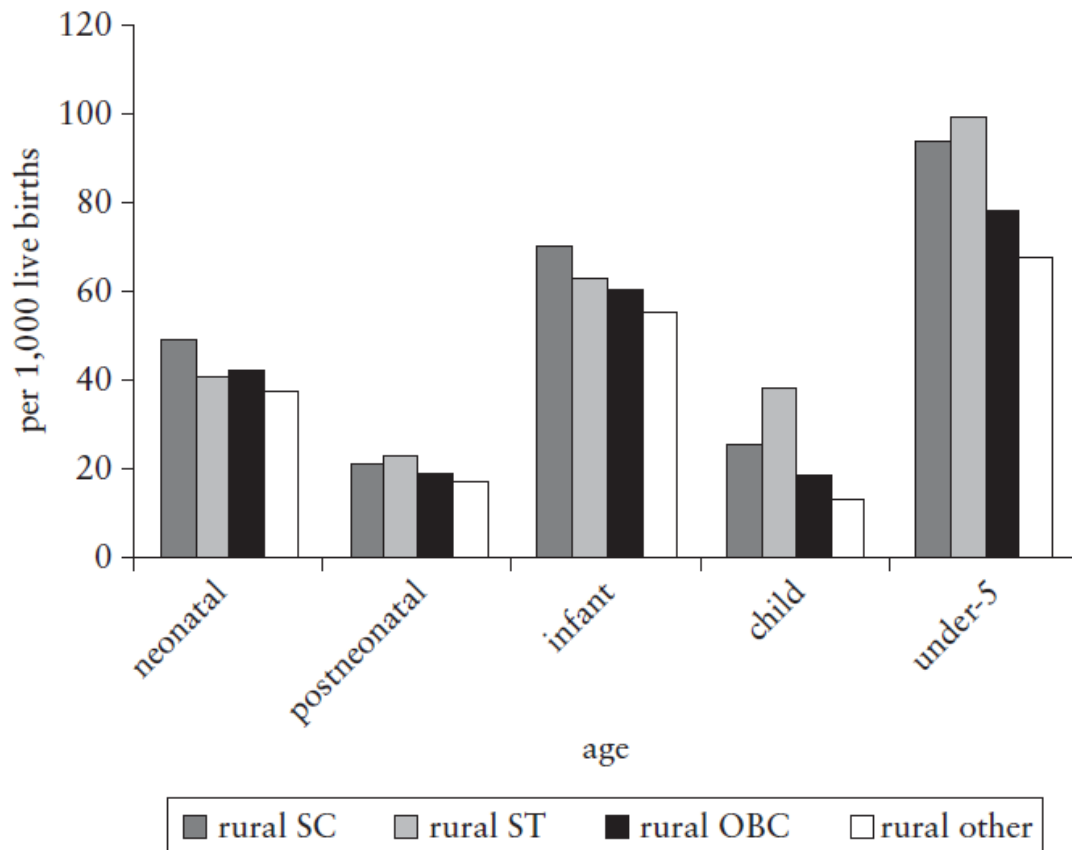
Social group	% of all children under 5	% of child (1–4) deaths	% of under-5 deaths
SC	21.6	28.1	24.6
ST	11.7	23.0	13.9

OBC	41.8	35.5	39.6
Other	24.9	13.4	21.9

Source: Das, Kapoor, and Nikitin (2010) based on 2005 NFHS data

2. "Tribal children start on par with others but fall well behind by the time they are five".

Figure-1 Adivasi Children: Lower Risk of Dying at Birth, but Greater Risk by Age 5

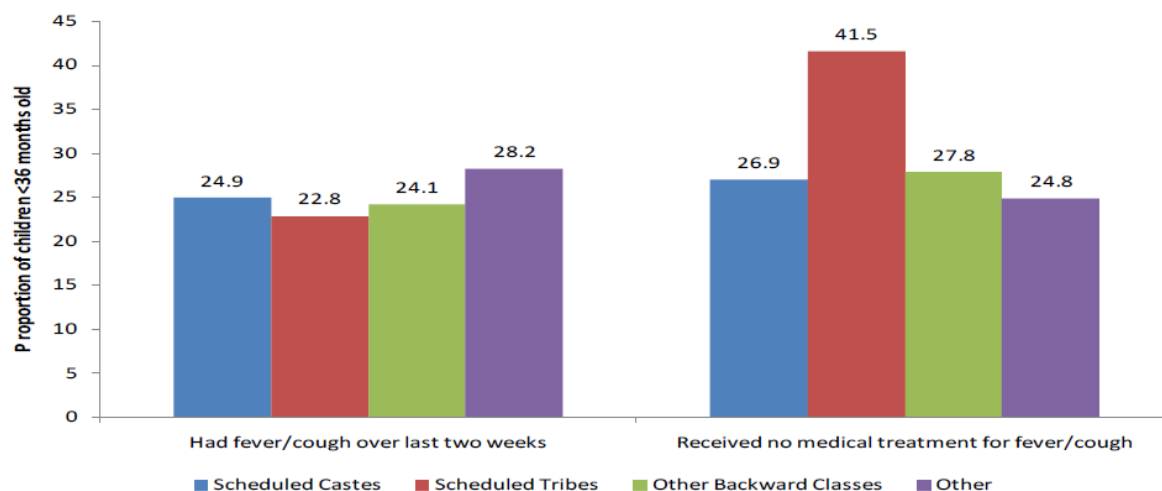


Source: As Calculated by World Bank Staffs based on 2005 NFHS data: Poverty and Social Exclusion of India, 2011

3. "While there has been improvement for all children over the last decade or more, yet child mortality rates for tribal in rural areas have nearly stagnated".

4. "Tribal children are less likely to fall sick from fever/cough, but are also much less likely to be treated if they are sick"

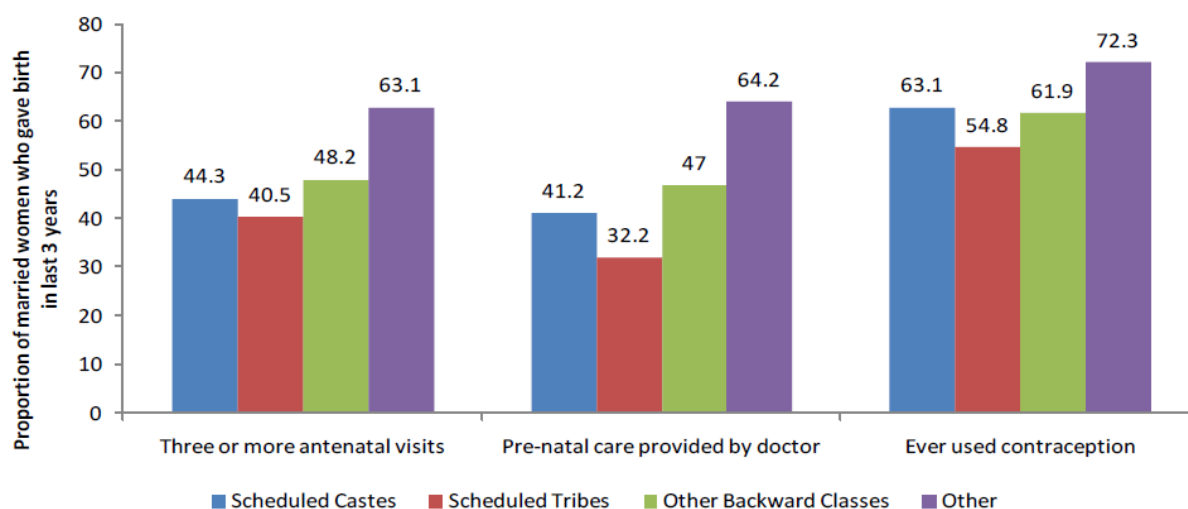
Figure-2: Tribal children are less likely to fall sick from fever/cough, but are also much less likely to be treated if they are sick



Source: Das, Kapoor, and Nikitin (2010) based on 2005 NFHS data

5. "Mothers of tribal children are much less likely to get health care and perhaps this affects the care of their children".

Figure-3: Mothers of tribal children are less likely to get health care



Source: Das, Kapoor, and Nikitin (2010) based on 2005 NFHS data

The Immunization of the adivasi children is also not satisfactory as is evident in the following table:

Table-6: Vaccinations of children 12-23 months

Social Groups	All Basic Vaccinations	No Vaccination
ST	31.3	11.5
SC	39.7	5.4
OBC	40.7	3.9
Other	53.8	4.3
Total	43.5	5.1

Source: Statistical Profile of Scheduled Tribes In India 2013

Lastly, the major impediment for the development of the tribal children in India is widespread malnutrition. Children belonging to ST have the poorest nutritional status in almost every count and the high prevalence of wasting in this group is of particular concern.⁵ NFHS- 3 data revealed that 76.8 percent of children belonging to ST category are anaemic, including 26.3% who are mildly anaemic, 47.2% are moderately anaemic and above 3.3% are severely anaemic.⁵

A recently published study report of UNICEF gives a detailed picture of malnutrition among adivasi children in India. It stated that more than half of the India's scheduled tribe (54%) children under five years are stunted.¹⁷ The other major findings of the report are the following:

Table- 7 Malnutrition among Tribal Children

States	Stunted tribal children (rural) under five years %	tribal aged 3-6 years %	Severely stunted tribal children (rural) aged under five years %	Tribal children (rural) below poverty line %
Andhra Pradesh	55.1%		32.6%	30.5%
Chhattisgarh	52.9%		28.9%	54.7%
Gujarat	59.8%		31.0%	34.7%
Jharkhand	55.1%		28.7%	54.2%
Maharashtra	60.2%		33.7%	56.6%
Odisha	57.9%		29.3%	75.6%
Rajasthan	49.3%		33.1%	32.6%
West Bengal	52.3%		20.0%	42.4%

Source: UNICEF (2014): based on Census 2011 and NSSO-2004-2005 Data.

It is quite obvious that the widespread malnutrition is playing havoc on the higher infant and child mortality as well as higher incidence of morbidity. The situation is further compounded by the higher incidence of diarrhoea among tribal children. 29.3% ST children suffering from Diarrhoea do not receive any treatment at all and only 61.4% adivasi women know about ORS packets.⁵

3. Present Approaches for Development

From the above discussion it is quite clear that the Adivasi people are greatly deprived in comparison with other social groups. There are three major schools in explaining this great failure.

Firstly, inadequate resource allocation for the development of adivasi people of India. The National Coalition for SCSP -TSP Legislation tabulated the funds denied to Dalits and Tribals from Seventh to Twelfth Five Year Plan (till 2014-2015) in the Union Budget and it is tuned to Rs. 5,27,723.72 Crores.¹⁸ In the recently presented budget i.e. 2015-2016 the same tradition is continuing. Under the present budget 53 per cent has been denied to tribals under TSP. As per TSP Guideline the ST should be allocated 8.6 per cent of the outlay, which amounts to Rs 40,014 crore towards TSP while actual budget allocation is Rs 19,980 crore only.¹⁹

On other hand Diversion of funds allocated under TSP, though less than expected, is another major problem. Tehelka has reported that funds allocated under TSP have been diverted for the purposes which have very remote links with Adivasi Development.¹⁸

Secondly, many argue that ineffective implementation of the programmes is a major problem in improving the lot of the tribal people. It has been reported that though an amount of Rs. 300 crore is being spent for Ashramshalas in Maharashtra but still adivasi students are living in dingy rooms with no electricity and water and most of Ashramshalas are in a shabbily deplorable condition.²⁰ Similarly, under ICDS very little amount of staff time and funds are spent for the Under-3 children while for adivasi children malnutrition starts to set in before they are 3 years old.²¹ ICDS has also failed to open AWWs in many tribal habitations despite a relevant Supreme Court Order.²² Poor quality of governance, and deterioration of programme delivery and massive vacancies especially in adivasi areas are also identified as the major barriers to their development.²²

Lastly, appropriation of tribal land and diluting the forest rights of the adivasi people are the major problems that invariably neutralize the impact created by the development projects run by the Government.³ It is also very true that adivasi people, who have suffered colonisation, forced settlement, assimilation policies and other forms of marginalisation and removal from ancestral lands, almost always experience a dramatic decline in health and wellbeing. Dislocation and uprooting from their own land and habitat are almost always coupled with rising illness.²³ 'In general, the most devastating contact situations seem to have been associated with dispossession from the land'.²⁴ UNICEF have seconded this view as they have reported that "Violence against the child, child abuse and exploitation contribute to, and are evidence of, the severe social strain under which many indigenous communities live. This strain is often a direct consequence of environmental degradation, displacement, the loss of traditional livelihoods and, in some cases, active attempts by authorities to homogenize and assimilate indigenous cultures"²⁵ It is worthwhile to note what Prof. Xaxa has said "No state in India illustrates the aspect of development in the form of industry, dam, mineral exploitation etc. better than Jharkhand and Orissa in the east, and yet the two states have the highest percentages of tribal people living below the poverty line".³

Conclusion:

For Indian adivasis land, locally available food, minor forest products, living in harmony with nature and community and health are inseparable components for living well. They are belonging to their communities wherein community identity is much more important than individual identity which is losing its ground very fast because of exposure to and constant contact with the outer world. It is also true that with the shortage of positive Indigenous representations and role models and authority figures, "it is a challenge not only to reclaim Indigenous identity, but to facilitate the development of healthy identities based on cultural strengths, not on disadvantage, disease burden and discrimination"²⁶

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