HEALTH AND EDUCATIONAL STATUS OF TRIBAL WOMEN- A STUDY INTELANGANA STATE

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Abstract:The present paper discusses the status of tribal women in terms of their health and educationalconditions in the state of Telangana. The constitutional protection and promises, even after six decades, theirstatus is found to be lower than general women population. The main objectives this paper is to examine thesocio-economic problems of the Tribal women in India as well as in Telangana State, to discuss educationaland health conditions of Tribal women, to examine the tribal policy and Status tribal women problemsassociated with it. The present study completely based on secondary data collected from NFHS, Census of India, Registrar, and General in India, Census of Telangana State and Tribal Welfare Department of TelanganaState. Finally this paper reveals that the tribal women Health and education have long been recognized as mostinfluential factors in the quality of human resources and social and economic development in India inparticularly in the state of Telangana.

***IndexTerms* - Status, NFHS, HDR, HDI, ICPD**

I. INTRODUCTION

India is the second most populouscountry of the world and has changing Socioeconomic,political demographic and morbiditypatterns that have been drawing global attention inrecent years. Despite several growths orientatedpolicies adopted by the government, the wideningeconomic, regional and gender disparities are posingchallenges for the health sector. India is the secondmost populous country of the world and haschanging Socio-economic, political demographic andmorbidity patterns that have been drawing globalattention in recent years. Despite several growthsorientated policies adopted by the government, thewidening economic, regional and gender disparitiesare posing challenges for the health and educationalsector.According to Mohiuddin (1995), women's lowerstatus is manifested in women's low wage rates thanmen in all occupational fields and industries, in theirlimited upward mobility, and in their greater familyresponsibilities due to divorce, abandonment, etc. inthe developed countries. In the developing countries,women's lower status is reflected not only in theirwork being underpaid, unrecognized, but also in theirlimited access to productive resources and supportservices such as health and education.It is now well established that besides economicdevelopment, human development is very important.The outcomes of human development depend onseveral factors such as the social and macroeconomicpolicies of the union government in a federal contextin general, policies and strategies of the StateGovernments particularly with respect to health andeducation besides the specific historical factors (JeanDreze, Amartyasen, 1997). The goal of the humandevelopment approach is to place people at thecentre of development debate, policy and advocacy.The United Nations Development Programme(UNDP) launched Human Development Report in1990 with the sole objective of advocating thisapproach to development policy. The HumanDevelopment Report (HDR), released annually, useda simple composite measure called HumanDevelopment Index (HDI) to gauge the overall statusof different countries and rank them. The HDIcombines three dimensions of development such aslong and healthy life, knowledge and decent standardof living.

Tribal Scenario in TelanganaState : The tribalpopulation of Telangana according to 2011 census is32, 86,928 Lakh constituting 9.34% of totalpopulation of the state. ST literacy rate is 49.51 asagainst State literacy rate 66.46. This is significantlyhigher than the proportionate tribal population in thecombined State of Andhra Pradesh at 6.6%. Inaddition, minorities constitute another 11% as per2001 Census. Government has accorded high priorityfor accelerated development of tribals byimplementing socio economic developmentprogrammes. Major focus is on education health andland based schemes.

Objectives : The main objective of this paper is topresent a concrete picture of tribal women's healthand educational status in Telangana State. Examinethe socio-economic problems of the Tribal women inIndia as well as in Telangana State ii) to discusseducational and health conditions of Tribal womeniii) to examine the tribal policy and Status tribalwomen problems associated with it;

Methodology : The present study completely basedon secondary data collected from NFHS, Census ofIndia, Registrar, and General in India, Census of Telangana State and Tribal Welfare Department of Telangana StateCensus of India, 2011

Educational Status in Tribal women

Table- 1

All India Tribal Women Literacy rate (1961-2011)

Year	All Social Groups		Total	S.T		Total
	Male	Female		Male	Female	
1961	40.40	15.35	28.30	13.83	3.16	8.53
1971	45.96	21.97	34.45	17.63	4.85	11.30
1981	56.38	29.76	43.57	24.52	8.04	16.35
1991	64.13	39.29	52.21	40.65	18.19	29.60

2001	75.20	53.67	64.84	59.17	34.76	47.10
2011	82.14	65.46	74.04	71.07	54.04	63.01

Tribal women literacy in particular in India in the year of 1961 female 15.35 and when it is compared to S.TFemale 3.16 only. The census of 2001 is 53.67 general Female percent and compared to S.T Female Literacy rate34.76 percent, in the year of 2011, the general women literacy rate is 65.46 percent. If there is no adequateliteracy for the women, there will be no women empowerment in India. Hence steps have to be taken toameliorate the literacy rate for the tribal women in India.

Table-2
Tribal Women Literacy rate in Telangana (2011)

Year	All Social Groups		Total	S.T		Total
	Male	Female		Male	Female	
Adilabdad	70.81	51.31	61.01	61.44	41.37	51.35
Nizambad	71.47	51.54	61.25	57.97	34.25	45.92
Karimnagar	73.65	54.79	64.15	60.85	42.19	51.49
Medak	71.43	51.37	61.42	56.92	32.04	44.73
Hyderabad	86.99	79.35	83.25	76.09	62.08	69.34
Ranga Reddy	82.11	69.40	75.87	65.73	45.87	56.05
Mahbubnagar	65.21	44.72	55.04	53.71	30.44	42.29
Nalgonda	74.10	54.19	64.20	59.96	35.56	48.08
Warangal	74.58	55.69	65.11	57.81	38.96	48.45
Khammam	72.30	57.44	64.81	59.75	43.61	51.59
Grand Total	74.95	57.92	66.46	59.49	39.44	49.51

The above table shows that the Tribal women literacy in particular in Telangana in the year of 2011 is 62.08 inthe district of Hyderabad covered highest percent. The lowest tribal women literacy percent covered by districtof Mahabubnagar in Telangana. When we compared to General Women population is also covered samepercent in the state.

Telangana has the lowest health status but compare to some other states of India its portion is better. Table -3gives the details of maternal mortality rate in South India.

Table – 3
Maternal Mortality rates in South India

State	MMR
Telangana State	110
Andhra Pradesh	134
Karnataka	178
Kerala	81
Tamilnadu	97
All India	212

Source: *Office of Registrar, General India, 2011.*

Maternal mortality which is defined as the number of maternal deaths per one lakh live births in India is one of highest in the world. As per the table 1.0 the Maternal mortality is more in Tamilnadu and it is low in Telangana State. One of the reasons for high maternal deaths is lack of institutional care.

Tribal Education & Health policy in TelanganaState :JananiSishuSurakshaKaryakram :
Thescheme was aimed at providing free cashlessdeliveries and care to sick new born till 30 days afterbirth at all public health institutions. The schemeprovides free cashless deliveries, related services,caesareans and diagnostic services during antenatalperiod. It also provides free drugs and consumablesduring antenatal, and post natal period, free diet for 3days at PHC's, for 5 days in government healthinstitutions at ITDA areas and for 7 days for caesariansections. The free services also include bloodtransfusion and transport. The free cashless care tosick new born include treatment, drugs andconsumables, diagnostics, blood transfusion andtransport.

Family Welfare Services : Family welfare servicesare provided by the State's Population Policyformulated in 1997 with an objective to improve thequality of services under family welfare programme.On World Population Day. Public rallies, essay andelocution competition to school children, culturalprograms, health education through print andelectronic media, display of banners, distribution ofpamphlets, conducting press conferences. Mementosand citation to best performing surgeons, supportingstaff, institutions and districts are held at the Stateand District Headquarters.

Family Planning Insurance Scheme : The schemeprovides insurance to sterilization acceptors throughauthorized insurance agency with an insurance coverof Rs.2,00 lakhs. It is given after death of an acceptordue to sterilization operation within 7 days from thedate of discharge from the hospital and Rs.50,000 forsuch occurrence between 8 to 30 days. Rs.30,000 forsterilization failure and a maximum of Rs.25,000 asexpenses for treatment of medical complication due to sterilization operation are provided under this policy.

Urban Slum Health Services : This scheme providespreventive, promotional and curative services to thepeople living in urban slum areas. 87Urban HealthCenters (UHCs) are functioning under NRHM in thestate through NGOs with state government funds.Each urban health centre covers 15,000 to 20,000populations in slum area.

Tribal Health Services : Adolescent friendly healthclinics are established at the AHs, CHCs and PHCs intribal districts. Specialist camps are conducted twicea month in 30 CHCs at all tribal areas. 61 MCH &Epidemic teams were provided in Tribal areas.

Birth Waiting Homes : Government sanctioned andconstructed 12 birth waiting homes in 4 tribal areas toincrease institutional deliveries and to reduce MMRand IMR. A policy was evolved to provide completenutrition and provide wage loss compensation to thepregnant women who use birth waiting home andtheir attendants.

Telangana Vaidya vidhanaParishad : TelanganaVaidya VidhanaParishad (TVVP) was establishedwith effect from 2nd June 2014. Primary HealthCentres were transferred to secondary care and as atthe end of 2013-14 there are 103 hospitals spread overthe entire State. There are 8 district hospitals withbed strength of 2100; Ayurvedic hospitals numbering233 cover 369 beds, Unani hospitals numbering cover260 beds and Homeo hospitals numbering 97 cover110 beds. There are 1200 Doctors, 2214 Nursing and2104 Paramedical, 389 Administration cadres workingfor health care.

Ashram Schools and Hostels :281 Ashram schoolswith strength of 76,358 ST students; 214 Hostels witha strength of 39,763; and 85 Post-matric hostels witha boarder strength of 9,343 ST students are beingmaintained. Gurukulam runs 157 institutions withstudent strength of 42,368. 89.94% of the students inTW Residential Schools passed SSC publicexaminations held in March, 2014. 4271 studentsunder Best Available Schools (BAS) scheme whichinclude 884 additional seats sanctioned during theyear 2013-14. Online sanction and disbursement ofpostmatric scholarships of Rs.256.42 Crore to 1.50lakh students. An amount of Rs.185.28 Crore wasreleased benefitting 1,12,516 students.

Economic Support Schemes : Economic SupportSchemes for the STs below poverty line are beingimplemented by Telangana ST Co-op FinanceCorporation (TRICOR). During the financial year2013-14, 8266 ST beneficiaries were registered withsubsidy requirement of Rs.45.43 Crore of which 5362beneficiaries were sanctioned for Rs.28.22 Croreagainst the physical target of 32902 beneficiaries andthe financial target of Rs.61.39 Crore.

Implementation of Recognition of Forests RightsAct, 2006 : Under the Act, 94,278 individual titledeeds were distributed covering an extent of 3,05,977acres of forest land and 744 community rights wererecognized on 5,03,082 acres of forest land.

PanchayatExtention to Scheduled Areas (PESA) Under PESA, 78 Mandals having Scheduled Areas arespread over 4 Districts in Telangana Viz., Adilabad,Khammam, Warangal and Mahabubnagar. 690 GramPanchayaths have been identified and 1594 Villageshave been declared for the purpose of Gram Sabha4126 habitations /Hamlets have been included in theGram Sabha Villages. All Tandas are proposed to bedeclared as Panchayats.

Integrated Action Plan Government of India sanctioned 5214 works with atotal cost of Rs.418.61 Crore for infrastructuredevelopment in 4 districts of Adilabad, Khammam,Warangal and Karimnagar. 3058 works are completedand 2156 works are in progress incurring anexpenditure of Rs.282.81 Crores.

Conclusion : Health is a major instrument of socialand economic development and it can play a veryimportant role in the creation of New World. Thelevel of development achieved by a society is oftendetermined on the basis of levels of health and thesystem of health prevalent in the society. Accordingto the 'Right to Health' in the universal declaration ofHuman Rights". Every one has the right to a standardof living, adequate for the well being of himself andhis family.

The issues of tribal women's health was widelydiscussed and the concept of reproductive and childhealth was introduced in the ICPD (InternationalConference on Population and Development)Conference in Cairo 1994, and the Fourth WorldConference of Women in Beijing 1995, and acceptedthat reproductive rights and reproductive health arethe important means of women's empowerment andquality of life.
Women received attention of the government rightfrom the beginning of the Indian Planning. Whilethe thrust of the first plans was on organizing variouswelfare activities and giving priority to women'seducation, the fifth and sixth plans witnessed a shiftfrom 'welfare' to 'overall development of women withthrust on health, education and employment ofwomen. The stress of the seventh plan was toidentifying and promoting beneficiary orientedprogrammes with a view to extending direct benefitsto women. The eighth plan (1992-97) promised toensure that benefits of development from differentsectors. The ninth plan (1997-2002) mode twosignificant changes in the strategy of planning forwomen. Firstly 'empowerment of women' became aprimary objective and secondly the plan attempted'convergence of existing services' available in bothwomen – specific and women related sectors (T.JyothiRani and K.Katyani, 2006). The tenth plan has made amajor commitment towards 'empowering women asthe agent of socio-economic change anddevelopment'. Health and education have long beenrecognized as most influential factors in the quality ofhuman resources and hence, in social and economicdevelopment. Therefore, both the Central and StateGovernments have to concentrate more to improvethe Health and Educational Status of tribal women.

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