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## HEALTH AND EDUCATIONAL STATUS OF TRIBAL WOMEN- A STUDY IN TELANGANA STATE

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**Abstract:** The present paper discusses the status of tribal women in terms of their health and educational conditions in the state of Telangana. The constitutional protection and promises, even after six decades, their status is found to be lower than general women population. The main objectives this paper is to examine the socio-economic problems of the Tribal women in India as well as in Telangana State, to discuss educational and health conditions of Tribal women, to examine the tribal policy and Status tribal women problems associated 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 Telangana State. Finally this paper reveals that the tribal women Health and education have long been recognized as most influential factors in the quality of human resources and social and economic development in India in particularly in the state of Telangana.

**Key words:** Status, NFHS, HDR, HDI, ICPD

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**Introduction :** India is the second most populous country of the world and has changing Socio-economic, political demographic and morbidity patterns that have been drawing global attention in recent years. Despite several growths orientated policies adopted by the government, the widening economic, regional and gender disparities are posing challenges for the health sector. India is the second most populous country of the world and has changing Socio-economic, political demographic and morbidity patterns that have been drawing global attention in recent years. Despite several growths orientated policies adopted by the government, the widening economic, regional and gender disparities are posing challenges for the health and educational sector.

According to Mohiuddin (1995), women's lower status is manifested in women's low wage rates than men in all occupational fields and industries, in their limited upward mobility, and in their greater family responsibilities due to divorce, abandonment, etc. in the developed countries. In the developing countries, women's lower status is reflected not only in their work being underpaid, unrecognized, but also in their limited access to productive resources and support services such as health and education.

It is now well established that besides economic development, human development is very important. The outcomes of human development depend on several factors such as the social and macroeconomic policies of the union government in a federal context in general, policies and strategies of the State Governments particularly with respect to health and education besides the specific historical factors (Jean

Dreze, Amartyasen, 1997). The goal of the human development approach is to place people at the centre of development debate, policy and advocacy. The United Nations Development Programme (UNDP) launched Human Development Report in 1990 with the sole objective of advocating this approach to development policy. The Human Development Report (HDR), released annually, used a simple composite measure called Human Development Index (HDI) to gauge the overall status of different countries and rank them. The HDI combines three dimensions of development such as long and healthy life, knowledge and decent standard of living.

**Tribal Scenario in Telangana State :** The tribal population of Telangana according to 2011 census is 32, 86,928 Lakh constituting 9.34% of total population of the state. ST literacy rate is 49.51 as against State literacy rate 66.46. This is significantly higher than the proportionate tribal population in the combined State of Andhra Pradesh at 6.6%. In addition, minorities constitute another 11% as per 2001 Census. Government has accorded high priority for accelerated development of tribals by implementing socio economic development programmes. Major focus is on education health and land based schemes.

**Objectives :** The main objective of this paper is to present a concrete picture of tribal women's health and educational status in Telangana State. Examine the socio-economic problems of the Tribal women in India as well as in Telangana State ii) to discuss educational and health conditions of Tribal women iii) to examine the tribal policy and Status tribal women problems associated with it;

**Methodology :** 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 Telangana State

**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

Census of India, 2011

Tribal women literacy in particular in India in the year of 1961 female 15.35 and when it is compared to S.T Female 3.16 only. The census of 2001 is 53.67 general Female percent and compared to S.T Female Literacy rate 34.76 percent, in the year of 2011, the general women literacy rate is 65.46 percent. If there is no adequate literacy for the women, there will be no women empowerment in India. Hence steps have to be taken to ameliorate 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	
Adilabad	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

Census T.S, 2011.

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

Telangana has the lowest health status but compare to some other states of India its portion is better. Table -3 gives 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 Telangana State : Janani Sishu Suraksha Karyakram :** The scheme was aimed at providing free cashless deliveries and care to sick new born till 30 days after birth at all public health institutions. The scheme provides free cashless deliveries, related services, caesareans and diagnostic services during antenatal period. It also provides free drugs and consumables during antenatal, and post natal period, free diet for 3 days at PHC's, for 5 days in government health institutions at ITDA areas and for 7 days for caesarian sections. The free services also include blood transfusion and transport. The free cashless care to sick new born include treatment, drugs and consumables, diagnostics, blood transfusion and transport.

**Family Welfare Services :** Family welfare services are provided by the State's Population Policy formulated in 1997 with an objective to improve the quality of services under family welfare programme. On World Population Day. Public rallies, essay and elocution competition to school children, cultural programs, health education through print and electronic media, display of banners, distribution of pamphlets, conducting press conferences. Mementos and citation to best performing surgeons, supporting staff, institutions and districts are held at the State and District Headquarters.

**Family Planning Insurance Scheme :** The scheme provides insurance to sterilization acceptors through authorized insurance agency with an insurance cover of Rs.2,00 lakhs. It is given after death of an acceptor due to sterilization operation within 7 days from the date of discharge from the hospital and Rs.50,000 for such occurrence between 8 to 30 days. Rs.30,000 for sterilization failure and a maximum of Rs.25,000 as expenses for treatment of medical complication due

to sterilization operation are provided under this policy.

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

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

**Birth Waiting Homes :** Government sanctioned and constructed 12 birth waiting homes in 4 tribal areas to increase institutional deliveries and to reduce MMR and IMR. A policy was evolved to provide complete nutrition and provide wage loss compensation to the pregnant women who use birth waiting home and their attendants.

**Telangana Vaidya vidhana Parishad :** Telangana Vaidya Vidhana Parishad (TVVP) was established with effect from 2nd June 2014. Primary Health Centres were transferred to secondary care and as at the end of 2013-14 there are 103 hospitals spread over the entire State. There are 8 district hospitals with bed strength of 2100; Ayurvedic hospitals numbering 233 cover 369 beds, Unani hospitals numbering cover 260 beds and Homeo hospitals numbering 97 cover 110 beds. There are 1200 Doctors, 2214 Nursing and 2104 Paramedical, 389 Administration cadres working for health care.

**Ashram Schools and Hostels :** 281 Ashram schools with strength of 76,358 ST students; 214 Hostels with a strength of 39,763; and 85 Post-matric hostels with a boarder strength of 9,343 ST students are being maintained. Gurukulam runs 157 institutions with student strength of 42,368. 89.94% of the students in TW Residential Schools passed SSC public examinations held in March, 2014. 4271 students under Best Available Schools (BAS) scheme which include 884 additional seats sanctioned during the

year 2013-14. Online sanction and disbursement of postmatric scholarships of Rs.256.42 Crore to 1.50 lakh students. An amount of Rs.185.28 Crore was released benefitting 1,12,516 students.

**Economic Support Schemes :** Economic Support Schemes for the STs below poverty line are being implemented by Telangana ST Co-op Finance Corporation (TRICOR). During the financial year 2013-14, 8266 ST beneficiaries were registered with subsidy requirement of Rs.45.43 Crore of which 5362 beneficiaries were sanctioned for Rs.28.22 Crore against the physical target of 32902 beneficiaries and the financial target of Rs.61.39 Crore.

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

#### **Panchayat Extension to Scheduled Areas (PESA)**

Under PESA, 78 Mandals having Scheduled Areas are spread over 4 Districts in Telangana Viz., Adilabad, Khammam, Warangal and Mahabubnagar. 690 Gram Panchayaths have been identified and 1594 Villages have been declared for the purpose of Gram Sabha 4126 habitations /Hamlets have been included in the Gram Sabha Villages. All Tandals are proposed to be declared as Panchayats.

#### **Integrated Action Plan**

Government of India sanctioned 5214 works with a total cost of Rs.418.61 Crore for infrastructure development in 4 districts of Adilabad, Khammam, Warangal and Karimnagar. 3058 works are completed and 2156 works are in progress incurring an expenditure of Rs.282.81 Crores.

**Conclusion :** Health is a major instrument of social and economic development and it can play a very important role in the creation of New World. The level of development achieved by a society is often determined on the basis of levels of health and the system of health prevalent in the society. According

to the 'Right to Health' in the universal declaration of Human Rights". Every one has the right to a standard of living, adequate for the well being of himself and his family.

The issues of tribal women's health was widely discussed and the concept of reproductive and child health was introduced in the ICPD (International Conference on Population and Development) Conference in Cairo 1994, and the Fourth World Conference of Women in Beijing 1995, and accepted that reproductive rights and reproductive health are the important means of women's empowerment and quality of life.

Women received attention of the government right from the beginning of the Indian Planning. While the thrust of the first plans was on organizing various welfare activities and giving priority to women's education, the fifth and sixth plans witnessed a shift from 'welfare' to 'overall development of women with thrust on health, education and employment of women. The stress of the seventh plan was to identifying and promoting beneficiary oriented programmes with a view to extending direct benefits to women. The eighth plan (1992-97) promised to ensure that benefits of development from different sectors. The ninth plan (1997-2002) made two significant changes in the strategy of planning for women. Firstly 'empowerment of women' became a primary objective and secondly the plan attempted 'convergence of existing services' available in both women - specific and women related sectors (T.Jyothi Rani and K.Katyani, 2006). The tenth plan has made a major commitment towards 'empowering women as the agent of socio-economic change and development'. Health and education have long been recognized as most influential factors in the quality of human resources and hence, in social and economic development. Therefore, both the Central and State Governments have to concentrate more to improve the Health and Educational Status of tribal women

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