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Economic and Social Transformation in the Well being of Tribal's in India: a case of Dadra & Nagar Haveli

Shweta Sharma¹

¹*Asst. Professor, Department of Economics, Dr.APJ Abdul Kalam Govt College, Silvassa. India*

ABSTRACT

Quality of life, health, and productivity of people help to crack the cycle of poverty, and speed up the pace of development. The Socio-economic organization in tribal communities is very different from the other people. Infrastructural improvement has positive impact on the quality of life of people. Income, health and education are the main obstacles for the tribal people to lag behind. Life with adequate access to basic services such as water and energy is honoured. The tribal suffer from problems like alcoholism, inadequate road, unsafe drinking water, lack of irrigation facilities etc. Lack of safe drinking water and poor sanitation can lead to a range of diseases. These problems keep them spinning round the vicious circle of poverty.

This paper attempts to find out the changes and improvements in the quality of life of the tribal population in union territory of Dadra & Nagar haveli. And it further investigates the differences in living conditions of different tribal population. It also discusses the factors responsible for the differences. This study provides the base for the proper policy formation for the development of the tribal population in D&NH.

Key Words: *Census, Development indicators, Well being*

I. Introduction

Human development is mainly focused on the formation of human capabilities in terms of improved health, knowledge and skills. Development also enables people for using their acquired capabilities for productive activities, leisure and participation in cultural, social and political activities. Development is much more beyond the expansion of income and wealth.

A tribe is usually known as an economically self-regulating group of people having their own specific economy. Tribal communities have different socio-economic structure from that of advanced groups of people. The major characteristic of the tribal economy is the close association between their economic life and the natural environment. Their life is surrounded with a very simple technology which suits well with their ecological environment and conventional methods. They practice different types of traditional occupations to

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sustain themselves and their economy is known as “Marginal Economy”. Indian tribal population constitutes a wide-range of different economic stages, it constitutes from food gathering to industrial labour.

The Union Territory of DNH is known as tribal belt. The total Scheduled Tribes population is estimated at 51.95 percent of the total population. The share of rural and urban areas is 82.43 percent and 17.20 percent respectively. Its main tribal groups are Varli, Dhodia, Dubla, Kokna and nayaka etc. their rural lifestyle has been transformed due to rapid urbanization. The population has considerably increased due to immigration of industrial labourers and people of different professions linked to its industries.

In This study we are intend to find out development in the quality of life of tribal population of Dadra & Nagar haveli and discover the status of important factors responsible for the quality of life of tribal people in dadra and nagar haveli.

II. Review Of Literature

United Nations Research Institute for Social Development (UNRISD) (1960) worked on social development indicators and UNDP (1990) formulated human development index. It is based on capability approach. The theory has been developed, by the economist and philosopher Amartya Sen (1980, 1984, 1985a, 1985b, 1987, 1990b, 1992, 1993, 1995, 1999a).

Martha Nussbaum (1988, 1992, 1995, 1998, 2000, 2003a, 2004) has also significantly contributed to the theory. The capability approach is a set for the evaluation and assessment of individual well-being and social arrangements, the design of policies, and proposals about social change in society. It is a part of development studies, welfare economics, social policy and political philosophy. It can be used to evaluate several aspects of people’s well-being, such as inequality, poverty, the well-being of an individual or the average well-being of the members of a group.

Sujatha (1999, 2002) worked on poverty among tribal in India. She studied the causes of poverty among the tribal in India. Poor health is recognized as major reason for the deprivation of the tribal communities. She focused on the problems of the tribal education and participation.

Chandrasekhar et al. (2001) focused on the differences among different social groups. He found in his studies that Kerala has overcome of the obstacles of mass education, caste, and class and gender discrimination. The study worked out that inequality in education is a crucial determinant in the development of Scheduled Tribe.

Varghese (2002) worked on the socio-economic transformation of tribes and the role of development programmes. He carried out his work in Wayanad district and used survey and observation method. He compared two tribal communities o the basis of their living conditions, nature of the family, landlessness, income and impact of co-operative movement. He found that Kurichchans has positive attitude for educational welfare programmes while Paniyans showed negative approach to educational welfare programmes.

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The main objective of this study is to attain a better understanding of the differences and deviations in socio-economic status of tribal population in Dadra and Nagar Haveli. As Socio-economic disparities with respect to caste and gender is a major problem mainly in tribal and backward areas.

III. Objectives

The main objectives of the present study are as follows:

- To find out the status of important determinants of quality of life of tribal population in Dadra & Nagar Haveli.
- To find out the differences in the status of tribal and non tribal population in D&NH on the basis of different indicators.
- To find out the progress of the tribal population in terms of different indicators.

IV. Demographic trends and present scenario in Dadra & Nagar Haveli:

According to the 2011 Census, the population of Scheduled Tribes in the country is 8.6% of the nation's total population. The size of tribal population in Dadra and Nagar Haveli from 1981 to 2011 has been shown in the below mentioned table. As per the table it is clear that the tribal population is increasing over the decades. But the percentage of tribal population has been declined from 1991 onwards.

Table 1: Population Trends in Dadra & Nagar Haveli

Main indicators	1981	1991	2001	2011
Total Population (numbers)	103676	138477	220490	343709
Scheduled Tribe (numbers)	81714	109380	137225	178564
Percentage of ST Population	78.82 %	78.99 %	62.24 %	52.00%

Department of Planning & Statistics, Administration of Dadra and Nagar Haveli

As per the census 2011, of the total Scheduled Tribes population is expected 51.95 % of the total population in Dadra & Nagar Haveli. Where rural population is 82.43 percent and urban population is 17.20 percent.

Table 2: Tribal Urban and Rural Population in Dadra & Nagar Haveli (2011)

	Distribution of tribal population in total population		Rural population		Urban population	
	Male	Female	Male	Female	Male	Female

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Numbers	88,844	89,720	75,049	75,895	13,795	13,825
Percentages	45.85%	59.83%	76.34%	89.49%	14.45%	21.22%

District Census Handbook Dadra & Nagar Haveli (2011)

The percentage of female tribal population is greater than male population in Dadra & Nagar Haveli. The sex ratio for Scheduled Tribe population is 1,010.

V. Education levels among tribal in Dadra & Nagar Haveli

Literacy is the one of the basic indicators of the level of development of a community. The literacy leads to better of health, hygiene and other social conditions. Before 1961 there were only 05 schools with 9.5 per cent literacy rate, but after liberation, literacy rate reached at the level of 76.20 percent in 2011 and the numbers of school has increased upto 337.

The average literacy rate in DNH for Scheduled Tribes is 61.85 percent and that of males is 73.62 percent and of female is 50.27 percent.

Table 3: Literacy Rates for schedule tribe in Dadra & Nagar haveli (2011)

	Total Scheduled Tribes population			Rural population			Urban population		
	Persons	Male	Female	Persons	Male	Female	Persons	Male	Female
Percentages	61.85	73.62	50.27	58.46	70.84	46.30	79.53	88.03	71.10

District Census Handbook Dadra & Nagar Haveli (2011)

According to census data 2100, Literacy rate is 58.46 percent among scheduled tribe population in rural areas male literacy rate is 70.84 percent and that of female is 46.3 %. The gap in male-female literacy rate is 24.54 percent. In dadra nagar haveli, out of 65 villages, 10 villages having literacy rate less than 50 And 48 villages having literacy rate range of 50-70 %

VI. Health Status

Some health indicators are comparatively better for dadra nagar haveli with compare to national level. According to the Sample Registration System bulletin, Death rate in dnh is 4.4 per thousand which are less relatively to national level death rate 7.0.

Infant mortality rate is 31 per 1000 live births in dnh whereas it is estimated 40 per 1000 live births for India. Birth rates are higher in dnh (25.2 per thousand) when it is 21.4 per thousand for India. Health infrastructure of Dadra Nagar Haveli is covered with a network of district hospital. It provides ninety percent health services in

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dnh. All government schemes such as janani sishu suraksha yojna (JSSK), janani suraksha yojna (JSY), pehli savari and 108 emergency services etc have been working effectively for the health of tribal in dnh.

Most of the rural population of dnh resides with poor hygiene in mud houses, As per the report of Indian express The UT has seen 138 % increase in the leprosy prevalence between 2006 and 2014.

VII. Availability of drinking water:

The fundamental prerequisite for a good health lies in improved sources of drinking water, clean fuel, electricity and sanitation, Available survey and census data indicate that very few tribal households have access to improved source of drinking water and sanitation.

Census of India, 2011 showed that just about 14 percent of tribal households in the DNH have access to tap water and about seven percent households have tap water from treated sources.

Table 4: Availability of Tap Water within the Households in DNH

	Availability of tap water						Tap water from treated source					
	Scheduled Tribes			Non-Scheduled Tribes			Scheduled Tribes			Non-Scheduled Tribes		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Dnh	14.4	13.1	20.4	39.2	32.6	40.9	6.9	5.3	14.2	27.2	13.7	30.6
India	10.7	5.6	42.9	28.5	15.2	54.5	7.9	3.0	38.2	23.3	9.7	49.8

Source: Census of India, 2011

VIII. Provision of Sanitation

To analyse improved sanitary facility in Scheduled Tribe and non-Scheduled Tribe households in the dnh, access to improved sanitary facilities and open defecation has been compared. Only 16 percent of Scheduled Tribe households have access to improved sanitary facilities as compared with 85 percent among non-Scheduled Tribe households. The urban-rural difference in accessing improved sanitary facility is not very high, with 9 percent of Scheduled Tribes rural households having access to improved sanitation facilities, compared to 45 percent of urban households in the union territory.

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Table 5: Households with sanitary facility in DNH and India

	Improved sanitation						Defected sanitation					
	Scheduled Tribes			Non-Scheduled Tribes			Scheduled Tribes			Non-Scheduled Tribes		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Dnh	15.8	9.3	45.0	85.6	79.6	87.2	80.8	88.2	47.5	5.7	11.8	4.1
India	17.4	10.4	61.2	44.3	27.1	77.9	74.7	82.4	26.1	47.2	65.3	12.1

Source: Census of India, 2011

Significant proportion of households, do not have access to sanitation facility, people use paid public facilities or are forced to resort to open defecation. The proportion reporting open defecation in both rural and urban areas is quite large, which is a matter of great concern. 80 percent of Scheduled Tribe households reported defecating in the open. The proportion is much higher in rural areas for Scheduled Tribes (88percent) as compared to urban areas (47 percent).

IX. Drainage system:

The other important component of household health is the drainage facility. Only about 4 percent of the Scheduled Tribe households have closed drainage facility, and about 4 percent of Scheduled Tribe households have open drainage facility and above 91 percent of Scheduled Tribe households do not have any drainage facility which is below the national average.

Table 6: Households with drainage facility in DNH and India

	Closed		Open		No drainage	
	Scheduled Tribes	Non-Scheduled Tribes	Scheduled Tribes	Non-Scheduled Tribes	Scheduled Tribes	Non-Scheduled Tribes
Dnh	4.2	46.2	4.1	16.6	91.7	37.1
India	6.1	19.4	16.7	34.7	77.3	45.9

Source: Census of India, 2011

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X. Cooking fuel

Two different types of fuel are used by households. Clean fuel includes PNG/LPG, electricity and biogas, domestic fuel includes fire-wood, crop residue and cow dung cake. Use of domestic fuel among Scheduled Tribe households is high in dnh (70 percent). The use of domestic cooking fuel in UT is much higher than the national average. Only 13 percent Scheduled Tribe households are using clean fuel.

Table 7: Households using cooking fuel in India and DNH

	Clean cooking fuel		Domestic fuel	
	Scheduled Tribes	Non-Scheduled Tribes	Scheduled Tribes	Non-Scheduled Tribes
Dnh	12.6	63.5	70.9	3.8
India	9.5	31.1	43.7	31.5

Source: Census of India, 2011.

XI. Main Source of lighting

There are three main source of lighting has been considered to assess the quality of lighting. About 90% of tribal population have electricity connections in dadra nagar haveli while only 51 % household have electricity connection at national level. Very few tribal households are using other sources of lighting in dnh.

Table 8: Percentage of ST Households and their Main Source of lighting

	Electricity		Kerosene		Solar energy	
	Scheduled Tribes	All	Scheduled Tribes	All	Scheduled Tribes	all
Dnh	90.8	95.2	8.4	4.4	0.1	0.0
India	51.7	67.2	45.6	31.4	1.1	0.4

Source: Census 2011, Office of the Registrar General, India

XII. Condition of Census Houses

Conditions of houses is very important for measuring the quality of life. Only 54% of Tribal household in dnh have good houses but only 17 % have proper latrine within house. Around 85% of tribal population have separate kitchens at their houses. The condition of the census houses of tribal in dnh is far better than national level.

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Table: 9 Percentages of ST Households by the Condition of Census Houses Occupied by Them

	All				Scheduled Tribes			
	Total houses (no. in lakhs)	Good houses (%)	% having latrine facility within the premises	% having separate kitchen inside	Total houses (no. in lakhs)	Good houses (%)	% having latrine facility within the premises	% having separate kitchen inside
Dnh	0.73	66.7	54.7	84.4	0.33	54.4	16.9	84.8
India	2467.40	53.1	46.9	61.3	233.75	40.6	22.6	53.7

Source: Census 2011, Office of the Registrar General, India

XIII. Conclusion

Development is much broader concept now. The centre point of development is human being. Its focus is on the determinants other than income and wealth. It concentrates more on facilitate material goods and services to deprive population groups. This paper has attempted to analyse the availability of basic services to the tribal population in DNH. Though some indicators have shown improvements in the living standard of the ST population but there are more efforts should be made for the tribal groups to catch the regular life path with others.

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