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Health and Educational Status of Scheduled Tribes In Visakhapatnam District of Andhra Pradesh, India

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Abstract:
Ecologically, the tribal households are far from homogenous; they display a diversity of high order. The areas of tribal concentration have been generally described as the forest and hilly areas of the country. Their ignorance and the long-sightedness of the money lenders play with the tribal lives. With less income they take less nutrient food and it leads to health problems among scheduled tribal. This paper addresses the health and educational status Ecoloscheduled tribes in the study area .Under this section we had dealt with literacy levels, dropouts, reasons for dropouts, distance of educational institutions and health characteristics like drinking water facilities, type of fuel used for cooking, gender and age wise classification of diseased persons, health assistance from government authorities, distance to the first –Aid facility, awareness about AIDS and so on. Before speaking about the development of Scheduled Tribes, it is important to study their background characteristics and profile. This Chapter is addressed to study the educational and health status of the Scheduled Tribes in the study area. This Chapter is namely Educational and health features of the sample population.

Key words: *Health and Educational status of Scheduled tribes, Visakhapatnam district, Andhra Pradesh India*

1. Introduction

In the traditional caste system (Varna vyavastha), the Indian society has been divided into four groups, known as castes, on the basis of occupations. But, in the modern Indian social system there are two more marginalized caste groups namely, Scheduled Castes (SCs) and Scheduled Tribes (STs). Even today, a widely pervasive reality in respect of tribal communities in India is that most of them are geographically isolated, economically weak, socially ignorant, politically indifferent, culturally rich, behaviorally simple, trustworthy and leading their life in the lap of nature. Low agricultural production and lack of an appropriate food distribution system are the reasons for low levels of the nutritional status. In addition to the low agricultural production, the nutritional status of the population is to be viewed as the problem of poor quality of food intake due to low literacy and lack of awareness. Food consumption expressed in kilocalories (kcal) per capita per day is a key variable used for measuring and evaluating the global and regional food situation. Shortage of food and nutrient inadequacies leads to ill-health of the tribal people.

In India there are 573 scheduled tribe communities. In Andhra Pradesh dwell 33 of them. In India, the president is empowered by the constitution to declare a community as a scheduled tribe community.

The growth rates of scheduled tribe population in Andhra Pradesh are 5.47, 2.24, 6.50, 2.79 and 3.01 for the years 1951, 1961, 1971, 1981, 1991 and 2001 respectively. Except 1961 and 1991, the decadal growth rate of tribal population is more than the growth rate of the general population. From 1951 to 2001 the tribal population has increased by five times but for the general population it is only 1.5 times. In Visakhapatnam, the growth rate of tribal population from 1981 to 2001 is 57 percent. For Andhra Pradesh and India this is 58 and 63 percent respectively. This indicates that the growth rate of tribal population in Visakhapatnam is less than that of state and national average respectively. The share of tribal population in the total population of Visakhapatnam increased marginally from 13.74 to 14.55 from 1981 to 2001, the same for Andhra Pradesh and India stands at 5.93 to 6.59 and 7.6 to 8.20 respectively.

2. The Data and Methodology

The primary data comprise of collecting information from the selected sample tribal households in the tribal areas of Visakhapatnam district of Andhra Pradesh by way of canvassing a structured schedule among them. In addition, the secondary data are also taken from the Chief Planning Officer of Visakhapatnam District. The primary data has been collected during the months of June and July of 2011. A Multi-stage random sampling technique is employed to select the sample households. In the first stage, one district viz., Visakhapatnam of Andhra Pradesh has been purposively selected for the study. Then, randomly one mandal was selected from the district, viz., G. Madugula. In the third stage, one village from the mandal was selected i.e., Solabham village. In the fourth stage a sample of 100 tribal households in the sample village were randomly selected and interviewed with a pre-prepared schedule. The schedule contains all range of aspects like sociao-economic, demographic and health status.

3. Health and Educational Features of the Sample Population

Under this section we had dealt with literacy levels, dropouts, reasons for dropouts, distance of educational institutions and health characteristics like drinking water facilities, type of fuel used for cooking, gender and age wise classification of diseased persons, health assistance from government authorities, distance to the first –Aid facility, awareness about AIDS and so on.

The literacy levels of the head of the households have been presented in Table-1 It is very frightening thing that 81 per cent of the head of the households are illiterates. The literacy per cent of the head of the households is 19 per cent. Among the literates 11 per cent are studied up to secondary level, 5 per cent studied only primary level of education and only 3 per cent are acquired higher level of education.

S. No	Education level	Number of persons	Per cent
1	Primary	05	05.00
2	Secondary	11	11.00
3	Higher	03	03.00
4	Illiterate	81	81.00
	Total	100	100.00

Table 1: Educational Status of Head of the Households in the Sample Area
Source: Primary Data

The educational levels in the study area have been presented in Table-2. It is clear that the literates in the study area are very low, 19 per cent of the population is educated up to primary level, 20.63 per cent up to secondary level and only 9.30 per cent are obtained up to higher level. About 55 per cent females and 45 per cent males studied at primary school level, 54.95 males and 45.05 females in secondary level and in higher the female per cent is very low with 29.27 per cent and males with 70.73per cent.

S. No	Education level	Male	Per cent	Female	Per cent	Total	Per cent
1	Primary	38	45.24	46	54.76	84	19.05
2	Secondary	50	54.95	41	45.05	91	20.63
3	Higher	29	70.73	12	29.27	41	09.30
4	Illiterates	101	44.89	124	55.11	225	51.02
	Total	218	49.43	223	50.57	441	100.00

Table 2: Educational Levels of the Sample Population
Source: Primary Data

The literacy levels in the study area have been presented in Table-3. It is very alarming situation in the study that the literacy levels are 48.98 per cent, among this 54.17 per cent male and 45.83per cent are female. The total illiterates are 51.02 per cent among them 44.89 are male and 55.11 per cent are females.

S. No	Literacy level	Male	Per cent	Female	Per cent	Total	Per cent
1	Literates	117	54.17	99	45.83	216	48.98
2	Illiterates	101	44.89	124	55.11	225	51.02
	Total	218	49.48	223	50.52	441	100.00

Table 3: Literacy Levels in the Study Area
Source: Primary Data

Distribution of the drop out children below the age group of 14 years from their education in the sample area has been presented in Table-4.There 32 children who dropped from their education in the study are. Among them 18 girl children are dropped with 56.25 per cent and boys are 14 with 43.75 per cent.

S. No	Drop S outs	No of children	Per cent
1	Boys	14	43.75
2	Girls	18	56.25
	Total	32	100.00

Table 4: Distribution of the Drop out Children (Below 14 Years Age) From Their Education in the Sample Area
Source: Primary Data

Table-5 explains the reasons for drop outs from their education in the study area. 21 children with 65.63 per cent are dropped from their education because of their financial problem while 11 children with 34.37 per cent are participating in their household work. So, finally it may conclude that poor economical status leads to more drop outs from schools.

S. No	Reasons for Drop outs	No of children	Per cent
1	Financial	21	65.63
2	Household work	11	34.37
	Total	32	100.00

Table 5: Distribution Drop out Children According To Their Reason for Not Going to School in the Sample Area
Source: Primary Data

Distribution of households according to their available facility for drinking water in the sample area has been presented in Table-6. It is observed that no one having the proper drinking water facility in the study area. Total households are taking un protected water for their drinking. This type of water facility will reflect the health status.

S. No	Water facility	Number of households	Per cent
1	Protected	00	00.00
2	Un Protected	100	100.00
	Total	100	100.00

Table 6: Distribution of Households According To Their Available Facility for Drinking Water in the Sample Area
Source: Primary Data

It is very clear from Table-7 that there is no single household using other fuel than firewood in the study area. That means 100 per cent of the households are using firewood as a fuel for their cooking. This situation is very severe to their health as well as the environment.

S. No	Type of fuel	Number of households	Per cent
1	Firewood	100	100.00
2	Kerosene	00	00.00
3	Gas	00	00.00
	Total	100	100.00

Table 7: Distribution of Households According To Their Source of Fuel for Cooking In the Sample Area
Source: Primary Data

Immunization of the child in the age group of 0 to 5 years has been presented in Table-8. It is observed that there are 21 children in the above given age group. 100 per cent of the children having immunization card among them 85.71 per cent are fully immunized, where as 14.29 are not fully immunized. This may causes them to face some health problems like physically handicapped, mentally disordered and other diseases.

S. No	Information about immunization	Yes	Per cent	No	Per cent	Total	Per cent
1	Availability of immunization card	21	100.00	00	00.00	21	100.00
2	Either fully immunized	18	85.71	03	14.29	21	100.00
	Total available children (0-5 years)	21					

Table 8: Child (0-5 Years) Immunization Status in the Sample Area
Source: Primary Data

Table-9 explains about the reproductive age women who are in the age group of 15-49 years, especially about their ages at the time of marriage and at the time their first conception in the study area. There are 106 reproductive women in the study area among them 87 are got married at the age of 15-18 years with 82 per cent and only 18 per cent are married after 19 years. That means still 82 per cent of the women in the study area are married below the age of 18 years.

S. No	Age	Age at marriage	Per cent	Age at first conception	Per cent
1	< 15	04	03.77	00	00.00
2	15-18	83	78.30	26	24.53
3	19 and above	19	17.93	80	75.47
	Total	106	100.00	106	100.00

Table 9: Distribution of Reproductive Age (15-49 Years) Women in the Sample Area
Source: Primary Data.

Gender wise distribution of diseased persons in the sample area has been presented in Table-10. Out of 462 total populations in the study area the percentage of diseased persons are 29 with 131 members, among them 54 per cent are male and 46 per cent are female diseased persons.

S. No	Gender	No of persons	Per cent
1	Male	71	54.19
2	Female	60	45.81
	Total	131	100.00

Table 10: Gender Wise Distribution of Diseased Persons in the Sample Area
Source: Primary Data

It is evident from the Table-11, 81per cent of the diseased persons are in the productive age group and remaining 19 per cent are unproductive. The disease prevalence rate in the age group of above 60 years is very less. It is not because of their good health it is because of their size in the total population.

S. No	Age	No of persons	Per cent
1	Up to 14	22	16.79
2	15-60	106	80.91
	60 and above	03	02.40
	Total	131	100.00

Table 11: Age Wise Distribution of Diseased Persons in the Sample Area
Source: Primary Data

Distribution of sample population according affected diseases in the study area has been presented in Table-12. It is observed that 52.67 per cent of the diseased persons are effected from fever while 36.64 per cent from malaria and 10.69 per cent from dengue.

S. No	Type of disease	No of persons	Per cent
1	Fever	69	52.67
2	Malaria	48	36.64
3	Dengue	14	10.69
	Total	131	100.00

Table 12: Distribution of Sample Population According Affected Diseases
Source: Primary Data

Distribution of diseased persons whether they consults the doctor has been presented in Table-13. It is predominant that 69.47 per cent of the diseased persons are consults the doctor and still 30.53 per cent are not consulting the doctor for their treatment in the study area.

S. No	Opinion of diseased persons	No of persons	Per cent
1	Yes	91	69.47
2	No	40	30.53
	Total	131	100.00

Table 13: Distribution of Diseased Persons Whether Consults the Doctor for Their Treatment
Source: Primary Data

The expenses levels of the diseased persons in the study area have been presented in Table-14. It is evident that nearly 50 per cent of the diseased persons are spending Rs. 1,001 to Rs. 3,000 for their treatment, 14 per cent are spending more than Rs. 3,000 and 35.88 per cent are spending below Rs. 1,000.

S. No	Level of expenditure	No of persons	Per cent
1	Below 1,000	47	35.88
2	1,001-2,000	32	24.43
3	2,001-3,000	34	25.95
4	3,001 and above	18	13.74
	Total	131	100.00

Table 14: Distribution of Diseased Persons According To Their Expenditure for Their Diseases
Source: Primary Data

Table-15 explains the opinion of the sample households regarding to the government medical services. It is observed that 74 per cent of the households expressed their opinion that they have the medical officer's visit in the study area. 87 per cent are opinioned that they are getting sufficient services from the government health centers. Regarding the medicine 91 per cent are opinioned that they are getting sufficient medicine from the government health centers. That means the performance of government health centers in the study area is good.

S. No	Name of the service	Yes	Per cent	No	Per cent	Total	Per cent
1	Visit of the medical officer	74	74.00	26	26.00	100	100.00
2	Sufficient Services provided	87	87.00	13	13.00	100	100.00
3	Sufficient Medicine provided	91	91.00	09	09.00	100	100.00
4	Un necessary tests	21	21.00	79	79.00	100	100.00

Table 15: Opinion of the Sample Households Regarding To the Government Medical Services
Source: Primary Data

The awareness about AIDS in the sample population has been presented in Table-16. It can see from the table 68 per cent are heard about the disease and 52 per cent are known the causes and symptoms of the AIDS. It may conclude that the government has to take more awareness programmes about the disease because nearly 50 per cent of the households do not know the causes and symptoms of the AIDS.

S. No	Knowledge about AIDS	Yes	Per cent	No	Per cent	Total	Per cent
1	Heard about AIDS	68	68.00	32	32.00	100	100.00
2	Causes	52	52.00	48	48.00	100	100.00
3	Symptoms	52	52.00	48	48.00	100	100.00

Table 16: Awareness about the AIDS in the Sample Population
Source: Primary Data

Distance to the medical centers will have an effect on the health status of the households. It is observed that from Table- 17, about 19 per cent of the households they don't have any medical center blow the 16 Kms and 81 per cent nearer to medical centers with distance of 10 Kms. It may negatively affect the health of the households in the study area.

S. No	Distance in km	No of persons	Per cent
1	10	81	81.00
2	16	19	19.00
	Total	100	100.00

Table 17: Distance to the Medical Center to the Sample Households
Source: Primary Data

4. Summary

In this Chapter we have mainly discussed about the socio-economic, educational and health characteristics like population, sex ratio, marital status, literacy levels, health conditions and availability of health and educational facilities and economic characteristics like availability of housing facility, land, different source of income, cost of cultivation and expenditure pattern.

Most of the households are male headed families with 89 per cent, which means the male domination is more in the study area. In all households' productive age group people are leading their families. Agriculture sector is their primary occupation. It is identified that more than 50 per cent of the households are having large size family. The sex ratio in the study area is pretty good; it is 1017 for total population, 1186 for below 15 years age group and 964 for the productive age group.

It is observed that there is no Pucca houses in the study area and 94 per cent of the households are having the semi-Pucca houses. Still there is no electricity facility for 14 per cent of the households. The availability of household assets are very poor only 71 per cent having a clock / watch, 49 per cent having the radio, 51 per cent television sets. More number of the households in the study area is

having the white and AAY ration cards with 72 per cent and 19 per cent respectively, still 9 per cent of the households don't have any ration card. Absence of pink ration cards shows that all the households of this village are living below the poverty line. The people's participation in public organization is very poor except in SHGs, ITDA and GCC with 95 per cent, 87 per cent and 92 per cent respectively and in remaining organizations like Educational committee, Panchayat, WUA, VSS and Health committee is almost negligible. The performance of government welfare programmes is not good in the study area except MGNREGS programme. All the sample households are expecting facilities like pucca housing, road and transportation, employment, schools and hospitals. Nearby 90 per cent of the households are expecting banking and marketing facilities from the government. About 50 per cent of the households are not getting even Rs. 50,000 as their income per annum. That indicates still there is no proper income source in the study area.

The occupation structure in the study area is very interesting 56 per cent of this sample population is engaged in agricultural sector as labours; which means the dependence on primary sector is very predominant and almost all households are depending only on the agriculture sector. The student community is occupied next to the agriculture labour with 41per cent. There are no government employees in the study area. The major source of income is from agriculture sector followed by minor forest products, milch cattle and other labour works. Due to poor land holding size nearly 62 per cent of the people are getting only Rs. 10,001 to Rs. 30,000 from the agriculture. There is no land for 21 per cent of the sample population. The income from the minor forest products is also very low. And about 10 per cent are not getting any income from MFP and remaining 90 per cent getting only below Rs. 10,000. Availability of live stock is one of the major income source, 33 per cent of households are not having any live stock. About 55 per cent of the households are getting incomes Rs. 10,001 to Rs. 30,000 and 12 per cent are getting 30,001 to Rs. 40.000 from milch cattle.

The ownership right on the land is very less in the study area. Still 21 per cent of households are not having any land. Nearly 74 per cent of sample households are having the land 1-2 acres. The major crops which are cultivated by the sample population is paddy and maize with 60 per cent and 19 per cent respectively. Expenditure pattern in the study area shows that their backwardness. Still most of the households are spending more on food and very less only expending on education and other things like entertainment and health care. The indebtedness is more in the study area because their poor living conditions. Most of the people are depending on the money lenders for their credit sources, very less on SHGs and banks.

Literacy levels in the study area are very unfavorable to the development. It is 81 per cent for heads of the households and 51 per cent of total population are illiterates. Still 55 per cent of the female population is illiterates. Droup outs are also high with 32 number of children among which 14 boys and 18 girls. The availability of infrastructure facilities is very poor in the study area. There is no proper drinking water facilities in the study area still they are drinking unprotected water. All the households are using firewood as a fuel for their cooking. The school and the health facilities are located at a far of place, more than 10 Kms. from their village

The mean age at the marriage of women is model. Still 83 per cent of the women are getting marred below the 18 years age and only 19 per cent are getting married at 19 years and above. There are 21 children who are below the 5 years age group, among them 18 children are fully immunized. The disease prevalence is more in male with 54 per cent and female with 46 per cent. Productive age group people are affected more from diseases (with 80 per cent). Fever and malaria are the main diseases which are affecting the sample population. 69 per cent of the diseased persons are consulting the doctors and they are spending about Rs.3, 000 on treatment. It is good for people's health point of view almost all people they are aware about AIDS, causes and symptoms of disease.

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