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Research Paper



SOCIAL STATUS OF TRIBES IN MAYURBHANJ DISTRICT OF ODISHA

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ABSTRACT

The objective of the paper is to analyse the socio economic status of tribes in Mayurbhanj district of Odisha. The study is based on primary data collected from tribes in four blocks namely, Rasgobindpur, Morada, Kuliana, Suliapada in Mayurbhanj district. The literary rate among male is 30.4 percent and among female it is 25.18 percent. Among the four blocks under study, the literary rate is highest, 34.70 percent, in the study villages of Kuliana block and the literary rate is lowest, 18.63 percent, in the study villages of Suliapada block. In the ten sample villages of four blocks of Mayurbhanj district, 93 percent tribal households have their own houses while 7 percent tribal households have no houses and they live in the house of others who are either their friends or relatives from their own community. Well and pond water are also used for drinking propose. In absence of toilets almost all villagers take their bath in ponds and streams and even near the tube wells. The socio economic status of tribes is not good. There is urgent need for providing facilities in the tribal houses at subsidised rate.

KEY WORDS:- Education, Housing, Loan, Saving, Tribes

INTRODUCTION

The Scheduled Tribe population represents one of the most economically impoverished and marginalized groups in India. With a population of more than 10.2 crores, India has the single largest tribal population in the world. This constitutes 8.6 per cent of the total population of the country (Census of India, 2011). Among 29 states in India, Odisha, occupies a unique place in the tribal map of the country having largest number of tribal communities (62 tribes including 13 primitive tribes) with a population of 9.59 million constituting 22.86% of state's population and 9.17% of the total tribal population of the country (Census of India, 2011). Socially and educationally the

Scheduled Tribes (ST's) are among the most disadvantaged groups in Odisha. Poverty and illiteracy is very high among the tribal people and therefore the social disparity and inequality has prevailed in the society. Mayurbhanj is one of the tribal districts of Odisha, which constitutes 58.58percent of tribal population in the district as against 22.85percent in the state during 2011. According to 2011 census the percentage of scheduled tribe population to the total population in the district constitute 58.58percent as against 22.85 percent in the State. With around sixty per cent of its population consisting of scheduled tribes, the Mayurbhanj district of Odisha exhibits a unique

physical and socio-economic diversity. Situated in the north-east corner of the state of Odisha, the district shares the inter-state boundary with Jharkhand and West Bengal. Influence of the culture of these two bordering states is well marked in the adjoining areas of this district of Mayurbhanj. .The district is endowed with rich forest, which has provided a favourable physical environment and resource base conducive to the tribal communities. The total population of the district as per 2011 census is 25, 19,738 (Rural – 23,26,842, Urban – 1,92,896) out of which 12, 56,213 are Male (Rural - 11,57,576 & Urban-98,637) and 12, 63,525 are female (Rural -1169266 & Urban-94259). But the Scheduled Tribe Population of the district is 14,79,576 (Rural - 1439002 & Urban- 40574) out of which 730487 are Male (Rural-710396 & Urban -20091) and 749089 are Female (Rural-728606 & Urban -20483). Out of 26 Blocks, the tribal are mostly concentrated in Udala, Khunta, Bijatala, Jamda, Baripada, Bangiriposi, Bisoi, Jashipur, Kuliana, Samakhunta, Kaptipada, Kusumi, Thakurmuda and Karanjia, where their population is more than 60% per cent of the total population of respective Blocks. The majority tribals of Mayurbhanj are the Santals ,Kolha, Bathudi and Bhumija. The santals are the main inhabitant of Bijatola block where they constitute about 77% of its total population. Mayurbhani district contains four numbers of Subdivisions, 26Tahasils, 26 CommunityDevelopment Blocks. 382 Grampanchayats and 3945 revenue villages. Out of the 26 blocks, four blocks have been taken as sample block for study on the basis of the tribal concentration. These blocks are Kuliana, Suliapada, Moroda and Rasgovindpur. The socio-economic condition of this backward section needs an in depth enquiry to find out their problems and to make an appropriate strategy for further development. Tribes are marginalized and low income people who live in and around hills and forests. It is important to analyse their standard of living to investigate their social status in the country. This study is an attempt to analyse the social status of tribes, such as housing, health, sanitation, drinking water, education etc in Mayurbhanj district of Odisha.

EDUCATION

Education is the most effective instrument for the socio-economic empowerment of the disadvantaged class. Literacy and level of education is another determinant of their level of living. A minimum level of education is necessary to acquire skill and also to comprehend social problems. Hence analysing the level of education and literacy as one of the important socio – economic variables in determining the level of living of a community is essential. This has considerable implication for various facets of human development.

Table - 1Distribution of Literate in Sample Blocks

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|-------------------|-----------------------|------------------------------|------------|--|--|--|--|
| | Literates | | | | | | |
| Name of the Block | Male | Female | Total | | | | |
| Rasgobindpur | 75 | 63 | 138 | | | | |
| | (32.46) | (28.64) | (30.59) | | | | |
| Morada | 33 | 24 | 57 | | | | |
| | (33.33) | (26.07) | (29.84) | | | | |
| Kuliana | 59 | 51 | 110 | | | | |
| | (39.07) | (30.72) | (34.70) | | | | |
| Suliapada | 47 | 29 | 76 | | | | |
| | (21.08) | (15.08) | (18.63) | | | | |
| Total | 214(30.4) | 167(25.18) | 381(27.87) | | | | |

(figures in the parentheses indicate percentage of the total)

Source-Primary data from field study

The distribution of literates in the study area of Mayurbhanj has been shown in Table 1. In the study area 72.13 percenttribals are illiterate. Out of total 1367 people, 381, are literates and percentage of literary comes to 27.87. Out of it 214 are male and 167 are female. The literary rate among male is 30.4 percent and among

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female it is 25.18 percent. Among the four blocks under study, the literary rate is highest, 34.70 percent, in the study villages of Kuliana block and the literary rate is lowest, 18.63 percent, in the study villages of Suliapada block. The number of literate in Rasgobindpur block and Morada block are 138 (30.59 percent) and 57(29.84 percent) respectively.

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Table - 2 Level of Education in the Sample Blocks

| Standard of Education | No of persons in Rasgobindpur | No of persons in Morada | No.of persons in Kuliana | No.of prsons in Suliapada | Total no. of Persons |
|---|-------------------------------------|-------------------------------|--------------------------------|---------------------------------|-------------------------|
| Up to class - V | 77(50.8) | 30(52.63) | 58(52.73) | 47(61.84) | 212(55.64) |
| Class -V to Class - X | 59(42.75) | 19(33.33) | 40(36.36) | 27(35.53) | 145(38.06) |
| +2 and above | 11(8.46) | 07(12.28) | 10(9.09) | 02(2.63) | 30(7.87) |
| Higher Education including technical | 01(0.72) | 01(1.75) | 02(1.82) | - | 04(1.05) |
| Total | 138(100) | 57(100) | 110(100) | 76(100) | 381(100) |

(figures in the parentheses indicate percentage of the total)

source : field study

In the present study, the level of education is divided into four categories viz. primary (up to class V), secondary (class V to class X) Higher Secondary (+2) and higher education (above +2 including technical). The level of education in the sample villages under study of the four blocks as presented in Table – 2 reveals that out of the total literates people having educational qualification upto primary (upto class V) are 219(55.64 percent). Number of tribals having educational qualification from class V to class X are only 145(38.06 percent). The number of people having +2 qualification is 30 which in 7.87 percent. The percentage of literates having higher education including technical qualification is very less in all the sample villages and it in only 4(1.05 percent). This is due to higher percentage of dropouts at different levels of education in the sample villages. The figures above indicate the poor literacy position in the study area. In analysing the lower rate of literary and education in the study area it is found that certain social – cultural constraints like tribal ecosystem, their habitat and home atmosphere render the spread of formal education difficult among the tribes. As a part, product and vehicle of culture, language plays a crucial role in educating a person. A child's informal education and the process of enculturisation are accomplished through his mother tongue. Since not much attempt has been made to standardise tribal languages by developing scripts etc.a tribal child coming to the school for the first time finds all the activities of the school conducted in a language which he can not follow. The difference between home language and school language thus acts as a major barrier for the tribal children.

Text books used in tribal schools are largely the same as in other areas and the contents of the books do not take into account the socio cultural environment of the area and the people. The books base on urban middle class culture, contain ideas, concepts and themes alien to the tribal children which not only create problem in learning, they also create in tribal learners a negative attitude towards themselves and their culture. Further, the school curricula lacks the items of entertainment like singing, dancing and practising bow and harrow etc. which could attract the tribal children. Thus by ignoring the language and culture of the tribal, the present system of education creates inferiority complex and a low self-image in him which nips in bud his interest of learning. Economic pursuits of tribals are merely struggles for survival in which all members of the families are engaged. Even the small children of school going age do not remain idle in tribal societies. They assist their parents in a variety of ways. Because of their family structure, which is in most case nuclear, they take care of their younger brothers and sisters in the absence of their parents, tend the domestic animals and birds and remain useful to parents as apprentices. As such, they are not spared for schooling because their absence at home brings additional problems to their parents. Thus their poor economic condition and the nature of their subsistence economy function as deterrents for the spread of formal education among them. As a result of this most of the tribals in the study area remain illiterate

STATUS OF HOUSING

The quality of house and facilities available in it is considered to be one of the indicators of wellbeing of a family and its overall economic status. House type also reflects the overall economic situation of a locality and wellbeing of its people. In the ten sample villages of four blocks of Mayurbhanj district, 93 percent tribal households have their own houses while 7 percent tribal households have no houses and they live in the house

of others who are either their friends or relatives from their own community. There are different reasons which can be attributed to this situation of houseless like not having a homestead land to construct their own house , no accessibility to government sponsored rural housing scheme, having poor economic condition to construct a house, no need to construct own house due to availability of relatives and others house to stay etc. The type of houses in the study area has been shown in Table -3.

Table-3Housing Pattern in the Sample Blocks

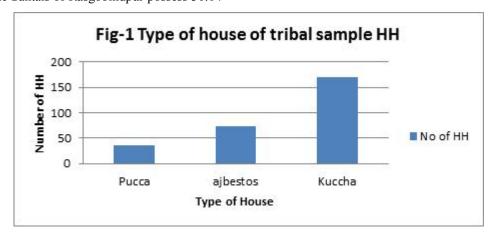
| Type of house | Number of | Number of | Number of | Number of | Total |
|----------------|--------------|------------|------------|------------|----------|
| | households | households | households | households | |
| | Rasgobindpur | Morada | Kuliana | Suliapada | |
| Pucca house | 11(29.73 | 09(24.32) | 10(27.03) | 07(18.92) | 37(100) |
| | (15.94) | (14.06) | (13.33) | 9.86 | (13.26) |
| Asbestos house | 22(30.94) | 17(23.29) | 19(26.03) | 15(20.55) | 73(100) |
| | (31.68) | (26.56) | (25.56) | (21.26) | (26.16) |
| Katcha house | 36(21.03) | 39(23.08) | 46(27.22) | 48(28.40) | 169(100) |
| | (52.17) | (60.94) | (61.34) | (67.60) | (60.58) |
| Total | 69(100) | 64(100) | 75(100) | 71(100) | 279(100) |

(Figure in the parentheses indicate percentage of the total)

Source: Primary data from field study.

The highest percentage of tribal households having their own house has been found in Kuliana block (96.15 percent) and it is the least in Suliapada block (87.65 percent). The percentage of pucca houses in the sample village by the tribal households is 13.26. Amog the sample households, the possession pucca houses is highest in Rasgobindpur block (29.73 percent) and it is lowest in Suliapada block (18.92 percent). The households having asbestos houses constitute 26.12 percent. The Santals of Rasgobindpur possess 30.14

percent of asbestos houses and it is least in case of Bathudi of Suliapada block (20.55 percent). Out of the total katcha houses (60.57 percent) the highest number is in Suliapada block (67.60 percent) and lowest is in Rasgobindpur block (52.17 percent). However Indira Awas Yojana (IAY) a rural housing scheme of the government occupies a significant percent of pucca houses. Out of the total houses in the study area one-roomed houses are maximum.



In the sample villages 23.98 percent of total tribal houses have been electrified and the rest 76.02 percent houses are not electrified. In the absence of electricity and other sources of power energy, people normally depend upon kerosene, full wood and of its means of energy like cow dung, dry leaves etc.

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Alternative to electricity, kerosene is used for lighting which is purchased either from the public distribution system in a subsidised rate or from the mark. The approximate value of the houses possessed by the tribal households has been calculated and shown is Table -4.

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| | | | | | | | | |

| Value of Houses | Possessed by no. of household of Rasgobindpur | Possessed by no of household of Morada | Possessed by no of household of Kuliana | Possessed by no. of household of Suliapada | Total no of household |
|--------------------|--|---|--|---|--------------------------|
| Upto 2000 | 10(14.49) | 08(12.5) | 18(24.0) | 12(16.90) | 48(17.20) |
| 2000-4000 | 17(24.64) | 21(32.81) | 22(29.33) | 25(35.21) | 85(30.46) |
| 4000-6000 | 17(24.64) | 21(32.81) | 17(22.67) | 23(32.39) | 78(27.96) |
| 6000-8000 | 14(20.29) | 11(15.63) | 13(17.13) | 8(11.27) | 46(16.49) |
| 8000-1000 | 09(13.09) | 2(3.13) | 4(5.33) | 3(4.23) | 18(6.45) |
| 10000& above | 02(2.9) | 1(1.56) | 1(1.33) | - | 4(1.43) |
| Total | 69(100) | 64(100) | 75(100) | 71(100) | 279(100) |

(Figure in the parentheses indicate percentage of the total)

Source: Primary data from field study.

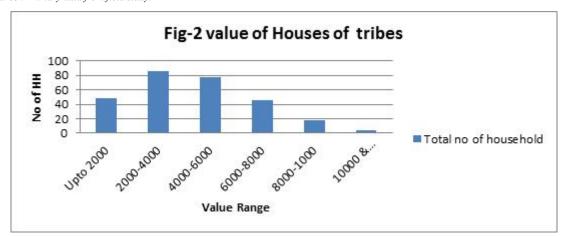


Table -4 explains that 47.66 percent tribal households possess house whose value is within Rs.4000.00 each. Similarly, 75.62 percent tribal households possess houses whose value remain within Rs.6,000.00 each. The percentage of tribal's having the houses whose value is greater than Rs. 6, 000.00 has been 24,38 percent. Only 1.43 percent households possess houses whose value is above Rs. 10,000.00 each. Ownership of 60.57 percent Kachha houses, possession of low cost houses and the possession of 76.02 percent non-electrified houses indicate the low level of living of the tribal's in the study area. As, housing is very much related to the quality of life, non-availability of shelter will affect the socio-economic status of people. Fulfilling the basic needs of the population, housing racks next to food and clothing in its importance. A certain minimum standard of housing is essential for health and civilised existence. Development of housing, therefore, must be given top priority in the study area where housing amenities are far below the minimum standards that has been accepted by the commission on stand arid of living. In the study area, the housing condition of the tribal's are poor. Their houses are either supported by frail wood and bamboo or sticks structures consists of mud and wooden walls, thatched roofs and

unhygienic surroundings. These houses conspicuously lack ventilation and Lighting. Cattle and man huddle in one room. These in no separate kitchen, cooking in made is the same room where people live and take rest.

STATUS OF HEALTH

Health can be seen as an important determinant of well-being in the broadest sense of the term. Improved health is desirable to enhance the capability to work and to participate in economic development. Improved health and nutritional status also contribute to increase life expectancy by enhancing resistance to micro organisms. Good heath may be thought of as important livelihood asset and illness can be a major cause of impoverishment. In this context every individual has the choice to lead a healthy life and a reasonable life span and the state has to ensure this minimum requirement. But inKandhamal, majority of the tribals lack access to public health care facilities and their quality of life is poor.

The people in these areas do not maintain hygiene because of the lack of awareness. They kept utensil clean but they do not know the fact that files infect food. They fall prey to many diseases because of lack of cleanliness, malnutrition, lack of medical facilities for curative and preventive treatment, and low economic

status. There is high infant mortality in Kandhamal district. The tribal areas of Kandhamal are notoriously malarial. Besides malaria which takes a heavy toll of lives, infectious and contagious diseases like scabies are also prevalent there. Moreover, it is found that owing to crude martial relations and promiscuity in sexual matters, venereal diseases like syphilis, yaws etc. are common among them. To be specific the diseases from which the tribals suffer are malaria, meningitis, sickle-cell anaemia, sexually transited diseases, tuberculosis, various skin diseases including scabies, nutritional anaemia and hypoproteinaemia, liver diseases etc. The cause for the occurrence of such diseases are: (i) malaria is due to the prevalence of high mosquito population, ignorance about sanitation, difficulty for DDT spray in inaccessible areas, illiteracy superstitious belief, low economic status etc. ,(ii) sickle-cell anaemia, thalassemia, are due to hereditary-genetic causes, (iii) sexually-transmitted diseases owing to promiscuous sexual relations among the tribals Syphilis, gonorrhoea yews etc. are observed to be in occurrence, (iv) tuberculosis occurs because of low resistance of the body, low immunity status, ignorance, illiteracy, low economic status and superstitious beliefs, (v) skin diseases are due to the causes like uncleanliness, ignorance, illiteracy, erroneous habitations, impure and insufficient water supply, low economic status, (vi) nutritional anaemia and hypoproteinaemia are due to ignorance, illiteracy, low economic status, superstitious beliefs, and alcoholism, (vii) liver diseases occur because of alcoholism, chronic ailing condition, and low economic status and (viii) meningitis is due to erroneous habitation, low economic status, and ignorance, lack of sanitation, superstitious beliefs and alcoholism.

In comparison to the females, the health condition of the tribal males is worse. The male-folk and processed salap. Most of them suffer from diseases like chronic malaria, sexually transmitted diseases like syphilis, gonorrhoea, yaws, sickle-cell anaemia, tuberculosis, scabies etc. They have low nutritional status. The health condition of the tribal females is bad as well. They suffer from anaemia, sickle-cell anaemia, sexually transmitted diseases like syphilis. gonorrhoea. yews etc. chronic malaria, scabies etc. They have also

low nutritional status. Their addiction to alcohol is less than the males. The lack of sufficient medical aid provided by the state government aggravates the situation. The tribal's fight against disease consists mainly of exorcism sorcery and now and then recourse to some herbs administered by the village priest (gunnias) and quacks. There is low nutrition level in their diet. Their diet lacks variety. Protein content is quite absent or low. Their diet is conspicuous in lacking pulses, vegetables, milk etc. and hence in vitamins.

INFANT AND CHILD MORTALITY AMONG THE TRIBALS

The infant and child mortality rates are the robust indicator of overall health status of a population. Infant and child mortality rates continue to be the highest in Odisha among all states. In the state, infant and child mortality rates are very high among the tribal's. IMR was 86 for the district and this figure was 59 for the State during 2011-2012 (Govt. Of Orissa, 2012). Particularly four factors may explain the high level IMR in state: poor availability of professional attendants at birth; high percentage of low birth weight babies; third, lack of professional post-natal care and fourth, earth marriage of girls.

In the sample villages, average age at marriage is 15 years for ST girls. Early marriage of girls adversely affects the infant mortality rate. In addition to this, the others factors responsible for high IMR in the Mayurbhani are child malnutrition because of proteincalorie deficiency, superstitions beliefs, illiteracy, and ignorance leading to defective antenatal, intranasal and postnatal care, and lower economic status of the tribals, various diseases like sexually transmitted diseases anaemia etc.; physical labour and low nutritional status of the tribals. Sample villages of Suliapada&Morada block still have little contact with medical facilities. Children die of fatal diseases in the event of absence of preventive and curative measures and treatment at the doorstep, because of distance and inaccessibility of villages.

GENERAL HEALTH CONDITION

A picture of the general health conditions of the people in sample blocks as found from the survey is given in Table -5.

Table -5 General Health Condition of Tribals in Sample Blocks

| | Good | | | | Moderately Good | | | Bad | | | | |
|----------------------|----------------|----------------|---------------|----------------|-----------------|----------------|----------------|---------------|----------------|----------------|---------------|----------------|
| Name of the Block | Ad | lult | | | Ad | ult | | | A | dult | | |
| | Male | Female | Child | Total | Male | Female | Child | Total | Male | Female | Child | Total |
| Rasgobindpur | 55 | 53 | 43 | 151 | 61 | 63 | 54 | 178 | 45 | 40 | 37 | 122 |
| Morada | 23 | 22 | 19 | 64 | 27 | 25 | 23 | 75 | 19 | 17 | 16 | 52 |
| Kuliana | 34 | 42 | 29 | 105 | 38 | 48 | 39 | 125 | 29 | 31 | 27 | 87 |
| Suliapada | 54 | 45 | 37 | 136 | 60 | 51 | 47 | 158 | 45 | 31 | 38 | 124 |
| Total | 166 (33.88) | 162 (34.62) | 128 (31.3) | 456 (33.36) | 186 (37.96) | 187 (39.96) | 163 (39.85) | 536 (39.2) | 138 (28.16) | 119 (25.43) | 118 (28.9) | 375 (27.43) |

(Figures is the parentheses indicate percentage of the total) *Source : Primary data from field study.*

It reveals that the condition of 375 persons (27.43 percent of the sample population) was found to be bad. These persons are either suffering from diseases or were complaining of ill-health throughout the year. The health condition of 536 persons (39.2 percent of the sample population) was found to be moderately good. These persons are suffering from diseases like malaria and other contagious diseases at least for few days in a year. The health condition of the rest 456 persons (33.36 percent of the sample population) was found to be good. About 118 out of total of 409 children (28.9 percent of total children) of the age group of 1 to 14 were found to be bad in health. 163 children (39.85 percent of total children) were having moderately good health, Good health prevailed for the rest 128 children which constitute 31.3 percentage of total children. The condition of 138 out of a total of 490 adult males was not good (i.e.28.16 percent). Moderately good health was

reported for 186 adult males (37.96 percent) and the rest 166 adult males (i.e. 33.88 percent) possessed good health. The condition of 119 adult females out of a total of 468(25.43 percent of total adult females) was found to be bad. And 187 adult females (39.96 percent of total adult females) had moderately good health. The rest 162 adult females (34.62 percent) had good health. On the whole the disappointing figure of nearly 27 percent of more than a quarter of total sample population was found to be in bad health condition. This portrays a low health profile among the tribal people of the villages under study in Mayurbhanj.

MEDICAL FACILITIES AVAILED BY THE HOUSEHOLDS

Table-6describes the medical facilities availed by the sample households of Rasgobindpur, Morada, Kuliana, Suliapada blocks of Mayurbhanj district.

Table -6Medical Facilities available by the Households of the Sample Block

| Name of the Block | Doctor | Quack | Gunia | Nothing | Total |
|-------------------|----------------|--------------|---------------|---------------|--------------|
| Rasgobindpur | 36 | 23 | 6 | 7 | 72 |
| Morada | 25 | 19 | 11 | 14 | 69 |
| Kuliana | 31 | 22 | 13 | 12 | 78 |
| Suliapada | 32 | 20 | 10 | 19 | 81 |
| Total | 124 (41.33) | 84 (28.0) | 40 (13.33) | 52 (17.33) | 300 (100) |

(Figures is the parenthese indicate percentage of the total) Source-Primary data from field study

It reveals that 84 households (28.0 percent) depend on quacks, 124 households (41.33 percent) visit doctors, 40 households (13.33 percent) consult gunias, 52 households (17.33 percent) do nothing in the event of illness and disease. That is nearly 41 percent of the households depend either on gunias and quacks or do nothing when diseases befall. This is due to tradition bound nature of thetribals and due to superstitious beliefs, illiteracy and ignorance of the villagers. Health centre are inadequate in the study area. Primary health centres are available in block head quarter. There are only four para-medical staffs posted in the sample

village. As the area is surrounded by forest and hills doctors and other medical staffs are not interested to be posted there. Most of thetribals fail of get health service due to the absence of doctors. Existence of poverty, inadequate health service, lack of education and awareness, black bindedness and superstitious attitude of the tribals compel them to accept the primitive health practice.

SANITATION

A proper sanitation facility for the people irrespective of their economic and social status is a prerequisite for human development. In this aspect the

sanitation programme in the sample villages is more or less a failure. Even after introduction of Total Sanitation Campaign much progress could not be made in construction of household latrines. In the primary school category, the progress is relatively better.

Table -7 Sanitary Status in the Sample Blocks

| Type of Sanitation | No of households of Rasgobindpur | No of households of Morada | No of households of Kuliana | No of households of Suliapada | Total no of households |
|-----------------------|---|----------------------------------|-----------------------------------|-------------------------------------|------------------------------|
| Opendefection | 51 | 60 | 62 | 77 | 250 |
| | (70.83) | (86.96) | (79.49) | (95.06) | (83.33) |
| Group latrine | 14 | 6 | 11 | 3 | 34 |
| | (19.44) | (8.70) | (14.10) | (3.70) | (11.33) |
| Private latrine | 7 | 3 | 5 | 1 | 16 |
| | (9.73) | (4.34) | (6.41) | (1.23) | (5.34) |
| Total | 72 | 69 | 78 | 81 | 300 |
| | (100) | (100) | (100) | (100) | (100) |

(Figures is the parentheses indicate percentage of the total) Source-Primary data from field study

The status of sanitation as observed in the Table – 7 shows that a total of 83.33 percent tribal families have the habit of open defection, where as 11.33 percent family use group latrine. Private latrine is available with only 5.34 percent families in the over all study area. Private latrine is not so preferred practice in most of the tribal households largely due to traditional thinking conditioned mind set and age old practice .Tribals are accustomed with age old practice of open defection it normally becomes tough for them to get confined in a four wall room to attend the natures call. A few tribals having certain awareness and exposure prefer to have latrines of their own within the boundary of the house or in a distance place. But in majority cases, situation is not similar. People still hesitate to have such facility at their home front. To some extent a cultural tag is also attached to it i.e. having toilet in the house will create impurity which will lead to loss of family prosperity. So what seems to be essential is change in the mindset of people and the way they think and perceive. Attitudinal change appears to be the most

desire part of it and behavioural change can only make it possible. It has also been seen that using a toilet has less to do with affordability and more to do the latrine.

DRINKING WATER

Water is the basic human need. Access to safe drinking water is one important precondition for long and healthy lives for the people. Thus availability of safe drinking water is a human development concern. In order to address the key issue, a number of drinking water schemes like swajaldhara, Accelerated Rural Water Supply Programme(ARWSP) etc are being implemented in the tribal areas of the state. The problem of drinking water in the tribal areas is very acute in Mayurbhanj. There are five main sources of drinking water (i) tap which provides protected water supply, (ii) tube well which provides safe ground water (iii) well provides ground water which is not safe (iv) pond also provides stock water and (v) stream provides flow water. The last three sources, generally provides unsafe drinking water in the district.

Table - 8 Source of Drinking Water available for the Household

| Source Available | No of households of Rasgobindpur | No of households of Morada | No of households of Kuliana | No of households of Suliapada | Total noof households |
|---------------------|---|----------------------------------|-----------------------------------|-------------------------------------|--------------------------|
| Stream | 09(12.5) | 13 (18.84) | 19(24.36) | 3(38.27) | 72(24.0) |
| Tube well | 31(43.05) | 22(31.88) | 26(33.33) | 19(23.46) | 98(32.6) |
| Well | 12(16.67) | 29(42.03) | 16(20.51) | 17(20.99) | 74 (24.67) |
| Pond | - | 05(7.25) | 04 (5.13) | 04 (4.94) | 23(7.67) |
| Tap water | 20(2.78) | - | 13(16.67) | - | 33(11.0) |
| Total | 72(100) | 69(100) | 78(100) | 81(100) | 300(100) |

(Figures in parentheses indicates percentage of the total)

Source-Primary data from field study

The household survey in Table-8 indicates that only 43.67 percent households have access to safe drinking water. Highest number of households of Rasgobindpur block (43.05 percent) use tube well for drinking water. Similarly highest number of households of Suliapada block (38.27) use stream water for drinking proposes. Most of the tube wells are dried-up during summer. So people of some villages use stream water for drinking propose.

Well and pond water are also used for drinking propose. In absence of toilets almost all villagers take their bath in ponds and streams, and even near the tube wells. Due to lack of consciousness the platform of the

tube wells are used for washing clothes and utensils making it unhygienic. In one hand people is some villages are deprived of portable drinking water due to various reasons while in other hand some people do not prefect to take tube well water for household use because of iron content and bad test. Even some families consider such sources not appropriate for cooking as it takes a lot more time to boil food items.

CORRELATION ANALYSIS

Income and education of tribes are positively correlated and value of r is low(.077) and it is not significant.(Table-9). It implies that higher income tribal families have better education.

Table-9 Correlation between Income and education.

| | | Income | Education |
|-----------|---------------------|--------|-----------|
| Ingomo | Pearson Correlation | 1 | .077 |
| Income | Sig. (2-tailed) | | .279 |
| | N | 300 | 300 |
| Education | Pearson Correlation | .077 | 1 |
| Education | Sig. (2-tailed) | .279 | |
| | N | 300 | 300 |

Source- Computed using SPSS

There is significant positive correlation between income and family size in tribal area. More the

family members, more are employed as labourer in informal sector. (Table-10)

Table-10 Correlation between family size and income

| | | Family Size | Income |
|-------------|---------------------|----------------|--------|
| | Pearson Correlation | 1 | .395** |
| Family Size | Sig. (2-tailed) | | .000 |
| | N | 200 | 200 |
| | Pearson Correlation | .395** | 1 |
| Income | Sig. (2-tailed) | .000 | |
| | N | 200 | 200 |

^{**.} Correlation is significant at the 0.01 level (2-tailed).

The correlation between education and saving is given in table-11. It implies that higher educated tribal families do not save more as the correlation is negative.

Table-11 Correlation between education and Saving

| | | Education | Saving |
|-----------|---------------------|-----------|--------|
| Education | Pearson Correlation | 1 | 048 |
| | Sig. (2-tailed) | | .501 |
| | N | 300 | 300 |
| Saving | Pearson Correlation | 048 | 1 |
| | Sig. (2-tailed) | .501 | |
| | N | 300 | 300 |

Source: Author's calculation

SUGGESTIONS

Following suggestions are forwarded to improve the socio economic status of tribes in the study area.

1. Since tribal dominated district, Mayurbhanj is suffering by the biggest evil 'Poverty', that's why the basic healthcare services and

requirements like availability of nutrition, supply of pure drinking water and sanitation facilities should be provided sufficiently.

 To promote institutional deliveries, National Rural Health Mission and Orissa Health & Family Welfare Department have collectively introduced 'Janani Express' to provide free transportation facilities to pregnant women which will reduce infant and maternal deaths. But this type of facilities is inadequate as delivery load per block is more than 50 per month. So this type of facilities should be extended and also that should be properly utilized.

- 3. People also should be aware about existing education and healthcare facilities so that they can utilize the facilities for their development. In this regard a mass awareness campaign on value of education and health related programmes may be organized at regular interval in study areas, for which government may collaborate with NGOs.
- Using GIS in health sectors will enhance the quality of services. It may also be helpful to analyze the present health status and decision making as well as to identify the areas of health risks.
- To ensure regular presence of teachers in schools and medical staffs in remote rural areas, they should be motivated and trained properly to work for the remote rural tribes.
- 6. Strong political will and commitment of the concerned administrative machineries are needed for the better development of tribes in the study area.

CONCLUSION

The addiction to alcoholic not only adversely affects the health of the tribes but also hinders their economic progress. This also adversely affects the consumption standards of other members of the family. The main thrust of the development strategies during

the recent past has been on the removal of poverty in tribal areas. The main causes of poverty are identified as illiteracy, unemployment, under employment and law productivity in agriculture. It is believed that income generated from these productive assets would not only be sufficient to repay the bank loans but will help the assisted families to cross the 'poverty line'. The travails of tribal development need to be understood properly. The programmes should be related to the specific needs of the tribal community. Also, tribal development programmes should be integrated with the ongoing rural development programmes meant for poverty alleviation. A pragmatic and holistic approach to tribal development alone can produce good results.

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