© Kamla-Raj 2004 Stud. Tribes Tribals, 2(1): 1-8 (2004)

Tribal Population And Health In Rajasthan

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KEY WORDS Son of soil; demography; reproductive life span; health

ABSTRACT The tribal are, hunters, forestland cultivators and minor forest prodcut collectors, lived in isolation with near to nature hence, called son of soil. The impoverished economy effect population growth, literacy, sex ratio, pregnancy procedure and health care. The growth rate of tribal population was highter than the growth rate of total population of the state. About 12.4 percent of the entire population of the state belongs to scheduled tribes. Five districts Viz. Udaipur, Banswara, Dungarpur, Jaipur and Sawaimadhopur together contributed two third of the state's tribal population. The sex ratio of tribal population was higher than the general population. No discrimination of sex of birth in the tribes. The position of literacy among tribal of Rajasthan is extremely poor, and more so in the case of female literacy. Most of tribal use their children for ancillary services, child laborers is common in the tribes. A tribal woman produced 4.3 children during her reproductive life but they want only 2.7 children and consider on an average 2.9 children as ideal in their family. The tribal maintain sufficient space between births of two children. The infant and child mortality was higher in the tribes. The major causes of infant and child mortality in tribes were acute respiratory infections, diarrhoea and anaemia. Tribal practices different type of diagnosis and treatments during illness of person. The interference of supernatural agency is particularly strong in context of health and disease. The dependency on super naturals is responsible for the non-acceptance of modern medicine. The decision about the nature of treatment taken at the community level because of traditional health care system and treatment are based on their deep observation and understanding of nature. More than half of tribal mothers were not accepted antenatal care during their pregnancy because, it is not necessary and customary. About 86 percent deliveries performed at their home and three fourth of deliveries conducted by untrained Dais and other untrained persons. Few numbers of mothers started breast-feeding within one hour of birth and 74 percent of the mothers squeezed first milk from breast. The complete immunization of children was only 10.3 percent among the tribes. Majority of women had BMI below 18.5, indicating higher nutritional deficiency among tribal women. More than half of women and three fourth of children were suffering from anaemia. About 42 percent of tribal women suffered from one of the symptoms of reproductive tract infections. The health conditions in tribal present an alarming situation. At the time of delivery, prefer to cut the naval cord with a bamboo strip because it is safer from infections. The supplementary food is given to child after 5-6 months. The operation of laparoscopy and vasectomy was popularly termed Nasbandi. Tribal have deep knowledge about indigenous methods of birth control. They used several types of forest products and Jadibuties (Herbals) for controlling the birth as well as removing the sterility. The medical facilities in the tribal areas are just rudimentary. There is no proper link road between the tribal villages and health centres. Tribal are economically hand to mouth and no provision of free medicine and treatment except some diseases like malaria, polio, diarrhea, T.B. etc. The entire development programme in tribal areas is running separately. There is no integration between different development programme. For improving the level of literacy, nutrition and health condition, adequate infractructure facilities needed. For uplifting economic status of tribes, new job avenues needed based on agriculture, forest, forest productions etc. and industries needed to establish in tribal areas based on tribal resources.

INTRODUCTION

The Tribals are the economically backward ethnic group. They are food gathers, hunters, forestland cultivators, and minor forest product collectors. They lived in isolation with near to nature hence, called son of soil. Tribes constituted separate socio-cultural groups having distinct customs, traditions, marriage, kinship, property inheritance system and living largely in agricultural and pre-agricultural level of technology. The dependency on nature and impoverished economy are effect population growth and control, literacy, sex ratio, pregnancy procedure and health care.

The information and data regarding tribal population of Rajasthan state collected through ethno demographic literature, census, NFHS–2 and other surveys. An attempt has been made in this paper to analyse the population and health situation of tribes with reference to their socio–cultural setting and existing norms of the tribal society in Rajasthan.

TRIBAL CULTURE AND POPULATION GROWTH

Recently, fertility is predominant cause of Population growth. During last 50 years, mortality declined rapidly but fertility declined very slowly,

hence fertility is one of the major contributors of population growth in the community. The marriage practice is determining the fertility behaviour in community. The institute of marriage is a complex variable with a number of intermediate variables that directly or indirectly influence the fertility behaviour of women in society. These variables are marriage, marriage interruption, dissolution of marriage and widowhood. Dandekar (1961) writes that important among factors which determine the level of human fertility are exposure or non-exposure to pregnancy through marriage or widowhood. The exposure begins evidently with age at marriage. Polygamy influences the fertility but it is controversial issue. Generally polygamy is prevalent among primitive and traditional societies. According to kinsey (1948) husbands of two wives, as a group, would on an average be twice as active sexually as the monogamous majority. The same is obviously true of husband with more than two wives United Nations (1973).

The customs relating to the remarriage of widows may have an important bearing on fertility level. There are several types of tribes inhabited in Rajasthan. The socio-cultural practices vary from one tribe to another; the tribes are still illiterate and engaged in their traditional occupations. Nagda (1988) reveals that factors like traditional religious systems, value of children, polygamy, bride price and poor literacy pave the way for high fertility among the tribes. The average living children of Bhils was 6.7 followed by Christian Bhils 6.2 and Bhagat Bhils 5.4. The practice of unmatched and polygamy marriages is also prevailing. The age at effective marriage of boys and girls was 18.2 and 17.4 years respectively. More than 50 percent of the Bhil lived in nuclear family consisting of 5 to 6 members on an average. Almost all mothers are un-educated. The pregnant women work even upto 9th month of pregnancy. Immediately after the child's birth, the Bhil women feed, honey and Jaggary water to the baby, they believe it helps the child resist hunger. The child is usually put to breast a day after delivery. Marriage is usually solemnized after the couple has had the opportunity to know each other intimately over number of months. Divorce is granted easily on grounds of adultery, carelessness in upkeep of the house. Polygamy is very frequently practiced among them (Nagda, 1992).

Population Size and Growth

According to 1991 census, Rajasthan has tribal population of 54,74,881, which forms 12.44 percent of the total population of the state. The population has grown at a rapid rate for the last eighty years and at an almost flooding rate during the last three decades. During 1901 the total population in the state was 103 lakhs, which rose to 564 lakhs in 2001.

During the decades 1961-71 and 1971-81 the growth rate of tribal population in Rajasthan was 35.33 percent and 34.46 percent respectively. There is a slight decrease (0.87 percent) in the growth rate of tribal population in Rajasthan. The growth rate of tribal population was 31 percent during 1981-91. It is higher than the growth rate of total population of the state (28.4).

Distribution of Tribal Population

Around 54.75 lakhs or say about 12.44 percent of the entire population of the state belongs to scheduled tribes. The highest concentration is noticed in Banswara and Dungarpur districts where their proportion to total population of the districts comes to 73.47 percent and 65.84 percent respectively. Other districts with higher proportion are Udaipur (46.34%), Sirohi (23.39%), Sawami Madhopur (22.47%), Bundi (20.25%), Chittaurgarh (20.28%) and Baran (21.13%).

Looking at the dispersal of tribal population of the state in various districts in terms of absolute number one observe the highest proportion of 19.41 percent of the total tribal population is residing in Udaipur district followed by 15.51 percent in Banswara, 10.51 percent in Dungarpur, 9.71 percent in Jaipur and 8.10 percent in Sawaimadhopur districts. As a matter of fact, these five districts together contributed two third of the state's tribal population. Other districts have very low proportions, the lowest being 0.04 percent in Bikaner district. The districts, which have less than one percent of the state's total tribal population, are Ganganagar, Churu, Jhunjhunu, Sikar, Ajmer, Jaisalmer, Bikaner, Jodhpur and Nagaur.

The population profile of the tribes varies from the general population situation. The tribes have been confined to their closed land of forests and hills hence, in most of the places; the density of population has been low.

Sex Ratio

Sex ratio is number of females per thousand males. Sex composition of a population is an indicator of the socio-economic and health conditions of males and females. The sex ratio of tribal population (929) was higher than the general population (909) of the state or say twenty female per thousand males was more in tribal population. It shows no discrimination of sex of birth in the tribes. Table 1 shows that there are 18 districts reported sex ratio of tribal population 900 females and less per 1000 males. Seven districts observed sex ratio in between 900–950 and 5 districts reported sex ratio 950 females per 1000 males. It is observed that those districts having higher concentration of tribal population had higher sex ratio. About two third of the tribal population of state is residing in the five districts viz, Udaipur, Dungarpur, Banswara, Jaipur and Sawaimodhopur. Bhil and Mina constituted about 95 percent of the total tribal population. Mainly Bhils lived in southern districts of the state where sex ratio was more than 950 females per thousand males. Whereas, majority of Mina concentrated is Sawaimadhopur and Jaipur districts. This tribe is socially and economically well-being and having sex ratio similar to general population of the respective districts (Advani & Nagda 1997).

Literacy

Rajasthan has the lowest literacy rate except the state of Arunachal Pradesh in the country. According to 1991 census over all literacy rate of the country was 64 percent whereas, this figure for Rajasthan was 55 percent.

The position of literacy among tribals of Rajasthan is extremely poor, and more so in the case of female literacy. It is very painful and even disgusting to note that the literacy among tribals in Rajasthan increased by about 10 percent during the period 1961-91 and during the same period, female literacy grew about two percent. Almost all female population of the tribes in Rajasthan, continues to illiterate. It becomes a Herculean task to effect any social and economic change among the tribals. However there appears to be slight improvement in 1991 (Table 2). A large proportion of the poorer tribal children, on account of the rising cost of the schooling and economic burden cannot afford to benefit from them. Most tribals tend to use their children for ancillary services that would bring in some added income for their starving families (Nagda, 1992).

Table 1: District wise sex ratio of tribal population, 1991

Sex Ratio	*Districts*
900 and less	Ganga Nagar (818), Bikaner (696), Churu (871), Alwar (872), Bharatpur (838), Dholpur (800), Swaimadhopur (854), Jaipur (885), Dausa (878), Ajmer (876), Tonk (897), Jaisalmer (858), Jodhpur (895), Nagour (815), Barmer (887), Jalore (885), Bundi (880), Kota (868)
900 – 950	Jhunjhunu (929), Pali (900), Sikar (908), Sirohi (938), Bhilwara (916), Baran (902), Jhalawar (906)
950 and above	Udaipur (970), Rajsamand (955), Chittorgarh (952), Dungarpur (995), Banswara (970)

Sources: Census of India, 1991, Rajasthan paper II Population totals.

Table 2: Tribal literacy of Rajasthan

Year	*Total*	*Male*	*Female*
1961	3.98	07.42	0.28
1971	6.46	12.02	0.20
1981	10.27	18.85	1.20
1991	13.18	23.17	2.31

Source: Census of India,1991 Rajasthan Series 21, Paper II Population Total.

Fertility Pattern

The results of National family Health Survey, (NFHS – 2) India, Rajasthan indicate the silent issues of fertility pattern of Tribes as evident from table 3, that about 12 percent women was currently pregnant and mean number of children ever born to ever married women in age 45 – 49 was 5.72. More than half of mothers had 3 and more live births. The median age at first birth was reported to be 19.4 years. A tribal woman produced 4.31 children during her reproductive life but they want only 2.7 children. Tribals considered on an average 2.9 children as ideal in their family. The tribal maintain sufficient space between births of two children. Median months interval since previous birth was 29.5 months. It shows that tribals are aware about adverse implications of rapid growth of population. Son preference strongly reported among tribes, 97 percent of tribes want at least one son.

Table 3: Fertility indicators of tribes of Rajasthan

Indicators	*Value*
Percentage of currently pregnant women.	12.4
Mean no. of children ever born to ever married women age 45-49 years.	5.72
Percentage of third and above birth order of children.	55.0
Median age of first birth women in 20-49 age group	19.4
Total fertility rate	4.3
Wanted fertility.	2.7
No. of children considered as ideal.	2.9
Percentage of women wanted at least one son.	97.0
Median months interval since previous birth	29.5

Source: National Family Health Survey, (NFHS – 2) India, Rajasthan 1998-99.

Level of Mortality

Like fertility, mortality was also higher among tribes in comparison to general population of the state. The table 4 reveals that among the tribes 58 births per 1000 live births do not survive the first month of life, about 37 percent of infants die in between age of one month to 12 months and 95 percent infant die before reaching their first birthday. Child mortality (1–5 years) was calculated to be 155. The major causes of infant and child mortality in tribes were acute respiratory infections, fever, diarrhoea and anaemia. It is suggested that for reduction in mortality specially infant mortality, existing infrastructure of health and medical facilities should be improved and RCH Programme should be popularized more among them through modern and traditional methods of motivation and communication.

SOCIO-CULTURE ISSUES OF HEALTH

Every culture, irrespective of its simplicity and complexity has its own belief and practice concerning disease and evolves its own system of medicine in order to tend diseases in its own way. The tribal communities vary among themselves in terms of socio-cultural tradition; economy and interaction with outside world, the concept of disease and nature of treatment are likely to be different. Tribal practices different type of diagnoses and treatments during illness of person.

Table 4: Mortality indicators of tribes of Rajasthan

Indicators	*Rate*
Neonatal mortality rate	58
Post neonatal mortality rate	36.7
Infant mortality rate	94.7
Child mortality (1-5 years) rate	155

Source: Nation Family Health Survey, (NFHS –2) India, Rajasthan 1998-99.

Supernatural Belief

In tribals, interference of supernatural agency is particularly strong in context of health and disease. The different deities and spirits are connected with various types of disease. The tribal communities have specific gods for their health and disease, for calamities, diseases of cattle's, bit of snacks and dogs and so on. All these deities have their own respective sphere and field. Elwin (1955) noted various gods associated with children's disease, cough, cold, blindness, madness, diseases of pregnant women, and so on. Propitiating the respective god associated with the disease either directly or indirectly through shamns can cure most of these diseases.

Treatment Through Priest *(Bhopa)*

The tribal Priest known as *Bhopa* whose services are sought after find out the cause of illness. The Bhopa worship the deities when epidemics and diseases are there in the village, he offers a sacrifice at the sacred place *(Devra).* He is mainly entrusted with the benevolent deities. Bhopa controls the malevolent deities. The dependency and believe on Bhopa are often responsible for the non-acceptance of modern medicine. The traditional approach established faith and assurance in the patients while modern medicine lacks it. The Bhopa share the common cultural beliefs and practices of the patients, naturally they have more faith in them.

Causes of Illness

The Bhopa and traditional Healers occupy prominent place in the treatment of diseases. If the reason of illness is identified as evil-eye, sorcery or witchcraft, the tribals always would call their Bhopa instead of consulting a doctor, as they strongly feel that the doctor are quite helpless against such evil forces which can only be counteracted by Bhopa (Nagda, 1992).

Treatment

In tribal community, illness and the consequent treatment is not always an individual and familiar affair, but the decision about the nature of treatment may be taken at the community level. In case of some specific diseases, not only the diseased person but also the total village community is affected. Health and treatment are very much connected with the environment. The traditional health care system and treatment are based on their deep observation and understanding of nature. The Tribal healer used, different part of plants not only for treatment, but also even for population control. This knowledge can be fruitfully utilized in a wider context (Nagda, 1990).

HEALTH CARE

Antenatal and post-natal care is one of the indicators of health status of children as well as mother. Results of NFHS-2 shows that 58 percent tribal mothers were not accepted ante–natal care during their pregnancy. They stated that it is not necessary and not customary. About 42 percent of mothers were given two doses of tetanus toxide injection and 36 percent were given IFA tablets. About 86 percent deliveries performed at their home and three fourth of deliveries conducted by Dais and other untrained persons (Table 5).

Initiation of breast-feeding immediately after childbirth is important because it benefits both mother and infant. As soon as the infant starts suckling the breast, the Harmon Oxytocin is released, resulting in uterine contraction that facilitate expulsion of the placenta and reduce the risk of postpartum hemorrhage. It is also recommended that the first breast milk should be given to child rather than squeezed from the breast and discarded, because coloustrum provides natural immunity to child. Few mother (3.7%) started breast-feeding within one hour of birth and 74 percent of the mother's squeezed first milk from breast. It is suggested that mother should educated about importance of breast-feeding of first milk.

Immunization of children is concerned, about 16 percent children were given three dose of DPT, 31.5 percent three dose of polio, 19 percent of measles, and 13 percent one dose of vitamin A. The complete immunizations of children were only 10.3 percent among the tribes.

Table 5: Health care of tribes in Rajasthan

Indicator	*Percentage*
Women received ante natal care	42.0
Given two injections of T.T.	42.0
Given IFA Tablets	35.8
Home delivery	86.0
Delivery conducted by Dais and others	76.0
Children Immunization	
Three dose of DPT	15.7
Three dose of Polio	31.5
Measles	19.0
One dose of BCG	39.7
One dose of vitamin A	12.9
Complete vaccination	10.3
Started breast feeding within one hour of birth	03.7
Mother Squeezed first Milk form breast	73.8

Source: Nation Family Health Survey, (NFHS –2) India, Rajasthan 1998-99.

Health Status of Women

Health is considered as a fundamental human right. Health is wealth of person. It can be defined as complete physical, mental and social well being and not merely the absence of disease or infirmity. All the tribes found to be non-vegetarian but they cannot afford it due their poverty. Table-6 shows that women from scheduled tribes have relatively poor diet that is particularly deficient in fruits, green leafy vegetables, eggs, chicken, meat and fish etc. Compared with women of general population. Body mass index (BMI) can be used to assess both thinness and obesity. The BMI is defined as the weight in kilograms divided by the height in meters squared (kg/m^2). The mean BMI for women in Rajasthan is 19.9. About 40 percent of scheduled tribe women had BMI below 18.5, indicating higher nutritional deficiency among tribal women. More than half (58%)of tribal women and 80 percent of children are suffering from anaemia (NFHS-2). In tribals, problems of malnutrition contribute to poverty,

Table 6: Percentage of ever married women consuming specific foods at least once a week

Items	*Tribal women*	*General Women*
Milk or curd	62.9	70.7
Pulses or bean	80.8	81.4
Green leafy vegetables	66.7	77.8
Other vegetables	70.2	78.9
Fruits	8.0	20.5
Eggs	2.0	6.1
Chicken, meat or fish	4.9	7.8

Source : National Family Health Survey India, Rajasthan 1998-99,(NFHS - 2)

illiteracy, lack of nutritional food and health education of the parents, family food habits etc. In sanitation environment and unsafe drinking water create a problem of diarrhoea, dysentery, parasitic infections and skin diseases.

Food Traditions

There are several traditions prevailing among tribes about food intake by pregnant and lactating mother. The pregnant mother is prohibited to eat ghee, oil seeds, groundnuts, curd and hot foods. Newly delivered mother is given several types of herbal products and gum with ghee to eat. It is believed that during pregnancy rich foods containing ghee and fat is injurious to health of womb and after the delivery it is good for the health of mother as well as child.

The tribal people of Southern Rajasthan specially Kathodi and Garasia believe that during pregnancy use of forest foods and animal foods are good for health of mother and child. Kathodi women eat monkey meat during delivery (Nagda, 1996).

Procedure of Conduct Delivery

The tribals believe that when the menstrual period is delayed by a month, a woman is assumed to be pregnant. She does not take Mahua liquor. There is no restriction on her daily routine work. The delivery *(Japa)* is conducted in hut called *Jopada.* The hut is cleaned and pasted with cow dung in advance. The pregnant women, when labour pain starts, goes to the hut. In case of any problem, during the pregnancy, they call traditional Dai of the community, and some times ANM and Doctor. Elderly ladies of the community help in conducting the delivery. The naval cord is cut by mother herself with the help of a Bamboo strip, knife and stone They prefer to cut the naval cord with a bamboo strip because it is more safe from infections (Nagda, 1992).

After cutting the naval cord, the stump is tied and mahua oil is applied. The mother is given a small quantity of mahua liquor and water mixed with haldi (turmeric) and gour (*Jaggary*) for drinking for about 2 days. They think that these drinks will bring out all harmful substances from the body of the mother. Mothers are advised to avoid sour foods, and green vegetables because they could adversely affect health of the mother and the child. The coloustrum is discarded and the baby is breast fed after one day of delivery. The child is breast fed upto 2-3 years. The supplementary food is given after 5-6 months. They do not stop breast-feeding during the sickness of the child.

Health Services

Health care system obviously becomes a major component towards the better quality of life of the people. Health care means looking after the people's health in health centre. The health centre is an institution for the promoting the health and welfare services in an area under the direction of health personnel under one roof (Paswan, 1994).

Health development is compromised by rapid population growth, not only directly by the necessarily rapid quantitative expansion of health services but also indirectly by the retarding effects of sluggish economic development on improvements in housing and nutrition in particular. In tribal areas, 3,000 population is served by a subcentre and 20,000 population have one PHC. Where as, for general population 5,000 persons are served by a subcentre and 30,000 population have one PHC (Government of India, 1999). In tribal areas, the situation is actually worse than the figures indicate because, deficiencies in modern equipment and medical supplies. The effectiveness of doctors in tribal area is less than the areas of total population.

Cultural Practices of Birth Control

In general tribal people knew that their family size could be controlled through vasectomy and laproscopy. The operation of laproscopy and vasectomy was popularly termed *Nasbandi*. They also felt that lesser the number of children more the comfort, specially in terms of food and clothing, because their economic background is poor enough to feed more mouths in their families.

The tribal women could take an independent decision and run away with a prospective spouse but they did not decide themselves about adopting a permanent method of birth control. Those who were permitted to adopt measures to control family size were given clearance by their husbands. Here, the male dominance played a

vital role. The women obeyed their husband and acted accordingly. Once a tribal woman is divorced on sterility grounds, it becomes difficult for her to get married again. If the wife has adopted sterilisation, the husband could divorce her and the wife could not remarry because of sterility. Generally more traditional men, and some elderly women restricted use modern birth control methods. They felt that their family size is already small. At the same time the big land owners thought that more hands would lower the rate of labour and thus could further help in their agriculture economy. There is no customary norms against it, any one who intended to use freely.

Table 7 Shows that 29 percent of currently married women using any method of birth control. About one forth of the women using any modern method of birth control. Female sterilisation was more popular among tribes. The need for family welfare was 18 percent. It is almost same for limiting and spacing methods. About 71 percent of the women was not using any method of birth control. About 2 percent women were using traditional methods of birth control.

Table 7: Population control in Scheduled Tribes in Rajasthan

Indicators	*Percentages*
Current Use of F.W. Methods	
Any methods	29.3
Any modern method	26.5
Female Sterilization	21.8
Male Sterilization	1.0
Not using any method	70.7
Needs of Family Welfare	
For spacing	8.9
For limiting	9.1

Source: National Family Health Survey, India, Rajasthan, 1998-99 (NFHS-2)

Indigenous Practices of Birth Control

The tribal is an ancient social community. Since long they have the knowledge about indigenous methods of birth control. They used several types of forest products and jadibuties (Herbals) for controlling the birth as well as removing the sterility. They thought that traditional methods of birth control are easily available with no side effects.

The family welfare practices among the tribes are very ancient as a part of their cultural practices. For removing the unwanted pregnancy, they use boiled water of bamboo pills, old gour, leaf of adhatoda, vasica (Adusa), clove, basil, carsia, black-peper, sunth and thymol for abortion. This mixture can be used in any period during the pregnancy but it believes that if it should be used within three months of the pregnancy will be not harmful for health of the mother. The tribals also know the treatment of permanent and safe method of birth control. For permanent method they used juice of gurbell, seed of castor and citron, mixing it with gour and give it to the women for 15 days with water. During this period a women has to take some precautions such as to avoid use of milk, ghee, sour things, and allowed to take only roti of barley with mugdal without chilies and salt.

For maintaining space between two children, they use boiled water of cottonseeds, cannabissativa seeds (Ganja) alongwith picrorhiza (Kutki). This mixture has to be taken by the female every month for four days after the menstruation period.They even know the herbal treatment for the cure of infertility. In this treatment they use roots of Appamarga plant, seeds of Nagkeshar, steam of Shatawaryadi plant and dry leaf of Sisham and Banyan tree. All these are to be grind together in form of power and prepare tablets, dry them at cool and dry place. The sterile woman has to take tablets twice in a day with milk of cow for the period of three months. Tribal people also know the treatment of choice of birth. For birth of a son they use Shivlingi seeds with milk after two months of pregnancy. They believed that this herbal treatment is very effective for those women who want birth of a male child.(Nagda, 1992) stated that among tribals few local healers have knowledge about the herbals medicines and they don't want themselves to be exposed it. They generally keep it a trade secret. The tribal Dai's know this medicines but they also have it secret.

Strategy for Development of Health

Socio–economic and geographical isolation are great barrier for improving status of tribals. The tribals' socio–cultural norms are different to general population, having district customs, traditions, depending on forest and traditional agricultural technology. The practices of poverished economy and exploitation have made them economically poor. The tribes of southern region of the state inhabited in scattered type of

settlement live on hills with 2–3 huts. In such situation of habitat improve physical infra structural facilities such as roads, electricity, buildings, transportations are difficult task.

The tribals of the state still are in first stages of demographic transition. The tribal growth rate is higher than the state average; female is almost neglected from education. A large number of tribals population effect by unemployment, malnutrition, diseases, poverty and lack of physical resources such as forest, agriculture land, water, industries and mining. Medical facilities are just rudimentary. In absence of proper physical and man power facilities in field of medical and health fertility and mortality rate are higher than the state. More than half of the mothers and three fourth of children are aneamic. Even 42 percent of tribal women suffered from one symptom of reproductive tract infections. Population and health conditions in tribals present an alarming situation; as such it is very difficult to provide satisfactory health facilities in tribal areas.

IMPEDANCE IN ACHIEVING GOAL

In tribal areas, there is lack of the physical and manpower infrastructure facilities in the fields of health and family welfare. There is not proper link road between the tribal villages and health centres. Tribals are economically hand to mouth. There is no provision of free medicine and treatment except some diseases like malaria, polio diarrhoea, T.B. etc. The tribals felt that without money treatment is not possible hence they always depend on their traditional healers and Bhopas. The entire development programme in tribal areas is running separately. There is no integration between different development programme e.g. there is no link between irrigations department and P.W.D., education department and health department, agriculture and health etc. social and political leaders are not willing full to control the population growth of tribals, create misconception that the intention of the government is to destroy the tribal population. The health centres are not functioning properly in lack of staff, building, equipments and inadequate finance. The number of health and medical institutions available is entirely inadequate to serve even minimum needs of the health.

Intervention for Development

1. For improving the level of literacy, nutrition and health condition, adequate infrastructure facilities needed. Surveillance team needed for monitoring the development programme regularly.
2. The tribals are economically backward and poor for uplifting economic status of tribe, new job avenues needed based on agriculture, forest, forest productions etc. Industries needed to establish in tribal areas based on tribal resources and demands.
3. The working participatory rate of tribals is higher than that of general population, but majority of them are unskilled labour. The job oriented training courses needed to introduce in tribal area for improving qualities of skill, which effect their survival.
4. In-depth socio – economic survey needed to find out the main hindrance in development of tribals.

REFERENCES

Advani, M and B. L. Nagda. 1997. "Sustainable Development and Tribal Population" in *Rajasthan, Sustainable Development in Tribal and Backward Area.* New Delhi: Indus Publishing Company.

Census India.1991. *Provisional Population Totals, Rajasthan Series* 21 New Delhi.

Dandekar, K. 1961. *Widow Remarriage in Six Rural Communities in Western India* .New York*:* Proceeding of IPC.

Elwin, Virner. 1955. *The Religions of an Indian Tribe*. London: Oxford University Press.

Govt. of India. 1999. *Rural Health Statistics in India*. New Delhi: Rural Health Division, Ministry of Health and Family Welfare.

International Institute for Population Sciences. 2001. *National Family Health Survey (NFHS - 2) India, Rajasthan 1998 – 99.*

Kinsey, A.C. et al. 1948. *Sexual Behavior in the Human Male.* Philadephia.

Nagda, B.L. 1988. *Socio Cultural Mores and High Fertility among Tribals in Banswara,* Social Welfare No. 11, New Delhi: Central Social Welfare Board.

Nagda, B.L. 1992. *Social Correlates of Fertility*. Udaipur: Hiumanshu Publication.

Nagda, B.L. 1992a. *Symptonm of a Social Malaise*. Social Welfare, No. 4–5, New Delhi: Central Social Welfare Board.

Nagda, B.L. 1996. *Good Nutrition of Healthy Mothers*. Social Welfare, No. 7, New Delhi: Central Social Welfare Board.

Paswan, B. 1994. *Spatial Dimesnion of Health Facilities in Bihar, Population and Development in Bihar.* Delhi: B.R. Publishing Corporation.

United Nations. 1973. *The Determinations and Consequences of Populations Trend.* New York: Population Studies No. 50.