

HUMAN DEVELOPMENT STATUS OF TRIBES OF GUJARAT: A CASE STUDY OF THE DANG DISTRICT

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Abstract

Gujarat accounts for 8.1% of Scheduled Tribe population of the country. The paper shows the status of human development of tribes of Gujarat, in terms of their socio-economic, education and health condition. Data from the Census 2011 and NFHS 4 – 2015-16 has been used, along with relevant qualitative information collected from various tribal related ethnographic studies. The study reflects, that, most of the vital Human Development Indicators (HDIs) of the Dang district lacks behind its state and national counterparts. In case of the state of Gujarat, it has been observed that there exists a scenario of development paradox. This reflects, that, there exists a very high level of inequality, mainly in terms of its socio-economic development between the tribal and non-tribal regions and industrialized and non-industrialized regions of the state of Gujarat, Thus, the paper suggested measures to improve the agriculture, education and health status of the tribal regions of the state of Gujarat.

Keywords: Gujarat, Dang, Scheduled Tribes, Human Development Indicators, Socio-economic, Health Condition

INTRODUCTION

The Human Development Report, as published by the United Nation Development Fund (UNDP), has described human development as a process, which expands one's choices. The Human Development Indicators (HDI) is a crude index, having three dimensions, such as, consumption expenditure (income), health and education. (Mehrotra & Gandhi, 2012) These dimensions are composed of multiple indicators, where some are more critical than others. Indicators related to health, education and standard of living, along with dignified lifestyle are crucial to accelerate the process of expanding people's choices, which increases their level of well-being. In this light, the concept of development not only implies the growth of income but the focus should be on growth of human capabilities and their well-being. (UNDP, 2019)

As per the Human Development Report (HDR), released by UNDP on 9th December 2019, globally India has a ranking of 129 out of 189 nation states. And hence, globally India continues to remain the home for 28% of the world's poor, i.e. out of the 1.3 billion poor of the world, 364 million belongs to India. (Jitendra, 2019) At the same time, in terms of inequality-adjusted HDI (IHDI), which highlights the percentage loss made in HDI due to inequalities, the position of India has decreased by one point to 130, hence, losing half the progress (0.647 to 0.477) which was achieved in the past three decades. (Chandra, 2019) These findings of 2019 report are similar to the findings of the earlier Human Development Reports, which has raised the concern of the Government of India (GoI) regarding the growing inequalities and unequal distribution of the benefits accruing from its growth across the country and between its rural-urban divide. (Suryanarayana, Agrawal, & Prabhu, 2011)

In the last three decades, certain states of India are performing well on a consistent manner, as compared to other states. The states of Kerala, Delhi, Himachal Pradesh, Goa and Punjab are occupying the top ranks while

the states of Chhattisgarh, Orissa, Bihar, Madhya Pradesh, Jharkhand, Uttar Pradesh and Rajasthan are staying at the lower order and all other states are somewhere in the middle of the spectrum. Though over the years, it was found that the poorer performing states are catching up with the national average in terms of its human development indicators but still wide inter-state and intra-state disparities and variations can be witnessed across the country. (Mehrotra & Gandhi, 2012) Along with this the human development reports has also focused on the issue, that though India has witnessed progress in its HDI values, it still encounters different forms of group-based inequalities, mainly affecting different marginalized communities, such as, women, minorities, Scheduled Caste (SCs) and Scheduled Tribes (STs). (Chandra, 2019)

The human development status is acute for the tribal population, who constitute 8.2% of India's population (2001 census). There were about 635 tribal groups and subgroups including 75 primitive communities. They have been designated as 'primitive' based on their pre-agricultural level of technology, low level of literacy, stagnant or diminishing population size, relative isolation from the main stream population, economic and educational backwardness, extreme poverty, dwelling in remote inaccessible hilly terrains, maintenance of constant touch with the natural environment, and unaffected by the developmental process undergoing in India. There is a consensus that these STs are the descendants of aboriginal population in India. These tribal groups are found in most parts of the country, but they are mainly concentrated in the central, western and North-East India. (Bhasin, 2006)

This shows that STs are suffering from historical injustices and systematic exclusions regarding attainment of education, accessibility and availability of health services and standard of living. (Ram & Jadav, 2018) They are most exploited, neglected, and highly vulnerable to diseases with high degree of malnutrition, morbidity and mortality. Being amongst India's poorest and most marginalized groups, tribes experience extreme levels of deprivation in terms of various human development indicators. Due to this the tribal communities' lags the national average on several vital human development indicators, with women and children being the most vulnerable. As per an assessment of UNDP, the HDIs of the STs are 54% lower than the non-tribal communities of India. As per this Factsheet more than three-fourth of ST people can be considered as poor from multiple dimensions. (UNDP, 2018) The situation is aggravated by poor implementation of different government welfare schemes like Public Distribution System (PDS), Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGA), Janani Suraksha Yojana (JSY), Integrated Child Development Scheme (ICDS) and presence of red corridor in many tribal dominated regions. These factors in combination results in the halting of the process of overall human development of the ST population of India. (Balgir, 2007)

The above stated development indicators are particularly low among the STs, as there is lack of awareness regarding entitlements of PDS and MGNREGA among the BPL ST household of the country. The recent enactment of the National Food Security Act has not helped yet to improve the nutritional status of the tribal population. Hence, commencing a vicious cycle of poverty, under-nutrition and poor health of the tribal population.

In economic terms, Gujarat is one of the most developed state of India, whose per capita income (2000-01) is nearly 27% higher than the national average and the state's monthly consumption expenditure (1990-00) was 25.4% higher than that of India. At the same time, Gujarat has experienced more urbanization as compared to other states of India. (Hirway & Mahadevia, 2004) This rapid economic growth is the result of increase in the percentage share of the manufacturing sector, since the liberalization of the economy in the year 1991. Though higher rates of economic growth are supposed to produce better HDIs, but the state of Gujarat has not seen a similar development trajectory. Thus, as per the economic survey of 2016-17, published by the Government of India, with a base year of 2007-08, the state of Gujarat has been ranked 11th in terms of its HDIs. (DNA, 2018) This is also reflected in the UN's Inequality Adjusted Human Development Report (2011), where in terms of the health and education levels, the state has been ranked at 10th position among 15 major states and Union Territories (UTs) of the country. (Dash & Kumar, 2014) In a similar manner, as per the India Human Development Report (2011) of Planning Commission, Government of India, the state of Gujarat fares poorly in terms of indicators related to health, nutrition and education. And the report has also highlighted that mostly the marginalized communities of the state, especially the STs have performed poorly on most of HDIs. And in terms of health indicators, the tribes of Gujarat have been positioned below the National average. (Planning

Commission, 2011) This information holds importance because as per Census 2011, Gujarat accounts for 8.1% of Scheduled Tribes (ST) population of the country. It is home to 11 tribes (including 5 Particularly Vulnerable Groups), constituting 14.8% of the state's population. Bhil is the largest tribal group, accounting for 47.89% of the state's tribal population. (Census, 2011)

Due to the backwardness and low socio-economic development among STs, both central and the state Government has made affirmative policies, programs and enacted laws to improve their human development status. Despite the many affirmative actions, the tribes of the state face insurmountable problems due to their low socio-economic conditions, poverty, unemployment, displacement, indebtedness, lack of opportunities, accessibility and awareness of the government programs.

In this respect, the objective of the study is to show the status of human development of tribes of Gujarat, primarily in terms of its socio-economic, education and health condition.

METHODOLOGY

To realize the objectives of the study, the paper has used secondary data collected in the Census 2011, NFHS 4 – 2015-16 Fact Sheets and other related Human Development Reports. Along with-it qualitative information has been used through various tribal related ethnographic studies. There are three broad study variables, such as: 1) social and educational status, 2) economic/livelihood status and 3) health status.

Study Setting

In the above light, *the Dang district* has been selected as the study district. It is situated in the southern part of the state of Gujarat. In the north, it shares border with Surat district of Gujarat and Dhule district of Maharashtra, in the east it is bounded by Nasik district of Maharashtra and in the west, it is bounded by Valsad district of Gujarat. As per census 2011, the district has an area coverage of 1,764 sq km., which ranks 25th in the state. STs constitute 98% of the district's population and 75% among them lives Below Poverty Line. Since 2001, the district has recorded an increase of 22.26% rise in its population. At the same time, unlike the state of Gujarat, which is highly urbanized, majority population (89.19%) of the Dang district reside in the rural area, while only 10.81% people reside in the urban areas. (Census, 2011) In line with it, as per the District Human Development Report (DHDR) of Government of Gujarat, the Dang district is the most backward district of the country, as it ranks among the poorest in terms of most of its HDIs. The report also states that, the Dang is the only district of the state which is covered with dense forest. Initially, the district had only 1 taluka (Ahwa) but in 2013, it has been divided into 3 talukas (Ahwa, Waghai and Subir) with 311 villages. (GSIDS, 2015)

STUDY FINDINGS

Social and Educational Status

The social status of the study population is being depicted in the Table 1, which has been divided into two parts, i.e. Household (HH) profile and Literacy level. According to Table 1, the Scheduled Tribe (ST) comprises of 98% population of the study district (the Dang), as compared to 8.1% and 8.2% of the state's and the nation's population respectively. This shows that the study district is predominantly tribal in nature. This high percentage of ST population will also help in fulfilling the study objectives. In terms of HH profile, 87% of the HH in the study district have electricity as a source of lighting, as compared to 96% of the state and 70.3% of the nation. This shows that though the district receives less electricity as compared to its state's average, but it received more electricity as compared to the nation. But only 19.4% HH of the study district have access to toilet facility, as compared to 64.3% of the state and 49.3% of the nation. In terms of housing, only 15.57% HH of the Dang reside in a pucca house, as compared to 75.1% of the state's and 61.9% of the nation's average. In terms of HH having improved source of drinking water, 69.9% HH of the study district has access to it, as compared to 90.9% HH of Gujarat and 84.4% of India. At the same time, just 8.4% HH of the study district receive tapped water from treated source, as compared to 39.84% of the state's and 31.96% of the nation's average respectively. The section I of the Table 1, reflects that the share of ST population in the study district is high enough to be representative of the tribes of the state of Gujarat. And in terms of all the listed HH indicators, the figures of the study district are below the state and the national average (except electricity,

where the figure of the district is higher than India). At the same time, the state average for all the HH indicators are higher than the national average, signifying that the HH profile of the state of Gujarat is better than that of India.

Table 1
Social Status

Sl. No.	Indicators	India	Gujarat	Dang
I	Population and Households (HH) Profile (in %)			
1.1	Schedule Tribe (ST) population	8.2	8.1	98.0
1.2	HH have electricity	70.3	96.0	87.0
1.3	HH have access to toilet facility	49.3	64.3	19.4
1.4	HH lives in a pucca house	61.9	75.1	15.57
1.5	HH having improved source of drinking water	84.4	90.9	69.9
1.6	HH having tapped water from treated source	31.96	39.84	8.4
1.7	HH using clean fuel for cooking	43.8	52.6	9.1
II	Literacy Level (in %)			
2.1	Total literates	74.04	79.31	75.16
2.2	Female literacy	65.46	70.73	67.38
2.3	Women with 10 or more years of schooling	35.7	33.0	16.3

Source: NFHS 4, Census of India 2011 and Registrar General of India

The section II of Table 1 depicts the literacy level of the study population. Percentage of literate people of the Dang district (75.16%) is higher than India but lower than the state's average (79.31%). Regarding female literacy, again the district's average (67.38%) is higher than India (65.46%) but lower than the state's average (70.73%). But in terms of women with 10 or more years of schooling, the district's average is lower than both the state's and the country's average. Thus, it can be said that in terms of literacy level, both the state and the district has fared better than the nation but in terms of women with 10 or more years of schooling, both the state and the district are behind the national average.

Therefore, it can be safely stated that most of the social and educational status of the study district (the Dang) is poorer than both the state (Gujarat) and the nation (India).

Economic Status

The Table 2 states the HH economic indicators of the study population. Majority HH (75%) of the Dang district is Below Poverty Line, as compared to 16.8% of Gujarat and 21.9% of India. In terms of livelihood, majority people (54.59%) of the study district is engaged in cultivation as compared to 21.99% and 24.6% of the state's and the nation's average. At the same time, 34.24% of the population of the study district are engaged as agricultural laborer as compared to 27.61% of the state and 30% of the country. This shows that agriculture and its allied activities are the major source of livelihood of the study district, as compared to the state and country. Then, 46.04% HH of the study district are availing the banking services as compared to 57.86% of the state and 58.69% of the country. Thus, highlighting that unlike the state's and the nation's average, majority HH of the Dang district are out of the ambit of banking services. Then, in terms of possession of certain key consumer durables only 19.12% HH of the study district possess television as compared to 53.77% HH of the state and 47.21% HH of the country. Similarly, only 19.21% HH of the study district possess mobile phone as a modern source of communication as compared to 58.58% of the state and 53.17% of the nation. Then, only 11.69% of the study population possess a motor vehicle (scoter, motorcycle and mopped) as compared to 34.13% of the state and 21.01% of the nation. Thus, one can see that very meager percentage of the population of the study district possess the television, mobile phone and motor vehicles (two wheelers only) as compared to the state of Gujarat and that of India.

Table 2
Economic Status

Sl. No.	Indicators (in %)	India	Gujarat	Dang
1.1	HH Below Poverty Line	21.9	16.8	75.0
1.2	People engaged in cultivation	24.6	21.99	54.59
1.3	People engaged as agricultural laborer	30.0	27.61	34.24
1.4	HH availing banking services	58.69	57.86	46.04
1.5	HH having television	47.21	53.77	19.12
1.6	HH having mobile phone	53.17	58.58	19.21
1.7	HH having motor vehicle	21.01	34.13	11.69

Source: NFHS-4 2015-16, Census of India 2011 and Registrar General of India

Therefore, it can be stated that the economic status of the Dang district is way poorer than the state whose part it is and that of the nation. Whereas, the figures for the state and the nation are like each other.

Health Status

Health issues needs special emphasis, while discussing human development in the context of tribes of India. In this view, the health status of the study district has been depicted in the form of demographic data in the Table 3 (Population) and Table 4 (Maternal Health). According to Table 3, the sex ratio of the study district is 1006 females/1000 males, which is higher than the state (919 females/1000 males) and national (943 females/1000 males) average. The Child Sex Ratio (0-6 years) of the study district is 964 females/1000 males, which is again higher than the state (890) and national (919) average. Here, it can be noted that both the sex ratio and the child sex ratio of Gujarat is even lower than that of India. Therefore, it can be inferred that there is lack of strong son preference in the Dang district of Gujarat, which is predominantly a tribal district.

The Table 3 also shows that the CBR of the study district is 31.4 (per 1000 population) is higher than the state (19.9) and the national (20.2) average. This indicates that the number of children born per 1000 population in the study district is higher than the state and the nation. Then, the CDR of the study district is 5.6 (per 1000 population), which is lower than the state (6.2) and the national (6.3) average. Then, the Infant Mortality Rate (IMR) of the Dang district is 85 per 1000 livebirth, which is way higher than that of Gujarat (34) and India (41). And the Under-5 Mortality Rate (U5MR) of the district is 74 per 1000 livebirth as compared to 43 of Gujarat and 50 of India. This indicates the incidences of mortality is lower in the study district as compared to the state and the country. This may be due to the fact that in rural tribal areas of India, people hardly register the deaths occurring in their families, thus, impacting the actual CDR numbers. (James, et al., 2014)

Table 3
Population

Sl. No.	Indicators	India	Gujarat	Dang
1.1	Sex Ratio (No. of females/1000 males)	943	919	1006
1.2	Child Sex Ratio (0 - 6 years)	919	890	964
1.3	Crude Birth Rate (CBR) (Per 1000 population)	20.2	19.9	31.4
1.4	Crude Death Rate (CDR) (Per 1000 population)	6.3	6.2	5.6
1.5	Infant Mortality Rate (IMR) (Per 1000 livebirth)	41	34	85
1.6	Under-5 Mortality Rate (U5MR) (Per 1000 livebirth)	50	43	74

Source: Census of India 2011, Registrar General of India, SRS 2017 and CDHO-The Dangs

The Table 4 depicts the maternal health status of the study district, vis a vis that of the state of Gujarat and India. In the study district, 37.6% women age 20-24 years were married before the age 18 year as compared to that of Gujarat (24.9%) and India (26.8%). This is an important health indicator as this has an impact on the fertility indicators of the study population. Then, 22.4% mothers have received full Antenatal Care (ANC) in the study district, as compared to the state (30.7%) and India (21%). This shows that though the percentage of mothers receiving full ANC in the Dang district is higher than that of the national average, it is lower than the state average. But only 38.3% women have received Postnatal Care (PNC) from a registered medical practitioner within 2 days of childbirth in the study district as compared to 63.3% of Gujarat and 62.4% of India. At the same time, the rate of institutional deliveries in the study district is 53.2% as compared to 88.5% of Gujarat and 78.9% of India. And it can be seen that 47.4% of mothers of the Dang district are recipient of Janani Suraksha Yojana (JSY) – a scheme of Government of India to promote institutional delivery in the country, whereas only 8% of women have received money under the same scheme in Gujarat and 36.4% has received it in India. This highlights that majority of the women who went for institutional deliveries in the Dang district were beneficiaries of the JSY scheme, thus implying that most of the deliveries were conducted in the government health facilities in the district as compared to the state of Gujarat, where only a small percentage of women were recipient of the JSY scheme, thus, indicating that a higher percentage of the institutional deliveries were conducted in the private hospitals too. This inference is due to the fact, that women delivering in government health facilities are only entitled to be beneficiaries of JSY scheme in India.

Therefore, it can be said that the maternal health status of the women of the study district is poorer than that of the state of Gujarat and India.

Table 4
Maternal Health

Sl. No.	Indicators (in%)	India	Gujarat	Dang
1.1	Women age 20-24 years married before age 18 years	26.8	24.9	37.6
1.2	Mothers receiving full antenatal care	21.0	30.7	22.4
1.3	Mothers receiving postnatal care from a registered medical practitioner within 2 days of delivery	62.4	63.3	38.3
1.4	Institutional delivery	78.9	88.5	53.2
1.5	Mothers recipients of JSY scheme (financial assistance)	36.4	8.9	47.4

Source: NFHS-4 2015-16

DISCUSSION AND SUGGESTIONS

The foregoing discussion on human development status of tribes of Gujarat, reflects that the condition of the people belonging to the Scheduled Tribe (ST) community is poorer than their non-tribal counterparts. This finding is based on the comparative study of certain key socio-economic and health indicators of the Dang district (98% ST population) with that of Gujarat and India. Therefore, the demographic profile of the Dang district, allows us to generalize the findings for other ST population residing in the state of Gujarat.

Considering our findings, it can be said that, poverty has turned out to be a leading factor in accentuating the poor socio-economic status of the tribal population. Over the years, it has been found that people belonging to the tribal communities face immense challenges in their path of socio-economic development. This is primarily due to multiple causes, like they stay mostly in hilly and isolated geographical terrains leading to their inability to fulfill basic needs related to healthcare facilities and education. They also lack control over natural resources and productive assets, are unable to construct permanent houses (pucca houses), have poor access to treated water and lack of proper drainage system and sanitation facilities within their housing and in the villages. This situation is aggravated by the fact that the people belonging to ST communities are quite vulnerable towards increased social differentiation, leading to ethnic violence, crime and lack of political freedom. This is in conjunction with their poor access to social, infrastructural and technological facilities. This discussion is important from the point of view that this lack of access to education, health, sanitation, housing, water supply,

etc. have a direct bearing on the human development status of the ST population of India. (Lakshmi & Paul, 2019)

Since independence, the national and state governments along with development planners have developed and implemented many policies and programs, aiming to raise the socio-economic status of different marginalized communities, including those of STs. And based on various studies on impact of affirmative policies of government on marginalized communities of India, it has been found that every alternate person belonging to Scheduled Caste (SC) and ST is poor, while it is same for every third person from other communities. This higher incidence of poverty and consequently poor socio-economic condition of the STs is largely due to their poor access to different productive assets, which are important to gain upward economic mobility. And this trend has been found in most of the larger states of India, including Gujarat, where there is a concentration of ST population. (Shariff, Ghosh, & Sharma, 2005)

At the same time, it has been found that STs are more concentrated in the rural areas, thus, increasing their dependence on agriculture and allied activities. But the studies also highlight that STs are also the most disadvantaged in terms of land. As a result, the incidences of landlessness are apparent among them, as most of them work as agricultural laborer, who have minimum land holdings, or they work as sharecroppers or as some form of insecure tenants. And this component of STs being small and marginal farmers has been reported and highlighted in the subsequent rounds of Census of India. (Mohanty, 2001)

When it comes to educational achievements of the ST population, various governmental reports have highlighted that among all the marginalized communities of India, STs are below the ladder of performance, especially, if the output criteria, such as, rate of literacy, women literacy, women who have completed 10 or more years of schooling, ever enrollment rate, school drop-out rate, etc. are considered. Though the literacy rate among the STs have seen an upward trend in the recent years. At the same time one can also find interstate variations among tribal groups of different states of India, mainly in terms of their educational achievements. (Shariff, Ghosh, & Sharma, 2005)

When we speak about health and demographic indicators of human development, it has been found that the STs are better off in certain demographic indicators, such as better sex ratio, lower CDR, etc. as compared to other backward communities of India. But at the same time, they lack behind many vital demographic and health indicators, such as, very high rate of IMR, U5MR and CBR as compared to the general population. These are the starkest indicators of tribal deprivation. (The World Bank, 2012) In terms of maternal health indicators, too the tribal women are far behind their non-tribal counterparts. This is evident from the study findings and the subsequent rounds of National Family Health Surveys (4 rounds) that, the number of women who have received full ANC and PNC within 2 days of childbirth among STs is way lower than the general population. This is same regarding institutional deliveries, as there are high incidences of home deliveries by untrained Dais (Traditional Birth Attendants) among them and along with it the percentage of anemic women and underweight children are also very high among STs.

These poor health and demographic indicators of the STs is because most of them have a poor socio-economic status. The situation becomes more severe due to the lack of awareness among them regarding the measures required to prevent diseases, their inaccessibility to medical facilities, lack of pucca (all weather) roads, lack of provision of affordable emergency transportation and presence of intimidated behavior of the staff of the Government Health Centers (GHCs). (The World Bank, 2012)

From the above discussion, it can be said, that the issue of poor human development indicators is structural in nature and is in the form of a vicious cycle. There are immense inter-state variations in the status of the ST population belonging to different parts of India. Therefore, in order to improve the human development status of STs of Gujarat and of India, the following suggestions may be helpful:

- *Agriculture and Forestry:* As the majority of the STs of Gujarat depend on agriculture and forest produce as their primary means of livelihood, the state government may attempt to come up with measures to improve their agricultural yield, such as, enhancing the agricultural technology (availability of improved seeds, pesticides and fertilizers) as per the geographical and soil condition of the specific region. At the

same time, the government can also devise innovative measures to enhance the trade of Non-Timber Forest Produce (NTFP) through community participation. This may help to reduce the incidences of poverty in the region.

- *Irrigation:* Certain tribal areas of Gujarat like The Dangs receive moderate to heavy rainfall, whereas, certain areas are rain deficient. But most of the tribal areas are in hilly terrains, which makes it difficult to construct proper canals for furthering of agriculture. Thus, in order to improve the irrigation system, the government may help the ST people to come up with solutions like rainwater harvesting for areas where rainfall is in plenty. And for areas with less rainfall, government may try to recharge the existing wells and to capture the water in farm itself, along with augmentation of water holding capacity of the ponds and lakes of the tribal regions. These measures will help to ensure proper water supply in the area.
- *Education:* In order to enhance the academic performance of the children of STs, it is important to increase the number of schools in the tribal areas, so that most of the villages are equipped with schools. It is also important to improve the physical and technological infrastructure and student-teacher ratio of the existing schools. The government may also consider opening of residential colleges and skill development institutes for tribal students in the scheduled areas, to promote incidences of higher education among them.
- *Health:* Health is one of the most vital parameters of human development. A healthy person can lead an enriched life. Therefore, it is important to improve the health status of the ST population. For this the government may increase the number of GHCs in the scheduled areas, so that people do not have to face hardships in accessing and availing government health services. The Government may also partner with corporates under their Corporate Social Responsibility (CSR) mandate to run health clinics in the tribal villages, where the villagers will be provided with free medications. To improve the maternal health status of the tribal women, government may consider opening special maternity wards in the village Community Health Centers, with all required facilities. This will help in conducting safe deliveries and will also promote institutional deliveries in the area. Along with this the government may intensify its drive to identify TBAs in the tribal villages and provide them with adequate trainings to conduct safe deliveries at home too. These measures will help to reduce the incidences of maternal mortality among the STs.
- *Nutrition and Food Security:* Various studies and surveys have revealed that STs are stuck in a vicious cycle of malnourishment. This is mostly because they are food insecure. These high incidences of under-nutrition and malnutrition of tribal causes widespread stunting, wasting, IMR, U5MR and other forms of morbidity among the tribal children. Among tribal women this causes acute anemia, leading to multiple general and maternal health complications. Therefore, to enhance the nutritional status of the STs, it is foremost to enhance their food security, in the form of enhanced PDS through mobile ration shops, wherever required. At the same time, school mid-day meals can also be provided during the summer vacations, to continue providing the tribal children with proper meals throughout the year. The government may also strengthen the Integrated Child Development Services (ICDS) to provide nutritious meals to the pregnant and lactating mothers. Government may also rope in NGOs, who are active in the region to conduct effective Behavior Change Communication in regard to consumption of nutritious food, which otherwise are not be consumed as per their local traditions. They may also encourage the tribal families to cultivate vegetables and fruits in their own backyard to enhance their nutritional status. The NGOs may also facilitate to form Self Help Groups of tribal women, so that they feel empowered and are in a position to earn money, which they may use to buy more pulses and vegetable, which are not produced by them and are also not provided under PDS.

CONCLUSION

Human development is one of the hallmarks of inclusive development of a nation and state. This is because a nation cannot progress only based on economic development, for it to thrive and to make the fruits of economic development available to all sections of society, human development of the masses is a pre-requisite. In case of the state of Gujarat, it has been observed that there exists a scenario of development paradox. This is because, the state experiences a very high level of inequality, mainly in terms of its socio-economic development between the tribal and non-tribal regions and industrialized and non-industrialized regions of the state. (Mahadevia, 2002) And these paradoxes exist not only in any one dimension of human development but in all,

i.e. social, economic, educational and health. And therefore, for the development of the tribes and the tribal regions of the state of Gujarat, it is very important to investigate the observed paradoxes and then work on the vital indicators which are related to it.

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