



## Relates on Tribal Education and Health: Evidence from Rural Odisha, India

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### Abstract

*Education and health are commonly devolved functions to sub-national governments, even in nations which have a unitary rather than a federal structure. Education and health are the two major factors which are influencing more to the economic development. So without improvement of these two factors economic development impossible and now a day India vs. Odisha under privilege Schedule Tribe population are deprive more in all aspect. What are the main reasons behind their backwardness in health and education? On behalf of illiteracy health and nutritional consciousness among these STs Communities are low. Through various programme government can eradicate diseases. Educated mothers are more conscious about child health. This study is based on both primary data from a rural village and secondary data from various report and research review of research. Main objective of this paper is, to determine impact of education on health status among primitive tribal people in tribal areas and rural areas. It also analyses the correlation relationship between health, education and poverty.*

**Keywords:** Health, education, tribal, remote and rural.

### Introduction

Education and health both are most important element in the development of any community. Education plays an important role as human resources in all over the world specifically for the marginalise people. Schedule tribes have fallen victims to the exploitation of the middlemen, merchants, and moneylenders on account of their illiteracy and ignorance. Expansion of education in a community, by and large, depends on the important factors, such as universal provision of school in, universal enrolment and retention of pupils in school till they complete the prescribed course. One can expect that the education system will become not only a key mechanism for the economic development of various section of its people but also a powerful instrument for accelerating the process of social changes.

Mahatma Gandhi the father of basic education considers education as a means to develop man. He said "By education we mean an all round drawing out of the best in child and man body, mind and spirits". Aristotle think "Education is the creation of a sound mind in a sound body".

The constitution of India provides a number of facilities, protection and privileges to the schedule tribes. Because of these the STs have been able to develop both educationally and economically. But their level of development is much below than that of the non-tribal, communities. Even sixty years after independence their educational condition remains highly unsatisfactory. Tribe is not only different from mainstream but also different from their language and culture<sup>1-5</sup>. According to Human Development Report 2004 Schedule Tribe population proportionately high i.e. 22 percent as compare to national level

8 percent and schedule caste 16 percent. Their living strategy is different and fully dependent on cultivation, forest product and hunting<sup>6</sup>.

In this paper the first section deals with the relationship between health and education in India as well as in Odisha, the second section base on data and methods used, section third describe the results and discussion and finally in section four we conclude to this paper and suggest some policy for further implication.

**Health and Education:** Policies for universal literacy and 'health for all' can go a long way to increase the individual capabilities but even here the utilisation of services by the disadvantaged sections of the society is limited due to socio-economic constraints. This can lead to serious inequalities in the very sectors – health and education – which are expected to play the equalising role in India's struggle to reduce inequality of opportunities. In a caste-ridden society like India, social hierarchy also can be a serious handicap for utilisation of available services in the health and educational sector.

Access to health and educational services directly contributes to multidimensional poverty. Poor infrastructural supply of health and educational services as well as their unsatisfied demand are important determinants of poor quality of these services<sup>7,8</sup>. In the remote rural areas (RRAs) people have suffered on account of factors like thin presence of medico and Para-medico personnel, inadequate number of primary health centre (PHCs) and Sub-primary health centres (SHCs) and negligence and insensitive approach of medico-personnel. Under these circumstances, the tribal population in RRAs is left with no

option but to turn either to traditional healers or uncertain private quack practitioners located in markets nearby their villages. On the other hand inadequate number of schools and teachers, absenteeism of teachers, poor quality of learning inputs, parents' apathy towards education, rural social milieu and lack of educational interest among children and work culture etc., are few identified reasons for poor quality of primary education in these areas<sup>9,10</sup>.

**Education and Tribe:** Education creates empowerment among the people. They can aware about their health and take better prevention for better health. They can also secure their natural resources and property. For development of marginalised section various tribal institution have established in all over nation still poor became poorer and rich became richer process running here. The people who are aware about their right not trying to inform others in their same communities for that development in grass root level is not possible.

**Educational trend in Odisha:** Educational system is increasing tremendously in Odisha. It has 30.5 percent in 1971 to 63.1 percent in 2001 as compare to 34.5 percent to 64.8 percent in national level. Male literacy rate 44.5 percent to 75.3 percent which are higher than female literacy rate 16.3 percent to 50.5 percent. Among the all 30 district of Odisha Khordha is one top most educated district where literacy rate is 79.6 percent not only in male but also female literacy rate is high. Beside Malkangiri is the lowest literacy rate where most of the people belong to marginalised communities<sup>11</sup>.

Communities are trying to change the perception of tribal parents who are not sending their children to the school<sup>12</sup>. In 2007-08 year one primary school for every 3.2 sq kms with teachers ratio 1:38. The overall dropout rate at primary level during 2006-07 was 10.53 percent with 10.34 percent for boys and 10.72 percent for girls which has declined to 7.79 percent, 7.76 percent and 7.83 percent respectively during 2007-08. The dropout rate among SCs and STs stood at 12.54 percent and 16.89 percent while the overall dropout rate was 7.79 percent. The dropout rate at primary level in Majurbhanj is the highest (15.56%) followed by Sundergarh district (14.01%) and the lowest dropout ratio lowest in Bargarh district (2.38%). Through the dropout rate at primary schools showed a declining trend, it is still higher among STs. For develop of educational status government have implemented many programme like Mass Education (Economics Survey of Orissa). District Primary Education Programme (DPEP), mid day meal, Sarva Shikhya Abhijan etc., even the ST people are not benefited in education<sup>11</sup>.

**Health Perceptions and Practices:** The predicament of depleting allocations to health sector on the one hand and pressures to shed its 'BIMARU' tag on the other, forced the Odisha government to take a few corrective steps in mid 1990s to improve its health sector. The first intervention was public-private partnership through formation of Rogi Kalyan Samiti.

The second step was to reform the public health services at the grass roots level.

Various diseases are affecting to the tribal women and children. Nutritional deficiency is common for all children and mother. Their perception is different by their culture, socio-economic condition. Most of the tribal women and children are affected by infectious disease like anaemia for that they are so weak and unable to do their work bitterly not only at field but also at home. Better nutritional status is a positive sign for the women and anaemia is a major problem for their daily life. More than half of the tribal pregnant and non pregnant women are suffering for this infectious dises<sup>13</sup>. Maternal malnutrition is quite common among the tribal women especially those who have many pregnancies too closely spaced. Tribal diets are generally grossly deficient in calcium, vitamin A, vitamin C, riboflavin and animal protein<sup>14</sup>.

Health status of a community depend open access to adequate food, nutrition, portages worth and good sanitation facilities. Health and Family Welfare Department are taking some necessary step for better nutrition by i. nutrition education of mothers and families through health workers in collaboration with ICDS functionaries, ii. improvement in nutritional content of supplementary feeding using low cost locally available food through self help groups, iii. improved training of health professionals regarding nutrition, iv. nutrition and growth monitoring with trend analysis, v. vitamin A, iron and folic acid supplements for women and children, under supervision, vi. early detection and treatment of childhood illnesses to prevent deterioration of nutritional status vii. and de-worming<sup>14</sup>. All these effort are very crucial for nutritional development of a community. Health indicators like Total Fertility Rate (TFR), Neonatal Mortality Rate, Post Neonatal Mortality Rate, Infant Mortality Rate and Under Five Mortality Rate are high among illiterate and STs population see table-1. Infant mortality and child mortality rate is high among illiterate and low literate people that is 85.3 percent and 40.7 percent and it also high in case of STs Categories 78.7 percent and 62.5 percent where under five mortality rate also high<sup>14</sup>.

In Odisha, according to a study proportionate of abortion rate is high<sup>15</sup>. It may be due to nutritional deficiency of the mother for that child not get proper shape of birth result is acute death inside the worm. One reason for the high incidence of spontaneous abortions and the high MMR is the poor nourishment of women and high prevalence of anaemia. It raises not only infant mortality but also maternal mortality because after the death of infant mother also suffer from various internal diseases and finally became death. Among Kharias, Gonds, Sandals, Kutia, and Khondhs tribe of Odisha Institutional delivery is very little. High incident of malnutrition observed in Phulbani, Koraput and Sundergarh district of Odisha<sup>16,17</sup>.

**Health and Educational Disparities:** A regional disparity is existing situation in all over Odisha. As more than 30 percent of

people living below poverty line in some back ward region like KBK (Kalahandi-Balangir-Koraput), difficulties to access better health care services, because they are unable to afford that services. People are not aware about the services which they can get easily without any cost. But in reverse coastal region like Cuttack, Khordha, Puri, Jajpur, etc, are getting more benefit from all services because they are better to aware about the services. 88 percent of tribal female, 73 percent schedule cast women, 56 percent other backward class women and 34 percent of general women were illiterate in 2001 census. 34 37% of ST women receive no antenatal check-up, against 15% of women from non-deprived groups, and rates of full immunisation are about half that among children of non-deprived groups<sup>13</sup>.

Various author try to understand the correlation between these three indicators like poverty, literacy and mortality among the deprive group. But in Odisha this has positive relationship<sup>17</sup>. Inequalities will be further intensified as the poor and the weak are likely to be marginalised in this process because the expanded economic opportunities are difficult to be used if a person is handicapped by ill-health or illiteracy. Education and health are recognised to be the two distinct influences which can promote the freedom and capability of individuals to make use of available opportunities<sup>18</sup>.

**Correlation between Health and Education:** In an analyse on health and education where in health indicators; Infant Mortality Rate, Institutional delivery, full immunisation, and mother who have taken more than three Anti Natanal Checkup (ANC) and in other side literacy rate and we have found a relationship between health and education in all over Odisha see Table-1.

The district belongs to Tribal region or Northern region comparatively very bed health condition due to illiteracy. District like Kalahandi, Koraput, Malkangiri, Nawarangpur, Gajapati and Rayagada where proportion of STs Population high. All these sixth districts have high illiteracy rate with high

incident of poverty and lack of awareness about health care. IMR is high and low institutional delivery in these districts. Traditional methods of delivery system is high in these tribal regions due illiteracy. Beside the districts that have highly educated their health indicators also better up. District like Cuttack, Khorda, Puri, Jagatshingpur, Jajpur and Jharsuguda all these districts come under highly developed in health only for education. Educated people have know about all programme implemented by government and use that effectively compare to uneducated. Those districts have medium education their health condition also like that.

Angul, Bargarh, Deogarh, Ganjam, Mayurbhanj, Sambalpur, Sundargarh all these district come under average health and education group. Now question arises in case of low education in Nuapara district how their health indicators come under average and in case of average education in Balangir, Kandhamal, Baudh and Keunjhar health condition are very poor? Balangir and Kandhamal are two district come under underdeveloped categories, their education level is not poor compare to koraput, Rayagada and Malkangiri even their health condition are very poor because its true that education system are implementing but the quality of education in these regions are very poor.

**Data and Methods:** This paper is base on both secondary as well as primary sources of data collection For reviewing the structure of education and health we follow National Family Health Survey by government of India as well as Odihsa, Economics Survey of Odisha, National Sample Survey round 60<sup>th</sup> round, Distinct Level Household Survey, Human Development Report, UNDP report, WHO report, various published and unpublished research paper and author’s Mphil dissertation. But to get a aureate results we need study on grass root level data. So we collected primary data from a rural village of Odisha call Brahmanipali which is situated in Subarnapur District by the help of a structure interview schedule.

**Table-1**  
**Mother and Child Mortality Rate of Odisha**

Education and Castes	Neonatal mortality (NN)	Post neonatal Mortality (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
Education					
No education	54.2	31.1	85.3	40.7	122.5
<10 years complete	39.8	12.4	52.2	17.0	68.3
10 or more years complete	31.7	3.0	34.7	8.0	42.4
Castes					
SC	46.4	27.2	73.7	19.5	91.8
ST	54.0	24.7	78.7	62.5	136.3
OBC	52.5	13.5	66.0	18.8	83.5
Other	31.7	21.4	53.1	11.7	64.2

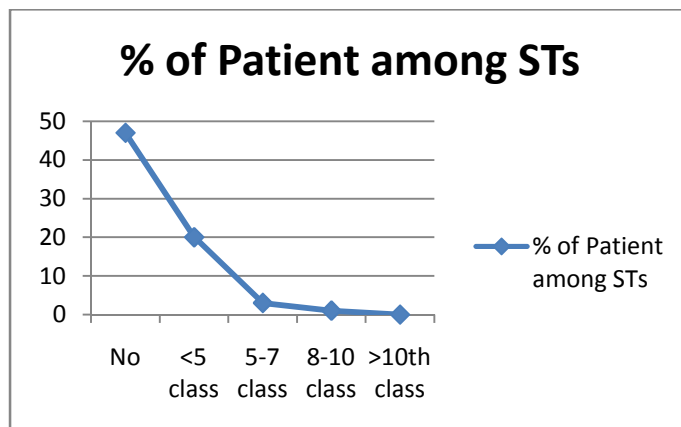
Source: NFHS-3 Odisha

The household are selected using a stratified random sampling procedure. Out of the 139 households of the Brahmanipali village, 98 households were selected from the study village. The population of the village was 662 according to 2001 census 37 percent are Schedule Caste, 26 percent are Schedule Tribe (ST), and 21 percent are belongs to Other Back Ward Caste. The average size of the sample household is 4.7. Of the total population 337 (51 percent) are male and 325 (49 percent) are female. Out of these 98 households, 33 percent are SC, 42 percent are ST and the rest include, OBC and general category<sup>19</sup>.

### Results and Discussion

The study in village is divided into three units. One unit is inhabited by SC, on other by ST and last one is dominated by OBC and other caste people.

**Health Scenario with Education:** Due to lack of adequate number of public health institution, existing institutions in rural areas are over burdened in terms of persons dependent on them. Health infrastructure like PHC, CHC are far from the village. Other health infrastructure in the village includes one Aganwadi worker (AWW), one Accredited Social Health Activist (ASHA) which comes under National Rural Health Mission. Before ASHA, AWW was working as a health petitioners. She was providing some medicine. Government established this mission in 2005 but its progress is very slow, hence many rural village unable to get this facility even delivery at home more in rural areas i.e. 58.5percent<sup>20</sup>. In our study village this ratio is more in case of SC/ST households which bed effect on nutrition health. Because in this study village there no co-ordination between ASHA and AWW. The total number of patients were suffering from different diseases in the study village during the survey year 2009 (January to December) based on the responses of the households. There were 175 patients during the survey year, and there were 215 episodes of diseases. Morbidity rate is high among illiterate STs Categories people i.e. 45.14 percent which is double from others categories. Educated people better to know about family planning and also reduce gender disparity. Morbidity rate among illiterates are more i.e. 47 percent belongs to poor and very poor categories table-2 and figure-1.



**Figure-1**  
 % of STs Patients by education

There are positive relationship between mother education and better health of children. Educated mother has better understanding towards her children health. For that she can take prevention better than fall in any sickness. So mother education is most important and necessary for better child health care.

The work culture in school and hospitals is another important context where interpersonal effects have a paramount influence on individual motivation. Total Literacy Campaign and polio vaccination programme illustrate. More importantly, however, what is the issue here is the possibility of health and education becoming matter of broad base public discussion and concern. Achieving this transformation of the policies of health and education is one part of the broader agenda of democratic practice.

It has been found that the prevalence rate of communicable diseases is common in different classes of patients. These are high in schedule caste and schedule tribe. Given their low level of socio-economic condition, illiteracy and hygiene situation it is not unexpected.

**Absent of awareness and Debt Position:** Poverty is the general bane of tribal, which arises due to economic factors. Some of these factors responsible for tribal health poverty are low agricultural productivity, shifting cultivation, land alienation, indebtedness, and lack of irrigation facilities, low education, and unawareness of institutional credit facilities, market prices, traditional living condition, malnutrition, diseases, isolation and exploitation by traders. The high cost of health care has serious implication for the livelihood of the households in general and for poor households in particular. Households responding to medical need and spending a large share of annual income on health care may affect their other essential expenditure and in debtness situation due to high rate of interest on borrowing<sup>19, 21- 25</sup>. Debt positions among these deprive STs Category not only because of poverty but also illiteracy. During the study year 2009 out of 98 households, 35

**Table-2**

**Influence of Education on Health among STs**

Education	Patients	% of patient	Poor+very poor	Middle	Rich
No	49	47	47	2	0
<5 class	27	20	20	6	1
5-7 class	2	3	2	0	0
8-10 class	1	1	1	0	0
>10 <sup>th</sup> class	0	0	0	0	0
Total	79	100	70	8	1

Source: Field Survey

patient household had borrowed to meet their health expenditure at 95 percent rate of interest. The main source of borrowing was money lender and the interest charges on such loans varied from 36 percent to 120 percent per annum<sup>25</sup>. When people will be educated than they can better to take their all responsibility<sup>26</sup>.

## Conclusion

Education and Health is two major dimension of economic development. Improvement of good health can be possible by improvement of education of the mother as women play an important role at home. Access failure of health and education services is affecting more to the marginalized section. Decentralization could be a right beginning to improve all but it is no panacea to the systematic ills. The number of school dropouts is still very high and community pressures have by and large remained unresponsive in challenging the perceptions of the parents. The supply side post 1997 EGS strategy has failed to universalize education in the remote tribal areas. Besides decentralization of health care system without giving voice to community may not be an appropriate strategy. Poverty, illiteracy and safe drinking water deficiency is the main cause which affect to tribal health in other way. Till now untouchable system have in rural remote villages for that tribal are separating from the general communities. This study concludes that 95 percent for SC/ST households borrowed for health care expenditure and in indebtedness stage in case of providing collateral due to illiteracy and lost their cultivated land<sup>19</sup>. So debt positions among these deprive STs Category not only because of poverty but also illiteracy<sup>19,27</sup>. Parents education adversely affect to the child health care. In case of household health education, who r educated they must conscious about their own health and also their children and family. They know about the importance of family planning. Now a day of 21<sup>st</sup> century even people want a son for religion propose. Mother education is also most important for development of health indicators.

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