



## POOR AND STATE ENTITLEMENTS: A CASE STUDY OF SELECTED TRIBES OF JHARKHAND

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### ABSTRACT

*Since independence India has achieved numerous milestones in various platforms but still a significant proportion of Indian population lives below poverty line. Time to time state launched poverty eradication schemes to increase the access to state entitlements of the deprived section especially in less developed state with significant tribal population. Jharkhand is one of such states in which 14 districts are under 5th schedule area of Indian Constitution. This paper presents the access to state entitlements of selected tribes in Jharkhand on the basis of primary survey. It is based on a sample survey of five tribes of Jharkhand; Santhal, Sabar, Sauria Phariya, Mal Phariya and Birhor. Altogether 32 villages were surveyed, in which 605 households were interviewed. State entitlements are broadly divided in education, health, employment and social security benefits. The survey has revealed that there is low access to state benefits in above mentioned category. This is due to variety of reasons. The paper argues that if the poverty is to be addressed, the access to state entitlements should be improved.*

### Introduction

India is one of the fastest growing developing countries in the world. India is the third largest economy in terms of GDP trailing behind USA and China; followed by Japan and Germany (IMF 2011). The impact of this progress clearly reflected on the poverty level of the country. According to Planning Commission there is a decline in the percentage of people living below poverty line from 36% in 1993-94 to 27.5% in 2004-05. However regional disparity and pockets of poverty remains the same. Poverty gap between scheduled areas and other group has widened (United Nations 2009). Concentration of poverty is in the less developed states like Orissa, Jharkhand, Chhattisgarh, Madhya Pradesh, Maharashtra, Rajasthan etc. Certain blocks of these states are governed under the 5th scheduled of the constitution of India which states the guidelines of control and governance in scheduled areas of the country. According to Ministry of Tribal Affairs, Government of India, there are 75 blocks in different states and union territories with more than 50% of Scheduled Tribe population.

Scheduled Tribe constitutes 8.4% of India's population (Census 2001). Regional disparity especially in tribal belt of the country reflects the duality of development. Plight of rural areas are worse than urban regions. Poverty of Scheduled Tribe population in 2004-05 is same as overall poverty of the year 1983 (World Bank 2011). In terms of educational attainments, in 2004-05 Scheduled Tribe illiteracy is 53%; rural-urban gap is as high as 30% (Das 2010). Under-five mortality in Scheduled Tribe is high; children are more likely to die than other social groups (Das 2011). Recent rapid growth of the country has raised the expectation of development among the tribal belt (Edmonds 2006). Hence poverty reduction in these regions should at the high priority of government.

Human development is means as well as end to the development. It can be measured by United Nations Development Programme (UNDP) Human Development Index (HDI), which is a composite index of life expectancy, literacy and standard of living. In 2011 India stands at 134th position. Access to basic facilities like education health, social security, employment etc. is very important determinant of the development. Absence of these basic necessities is one the major reason of poverty among tribal region of our country.

Scheduled Tribe scored low in health, education and other socio-economic aspects as covered by HDI (UN 2009). There are various historical, social and political reasons (Kumar 2009) of this inaccessibility which leads to widespread poverty. One of the cures is to increase the access of state entitlements in these less developed regions. State entitlements are the rights or certain benefits reserved for specified population from States. Beneficiaries are identified and entitlements are reserved through various welfare schemes like Janani Suraksha Yojna (JSY), Sarva Shiksha Abhiyan (SSA), Integrated Child Development Services (ICDS), Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) etc. These schemes target identified population and try to uplift poor by ensuring the basic necessities in terms of state entitlements to them. That is how the access of these state entitlements becomes important determinant for poverty eradication. The paper argues the same and presents the accessibility of education, health, social security, employment among five tribes of Jharkhand.

### **Methodology**

The present paper is based on a study conducted by UNICEF Jharkhand on tribal child rearing practices during 2009. The study was conducted among five tribes of Jharkhand; Santhal, Sabar, Sauria Phariya, Mal Phariya and Birhor. Altogether 32 villages and 605 households were surveyed and data was collated through schedule. Poor were identified on the perception of the community as revealed through focused group discussions. In our sample, in all the tribes, majority of population was under 17 to 40 age group followed by 6 to 17 age category. Rest of the age-group population was around ten percent.

Santhal is the most populated tribe and settled cultivators in Jharkhand. 72% of Santhal sample was primarily engaged in agriculture followed by 66.47% of labour as a secondary occupation. More than 72 percent of Sabar sample was primarily depended on wood selling because they are nomadic tribes. People of Sauria Phariya was found to be engaged in all types of works like agriculture, wood selling, labour, service and housekeeping. Mal Phariya tribe was engaged primarily in labour work followed by agriculture as secondary occupation. Phariya people practices slash and burn cultivation. More than 45% of Birhor sample was engaged in agriculture followed by labour and salaried job as their primary occupation.

This paper presents the access of state entitlements of above mentioned five tribes to social security benefits, education, health and employment. The paper argues that if the poverty is to be addressed, the access to state entitlements should be improved.

### **Access to Social Security Benefits of Sample Household**

National Social Assistance Programme is one of the important social security schemes

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in India. This centrally sponsored scheme was launched in 1995 with the objective of providing help to poor families on account of death of the earning member, maternity and old age. Senior Citizens of more than 65 years with no means of livelihood are entitled to receive monetary benefit under National Old Age Pension Scheme (NOAPS). In April 2000 Annapurna Scheme was launched to cover those who though entitled for NOAPS but remained uncovered. Scheme provides per month ten kg of free grain to beneficiaries. Public Distribution System (PDS) is another significant entitlement with the objective of food security of the nation. Through this system central government distribute subsidized food items to all citizens especially to poorer section through different types of PDS cards. Later on in June 1997, Targeted PDS was introduced for the Below Poverty Line (BPL) population. In which each BPL family is entitled to receive ten kg grains per month at more subsidized prices than other.

Social security benefits like ration card, Antodaya, BPL cards, Annapurna, Birdha Pension, Indira Awas etc. are presented below. Apart from these, access to government provided goods like blanket, mosquito net and solar lantern are also included in the table one.

**Table 1: Access to Social Security Benefits of Sample Household (%)**

Tribes	Ration card	Antodaya	BPL	New BPL	Annapurna	NOAPS	Indira Awas	Voter Card	Blanket	Mosquito Net	Solar Lantern	Patta
Santhal	10.7	4.9	40.1	2.9	3.9	3.9	0.9	53.9	9.8	80.2	1.9	63.7
Saber	5.06	81.6	3.1	8.2	3.1	8.8	68.3	44.9	62.0	39.8	16.4	24.6
Sauria Phariya	8.8	51.9	8.8	0	3.9	8.8	22.5	53.9	28.4	72.5	4.9	59.8
Mal Phariya	12.3	17.2	30.9	15.4	3.6	3.6	37.2	90.0	17.2	39.1	15.4	86.3
Birhor	1.8	89.6	6.6	0	0.9	20.7	85.8	55.6	83.1	68.8	43.9	13.2

The proportion of sample household who have access to above mentioned social security benefits are depicted in table one. Table reflects low access to PDS for all surveyed tribes of sample. Only 1.8% of Birhor households have ration card. Access is much better in Antodaya card except for Santhal and Mal Phariya. Tribal access to BPL card is unsatisfactory. Survey found very few beneficiaries of Annapurna scheme. NOAPS beneficiaries are less than ten percent in all the tribes except Birhor which is 20.75 percent. Access is better in case of Indira Awas, blanket except in Santhal. Possession of voter card is relatively better in all the tribe. Survey found good number of household with mosquito net, solar lantern and patta except for few tribes in each category. Above status presents a mixed but disturbing scenario of selected tribe. Access to basic poverty eradication entitlements is very low.

### **Education as a State Entitlement**

The Right of Children to Free and Compulsory Education Act 2009 or Right to Education Act (RTE) is significant state education entitlement, which came into effect from 1st April 2010. It ensures free and compulsory education for the children from six to fourteen years under article 21A of Indian constitution. This act is of its only kind in which government is

responsible for enrollment, attendance and completion. After completion of one year there are still 8.1 million children who are out of school. On the same line, tribal children access to elementary school is presented below. Substantial tribal children are out of school. Even adult illiteracy in the sample is on an average is 73%. It is as high as 92.27% in Sauria Phariya followed by 83% in Santhal. Saber has the lowest 58.43%.

Overall and gender based 6-14 years of tribal children access to elementary education presented below. Male female percentage is calculated on the basis of respective proportion of children in the sample, while overall not going percent is calculated on the total sample of 6-14 years. Proportion of children who are out of school is very alarming; more than 75% of Sauria Phariya children are not going to school. Situation is more or less similar for Santhal and Mal Phariya. Saber and Birhor are in relatively in better position.

**Table 2: Access to School for 6-14 Years children  
(As a percentage of total 6-14 years sample)**

Name of Tribe	Going		Not Going
	Male	Female	
Santhal	44.04	29.48	62.96
Saber	42.62	55.22	20.31
Sauria Phariya	25.00	22.09	76.47
Mal Phariya	32.74	28.33	69.52
Birhor	63.26	64.00	36.36

As stated above, percent of boys and girls in school are not very satisfactory but there is not much gender disparity in access to education except in Santhal in which female child access is around fifteen percent less than male child.

### **Public Health Entitlements**

Integrated Child Development Scheme (ICDS) is one of the largest integrated family and community welfare scheme in India. This centrally sponsored scheme was launched in 1975. All children upto age of six, girl child upto adolescence, pregnant and lactating mothers are beneficiaries of this scheme. Under this scheme every habitation should have a functional Anganwadi Centre (AWC). Auxiliary Nurse Midwife (ANM) and Anganwadi Worker (AWW) are responsible to impart health nutrition information to the beneficiaries of the scheme. Immunization, supplementary nutrition, growth monitoring, pre-school non-formal education and referral services are other important activities of the AWC.

AWC is also the main source of health information for Santhal, Saber and Sauria Phariya. Half of the Mal Phariya sample is also accessing AWC. Only Birhor are referring the other conventional sources. Significant proportions of all tribes are referring quacks and Registered Medical Practitioner (RMP) for treatment followed by Ojha and Kaviraj.

### **Child Health Care**

The Immunization level of less than three years of children among the sample tribes is

depicted in table 3. Percentage is calculated out of relevant group population of the sample. Proportion of not immunized children is very high among all tribes except Santhal. Around 60% of Saber and Mal Phariya children are not immunized.

**Table 3: Immunization (0-3) (As a percentage of total 0-3 years sample)**

Name of Tribe	Yes		No
	Male	Female	Total
Santhal	76.47	78.94	15.11
Saber	51.42	30.30	58.82
Sauria Phariya	52.00	61.53	43.13
Mal Phariya	39.28	43.75	58.33
Birhor	65.38	47.61	40.42

There is not much gender difference amongst tribes except Saber. Even in some tribes immunized female children proportion is higher than male. Saber is the only tribe in which level of immunization is found to be very low.

Access of 3-6 years children to Anganwadi is encouraging (Table 4). More than 55% of respective sample of Saber, Sauria Phariya, Mal Phariya are going to AWC but situation of Birhor is not satisfactory where it is only 36.17 %. Gender trends are similar to the last table.

**Table 4: Anganwadi (3-6yrs) (As a percentage of total 3-6 years sample)**

Name of Tribe	Going		Not Going
	Male	Female	
Santhal	47.82	56.25	47.27
Saber	56.25	35.29	55.88
Sauria Phariya	24.24	41.37	67.74
Mal Phariya	21.42	17.64	78.12
Birhor	63.33	58.82	36.17

### **Women Health Care**

Janani Suraksha Yojana (JSY) is the most prominent health entitlement of women under National Rural Health Mission (NRHM) which promotes safe institutional delivery. Accredited Social Health Activist (ASHA) of the habitation identify pregnant women and is responsible for their pre-natal and post-natal care. JSY has the provision of cash assistance before and after institutional delivery.

Women health care status among sample tribal group is disappointing (Table 5). Only Birhor women are found to be registered under JSY; fifty percent of total pregnant women are registered.

Home deliveries are hundred percent in case of Santhal and Saber tribe. In Phariya and Birhor tribe few institutional deliveries were found but proportion are very insignificant.

Similarly in all tribes majority of delivery are either self or done by Dai of the village. In case of Saber tribe all the deliveries are non-institutional.

**Table 5 : Women Health Care Status**

Tribe	Registration in Janani Suraksha Yojna	Delivery		Delivery by Whom		
		Home	Hospital	Dai	Self	Doctor
Santhal	0	100	0	95.23	2.38	2.38
Sabar	0	100	0	93.33	6.66	0
Sauria Phariya	0	97.22	2.77	41.66	55.55	2.77
Mal Phariya	0	94.73	5.26	69.42	21.05	10.52
Birhor	50.00	89.47	10.52	63.15	26.31	10.52

Health entitlement in terms of women is unsatisfactory. Performance of JSY is very disappointing. Though the access to AWC is better but they are not functioning as it should be. The basic responsibility of immunization is not being delivered properly. Overall access to health entitlements among sample tribe is below satisfactory level.

#### **Employment Entitlement**

Mahatam Gandhi Rural Employment Guarantee Scheme (MNREGA) is an unrestricted state entitlement. It is right based employment scheme for rural India. It guarantees one hundred days of manual employment to an adult member of a rural household who is willing to work at statutory minimum wage rate.

**Table 6: Access to MNREGA Entitlements of Sample household**

Tribe	NREGA Job Card (%)	Had Demanded Work (%)	Bank A/C (%)	Work Days
Santhal	37.84	2.94	0.98	99
Sabar	62.65	3.79	33.54	1669
Sauria Phariya	57.84	13.72	2.94	380
Mal Phariya	60.90	3.63	3.63	255
Birhor	61.32	3.77	34.90	137

Primary data reveals the work scenario under MNREGA scheme among sample tribes (Table 6). Percentage of demand is very low among tribes, except for Sauria Phariya which shows the lack of information. With such a low demand only road construction and earth work had been provided.

In terms of broad indicators like job card, account, work days etc. Santhal is the least benefited tribe in sample. Apart from Santhal more than fifty percent of household of other tribes hold MNREGA job card. Around one-third households of Saber and Birhor have bank account. Saber is the most benefitted tribe in employment access followed by Sauria Phariya.

### **Conclusion And Recommendations**

Paper presented the access to state entitlements of tribal population in Jharkhand. With limited time frame and sample, paper presented the unsatisfactory access of main state entitlements among sample tribes, which one of the main reason of poverty in studied area. There is significant number of 6 to 14 years of children in sample who have no access to school. State government should focus more on scheme like SSA to address this issue, which will increase their long term employment opportunities. There are many health issues in sample tribes like large presence of quacks, poor working condition of anganbari, low level of immunization, negligible registration under JSY etc. which hinders productive capacity of the tribal population. State government should immediately act on health related schemes to resolve these issues.

The condition of various social security benefits and employment generation under MGNREGA is not at all satisfactory. These two are the most important entitlements for poverty reduction. MGNREGA directly supports poor through guarantee of employment hence proper implementation is utmost important. Social security benefits support poor in the absence of proper employment opportunities. Emerged poor condition of these benefits needs to be addressed for reduction of poverty among tribal population of Jharkhand.

Concentration of poverty is one of the major hurdles in the development path of India. Tribal poverty is prominent feature of this concentration especially for 5th scheduled states. Development of these areas is equally important as others. As revealed, states should increase its existing entitlements to eradicate poverty in tribal areas. Improving the access to state entitlements will increase tribal's living and working condition which ultimately reduces poverty and enlightens the development path of Jharkhand.

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