Frontier
Vol. 44, No. 20, November 27-December 3, 2011

ASSAM

Plight of Tribal Women

Merina Islam

CONSTITUTION OF INDIA provides specific measures for the protection and promotion of the social and economic interests of the Scheduled Tribes (STs). The Sixth Schedule currently operates in the tribal-dominated areas of North-East India: Karbi Anglong and North Cachar districts in Assam; Khasi Hills, Jaintia Hills and Garo Hills districts in Meghalaya; Chakma, Lai and Mara districts in Mizoram; and Tripura tribal areas in Tripura state. Each Scheduled Tribe area covered by the Sixth Schedule has an Autonomous District Council with legislative, executive and judicial powers.

Twenty-five ethnic groups in Assam have been 'scheduled' as tribes as per provisions in the Constitution of India till 2002, the latest Constitutional amendment having been made vide The Scheduled Castes and Scheduled Tribes Amendment Act, 2002, notified by the government of Assam on April 1, 2003. The tribes listed for Assam are (in descending order of population in Assam according to the latest Census of India, 2001, which are shown in brackets) :

1. Boro, Boro Kachari (1,352,771)

2. Miri (autonym : Mising) (587,310)

3. Mikir (autonym : Karbi) (353,513)

4. Rabha (277,517) 5. Kachari, Sonowal (235,881) 6. Lalung (autonym: Tiwa) (170,622) 7. Dimasa, Kachari (110,976) 8. Deori (41,161) 9. Kuki Tribes (28,273) 10. Naga Tribes (21,706) 11. Garo (21,112) 12. Barmans in Cachar (15,877) 13. Hmar (14,460) 14. Khasi, etc. (12,722) 15. Mech (8,997) 16. Mizo Tribes (2,957) 17. Chakma (2,478) 18. Hojai (1,882) 19. Man (Tai speaking) (739) 20. Syntheng (336) 21. Hajong (256) 22. Lakher (11).

In addition to the above figures of population, the 2001 Census authorities have returned a figure of 47,013 as Generic Tribes, which includes smaller groups of tribes not figuring in the constitutional list of Scheduled Tribes.

No population for the Pawi tribe, which had a figure of 777 in Assam according to the Census of India, 1991, has been shown as nil in the latest census. Figures for the Khampti and the Singpho tribes are not available in the population statistics of Scheduled Tribes, as they were 'scheduled' as tribes only in 2002, i.e. after the last Census. These two tribes are more numerous in Arunachal than in Assam.

Health is a pre-requisite for human development and is essentially concerned with the well being of common man and woman. The widespread poverty, illiteracy, malnutrition, absence of safe drinking water and sanitary living conditions, poor maternal and child health services and ineffective coverage of national health and nutritional services have been traced out in several studies as possible contributing factors to dismal health conditions prevailing among the

tribal population in India. Health problems have been one of the main challenges faced by the tribal women of North East India, specially in Assam.

Several reasons may be identified behind those problems which include first of all habitat, illiteracy, ignorance, then lack of consciousness, the parameters of cultural ethos, at some point of time tradition, etc. Leprosy and tuberculosis are also common among them. Certain interacting factors like the infant mortality rate, life expectancy, genetic disorders, sexually transmitted diseases, nutritional status, forest ecology, child health and health care practices which are generally responsible for determining the health status and health behavior of tribal communities of Assam.

Malnutrition is common and has affected the general health of the tribal children as it lowers the ability to resist infection, leads to chronic illness and sometimes leads to brain impairment. The health, nutrition and medico-genetic problems of diverse tribal groups have been found to be unique and present a formidable challenge for which appropriate solutions have to be found out by planning and evolving relevant research studies. It is women who are always associated with health related issues and problems like high mortality rate, low life expectancy, malnutrition, sexually transmitted diseases, extra pressure of child bearing, lack of safe drinking water, lack of proper sanitary facilities, etc. Maternal and child health care practices were found to be largely neglected in various tribal groups. Expectant mothers to a large extent were not inoculated against tetanus. Vaccination and immunization of infants and children were inadequate among tribal groups of Assam. The ecological imbalance like cutting of trees have increased the distances between villages and the forest areas thus forcing tribal women to walk longer distances in search of forest produce and firewood. Infant mortality was found to be very high among some of the tribes.

Though National Rural Health Mission (NRHM), a National effort at ensuring effective healthcare, especially to the poor and vulnerable sections of the society was launched (on 12th April, 2005 for a period of seven years 2005-2012) throughout the Country with special focus on Assam. AIDS awareness and prevention programmes among women were also conducted.

Doctors and paramedical workers from the general population are reluctant to work in backward tribal areas of Assam. Further, there are not sufficient medical personnel hailing from the tribal communities, who will have a better understanding about the needs of their people and who may be more willing to work in such areas.Abundance of healthcare facilities is not the only criterion in this regard since lack of consciousness very often stands in ways of development of rural tribal women of Assam. □□□

References :

1. J B Bhattacharjee, *Cachar Under British rule In North East India* (Radiant Publishers, New delhi.
2. P J Goswami, *Tribals in Transition : A socio Economic Study*, (Jawahar Publication and Distributors, New Delhi, 1995)
3. S K Basu (1993) *Tribal Health In India* (Edited) Manal Publishers, New Delhi
4. U C Guha, *Kachareritibritta (Bengali)* Assam Prakasan Parisad, Guwahati, Reprinted Dec, 1971.