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UNIT 3

Tribal Community Development

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Unit – III

- **Unit – III**

- **Problems of Tribes**: Child Marriage, Poverty, Illhealth, Illiteracy, Sexually Transmitted Diseases and HIV / AIDS, Exploitation and atrocities on tribes; Immigration and its related problems. Lack of infrastructure facilities and amenities; Tribal Resettlement and Rehabilitation and its related problems. Tribal Movements, Tribal Revolt. Tribal Unrest

Introduction to Child Marriage

- Child marriage refers to the marriage of individuals below the legal age (18 for girls, 21 for boys in India).
- It is prevalent in some tribal communities due to cultural traditions, economic factors, and social norms.
- Despite legal prohibitions, child marriage remains a challenge in tribal areas.

Reasons for Child Marriage in Tribal Communities

- Cultural Traditions: Longstanding customs and rituals.
- Economic Factors: Reducing financial burdens by marrying off children early.
- Social Norms: Fear of dishonor or stigma associated with unmarried girls.
- Lack of Awareness: Limited knowledge of legal age and consequences.
- Access Issues: Poor implementation of laws in remote areas.

Consequences of Child Marriage

- Health Risks: Early pregnancies lead to maternal and child health issues.
- Education Disruption: Girls are often forced to drop out of school.
- Economic Dependence: Limits opportunities for financial independence.
- Domestic Violence: Increased vulnerability to abuse and exploitation.

Legal Framework and Government Initiatives

- Prohibition of Child Marriage Act, 2006: Prohibits marriage below the legal age.
- Panchayati Raj Act: Empowers local bodies to prevent child marriages.
- Schemes: Initiatives like Beti Bachao Beti Padhao aim to empower girls and reduce child marriages.
- Awareness Programs: Campaigns to educate communities about the consequences.

Role of NGOs and Community Leaders

- NGOs:
- Conducting awareness programs, providing education, and supporting victims.
- Community Leaders:
- Acting as change agents to challenge outdated traditions.
- Youth Groups:
- Mobilizing younger generations to advocate against child marriage.

Way Forward

- Education:
- Promote education for girls as a priority.
- Empowerment:
- Encourage skill development and financial independence.
- Law Enforcement:
- Strengthen legal mechanisms to prevent child marriages.
- Community Involvement:
- Engage communities in creating awareness and addressing root causes.

Prevalence of Poverty

- Tribal communities in India face disproportionate levels of poverty compared to the general population.
- Many Scheduled Tribes (STs) live below the poverty line, particularly in remote and forested areas.

Factors Contributing to Poverty

- Economic Dependence on Forests:
- Reliance on dwindling forest resources for livelihood.
- Limited Land Ownership:
- Land alienation due to industrial projects and deforestation.
- Low Access to Education and Skills.
- Lack of education and skill development hinders employment opportunities.
- Health and Nutritional Challenges:
- High levels of malnutrition and inadequate healthcare services.
- Marginalization:
- Social exclusion and exploitation by dominant social groups.

Economic Activities

- Most tribal populations are engaged in subsistence farming, shifting cultivation, hunting, and gathering.
- Wage labor in agriculture, mining, and construction is common but poorly paid.

Impact of Poverty

- Restricts access to education, healthcare, and basic amenities like clean water and sanitation.
- Increases vulnerability to exploitation, trafficking, and child labor.
- Impacts overall socioeconomic development and integration into mainstream society.

Government Interventions

- Integrated Tribal Development Projects (ITDPs)
- Improve living conditions in tribal areas.
- PESA Act (1996):
- Empowers Gram Sabhas to ensure economic selfreliance.
- Skill Development Programs:
- Initiatives like PMKVY enhance employability.
- Direct Benefit Transfers (DBT):
- Provide financial aid directly to tribal families.

Challenges in Addressing Poverty

- Inefficient implementation of government schemes.
- Inadequate monitoring and corruption in welfare distribution.
- Lack of infrastructure in remote tribal regions.

Way Forward

- Empowering Communities:
- Skill training, entrepreneurship, and economic diversification.
- Sustainable Development:
- Promote ecofriendly livelihoods and resource conservation.
- Policy Reforms:
- Ensure targeted and effective implementation of tribal welfare programs.
- Education and Awareness:
- Raise awareness about rights and opportunities.

AIDS

AIDS

- Acquired Immuno Deficiency Syndrome
- Fatal illness caused by a retrovirus known as the human Immunodeficiency virus(HIV)
- HIV breaks down the body's immune system, leaving the victim vulnerable to a host of lifethreatening opportunistic infections, neurological disorders, or unusual malignancies
- AIDS recognized as an emerging disease only in the early 1980s, it rapidly established during the 21st century
- AIDS has evolved from a mysterious illness to a global pandemic which has infected tens of millions people
- Europe and Central Asia, the numbers of people acquiring HIV infection and dying from HIV related causes continue to increase.

Types of HIV epidemics

- According to WHO and UNAIDS has defined different types of HIV epidemics,

Lowlevel HIV epidemics

- HIV may have existed in many years, it has never spread to substantial levels in any subpopulation.
- Recorded infection is largely confined to individuals with higher risk behavior e.g. sex workers, drug injectors, men having sex with other men.
- Numerical proxy: HIV prevalence has not consistently exceeded 5% in any defined subpopulation.

Concentrated HIV epidemics

- HIV has spread rapidly in a defined subpopulation, but it is not well established in the general population.
- Active networks of risk within the subpopulation
- The future course of the epidemic is determined by the frequency and nature of links between highly infected subpopulations and the general population
- Numerical proxy: HIV prevalence is consistently over 5% in at least one defined subpopulation but is below 1% in pregnant women in urban areas.

Generalized HIV epidemics

- HIV is firmly established in the general population.
- Subpopulations at high risk may contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic independent of subpopulations at higher risk of infection
- Numerical proxy: HIV prevalence consistently over 1% in pregnant women
- On the verge of fourth decade of the AIDS epidemic, the world had turned the cornerit has halted and begun to reverse the spread of HIV
- HIV incidence is the key parameter that prevention efforts aim to reduce, since newly infected persons contribute to the total number of persons living with HIV, they will progress to disease and death over time.
- Since 1997, the annual new infections peaked to 3.2 million cases globally, the number of new infections has fallen to 1.7 million in 2019.

Continues……

- This reduction in HIV incidence reflects natural trend of epidemic, as well as the result of prevention Programmes resulting in behavioral changes in different contexts
- Sexual behavior, programme for people who inject drug
- Gender violence, sexual violence increase women's vulnerability to HIV, and women especially the younger women are biologically more susceptible to HIV
- The UNAIDS 2016 2021 strategy is a bold call to action to get on the " Fast – Track"
- The strategy focuses on the unfinished agenda
- Its a call to reach the 909090 treatment targets, to close the testing gap and protect the health of the people living with HIV
- The Sustainable Development Goal target is to end the AIDS epidemic by 2030

India

- The estimated adult (1549) years HIV prevalence trend had been declining in India since the epidemic ‘s peak in the year 2000 and has been stabilizing
- 2019 was 0.22 %(0.24 % among adult males and 0.20% for females)
- At the sub national level , three states with the highest adult HIV prevalence
- Mizoram 2.32%
- Nagaland 1.45%
- Manipur1.18%
- High adult prevalence rate state are
- Andhra Oradesh0.69%
- Meghalaya0.54%

Continues……

- Telangana0.49%
- Karnataka0.47%
- Delhi0.41%
- Maharashtra0.36%
- Nationally, 23.48 lakh PLHIV in 2019
- Maharashtra was estimated high number of PLHIV(3.96 Lakh)
- Andhra Pradesh 3.14 lakh
- Karnataka 2.69 lakh
- Uttar Pradesh 1.69 lakh

Continues……

- Maharashtra – estimated highest number of new HIV infections (8.54 thousand)
- Bihar 8.04 thousand
- Uttar Pradesh 6.72 thousand
- West Bengal 3.97 thousand
- Gujarat3.37 thousand cases
- In 2019, 58.96 thousand AIDS related deaths in the country
- Andhra Pradesh – 11.43 thousand deaths

Key Populations affected in India

Hijras/Transgender people and HIV

- HIV prevalence among TG people in India was estimated to be 3.1% in 2017
- 68% of HIV positive TG people are aware of their status
- 2017, NACO reported around 45% of TG people and Hijras were receiving targeted interventions

Migrant Workers and HIV

- 7.2 million migrant workers in India, 0.2% are living with HIV
- In 2014, UNAIDS reported 75% of women testing positive have a husband who is a migrant labourer
- 2017, HIV prevalence among the wives of migrant workers in rural northern India was higher than among women in the general population at 0.59%

Truck Drivers and HIV

- NACO estimated that 0.2% of truck drivers were living with HIV in 2017 18
- NACO also categorizes truck drivers as a bridge population because they often have unprotected sex with highrisk groups
- That increases the risk of transmitting HIV into the general population
- 2015, 49% of truckers in central India reported paying for sex of whom 21.5% had a sexually transmitted infection
- HIV testing among truck drivers remains low, 21.74% in 2016

Epidemiological Features

Agent Factors

- Agent: The virus first identified was called “ lymphadenopathyassociated virus(LAV)
- Researchers in USA called it “ human Tcell lymphotropic virus III
- In May 1986, International Committee on the Taxonomy gave a new name “ Human Immunodeficiency Virus(HIV)
- Its a protein capsule containing two short strands of genetic material(RNA) and enzymes
- The virus replicates in actively dividing T4 lymphocytes
- The virus has unique quality to destroy human T4 helper cells, a subset of human TLymphocytes
- The virus is able to spread throughout the body
- It can pass through the bloodbrain barrier and can then destroy some brain cells

Agent Factors

Reservoir of infection

- These are cases and carriers.
- Once a person is infected, the virus remains in the body lifelong.
- The risk of developing AIDS increases with time
- HIV infection can take years to manifest itself, the symptomless carrier can infect other people for years.

Source of infection

- The virus has been found in greatest concentration in blood, semen and CSF
- Lower concentrations have been detected in tears, saliva, breast milk, urine and cervical and vaginal secretions
- HIV has also been isolated in brain tissue, lymph nodes, bone marrow cells and skin

Host Factors

AGE

- Most cases have occurred among sexually active persons aged 2049 years
- This group represents the most productive members of the society, and those responsible for childbearing and childrearing

SEX

- In North America, Europe and Australia, about 51% of cases are homosexual or bisexual men
- In Africa, the sex ratio is equal
- Certain sexual practices increases the risk of infection more than others
- Example: Multiple sexual partners, anal intercourse and male homosexuality
- Higher rate of HIV infection found in Prostitutes

High Risk Group

- Male homosexuals and bisexuals, heterosexual partners
- Prostitutes
- Intravenous drug abusers
- Transfusion recipients of blood and blood products
- Haemophiliacs and clients of STD

Immunology

- The immune system disorders associated with HIV infection/AIDS are considered to occur primarily from the gradual depletion in a specialized group of white blood cells (Lymphocytes) called T helper or T4 cells.
- These cells plays a key role in regulating the immune response
- HIV selectively infects Thelper cells
- Thelper cells are destroyed
- Consequently people with AIDS tend to have low overall white blood cell count
- Reduced the cellular immunity.
- Lymphocyte count below 500/cu.mm
- Those with antibodies to HIV , usually will have too few of HIV antibodies
- These antibodies are also ineffective against the virus

Mode of Transmission

Sexual Transmission

- Any vaginal, anal or oral sex can spread AIDS
- Unprotected intercourse with an HIV infected person exposes the uninfected partner to the risk of infection
- Anal intercourse carries a higher risk of transmission than vaginal intercourse
- Because its more likely to injure tissues of the receptive partner
- For vaginal sex the risk is greater when women is menstruating
- Exposed adolescent girls and women above 45 years of age are more prone to get HIV infection
- An STD in either the HIV negative or the HIV positive partner facilitates the transmission of HIV
- The risk of transmission is 810 times higher
- If an STD, in the genital or perineal region of the uninfected partner, it becomes far easier for HIV to pass into his or her tissues

Blood Contact

- AIDS is also transmitted by contaminated blood
- Contaminated blood is highly infective when introduced in large quantities directly into the blood stream
- The risk of contracting HIV infection from transfusion of a unit of infected blood is estimated to be over 95 %
- Contaminated needle, syringe or any other skin – piercing instrument is very much lower than with transfusion
- Needle sharing – in drug users
- Earpiercing, tattooing, acupuncture can transmit the virus, if the instrument previously used and not sterilized of an infected person

Maternal – foetal transmission

- HIV may pass from an infected mother to her foetus through the placenta, breast feeding or during the delivery
- The risk of infection is higher if the mother is newly infected, or already developed AIDS
- HIV infected infants and children progress rapidly to AIDS
- Transmission of HIV from mother to child can be prevented almost entirely by antiretroviral drug prophylaxis
- Elective caesarian section before onset of labour and rupture of membranes
- Refraining from breast feeding

Incubation Period

- The natural history of HIV infection is not yet fully known
- Current data suggest that the incubation period is uncertain
- The virus can lie silent in the body for many years

Diagnosis of AIDS

CLINICAL

WHO case definition for AIDS surveillance

- For the purpose of AIDS surveillance an adult or adolescent (>12 years of age) is considered to have AIDS
- If at least 2 of the following major signs are present in combination with at least 1 of the minor signs
- These signs are not known to be due to a condition unrelated to HIV infection

Children

- The case definition for AIDS is fulfilled if at least 2 major signs and 2 minor signs are present
- Major signs: Weight loss or abnormally slow growth
- Chronic diarrhea for more than 1 month
- Prolonged fever for more than 1 month
- Minor signs: Generalized lymph node enlargement
- Recurrent common infections e.g. ear infection
- Persistent cough
- Generalized rash

Expanded WHO case definition for AIDS surveillance

- >10% body weight loss or cachexia, with diarrhea or fever, or both, intermittent or constant, for at least 1 month, not known to be due to a condition unrelated to HIV infection
- Cryptococcal meningitis
- Pulmonary or extrapulmonary tuberculosis
- Clinically diagnosed life threatening or recurrent episodes of pneumonia, with or without aetiological confirmation
- Invasive cervical cancer

Laboratory Diagnosis

- Screening Tests : Screening tests must be sensitive enough to record all “ True positive”, specific enough to record few “false positive”
- At present two different tests are used
- Sensitive test is used to detect the HIVantibodies
- Second Confirmatory test is used to weed out any false positive results
- The first kind of test is normally the ELISA
- The confirmatory test usually Western Blot: Detecting specific antibody to viral core protein and envelop glycoprotein

Virus Isolation

- A test for the virus itself would eliminate the painful uncertainty of AIDS infection
- HIV can be recovered from cultured lymphocytes
- This type of testing is very expensive and requires extensive laboratory support
- The current trend in HIV –antibody tests is towards simple and cheap
- Reliable kits, results can be read on the spot without much waiting and without need laboratory backup
- HIV self testing kits are available in the market

Prevention

Education

- Until a vaccine or cure for AIDS is found, only means at present available is health education
- Make people lifesaving choices
- Avoiding indiscriminate sex
- Using condoms
- Avoid use of razors and toothbrushes
- Sharing of needles among drug users
- Women suffering from AIDS and at high risk of infection should avoid to becoming pregnant
- All mass media channels should be involved in educating the people on AIDS

Prevention

Combination HIV prevention

- Combination prevention Programmes use a mix of biomedical, behavioral, and structural interventions
- To meet the current HIV prevention needs of particular individuals and communities
- Impact on reducing new infections
- Male and female condoms
- Needle and syringe programme

Blood Borne HIV Transmission

- All blood should be screened for HIV 1& HIV 2 before transfusion
- Transmission of infection to haemophiliacs
- Strict sterilization practices should be ensured in hospitals and clinics
- Presterilized disposable syringes and needles should be used

Antiretroviral Treatment

- ART is one of the most important effective treatment therapy that used to prevent and reduce the viral load of HIV
- **Nucleoside reverse transcriptase inhibitors(NRTIs)**

Abacavir(ABC), Didanosine(ddl), Emtricitabine(FTC)

- **Nucleotide reverse transcriptase inhibitors(NtRTIs)**

Tenofovir(TDF)

- **Protease inhibitors(PIs)**

Atazanavir + ritonavir (ATV/r)

Darunavir + ritonavir (DRV)r)

Postexposure prophylaxis

- PEP for HIV consists of a comprehensive set of services to prevent infection developing in an exposed person
- First aid care, counselling and risk assessment
- HIV testing and counselling
- Depending on the risk assessment, the short term (28 days) provision of antiretroviral drugs, with support and followup

  Eligibility for post exposure prophylaxis

- Offered, and initiated as early as possible, to all individuals with exposure that has the potential for HIV transmission and ideally within 72 hours
- Assessment for eligibility should be based on the HIV status of the source , and include background prevalence and local epidemiological patterns

PEP Regimen

- Three drug PEP regiments are now the recommended regiments for all exposures owing to the safety and tolerability of new HIV drugs
- The preferred HIV 3 drug PEP regimen is raltegravir (Isentress) 400 mg PO twice daily plus Truvada(Tenofovir DF 300 mg/emtricitabine 200 mg) 1 PO once daily
- All women of childbearing potential should have to undergo pregnancy testing prior to initiation of PEP
- A non pregnant women of child bearing potential who is prescribed dolutegravir should be counselled to use an effective birth control method until she completes the PEP regimen

National AIDS Control Programme

- National AIDS Control Programme was launched in India in the year 1987
- The Ministry of Health and Family welfare has set up National AIDS Control Organization(NACO) as a separate wing
- To implement and closely monitor the various components of the programme
- The aim of the programme is to prevent further transmission of HIV
- To decrease morbidity and mortality associated with HIV infection
- Minimize the socioeconomic impact from HIV infection
- 1986 first case reported

Sexually Transmitted Diseases

Sexually Transmitted Disease

- Sexually transmitted diseases are a group of communicable disease
- Transmitted predominantly by sexual contact
- Wide range of bacterial viral
- Protozoal
- Fungal agents
- Ectoparasites

STD

- STD s are diseases and infections
- Spread from person to person
- Sexual intercourse
- Oral genital contact or in nonsexual ways
- IV drug
- Congenitally transmitted

Viral

- AIDS
- Genital herpes simplex
- Genital warts

Bacterial

- Syphilis
- Gonorrhea
- Nongonorrheal urethritis
- Chancroid
- Non specific vaginitis
- Granuloma inguinable

Parasitic

- Trichomonus vaginitis and urethritis
- Scabies
- Pediculosis pubis

Fungal

- Vaginal thrush
- Valvovaginitis
- Balanitis

Syphilis

- A bacterial infection usually spread by sexual contact that starts as a painless sore
- Syphilis develops in stages and symptoms vary with each stage
- The first stage involves a painless sore on the genitals rectum, mouth
- The second is characterized by rash
- The final stage can result in damage to the brain, nerves ,eyes or heart

Transmission

- Contact with open lesion

  Sexual contact, contact with baby having congenital syphilis , contact with contaminated articles

- Congenital infection

  Transplacental from the 4th month till delivery

- Inoculation infection

  Contaminated blood and body fluids

Diagnosis

- History & clinical picture
- Lab investigations

  Demonstration of organism in exudates of lesions by dark field microscopy exam.
- Serological testing

  Wassermann Reaction

  Venereal Disease Research Laboratory

Prevention

- Avoidance of sexual promiscuity
- Health education
- Religious and social guidance
- Convenient family life and supervision
- Suitable places for leisure time and development of hobbies and talents
- Chemoprophylaxis ; one dose of 2.4 million units of long acting penicillin I.M. soon after exposure
- Early case findings

Treatment

- Antibiotic medication
- Peniciln G (Preferred in all stages)

Chancroid

- Sexually transmitted disease bacterial infection
- Characterized by painful sores on the genitals
- Common locations for Chancroid sores in men are the shaft or head of the penis
- Foreskin
- Scortum
- For women outer and inner lips, area around the anal opening, and the inner thighs

Transmission

- Sexual contact
- Contact with infected patients
- Skin to Skin with open sores

Symptoms

- Painful open sores on the genital parts
- Swollen and tender lymph nodes
- In women, painful urination or defecation
- Painful intercourse
- Rectal bleeding
- Vaginal discharge

Symptoms

- Change of ulcer size
- Ulcer center becomes softer and turns grey or yellow
- Ulcer bleeds when touching
- Pain while having sex

Treatment

- The first stage of Chancroid can be easily treated by medication
- Antibiotics – Zithromax 1.0 gm or Cipro 500 mg
- Antibiotics are used to terminate bacteria
- Antimicrobial treatment for Chancroid cures the infection

Prevention

- Experience of Chancroid outbreak control in nonendemic areas
- important insight into modalities of eliminating this infection and preventing its reappearance.
- Some interventions that have proved successful are targeted prevention and treatment efforts for commercial sex workers, peer interventions in order to preserve high level of preventive behavior, as well as adequate syndromic management of ulcers.

Prevention

- Using protection during sexual contact
- Regular check the genital region for signs of abnormal bumps, sores, or swollen lymph nodes

Exploitation and Atrocities on Tribes

1. **Forms of Exploitation:**
    1. **Economic Exploitation:** Tribes are often underpaid for labor and deprived of fair wages in industries like agriculture, mining, and forestry.
    2. **Land Alienation:** Tribal lands are acquired for industrial projects, dams, and plantations, leading to displacement without adequate compensation.
    3. **Debt Bondage:** Exploitative moneylenders trap tribal families in cycles of debt, forcing them into bonded labor.
    4. **Resource Exploitation:** Unsustainable extraction of forest and mineral resources threatens their livelihoods.
2. **Social and Cultural Atrocities:**
    1. **Discrimination:** Tribes face systemic marginalization and are often treated as inferior by dominant social groups.
    2. **Human Rights Violations:** Cases of sexual abuse, forced conversions, and denial of basic rights are reported.
    3. **Violence:** Tribal protests against displacement or exploitation often lead to brutal suppression.

Impact of Atrocities:

1. **Impact of Atrocities:**
    1. Loss of **cultural identity** and traditional knowledge.
    2. Increased **poverty** and economic insecurity.
    3. **Psychological impact** due to trauma and displacement.
2. **Government and Legal Measures:**
    1. **Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989:** Provides protection against atrocities.
    2. **Forest Rights Act, 2006:** Recognizes the rights of tribes over forest lands.
    3. **Compensation Schemes:** Aim to rehabilitate and compensate displaced families.

Immigration and Its Related Problems

- Immigration and Its Related Problems
- Types of Immigration Affecting Tribal Areas:
  - InMigration: Nontribal populations move into tribal regions for economic opportunities.
  - OutMigration: Tribes migrate to urban areas seeking better livelihoods, often ending up in informal sectors.
- Problems Caused by InMigration:
  - Cultural Displacement: Nontribal immigrants often dominate tribal customs and practices.
  - Resource Competition: Overuse of natural resources leads to conflicts.
  - Loss of Land Rights: Tribes lose ownership of their ancestral lands due to illegal encroachments.
- Problems Faced by OutMigrant Tribes:
  - Exploitation in Urban Areas: Tribals face low wages, poor living conditions, and lack of social security.
  - Loss of Identity: Migration leads to the erosion of cultural values and traditions.
  - Vulnerability: Migrants lack access to healthcare, education, and legal support in cities.

Immigration and Its Related Problems

1. **Impact on Tribal Communities:**
    1. Degradation of traditional **ecological knowledge**.
    2. Breakdown of **community structures** and kinship networks.
    3. Widening **socioeconomic gap** between tribal and nontribal populations.
2. **Possible Solutions:**
    1. **Stronger Land Rights:** Enforce laws to protect tribal lands from encroachment.
    2. **Skill Development:** Equip tribes with skills for sustainable livelihoods locally.
    3. **Urban Support Programs:** Provide housing, healthcare, and education for tribal migrants.
    4. **Cultural Preservation:** Promote tribal heritage and protect their traditions from dilution.

Key Infrastructure Challenges

- **Key Infrastructure Challenges:**
- **Transportation:**
  - Poor road connectivity in remote tribal areas hinders access to markets, education, and healthcare.
  - Lack of public transportation isolates tribes from mainstream development.
- **Electricity:**
  - Limited or no access to electricity in many tribal villages.
  - Dependence on traditional energy sources like firewood.
- **Water Supply:**
  - Inadequate access to clean drinking water.
  - Dependency on rivers, streams, or unsafe water sources leads to waterborne diseases.
- **Sanitation:**
  - Absence of proper sanitation facilities increases health risks.
  - Open defecation is prevalent due to lack of toilets.

Healthcare Deficiencies

- **Healthcare Deficiencies:**
- **Limited Health Centers:**
  - Few primary health centers (PHCs) and lack of specialist doctors.
  - High maternal and infant mortality rates due to inadequate medical care.
- **Traditional Practices:**
  - Dependence on traditional healers due to lack of access to modern healthcare.
- **Vaccination Gaps:**
  - Low vaccination coverage among tribal children.

Educational Gaps:

- **Educational Gaps:**
- **Lack of Schools:**
  - Few schools in remote tribal areas; long distances deter attendance.
  - Poor infrastructure in existing schools (e.g., lack of classrooms, teaching materials).
- **Teacher Shortage:**
  - Insufficient trained teachers, especially those familiar with tribal languages and culture.
- **Dropout Rates:**
  - High dropout rates due to economic pressures and cultural barriers.
- **Housing Issues:**
- **Dilapidated Housing:**
  - Many tribal families live in poorly built houses with no proper roofing or flooring.
  - Vulnerability to natural disasters like floods and landslides.
- **Overcrowding:**
  - Large families often live in singleroom houses.

Communication and Technology:

- **Communication and Technology:**
- **Digital Divide:**
    - Limited access to mobile networks and internet services.
    - Lack of digital literacy restricts opportunities for education and employment.
- **Impact of Lack of Infrastructure:**
- Hinders **economic development** and access to livelihood opportunities.
- Worsens **health outcomes** and perpetuates poverty.
- Limits **educational attainment** and career aspirations.
- Increases **social exclusion** and marginalization.
- **Government Initiatives:**
- **Pradhan Mantri Gram Sadak Yojana (PMGSY):** Focuses on rural road connectivity.
- **Deen Dayal Upadhyaya Gram Jyoti Yojana (DDUGJY):** Provides electricity to rural areas.
- **Jal Jeevan Mission:** Ensures access to piped drinking water.
- **Samagra Shiksha Abhiyan:** Improves school infrastructure and accessibility.

Tribal Resettlement and Rehabilitation

- **Tribal Resettlement and Rehabilitation: Overview and Related Problems**
- **What is Tribal Resettlement and Rehabilitation?**
- Tribal resettlement and rehabilitation (R&R) refer to the process of relocating tribal communities displaced due to development projects such as dams, mining, industrial setups, and urban expansion. It aims to provide them with land, housing, and livelihood opportunities in new locations.

Reasons for Tribal Resettlement

- **Reasons for Tribal Resettlement**

1. **Infrastructure Projects:** Construction of dams, highways, and railways.
2. **Industrial Expansion:** Mining and establishment of factories.
3. **Urbanization:** Expanding cities encroach on tribal lands.
4. **Conservation Efforts:** Creation of wildlife sanctuaries and national parks.

Problems Faced in Tribal Resettlement and Rehabilitation

- **Problems Faced in Tribal Resettlement and Rehabilitation**
- **1. Loss of Livelihood:**
- **Dependency on Land:** Tribals lose access to fertile land, forests, and natural resources, which are their primary sources of livelihood.
- **Unskilled Labor:** Lack of skills for alternative employment in urban or semiurban areas.
- **2. Cultural and Social Displacement:**
- **Loss of Identity:** Separation from ancestral lands disrupts their cultural and spiritual connection.
- **Breakdown of Community Structures:** Forced relocation often separates extended family networks and social groups.
- **3. Inadequate Compensation:**
- **Delayed Payments:** Compensation for land and property is often delayed.
- **Monetary Inadequacy:** The amount paid rarely matches the market value of the land.
- **4. Poor Implementation of Policies:**
- **Lack of Stakeholder Participation:** Tribes are rarely consulted during planning.
- **Corruption:** Resources meant for R&R are diverted or misused.

- **Substandard Living Conditions:**
- **Inadequate Housing:** Relocated settlements often lack proper housing and basic amenities.
- **Health Hazards:** Poor sanitation and lack of clean drinking water lead to diseases.
- **6. Psychological Impact:**
- **Trauma of Displacement:** The process of relocation causes emotional distress and a sense of loss.
- **Resistance and Conflict:** Forced displacement often leads to protests and violent confrontations.

Impact on Tribal Communities

- **Impact on Tribal Communities**

1. **Economic Impoverishment:** Longterm financial instability due to loss of sustainable livelihoods.
2. **Social Marginalization:** Tribes face discrimination in new areas, leading to exclusion.
3. **Erosion of Traditional Knowledge:** Relocation disrupts the transmission of indigenous practices and skills.
4. **Increased Vulnerability:** Displacement exacerbates poverty and dependency on government support.

- **Government Policies and Initiatives**

1. **The Right to Fair Compensation and Transparency in Land Acquisition, Rehabilitation, and Resettlement Act (2013):**
    1. Ensures fair compensation and rehabilitation measures.
2. **National Rehabilitation and Resettlement Policy (2007):**
    1. Focuses on minimizing displacement and providing comprehensive R&R benefits.
3. **Forest Rights Act (2006):**
    1. Protects tribal rights over forest lands traditionally used by them.
4. **World Bank Guidelines:**
    1. Emphasize inclusive and participatory R&R programs for displaced communities.

Introduction to Tribal Movements

- • Tribal movements are collective actions taken by indigenous communities to address grievances.
- • They aim to protect tribal rights, lands, and cultural identity.
- • Tribal revolts and unrest have played a significant role in India's sociopolitical landscape.

Causes of Tribal Movements

- • Land Alienation: Displacement due to industrial projects and land encroachment.
- • Exploitation: Economic, social, and cultural marginalization of tribes.
- • Resource Deprivation: Loss of access to forests and natural resources.
- • Cultural Suppression: Forced assimilation into nontribal practices and religions.

Major Tribal Movements in India

- • Santhal Rebellion (185556): Protest against exploitation by zamindars and British officials.
- • Munda Rebellion (18991900): Led by Birsa Munda against land alienation and exploitation.
- • Gond Revolts: Armed resistance against colonial policies in central India.
- • Naxalite Movement: Modern insurgency involving tribal regions.

Tribal Revolts and Resistance

- • Revolts often targeted colonial powers, feudal lords, and exploitative policies.
- • Examples:
- Bhil Revolt (18181831): Protest against British land revenue policies.
- Khasi and Garo Rebellions (18291833): Resistance to British annexation.
- • These revolts were marked by fierce resistance and cultural assertion.

Tribal Unrest in Contemporary Times

- • Reasons for Unrest:
- Displacement due to dams, mining, and infrastructure projects.
- Inadequate rehabilitation and compensation.
- Marginalization in political and economic systems.
- • Current Movements:
- Protests against forest conservation laws restricting tribal rights.
- Movements for recognition under Scheduled Tribes status.

Government Responses and Challenges

- • Initiatives:
- Forest Rights Act (2006): Recognizes tribal rights over forest land.
- PESA Act (1996): Empowers Gram Sabhas in Scheduled Areas.
- • Challenges:
- Inefficient implementation of welfare schemes.
- Balancing development with tribal rights and environmental concerns.

Conclusion

- • Tribal movements highlight the struggle for justice, identity, and survival.
- • They underscore the need for inclusive development and respect for indigenous rights.
- • Addressing tribal grievances is essential for achieving social harmony and equity.