

Indigenous Peoples



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India's Adivasis

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India is widely considered a success story in terms of growth and poverty reduction. In just over two decades, national poverty rates have fallen by more than 20 percentage points, from 45.6 percent in 1983 to 27.5 percent in 2004–05. However it is widely acknowledged that growth has not touched everyone equitably and that many groups are left behind amid improving living standards. Among them are tribal groups identified by the Constitution as Scheduled Tribes, though their self-preferred term is *Adivasi* (literally “original inhabitants”). Comprising about 8 percent of India’s population, they account for a fourth of the population living in the poorest wealth decile. Their poverty rates are closer to where the general population was 20 years ago (figure 1). While they have seen considerable progress—poverty among tribal groups declined by more than a third over 1983–2005—yet nearly half the country’s Scheduled Tribe population remains in poverty, an indication of their low starting point.

Education indicators tell a similar story, with improvements but large and persistent differences. Scheduled Tribe children lag far behind when it comes to educational attainment above the primary level. Tribal women fare the worst: even among younger age cohorts (ages 15–21 in 2005), they attain an average of just four years of education, three years less than nontribal women. Similarly, although maternal health indicators have improved rapidly—faster than for most groups—experts argue that they

started at such a low base that there is much more ground to make up.

The starkest marker of tribal deprivation is child mortality. Under-five mortality rates among tribal children in rural areas remain startlingly high (at about 100 deaths per 1,000 live births in 2005 compared with 82 among all children). Age decomposition of mortality rates suggests that rural Scheduled Tribe children start on par with other groups but are more likely to die by age 5 (figure 2). Several explanations are offered for this. First, Scheduled Tribe children are less likely to receive qualified medical assistance as they grow up (for instance, only 56 percent of Scheduled Tribe children were taken to a health facility for treatment of fever and cough in 2005 compared with 67 percent of non-Scheduled Tribe children). Poverty undoubtedly can play a role in the decision to get treated. But more significant are supply-side problems particularly the tribal groups’ poor access to health facilities. In most states in India, Scheduled Tribes are physically isolated, concentrated in remote regions and districts and in hilly and forested areas with poorly staffed health centers. Limited coverage of all-weather roads makes transportation in emergencies virtually impossible, even if health centers were attended by medical personnel. There is also a deep-rooted cultural chasm and mistrust between the largely nontribal health providers and tribal residents.

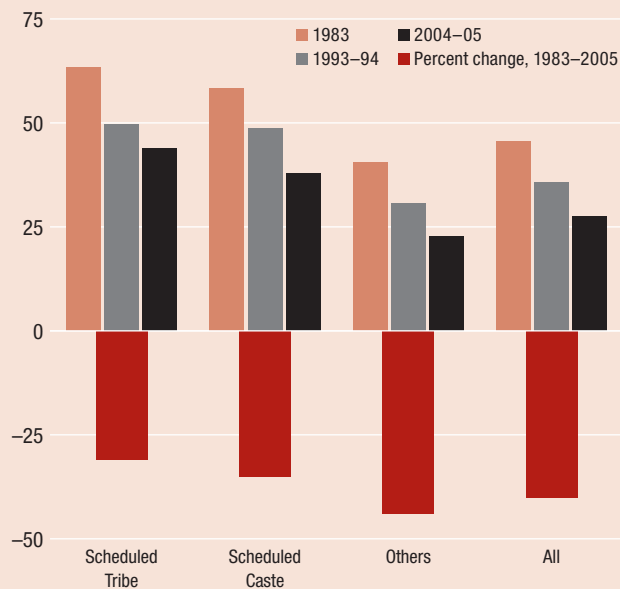
Unlike other excluded groups in India, such as Scheduled Castes, tribal groups do not face any ritually endorsed exclusion—say, in the

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FIGURE 1

Trends in poverty incidence (headcount index)

Percent of population below the poverty line, 1983–2005



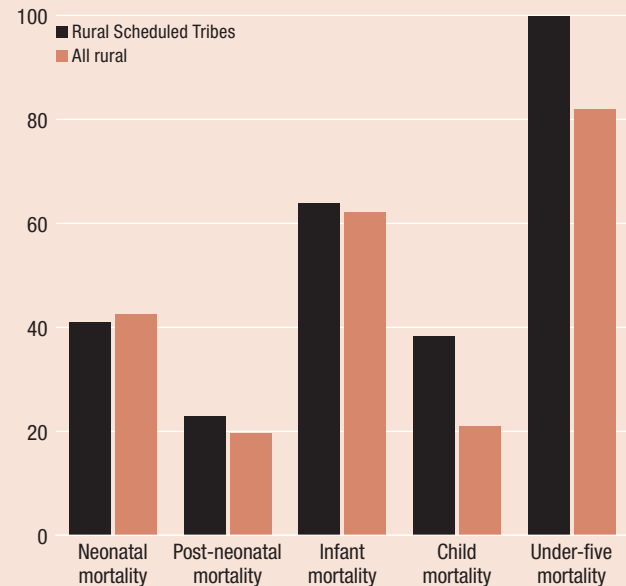
Note: Headcount indexes are in average normalized form.

Source: Das and others in Hall and Patrinos (forthcoming). Estimates based on Consumption Expenditure Surveys of respective National Sample Survey rounds and official poverty lines.

FIGURE 2

Infant mortality rates are similar across the rural population, but by age 5, Scheduled Tribe children are at much greater risk of dying

Deaths per 1,000 live births, 2005–06



Source: National Family Health Survey 2005–06.

form of untouchability. Instead they lag behind in the development process because of their physical location, practicing mostly subsistence hill cultivation and collecting minor forest produce. However, the Scheduled Tribes in India have been losing access to their traditional lands, forcing them to migrate to cities or nearby areas to work as construction workers or as agricultural laborers. The government's 10th Five-Year Plan noted that between 1951 and 1990, 21.3 million people were displaced; 40 percent of them—or 8.5 million—were tribal people.

Finally, physical remoteness and smaller numbers have gone together with political isolation and low voice in decisionmaking for the Scheduled Tribes. Restricted to remote villages, tribal groups can influence election results in only a few districts in the country. And the political leadership that represents Scheduled Tribes

for the most part comes from non-Scheduled Tribe elites, making their concerns marginal in the national context. While the Indian government's response to vulnerability among Scheduled Tribes has been proactive and has included a mix of constitutional and budgetary instruments, implementation has been patchy.

Poverty maps of India show deep pockets of poverty in states with tribal concentrations. Worryingly enough, these are also pockets where tribal insurgent movements have gathered force. There is an increasing recognition among policymakers that extremism is not merely a law and order problem. Instead the foundational causes of violence lie in the marginalization—spatial, economic and political—that tribal groups have experienced over years altogether. Addressing the development needs of tribal groups will be central to attaining India's goal of shared growth.