



Tribal Development in Maharashtra: Issues and Challenges

Dr. Vijay Gade

Dr. D. Y. Patil Arts, Commerce & Science College, Akurdi, Pune, Maharashtra 411044.

Corresponding Author – Dr. Vijay Gade

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Abstract:

India has traversed a long journey since independence; however, deep-rooted social inequalities related to caste, gender, minorities, and tribal communities continue to persist. Despite the implementation of numerous tribal development plans over the last seven decades, supported by substantial financial investments, the overall socio-economic and health conditions of tribal communities have shown limited improvement. This raises critical questions regarding the effectiveness of governmental policies and non-governmental interventions in addressing ground-level realities. Tribal development challenges in India are primarily associated with poverty, land alienation, displacement, health deprivation, and limited access to basic services. According to Census 2011, Scheduled Tribes constitute 8.6% of India's total population and are predominantly concentrated in forest-rich and mineral-abundant regions. Ironically, development projects related to mining, industrialization, and natural resource extraction have disproportionately displaced tribal populations, adversely affecting their livelihoods and health.

This paper focuses on the health issues of tribal communities in Maharashtra, particularly in the context of development projects, natural resource management, and mining activities. Using secondary data sources, the study explores the impact of displacement, socio-economic marginalization, and inadequate healthcare infrastructure on tribal health outcomes. The paper also highlights gaps in policy implementation and suggests the need for inclusive, context-specific, and community-centred approaches to improve tribal health and overall development.

Keywords: Tribal Development, Health Issues, Mining, Natural Resources, Government Policies

Introduction:

The concepts of *tribe* and *tribal development* have gained renewed importance in the context of social change and development discourse. Almost every thirteenth Indian belongs to a tribal community, highlighting the demographic significance of Scheduled Tribes in the country. Major tribes in India include the Bhils, Gonds, Santhals, Mundas, Khonds, Minas, and others. Most tribal populations are concentrated in forested and resource-rich regions that are often geographically inaccessible and economically marginalized.

In Maharashtra, tribal populations are significantly present in districts such as Dhule,

Nandurbar, Palghar, Thane, Raigad, Chandrapur, Gondia, and surrounding regions. Tribes such as Bhil, Gond, Katkari, Kolam, Mahadev Koli, and Warli form an integral part of the state's social fabric. Historically, tribal economies were based on subsistence agriculture, hunting, gathering, and forest-based livelihoods. However, government forest policies, mining activities, and large development projects have profoundly altered tribal life, often resulting in displacement and loss of traditional livelihoods.

Concept and Definition of Tribal Communities:

Tribal communities in India cannot be treated as a homogeneous group. They belong to diverse ethno-linguistic backgrounds, practice different belief systems, and exist at varying levels of economic, educational, and cultural development.

A tribal community may be defined as: “*An endogamous group with a distinct ethnic identity, traditional cultural practices, a unique language or dialect, economic backwardness, geographical isolation, and a largely self-contained socio-economic system governed by customary norms.*”

Essential Characteristics:

- Primitive traits
- Geographical isolation
- Distinct culture and traditions
- Limited interaction with the wider society
- Economic backwardness

Classification of Tribal Communities:

Tribal communities in India can be broadly classified as follows:

- **Food gatherers and hunters:** *Jarawa and Andamanese (Andaman Islands), Chenchus (Hyderabad), Kadars (Kerala)*
- **Shifting cultivators (Jhum):** *Nagas (Assam), Khasis (Meghalaya), Saora (Odisha)*
- **Settled agriculturists:** *Mundas*
- **Artisans:** *Kota (Nilgiri Hills)*
- **Pastoralists and cattle herders:** *Todas (Nilgiris), Gaddi and Bakerwal (Himachal Pradesh)*
- **Folk artists:** *Pradhans (Madhya Pradesh)*
- **Wage labourers:** *Santhals (Bihar)*
- **Acculturated groups:** *Minas*

Constitutional Safeguards and Tribal Welfare:

India has enacted several constitutional and legal safeguards to protect tribal interests. Reservation of seats for Scheduled Tribes in the Lok Sabha and State Assemblies aims to ensure political representation. The **National Commission for Scheduled Tribes (NCST)** was established in 2003 to monitor safeguards and address grievances. Despite these provisions, tribal communities remain among the least educationally and socio-economically developed groups in India.

This paper specifically focuses on **tribal health**, a crucial yet often neglected dimension of tribal development.

Methodology:

The study is **exploratory and descriptive** in nature. It relies exclusively on **secondary data** collected from books, research articles, journals, government reports, census documents, and policy publications. The methodology aims to understand the distribution of tribal populations in Maharashtra and examine how development projects, mining activities, and natural resource management practices impact tribal health.

Health Indicators:

Health status is a multidimensional concept reflecting the quality of life, productivity, and well-being of a population.

Outcome Indicators:

- Mortality measures (life expectancy, crude death rate, infant and child mortality)
- Morbidity indicators (disease prevalence and disability)
- Nutritional indicators (BMI, height-for-age, weight-for-height, dietary intake)

Tribal Health and Quality of Life:

The World Health Organization defines health as a state of complete physical, mental, social, and spiritual well-being. Traditionally, tribal communities followed a balanced lifestyle closely linked to nature, seasonal cycles, and forest-based diets. Their understanding of health was functional rather than biomedical, with illness often attributed to spiritual causes and treated through herbal remedies.

However, rapid urbanization, industrialization, and globalization have disrupted traditional systems, increasing economic stress, psychological distress, and health vulnerabilities among tribal populations.

Current Health Issues among Tribals:**Key Problems:**

- High decadal population growth
- Early marriage (up to 60% of girls married below 18 years)
- Poor maternal healthcare:
 - 43% receive no antenatal care
 - 38% do not receive tetanus injections
 - Only 51% receive iron and folic acid supplements
- 81% of tribal women deliver at home
- Low immunization coverage (only 26% children fully immunized)
- High unmet need for family planning (15.4%)

Major Health Challenges:

- Communicable and non-communicable diseases, including mental illness
- Malnutrition
- Snake bites, animal attacks, and violent conflicts
- Poor housing, sanitation, and education
- Difficult terrain and geographical isolation
- Inadequate healthcare infrastructure and manpower
- Poor utilization and misallocation of health funds

Conclusion:

Tribal development in Maharashtra continues to face serious challenges despite decades of policy interventions. Health deprivation remains a critical concern, exacerbated by displacement, land alienation, poverty, and weak healthcare systems. Development projects and mining activities, while contributing to economic growth, have often undermined tribal livelihoods and well-being. There is an urgent need for inclusive development strategies that respect tribal culture, ensure effective utilization of funds, strengthen healthcare delivery, and actively involve tribal communities in decision-making. Sustainable tribal development can only be achieved by aligning policy implementation with ground realities and prioritizing health as a central pillar of human development.

References:

1. Ameri, M. (2019). Tribal health and development in India: Emerging challenges. *Journal of Social and Economic Development*, 21(2), 215–230.
2. Census of India. (2011). *Primary Census Abstract for Scheduled Tribes*. Office of the Registrar General & Census Commissioner, Government of India.
3. Duraisamy, P. (2011). *Health status of Indian population: Issues and challenges*. Oxford University Press.
4. Government of India. (2021). *National Tribal Health Action Plan*. Ministry of Health and Family Welfare.
5. Government of Maharashtra. (2020). *Tribal Sub-Plan and Health Development Report*. Tribal Development Department, Government of Maharashtra.
6. Ministry of Tribal Affairs. (2014). *Report of the High-Level Committee on Socio-Economic, Health and Educational Status of*

- Tribal Communities of India*. Government of India.
7. National Commission for Scheduled Tribes. (2022). *Annual Report*. Government of India.
 8. Patel, V., Parikh, R., Nandraj, S., et al. (2015). Assuring health coverage for all in India. *The Lancet*, 386(10011), 2422–2435.
 9. Rao, M., & Kumar, A. S. (2018). Health of tribal populations in India: Problems and perspectives. *Indian Journal of Medical Research*, 147(3), 232–240.
 10. Singh, K. S. (Ed.). (2004). *People of India: Maharashtra*. Anthropological Survey of India.
 11. Verma, R. C. (2002). *Indian tribes through the ages*. Publications Division, Government of India.
 12. World Health Organization. (2014). *Health of indigenous peoples*. WHO Press.
 13. Xaxa, V. (2019). *Tribes and social exclusion in India*. Oxford University Press.