Unequal destinies

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AMONG India's most dispossessed children are those born into tribal homes. Often raised close to nature in increasingly threatened and rapidly depleting forest habitats, they are more likely than most other children in India to be hungry and malnourished, to not receive health care when they are sick, to not enter or remain in school, and to die too early as compared to other children, including even highly disadvantaged children who are born to other historically oppressed groups such as dalit children.

In the year 2000, a distressing 47% children overall were underweight in India, almost one in two children. But the story was far more troubling for India's subaltern social groups: the corresponding figures for the proportion of underweight children among Scheduled Castes (SCs) was 54, and for Scheduled Tribes (STs) an even higher 56%. According to Thorat et. al., this means that 27% more ST children were underweight compared to non-ST children.[1] 53% ST children were stunted, 29% severely, compared with 48 and 24% respectively for all children.[2]

Not only is an unconscionable proportion of tribal children grossly malnourished, but their condition is improving at a very tardy pace compared to the rest of the child population. During the 1990s, the nutritional status of non-SC and ST children improved annually at 2.36% compared to just 1.02% for SC and only 0.24% for ST

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1. S.K. Thorat, et. al., Human Poverty and Socially Disadvantaged Group in India. Discussion Paper Series 18, Human Development Resource Centre, United Nations Development Programme, India, 2007.

2. The World Bank, 'The Survival Disadvantage: Mortality among Adivasi Children' in *Poverty and Social Exclusion in India*. The World Bank, Washington, 2012.

children. This means that even as other children in India are slowly (indeed far too slowly) becoming more healthy and well-nourished, tribal children are being left further and further behind in this land.

Such high levels of malnutrition are associated closely with a much higher probability of illness and death as compared to other children. 96 tribal children under the age of 5 years die among every 1000 live births, compared to 74 children of all population segments. Rural tribal children form 12% of all rural children between the ages 1 to 4 years, but contribute 23% of deaths in this group.[3]

After they cross their first birthday, tribal children are twice as likely to die than non-tribal children.[4] What is striking is that at birth until their first year, tribal children have almost the same survival chances as non-tribal children. The early parity in survival chances between tribal and non-tribal children is probably the result of healthy breastfeeding, weaning and feeding practices prevalent in most tribal communities.[5] But these initial advantages rapidly slip down a steep slope because of the intense poverty of tribal households, low food intake and very poor access to health care in case young tribal children fall ill.

This pervasive malnutrition of tribal children is embedded in the ubiquitous and stubborn poverty of tribal communities. In 1983, it was estimated using the National Sample Survey Office (NSSO) data that 46% of all Indians were poor, but the numbers of STs who were poor were much higher, at 63%. (These estimates are based on minimalist definitions of poverty, closer to a starvation line than a poverty line, but nevertheless are still useful for comparative purposes across groups and time). By 2005, whereas poverty by these estimates fell by 40% for the overall population, it fell only by 31% for STs, according to the World Bank report cited earlier. This slower decline of poverty among STs resulted in an even greater concentration of tribal people in the lowest income deciles. Although they constitute only 8% of the population, their share in the lowest wealth decile rose from 22 to 25% in these two decades.

Given this dense and persisting concentration of poverty among tribal populations, it should not be surprising that studies confirm widespread hunger among these communities. A 2009 study by the National Nutrition Monitoring Board (NNMB) of 40,359 tribal households in 1032 villages of nine states found that their mean intake of most foodstuffs was considerably below the Recommended Daily Intake (RDI, which is the daily intake level of a nutrient that is considered to be sufficient to meet the requirements of healthy individuals).[6]

The study confirms that routine hunger is part of the lived reality of the majority of tribal children. More than 70% of the preschool and school age children were in the NNMB study found to consume less than adequate levels of both protein and calories. For children between 1 and 3 years – the most critical years for a child's nutritional foundations – the average intake of cereals and millets was 149 grams per day, against the suggested level of 175 grams. The average consumption of pulses and legumes (16 grams) was even lower, less than half the suggested level of 35 grams per day. The average consumption of fats and oils too was very low, at 4 grams, against the suggested level of 15 grams per day. The intake of sugar and jaggery was 6 grams as against suggested level of 30 grams per day. Even though the consumption of protective foods, such as green leafy vegetables, milk and milk products, fruits, sugar and jaggery increased marginally, their consumption levels were grossly deficient compared to recommended levels. Even more gravely, among pregnant and lactating women the median intake of all the nutrients was below the RDI.[7]

It is evident that the nutritional deprivations of tribal children is substantially rooted in the high levels of poverty and absolute hunger of the households into which they are born. But their nutrition is further imperilled by the very rudimentary – and often completely absent – public health services in areas in which tribal populations reside. According to Das, Kapoor and Nikitin in their essay, 'The Survival Disadvantage: Mortality among Adivasi Children', in the World Bank Report, Poverty and Social Exclusion in India, 41% tribal children who fall prey to fever and coughs receive no treatment, compared to 27% SC children, 28% Other Backward Classes (OBC) children and 25% children of other castes. This means that even the inadequate quantity and quality of food which tribal children get to eat is often not absorbed by their frail bodies because of untreated aliments. It is not just tribal children but the mothers too who are much less likely to receive health care; for instance, the National Family Health

3. Ibid., p. 48.

4. Ibid., p. 53.

5. Maharatna, (1998, 2000) cited in, 'The Survival Disadvantage: Mortality among Adivasi Children' in *Poverty and Social Exclusion in India*. The World Bank, Washington, 2012, p. 52.

6. Indian Council of Medical Research, National Institute of Nutrition. National Nutrition Monitoring Bureau: Diet and Nutritional Status of Tribal Population and Prevalence of Hypertension among Adults. Report on Second Repeat Survey (NNMB technical Report no. 25), Hyderabad, 2009.

7. Ibid.

Survery – 3 (NFHS-3) reported that only 40% tribal women receive three or more ante-natal care visits, as compared to 63% for non-SC ST and OBC women. This too has adverse implications for the health, and ultimately the nutrition, of their children.

Even this sombre story of tribal child hunger, malnutrition and health neglect hides the enormity of distress and want endured by children in several million tribal households in many parts of the country, because of enormous heterogeneity between and within the tribal population in India. The NNMB study referred to earlier points to great variations in food intake of tribal populations between states, with tribal communities in Kerala reflecting some of the lowest food intakes. Not surprisingly, tribal populations in Kerala have been in the news because of malnutrition deaths, which is all the more surprising in a state otherwise noted for its high human development indicators.

The Government of India notified 73 tribes as 'primitive tribal groups', based on extreme vulnerability: most of these were hunter-gatherers and practiced shifting rather than settled agriculture. The official terminology has been amended to the more politically correct 'particularly vulnerable tribal groups', but their condition continues to be even more fragile than that of tribes that are engaged in settled agriculture. It is among the particularly vulnerable tribal groups that I have witnessed the highest levels of starvation deaths among children during nearly a decade of work as Special Commissioner of India's Supreme Court,[8] related to the right to food. Children in these groups fall prey and often succumb to routine ailments such as measles and diarrhoea, because their frail bodies are unable to battle the onslaughts which other better nourished children are able to handle in their stride.

This barely changing grim destiny of tribal children – of persisting hunger, gaunt bodies, easy prey to illness and more early death – are not just the outcome of enormous state neglect. These are the cumulative wages of something much more culpable: their condition results from the active pauperization and dispossession of tribal communities by state policy itself, and by the state's dominant models of governance and development. This systemic and systematic deprivation and oppression began in early colonial times, but persisted seamlessly in the policies and institutions introduced by the Indian republic after independence, despite the relative sensitivity of India's first prime minister, Jawaharlal Nehru to tribal 'welfare'.

Early tracts by anthropologists and colonial administrators describe these isolated communities, mostly living in remote hills and forested regions, as distinct, relatively homogenous and self-contained social and cultural entities. These studies were mostly preoccupied with their culture and social arrangements, and dwelt less on their material conditions – of poverty, illness and hunger. However, as tribal expert Virginius Xaxa observes, although their housing and clothing were very elementary and their survival basically at subsistence levels, desperate poverty in the form of hunger deaths was generally absent, except for periodic episodes of famines and epidemics. Apart from these calamitous mass deaths from time to time, Xaxa points to evidence that food and survival were not a problem in tribal society and there was general increase in the population. In fact, the proportion of tribal population rose significantly from 2.26 to 3.26% during 1881-1941, whereas the Hindu population steadily declined from 75.1% to 69.5% during this period.[9]

Despite their isolation and subsistence existence, tribal communities probably benefited from their free access to a wide variety of forest produce – plants, tubers and animals – and their healthy young child rearing practices. That may be why individual hunger and malnutrition of the kind visible in tribal communities today was rare. Over many years, when I sat among remote tribal communities, old men and women often recalled that when they were children people were much sturdier. 'We would run up and down hill slopes without losing our breath. We would stand on one hilltop and call out, and our voice would ring to the next hill and the next. Today we are a weak shadows of our past.'

The greatest blow to their survival, and communal dignity, was the colonial policy of introducing state control over forests, thereby depriving them of their traditional sources of nutrition and livelihood. As Amita Baviskar described in an essay in the World Bank report mentioned earlier, from community owners of the forest, they became encroachers, tenants and poachers. This policy remained unchanged even after independence: of all the government departments in independent India, the forest department most retains its colonial culture. No wonder Verrier Elwin famously recounted that paradise for a tribal person is miles and miles of forests with no forest guard. The forests became major sources of state revenues, and tribal people found themselves increasingly debarred from hunting and gathering in the forests, and from their traditional systems

8. PUCL vs Union of India and others. Writ Petition (C) no. 196 of 2001.

9. V. Xaxa, The Status of Tribal Children in India: A Historical Perspective. UNICEF Working Paper Series). New Delhi, 2011, p 17.

of shifting cultivation. Soon forests themselves dwindled. As they could not gather, hunt, or grow food from the past abundance of forests, hunger and penury were natural outcomes.

Matters were further aggravated by their massive forced displacement from their forest homelands, again as a direct consequence of state policy. In the early decades after independence, the state invested in large irrigation projects, thermal and steel plants resulting in enormous displacement of rural populations, without any a policy for their rehabilitation. The Government of India, in its 10th plan, itself estimates that between 1951 and 1990, more than 21 million people were displaced by large projects, of whom 40% were tribal people. Scholars estimate displacement to be probably thrice this number, and maybe even more if one includes people who were not legal owners of the land and forest on which they depended for their food and livelihoods. Ekka, in an essay in the World Bank report, for instance, estimates that in Jharkhand between 1951 and 1995, 90% of those displaced by big projects were tribal people.

The fact that STs are just around 8% of the country's population but probably more than half of those displaced from their lands and livelihoods, is not just a technical accident of geography and engineering. It is the direct outcome of their intense political powerlessness, which nurtures a dominant public discourse in which their dispossession is seen as 'a legitimate cost' which must be paid for the 'country's development'. Clearly this discourse excludes tribal people – and even more, tribal children – from the imagination of a 'developed' country. It is only as late as 2013 that rehabilitation was legislated as a legal right of those who lose both land and livelihoods to compulsory acquisition. I have served as a civil servant in the areas in which enormous swathes of land were acquired for the Narmada mega dams and the Singrauli superthermal power project, and have subsequently studied these projects as a researcher as well. I have not encountered a single example of resettlement and rehabilitation in which any community of displaced people have been successfully assisted to reclaim the levels of livelihood and habitat which they lost to development projects.

Sadly their displacement has to a degree also been hastened by many environmental activists, who supported their expulsion from their traditional habitats for the creation of sanctuaries and national parks for the conservation of tigers and biodiversity. I find the binary opposition that is sometimes constructed between tigers and tribal survival to be spurious. Tigers are not threatened by tribal forest dwellers. They have co-existed through centuries without destroying each other.

State policy also introduced the concept of individual land ownership, which was alien to traditional community ownership practices. Tribal landowners have lost their lands precipitously to non-tribal outsiders who have used fraud, usury and intimidation to dispossess them of their lands, reducing them to landless workers, often in debt bondage. Most states with large tribal populations passed laws to prevent fraudulent and forced land transfers from tribal to non-tribal hands, and indeed to restore land illegally and exploitatively expropriated in the past. But most of these laws have been singularly ineffective in protecting the land rights of tribal communities, because of pervasive administrative bias and corruption, and because tribal landowners are completely unequal to the challenge of working the legal system to secure their rights.

And now, in the decades after India opened up to global markets, it is the large and powerful corporations which have penetrated tribal habitats for mining and extractive industries. It is the abiding – and probably fatal – misfortune of tribal people that their traditional homelands embrace the country's richest reservoirs of coal and minerals. The new government elected in 2014 promises an even more investor friendly regime, which includes the probable dismantling of the few, still inadequate but hard-won protections for people who lose their lands and livelihoods to powerful large corporations.

In the face of such insurmountable odds – of a vigorous, even triumphalist economic model which chases ceaseless growth built on the necessary dispossession of tribal people, and a system of governance of tribal regions which is alien, opaque and oppressive – there seems little hope to reverse the sources of hunger and malnourishment of tribal children in the near future, but probably not even in the medium run.

I am, therefore, convinced that the *only* hope even in the medium run for ensuring tribal child nutrition and survival, is to hold the state accountable for implementing a far more effective and pervasive programme of direct food transfers and health care in tribal regions. The current Integrated Child Development Services (ICDS) centres, which provide young child feeding, nutrition tracking and counselling, and health services, tend to run at best in larger tribal hamlets that exclude many of the more remote and scattered habitations where tribal communities typically reside. Those centres that have been established in tribal regions tend to be poorly serviced.

The ICDS in all parts of the country badly needs comprehensive reforms to make any dent in malnutrition. But since the burden of malnutrition lies within tribal communities – and as we observed there is little hope in the medium (and possibly sadly even in the long) run for the reversal of the larger sources of hunger and malnutrition in these populations – the reform of ICDS needs to address specific paramount challenges of tribal child hunger and malnutrition in tribal regions.

It is true that there is no neat overlap between hunger and malnutrition, insofar as non-poor households in which children are assured a full stomach may still have malnourished children because of poor sanitation and drinking water. But since the evidence is that in seven of every ten tribal households, tribal children are unable to eat enough proteins and calories,[10] there should first be a strong and effective supplementary feeding programme in place reaching *all* tribal children. This requires ICDS feeding centres to be opened in every tribal hamlet, however small, and local tribal women should be employed to run these as a day care centres with two full meals and a snack for children, as their mothers typically travel into the forests for work or collecting firewood and are absent from home for long hours. There should be appropriate complementary food available for children even below three years. In many tribal communities, mothers carry their infant children on their backs and regularly breastfeed them. These practices need to be encouraged and supported, with appropriate nutrition counselling.

We noted studies which confirm that child malnutrition in tribal households sets in after the first year. We also observed that part of this is attributable to absolutely low intake of nutritious food; it is also due to high incidence of infections with low chances of treatment. The state needs to ensure that a clean water source is available and functioning in every tribal hamlet, however small. There should also be a major drive for building individual sanitary toilets. And there is pressing need to greatly strengthen primary health services in all tribal areas. There are, of course, enormous barriers to finding formally trained health personnel in tribal areas, and the state needs to consider some kind of compulsory rural service for all doctors and nurses. But the experience in Chhatisgarh has been that the Mitanin programme, which identified one tribal woman from every tribal hamlet who volunteers to work as a health guide for all families in the hamlet, with an extensive system to train and support her, has been effective in preventing illness and helping parents deal with basic life-saving measures such as ORH therapy for children with diarrhoea.

The ICDS system is also singularly unable to identify, let alone address malnutrition. As Supreme Court Commissioners, we find that in most states with significant tribal populations, the ICDS system is unable to identify not more than 1% of malnourished children, whereas NFHS-3 surveys suggest that the numbers should be around 17 to 20% in these states.

There also needs to be a more robust system for early detection and treatment of malnutrition when in sets in among young tribal children. Not only does this require that all ICDS centres, even small and remote ones, are well equipped with weighing machines, but also training and monitoring of ICDS workers. Nutrition tracking needs to become a community based activity, involving organised groups of mothers. Community based treatment of malnutrition, with locally produced therapeutic calorie dense food, needs to kick in universally after a child is identified as malnourished. All primary health centres in tribal areas also need to be urgently upgraded to include nutrition rehabilitation centres, to save lives of severely malnourished children, especially those with infections which – because of their poor nutritional condition – are potentially life-threatening.

All of this – fully equipped and functioning ICDS centres in every tribal hamlet and their extension into day care centres for working mothers, clean water and sanitation in all tribal hamlets, compulsory rural service of medical practitioners, arrangements for early detection and treatment, both in the community and in institutions of severe malnutrition – would require considerable enhancement of public investment and political will. But anything short of this will mean that even as the health and nutritional well-being of other children in the country may slowly improve, millions of young children born into tribal households will continue to waste, be stunted, and fall prey and succumb to minor and preventable ailments.

Until this happens, millions of tribal children will continue to suffer the highest burden of hunger, malnutrition, illness and early death. And with its insatiable hunger for more electric power, consumer goods, new glittering cities and untrammelled economic growth, a young and restless middle class is unable or unwilling to make the straight connection between its glitzy malls and bulging shopping bags, and the malnourishment and early deaths of many million tribal children.

10. Indian Council of Medical Research, National Institute of Nutrition, National Nutrition Monitoring Bureau: Diet and Nutritional Status of Tribal Population and Prevalence of Hypertension among Adults. Report on Second Repeat Survey (NNMB technical Report no. 25), Hyderabad, 2009.