सत्यमेव जयते

जनजातीय कार्य मंत्रालय
MINISTRY OF TRIBAL AFFAIRS
GOVERNMENT OF INDIA

Executive Summary of

The Compendium of District Factsheets Tribal Health and Nutrition

Based on NFHS-4 (2015-16)

(स्थापना/ Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences

Piramal Swasthya

Piramal Swasthya Management and Research Institute

Partnering for results:

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Ministry of Tribal Affairs, Government of India

Recognising the need for a focused approach for the development of the tribal communities of India, the Ministry of Tribal Affairs was set up in 1999 with the mandate of ensuring socio-economic development of the Scheduled Tribes (STs) in a coordinated and planner manner. The Ministry is the Nodal Ministry for overall policy planning and coordination of programmes for the development of STs. The programmes and schemes of the Ministry are intended to support and supplement the efforts, primarily of other Central Ministries, the State Governments and partly of voluntary organizations via financial assistance and to fill critical gaps within institutions and programmes, considering the situation of STs.

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Capacity Building for a Better Future

International Institute for Population Sciences (IIPS)

The International Institute for Population Sciences serves as a regional Institute for Training and Research in Population Studies for the Asia-Pacific region. Established under the joint sponsorship of Sir Dorabji Tata Trust, the Government of India and the United Nations, IIPS has established itself as the premier Institute for training and research in Population Studies for developing countries in the Asia and Pacific region. Under the administrative control of the Ministry of Health and Family Welfare, Government of India, IIPS provides consultancy to the Government and Non-Government organizations and other academic institutions besides teaching and research activities.

Vision: Position International Institute for Population Sciences as a premier teaching and research institution in population sciences responsive to emerging national and global needs based on values of inclusion, sensitivity and rights protection.

Piramal Swasthya

Piramal Swasthya Management and Research Institute (PSMRI)

Piramal Swasthya is a not-for-profit organization in India working in the primary public healthcare space with a focus on Maternal Health, Child and Adolescent Health, Non-communicable Diseases. With over a decade-long experience in operating several healthcare innovations at scale, which are addressing the primary healthcare needs of most underserved and marginalized populations across India, Piramal Swasthya currently works in 21 Indian States through 35 healthcare delivery programs and has served more than 112 million beneficiaries so far.

Vision: Transforming health ecosystem through high impact solutions, thought leadership and partnerships.

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Message from The Experts:

110 million tribal People in India weigh little in the national psyche. Their births, deaths, diseases, poverty, lack of civic amenities – everything remains un-noticed. Why? Because, in Niels Bohr's immortal words 'Nothing exists, until it is measured'.

The act of counting, recording, tabulating and publishing gives existence to these problems. They become visible, draw attention. That is the beginning of finding a solution.

These fact sheets, painstakingly compiled, make the district-wise disaggregated data on tribal people available for the first time. They will become, I am sure, a valuable source for those who think, work, study or talk about the problems of tribal people in India.

I congratulate the IIPS team and the Piramal Swasthya for Management and Research Institute.

Dr. Abhay Bang,
Member, Technical Advisory Group Founder,
Society for Education, Action and Research in Community Health,
Gadchiroli, Maharashtra

Countries with publicly available robust data systems are the ones that have experienced major development in all sectors, as there is a strong positive association between data availability and development. Quality data and its easy access tremendously help in evidence-based planning and program implementation. Before these factsheets specific to the Tribal population (the most underprivileged segment of our community), India lacked data on health, education, and access to other social sectors services. It feels great to see that after the census of India, which comes once every ten years, these factsheets are the only source that has, for the first time, provided data from the Nationally Representative Health Surveys.

The factsheets have used data from the latest round of the NFHS that are very exhaustive and provide situational data on several facets of the life of the Tribal population. Of course, factsheet can serve many government departments and help them improve program outreach. Additionally, and probably more importantly, they will be useful for holistic planning of a range of interventions to improve the condition of the Tribal population, for example, education, access to drinking water and sanitation, health service utilization, or food security (nutrition of children and mother).

In addition to the government, these factsheets will also serve as crucial resources to civil society for the advocacy, which would lead to corrective measures to improve the outreach of the various services and work as accountability tools for the government. I hope data so generated will be used by concern authority to its fullest potential for planning and program implementation. I also hope that such exercise will not be a one-time effort. The work carried out by the IIPS team has laid the foundation for the possibility of generating required indicators for the population sub-sections. I hope this becomes an integrated part of the government's efforts to collect, generate, use, and disseminate the data.

F. Ram,
Member, Technical Advisory Group Former
Director and Sr. Professor, IIPS, Mumbai

India has made remarkable improvements in the socio-demographic and health indicators, particularly in the past two decades and the nation is marching stronger towards achieving the Sustainable Development Goals. However, the progress has not been uniform and varies across regions and socio-economic and caste groups. The Scheduled Tribes have particularly lagged behind on many of these indicators. For inclusive growth, it is necessary to make focused efforts for improving their lives.

I am extremely happy to note that International Institute for Population Sciences (IIPS) in collaboration with the Primal Swasthya Management and Research Institute (PSMRI) have developed District Level Factsheets, an exceptional and remarkable contribution. This is a first-ever attempt to provide crucial information on a number of socio-demographic and health indicators for the tribal population. The information included in the factsheet would serve as a baseline for future planning of the health care and other services to improve the indicators among the tribal population in India. I am confident that the planners and policymakers would take full advantage of this information to strengthen national and state efforts in achieving the SDGs.

I congratulate the team for such enduring and timely efforts in providing such valuable information and insights on the trial population.

Prof. K S James,
Member, Technical Advisory Group
Director & Sr. Professor, IIPS

Contents

List of Acronyms

AAA	ANM, Aanganwadi, ASHA
AHS	Annual Health Survey
ANC	Anti Natal Care
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ART	Anti Retro-viral Therapy
ASHA	Accredited Social Health Activist
AWW	Aanganwadi Worker
BAM	Block Account Manager
BCM	Block Community Mobilizer
BEE	Block Extension Educator
BEmOC	Basic Emergency Obstetric Care
BMO	Block Medical Officer
BMW	Bio-Medical Waste
BPM	Block Programmer Manager
BB	Blood Bank
BSU	Blood Storage Unit
CDPO	Child Development & Project Officer
CEO	Chief Executive Officer
CemOC	Comprehensive Emergency Obstetric Care
CHC	Community Health Centre
CMHO	Chief Medical and Health Officer
CS	Civil Surgeon
DAM	District Account Manager
DC	District Coordinator
DCM	District Community Mobilizer
DEO	Data Entry Operator
DH	District Hospital
DMO	District Malaria Officer
DoH	Department of Health
DPM	District Programmer Manager
EDL	Essential Drugs List
EmOC	Emergency Obstetric Care
FRU	First Referral Unit
GOI	Government of India
HMIS	Health Management Information System
IDI	In-Depth Interview
IDR	Infant Death Review
IEC	Information, Education, Communication
IFA	Iron Folic Acid
IMNCI	Integrated Management of Neonatal and Childhood illness
IMR	Infant Mortality Rate
IPD	Indoor Patient Department
IYCF	Infant Yong Child Feeding
JSSK	Janani Shishu Surksha Karyakram
KMC	Kangaroo Mother Care
LBW	Low Birth Weighted
LHV	Leady Health Visitor
LMO	Lady Medical Officer
LT	Lab Technician
LTT	Laparoscopy Tubectomy
MAA	Mother Absolute Affection
MCH	Maternal and Child Health
MCP Card	Mother Child Protection Card
MCTS	Maternal and Child Tracking System
MDR	Maternal death Review
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MP	Madhya Pradesh
MPW	Multi Purpose Worker
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NBCC	New Born Care Corner
NBSU	New Born Stabilisation Unit
NCD	Non Communicable Diseases
NBCC	New Born Care Corner
NBSU	New Born Stabilisation Unit
NCD	Non Communicable Diseases
NFHS	National Family Health Survey
NHM	National Health Mission
NLEP	National Leprosy Eradication Programme
NMR	Neonatal Mortality Rate
NRC	Nutrition Rehabilitation Centre
NRHM	National Rural Health Mission
NSSK	Navjaat Shishu Suraksha karyakram
NSV	No Scalpel Vasectomy
OBC	Other Backward Class
OCP	Oral Contraceptives Pills
OPD	Outdoor Patient Department
ORS	Oral Rehydration Solution
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PMU	Programme Management Unit
PPIUCD	Post-Partum Intra Uterine Contraceptive Device
PPE	Personal Protection Equipment
PSU	Primary Sample Unit
PRC	Population Research Centre
RBSK	Rashtriya Bal Swasthya Karyakram
RCH	Reproductive Child Health
RGI	Registrar General of India
RHS	Rural Health Statistics
RKS	Rogi Kalyan Samiti
RKSK	Rashtriya Kishor Swasthya Karyakram
RMNCH+A	Reproductive, Maternal, Newborn, Child Health & Adolescents
RNTCP	Revised National Tuberculosis Control Program
RPR	Rapid Plasma Reagen
RTI	Reproductive Tract Infection
SAM	Severe Acute Malnourishment
SBA	Skilled Birth Attendant
SC	Schedule Caste
SDG	Sustainable Development Goal
SHC	Sub Health Centre
SN	Staff Nurse
SNCU	Special Newborn Care Unit
SPSS	Statistical Package for Social Science
SSK	Swasthya Samvad Kendra
ST	Schedule Tribe
STI	Sexually Transmitted Infection
STS	Senior Treatment Supervisor
STLS	Senior Tuberculosis Laboratory Supervisor
T.B.	Tuberculosis
TT	Tetanus Toxoide
TU	Treatment Unit
U5	Under Five Children
UPS	Uninterrupted Power Supply
USG	Ultra Sonography
VHND	Village Health & Nutrition Day
VHSC	Village Health Sanitation Committee
WCD	Women & Child Development
WHO	World Health Organization
WIFS	Weekly Iron Folic-acid Supplementation

Foreword

Dr. Swati Piramal, *Vice Chairperson, Piramal Group*

The scarcity of authentic and scientifically collected data on the status of tribal health and nutrition is well established. Government agencies and various not for profit entities have been depending on data generated through speculative analysis of available information from secondary resources, surveys and studies often conducted at a much smaller scale, experience, and anecdotes to gain insights about tribal health and nutrition in order to frame policies and implement programmes. All the available data-pool indicate that the Scheduled Tribe (ST) communities of India are one of the most marginalised section of the population with a very poor state of health and nutrition. Hence, it is needless to say that we shall not be able to achieve the ambitious targets of Sustainable Development Goal (SDG) 2 (Zero Hunger - End hunger, achieve food security and improved nutrition by 2030.) and SDG 3 (Good Health and Wellbeing - Ensure healthy lives and promote well-being for all at all ages by 2030.) that we have committed to as a nation unless we focus on improving the state of health and nutrition of the ST population. And to improve upon the same we need solid evidence that helps understand the nuances of the current status. For example, India has committed to ending TB by 2025, 5 years ahead of the SDG timeline. And most existing knowledge and information indicate that the tribal population has a very high incidence and prevalence rate of TB. While the National Tuberculosis Elimination Programme (NTEP) is guiding all the initiatives towards eradicating TB it will certainly be helpful to increase the efficiency of each intervention under NTEP to have detailed, district-level data on the TB prevalence among the tribal community.

This compendium of district-level tribal health factsheets is one such strong steps towards generating nuanced evidence that can function as an authentic baseline of the state of tribal health and nutrition. Piramal Swasthya Management and Research Institute (PSMRI) in partnership with the International Institute for Population Sciences, Mumbai (IIPS) created these factsheets using the data collated through the National Family Health Survey-4 (NFHS-4), the fourth edition in the NFHS series conducted in 2015-16 by IIPS at the behest of the Ministry of Health and Family Welfare (MoHFW), Government of India. With a rigorous methodology created by the International Institute of Population Sciences, Mumbai, NFHS-4 provides primary survey-based data on multiple health and nutrition indicators of the Indian populace – both rural and urban. Four Survey Schedules namely Household, Woman's, Man's, and Biomarker were crafted in local languages to ensure optimal accuracy.

The factsheets presented in this compendium selected the available raw data from across the four schedules of NFHS-4 that focus on the STs. Then it systematically coded, tabulated, and calculated the results for more than 90 indicators that could be drawn using the available set of data and are relevant to understand tribal health and nutrition in India. Some of the key indicators covered include women's fertility and reproductive health, maternal and child health, the status of nutrition especially among women and children, food consumption, reproductive health, contraceptive practices, the prevalence of alcohol and substance addiction, the prevalence of NCDs, TB, HIV-AIDS etc.

To ensure that the exercise leads to a robust scientific estimation the team identified a threshold of 200 ST household as the unit of the study. A total of 170 districts had a sub-sample of 200 or more ST household NFHS-4 data. Single (Individual) District Factsheets were developed for these 170 districts. The districts with a smaller NFHS-4 sample of the ST population were clubbed with neighbouring districts within the state to get the required threshold of 200 households. 330 such districts were clubbed together in 71 clusters. Cluster District Factsheets were created for these 71 districts.

I sincerely believe this document would play a crucial role in designing and initiating evidence-based health policies, strategies and public health action suited to the unique social, cultural and geographic environment of tribal communities.

Preface

8.6% of the population of India belong to the Scheduled Tribes (STs). With heterogeneous cultures and practices, they are scattered across the demographic landscape of India, largely in rural and remote areas. We have the largest population of tribal people in the world (more than 104 million). However, they continue to be the most marginalised section even after having various affirmative action-based schemes and policies in place across the 7 decades since independence. While the lack of validated and representative data weakens the efficiency of the policies and schemes formulated for tribal development and the continued poorer socio-economic state often results in an inadequate representation of the members of the tribal communities in administrative and leadership positions that could help shape the policies better by bringing in the perspective of the community. The state of health and nutrition of the tribal communities also continue to remain comparatively impoverished slowing down the pace of overall development of the community even further.

This compendium of district-level tribal health factsheets is an effort to address the issue of lack of validated and representative data on the state of tribal health and nutrition. It has systematically coded, organised, and calculated the available tribal household level raw data collated as part of NFHS-4 during 2014-15. It presents a total of 95 indicators spread across 12 categories including that of Population and household profile, Marriage and fertility, Current use of family planning methods, Maternal and child health, Nutritional status among adults, Anaemia among children and adults, etc. It aims to further disaggregate data on tribal health and nutrition indicators which will help design strategies to augment the state of tribal communities on various key health and nutrition indicators. While improving data availability at the national level, it will also contribute towards measuring India's progress on the Sustainable Development Goals (SDGs), primarily SDG 2 (zero hunger), SDG 3 (good health and well-being) and SDG 6 (clean water and sanitation).

We hope this compendium will be a useful resource to promote tribal health and improve their access to essential health and nutrition services.

1. Background

India's 104 million tribal population spread across 705 tribes predominantly live in remote hilly, forested areas (ORGI, 2011). Madhya Pradesh has the largest Scheduled Tribe (ST) population (15 million), followed by Maharashtra (10 million), Odisha (9 million), and Rajasthan (9 million). In fact, more than two-thirds of India's ST population live in the 7 states of Madhya Pradesh, Chhattisgarh, Jharkhand, Odisha, Maharashtra, Gujarat, and Rajasthan.

In India, there are 90 districts (comprising of 809 blocks) with more than 50% ST population. Together, these 90 districts account for nearly 45% of the ST population in the country. There exists a vast disparity between the socio-economic and health outcomes of the ST population vis-à-vis non-ST population. Policymakers are often constrained due to lack of data and indicators specific to the ST population. To fill this gap on the health aspects, Tribal Health Collaborative Research team at Piramal Swasthya Management and Research Institute and International Institute for Population Sciences jointly developed the district level fact sheets to provide ST specific health, demographic and social indicators using contemporary data (2015-16) from the National Family Health Survey–4 (NFHS-4) under the leadership of a Technical Advisory Group constituted of prominent experts and academicians.

2. District Factsheets for The Scheduled Tribe Population

The National Family Health Survey series initiated in 1992-93 has been providing information on population, health, and nutrition for India and each State/Union territory in the nation. NFHS-4, for the first time, provided district-level estimates for many important indicators. However, the survey was not designed to provide subgroup-specific estimates. The District Factsheets developed under this collaboration aim to provide a situational analysis of the health and nutrition status of the ST population of the selected districts.

This compendium is a collection of 241 factsheets that provides health and nutrition information for the ST population of 500 Indian districts.

[1] Tribal Health in India: Report of the Expert Committee on Tribal Health, MoHFW and MoTA, Govt. of India

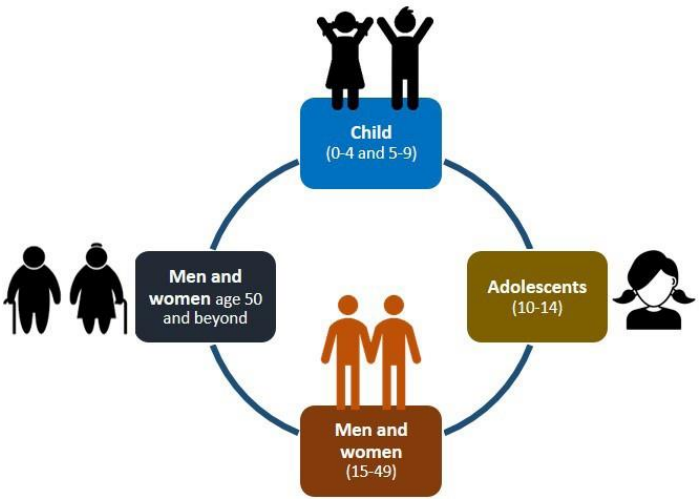
3. Methodology

The NFHS-4 survey used four schedules (one each for Household, Woman, Man and Biomarker), in local language using Computer Assisted Personal Interviewing (CAPI). The household schedule collected information on all members of the household, their socio-economic characteristics, water and sanitation, health insurance, deaths in the household. For women (15-49 years), information was collected on marriage, fertility, children's immunizations and childcare, nutrition, contraception, reproductive health, sexual behaviour, HIV/AIDS, domestic violence etc. Among men (15-54 years), information was collected about marriage, number of children, contraception, nutrition, sexual behaviour, amongst others. Measurements of height, weight and haemoglobin levels for children, women and men; blood pressure, and random blood glucose level, a few drops of blood from a finger prick for laboratory testing for HIV for women (15-49 years) and men (15-54 years) were also collected.

The NFHS-4 data were first examined to identify districts where the sample size would be adequate to estimate key indicators on population and health for the ST population at the district-level. It was crucial to ensure a sufficient number of cases for a meaningful estimation as sometimes, the share of the ST population in the total population may be high but the sample size for the district might not have an adequate number of ST households. A threshold of 200 ST households was identified which was required for robust estimation. A total of 170 districts had a sub-sample of 200 or more ST household NFHS-4 data. Subsequently, Individual (Single) District Factsheets were developed for these 170 districts. (Table 8).

Districts, that have a smaller sample of the ST population, were clubbed with neighbouring districts within the state to get the total required sample size of a minimum of 200 ST households. As a result, 330 such districts were clubbed together that formed 71 clusters to develop Cluster District Factsheets.

The unit level data of NFHS-4 was analysed from different schedules following the life cycle approach. Since taking only a particular domain of life (age group) would not provide the complete overview of tribal population, a continuum of care (life cycle approach) approach was adopted to analyse the data. The list of selected indicators from NFHS-4 is provided below (Table 1). The estimation was done for tribal population, non-tribal population and total district population to have a comparative analysis.



To provide a complete overview, both demand and supply side indicators were collated for the factsheets. The demographic and socio-economic indicators such as ST population proportion, literacy, work participation rate and livelihood activities of tribal population, etc., of these districts were accessed from last national census, 2011 (ORGI, 2011). Since the ST population mostly reside in hilly and forest areas, forest coverage data of these districts was taken from India State Report (2019). Rural Health Statistic Report (2019) was accessed to provide the data related to availability of different level of health facilities in the districts.

4. Socio-demographic Profile And Health & Nutrition Status of The ST Population Across India: An Overview

The National Health Policy 2017 has acknowledged that the challenges faced by the tribal communities are geographical and infrastructural and calls for situation-specific reforms in health service delivery. This compendium presents district level indicators specific to the ST population and thereby helps in promoting situation-specific reforms. While there are significant variations related to socio-demographic profile, and health and nutritional status of the ST population across districts, such variations can also be seen across regions. For the purpose of this short analysis, we have grouped all districts into six regions, as proposed by the national sample survey. (Refer table).

Table 1: Categorization of Districts of India according to the National Sample Survey

Region	Districts
North	Chandigarh, Haryana, Himachal Pradesh, Jammu & Kashmir, Delhi, Punjab, Rajasthan and Uttarakhand
South	Andaman & Nicobar, Andhra Pradesh, Karnataka, Kerala, Lakshadweep, Puducherry, Tamil Nadu and Telangana
East	Bihar, Jharkhand, Odisha and West Bengal
West	Dadra & Nagar Haveli, Daman & Diu, Goa, Gujrat and Maharashtra
Central	Chhattisgarh, Madhya Pradesh and Uttar Pradesh
North-East	Arunachal Pradesh, Assam, Manipur, Mizoram, Meghalaya, Nagaland, Sikkim and Tripura

Here we present a few critical indicators, estimated for these regions and predominantly show the variations.

4.1 Household Characteristics of the ST and Non-ST Population

The household characteristics of the tribal and non-tribal population are presented in the table below.

Table 2: Household Characteristics of the ST and Non-ST Population across India and six regions

Indicators	India		North		Central		East		North-East		South		West	
	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST
Households with electricity (%)	82.0	88.9	80.6	97.2	81.4	78.4	70.3	79.6	87.6	81	95.6	98.7	86	94.9
Households with an improved drinking water source (%)	82.2	90.8	84	89.7	80.9	94	82.7	94.2	75	83.9	86.5	85.5	82.6	92.7
Households using improved sanitation facility (%)	27.4	50.8	24.6	65.8	14.9	36.6	16.4	37.7	61	49.6	38.5	61	33.1	59.7
Households with no toilet facility (%)	63.8	36.1	67.3	20.5	80.3	52.7	78.6	48	10.5	8.1	53.5	30.1	57.5	24.2
Households using clean fuel for cooking (%)	19.2	46.5	16.3	54.5	9.7	33.2	7.5	23.7	27.4	29.1	41.2	65.5	27.3	62.6
Households with presence of water and soap/detergent at hand washing place (%)	40.2	62.4	43.8	77.0	30.2	66.3	21	41.5	63.9	50.9	49.1	60.5	56.0	79.1

4.1.1 Households with Electricity

The findings suggest that nationally, 82% of ST households and 88.9% of the Non-ST households have electricity in homes. And it indicates that across the north (80.6%), the east (70.3%), the south (95.6%) and the western (86.0%) regions, lower proportion of ST households had electricity as compared to the non-

ST households; while in the central (81.4%) and the north-eastern regions (87.6%), a higher proportion of ST households had electricity when compared to the non-ST households. Overall, lowest proportion of ST households had electricity in the four states in the eastern region, namely Bihar, Jharkhand, West Bengal and Odisha.

2. Households with improved drinking water source

Overall, across India, a lower proportion of ST households (82.2%) had an improved source of drinking water when compared to non-ST households (90.8%). Across regions, the difference between ST and non-ST households were stark. In the central, the eastern and the western regions the difference between ST and non-ST households was more than 10% while in the northern and the north-eastern regions, the difference was less than 10%. In the southern region, a higher proportion of ST households had an improved drinking water source than the non-ST households.

3. Households using the improved sanitation facility

Across India, only 27.4% of ST households had improved sanitation facility while among the non-ST households this proportion was 50.8%. The difference in improved sanitation facility between the ST and non-ST households across all regions (except the north-east) was over 20%. In the north-east, a higher proportion of ST households (61%) had improved sanitation facility when compared to the non-ST households (49.6%).

4. Households with no toilet facility

Across India, across all regions, a higher proportion of ST households (63.8%) did not have a toilet facility when compared to non-ST households (36.1%). The difference was lowest in the north-east (2.4%) while it was the highest in the central region (46.8%).

5. Households using clean fuel for cooking

Across India, only 19.2% of ST households were using clean fuel for cooking vis-à-vis the non-ST households (46.5%). A similar trend is seen across all the six regions. The largest difference between the ST and non ST households was seen in the northern region (38.2%) and the smallest difference was seen in the north-eastern region (1.7%).

6. Household with presence of water and soap or detergent at hand-washing place

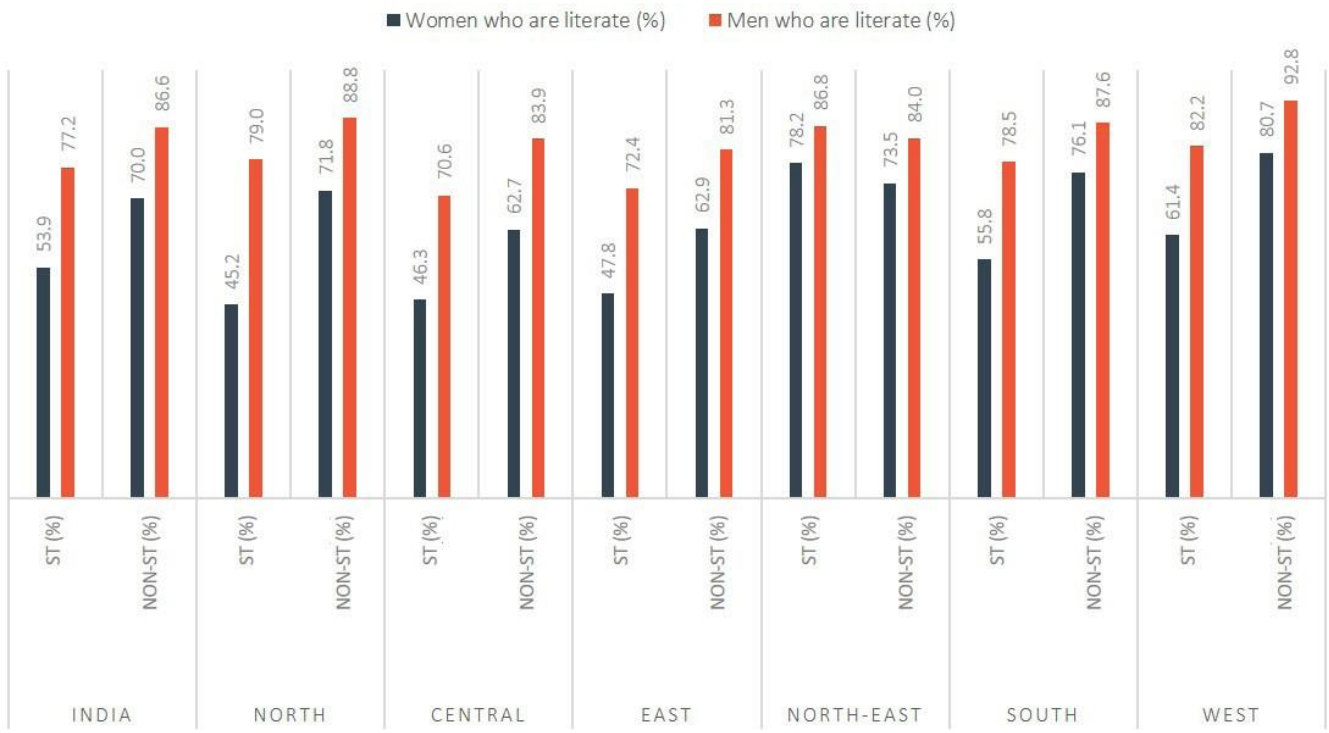
Across India, a lower proportion of ST households (40.2%) had water and soap (or detergent) at hand-washing place as compared with non-ST households (62.4%). A similar trend was seen across all regions except the north-east. The intra-regional difference between the ST and non-ST household was highest in the central region (36.1%) and was lowest in the southern region (11.4%).

4.2 Region-wise literacy rates among ST and non-ST men and women

The graph below compares the distribution of literacy rates by gender across India and the six regions between ST and non-ST population.

Unsurprisingly, across the country, and across regions, ST women were the least literate, except in the north-east where the ST women were found to be more literate when comared to their non-ST counterparts. The ST female literacy rate was lowest in the Northern region (45.2%) and highest in the North-Eastern (78.2%). The difference between ST and non ST women was the highest in the north (26.6%).

Figure 1: Literacy rate, ST and non-ST population



4.3 Households currently using any family planning method

A lower proportion of ST households were using any family planning method across all the six regions o the country. The West region had the highest (56.1%) ST households using any family planning method while the Northeast reported the lowest (40.9%). The intra-regional gap between the ST and non-ST households was highest (10.9%) in the northeast region and lowest (2.6%) in the south region.

Figure 2: Use of family planning method (%), by ST and non-ST population

4.4 Maternal Health care

The below table (Table 3) compares the different maternal healthcare services offered during the antenatal period. Antenatal check-ups and consumption of iron and folic acid are considered to be essential for the health of the mother and foetus.

Table 3: Indicators related to maternity care, by region, by ST and non-ST population

Indicators	India		North		Central		East		North-East		South		West	
	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST
Mothers who had antenatal check-up in the first trimester(%)	66.6	70.6	67.7	75.3	62.0	64.0	62.7	63.0	64.6	63.9	73.2	79.0	73.0	78.1
Mothers who had at least four antenatal care visits (%)	45.4	51.9	35.4	51.7	31.7	31.9	43.1	41.4	44.7	49.7	68.8	78.4	59.5	74.1
Mothers who had full antenatal care(%)	16.1	21.6	9.3	20.4	9.8	8.7	13.3	12.1	17.4	18.7	31.1	44.2	23.2	33.7
Mothers who consumed Iron & FA for >100 days or more during pregnancy (%)	26.3	30.8	18.0	30.6	20.7	16.8	22.7	19.2	29.8	30.8	45.9	57.6	30.9	41.1

1. Mothers who had an antenatal check-up in the first trimester

Across India, a higher proportion of non-ST mothers (70.6%) received antenatal check up in the first trimester when compared to their ST (66.6%) counterparts. This trend is seen across all regions except the north-east. Highest proportion of ST mothers receiving antenatal care in the first trimester was recorded in the southern region (73.2%). The intra-regional gap between the ST and non-ST household for mother attending there first-trimester antenatal check-up was highest in the north region (7.6%) and lowest (0.3%) in the East region.

2. Mothers who had at least four antenatal visits

Again, a higher proportion of non-ST mothers (51.9%) received four antenatal care visits during their pregnancy when compared to their ST (45.4%) counterparts. A similar trend was seen across all regions except the eastern region. The southern region had the higest proportion of ST mothers (68.8%) who had at least four antenatal visits.

3. Mothers who had full antenatal check-up

Given the status of the above two indicators, as expected, a higher proportion of non-ST mothers (21.6%) received full antenatal care during their pregnancy when compared to their ST (16.1%) counterparts. A similar trend was seen across north, north-east, south and western regions. Surprisingly, both in the central and eastern regions a slightly higher proportion of ST mothers had full antenatal care. The proportion was highest in south (31.1%) while it was the lowest in the central region (9.3%). The intra-regional variation between the ST and non-ST mothers receiving full antenatal check-up was highest in the southern region (13.1%) and lowest (0.9%) in the northeast region.

4. Mothers who consumed Iron & folic acid, on 100 days or more during pregnancy

As expected, a higher proportion of non-ST mothers (30.8%) cosumed iron and folic acid tablets on 100 days or more during pregnancy when compared to their ST (26.3%) counterparts. A similar trend was seen across north, north-east, south and western regions. Surprisingly, both in the central and eastern regions a higher proportion of ST mothers had consumed iron and folic acid. The proportion was highest in south (45.9%) while it was the lowest in the northern region (18.0%).

4.4.5 Delivery Care

At the national level, the institutional delivery rates were found to be higher among non-ST women (80.2%) when compared with ST women (68.6%). Across all regions, a lower proportion of ST women delivered in an institution when compared to their non-ST counterparts. Among the ST women, the highest institutional delivery rate was found in the south (86.4%) while it was lowest in the central region (60.4%). The intra-regional variation between ST and non-ST women having delivered in an institution was highest in the west (16%) and lowest (7.1%) in the East (7.1%).

Figure 3: Institutional Delivery (%), by ST and non-ST population

4.5 Child Feeding Practices and Nutritional Status of Children

Policymakers and public health experts consider the birth weight of the baby as one of the key markers of not just the health system of the state, but also its prevailing socio-economic status. Malnutrition among the under-fives, affects their cognition, learning ability and lifelong earning of the individuals. High level of malnutrition shows high deprivation in terms of economic and social freedom in the society. The below table shows four indicators across India and the six regions.

Table 4: Nutritional status of children under five years of age, by region, by ST and non-ST population

Indicators	India		North		Central		East		North-East		South		West	
	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST
Children with low birth weight (<2500 g) (%)	20.6	17.9	25.7	20.3	20.4	20.1	20.0	15.7	9.5	16.6	19.2	16.5	24.1	18.5
Stunted (height-for-age) (%)	43.5	37.8	45.8	33.1	46.5	44.1	45.5	41.6	32.9	36.0	34.1	29.0	45.0	33.7
Severely wasted (weight-for-height) (%)	10.1	7.1	10.9	7.3	9.9	6.7	10.7	6.8	5.3	6.1	8.9	7.1	12.1	8.9
Underweight (weight-for-age) (%)	44.6	34.6	46.3	28.5	48.0	39.2	48.5	38.8	20.1	30.0	38.0	27.1	48.7	34.5

1. Children with low birth weight (<2500 g) (for births in the 5 years before the survey)

At the national level, a higher proportion of ST children were born with low-birth weight (20.6%) when compared to non-ST children (17.9%). Apart from the north-east, in all other regions, the incidence of low-birth weight was higher among ST children as compared to non-tibal children.

2. Children under five-years who are stunted, severely wasted or underweight

The prevalence of stunting, severe wasting and underweight among ST children (43.5%, 10.1% and 44.6% respectively) was higher compared to non-ST children (37.8%, 7.1% and 34.6% respectively).

4.5.3 Children (6-23months age) receiving adequate diet

Only 8.9% of ST children (6-23 months) received adequate diet and it was not significantly different from that among non-ST children (9.7%). The highest proportion of ST children receiving adequate diet was seen in the North-east (16.8%).

Figure 4: ST and Non-ST Children (6 – 23 months) receiving adequate diet (%)

4.6 Nutritional Status of Women (age 15-49 years)

Across India, ST women were more undernourished (31.2%) when compared to non-ST women (22.0%). A similar trend was seen across all regions except north-east. The highest prevalence of undernutrition among ST women was seen in the western region (37.7%) while the lowest prevalence was seen in the north-east (11.9%).

Figure 5: Women with BMI below normal (< 18.5 kg/m2) (%), by ST and non-ST population

4.7 Anaemia among children, pregnant women and non-pregnant women

Across India, across all regions, the prevalence of anemia among ST children (6–59 months) was consistently higher when compared to non ST children (6–59 months). A similar trend was seen across all regions among both ST pregnant as well as ST non-pregnant women – a higher proportion of ST women were anaemic when compared to non-ST women.

Table 5: Anaemia among children and women (%), by region, by ST and non-ST population

Indicators	India		North		Central		East		North-East		South		West	
	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST
Anaemic Children age 6 – 59 months* (%)	63.5	58	72.5	60.2	67	62.4	67.7	58.5	39.1	35.9	64.5	53.8	59	56.3
Pregnant women who are anaemic * (%)	57.6	49.5	59.7	46.8	59.1	50.2	62.2	55.7	42.3	44.7	55.1	43.2	56.8	48.4
Non-pregnant Women aged 15-49 years who are anaemic©(%)	59.1	52.4	60.8	51.1	60	51	68.1	59.1	44.2	45.5	56.3	51	54.9	49.3

* (<11.0g/dl) © (<12.0 g/dl)

8. Non Communicable Diseases among Adults (age 15-49 years)

1.Prevalence of high blood sugar levels was lower among both ST men and women when compared to non-ST men and women across India and across all the six regions except among the north-eastern men. In the north-east, ST men had a higher prevalence of high blood sugar levels when compared to their non-ST men. The variation in blood sugar levels across all regions was much higher between ST and non-ST men, when compared to the variation between ST and non-ST women.

2.Prevalence of high blood pressure levels, surprisingly, did not show very similar trends across regions. The prevalence of high blood pressure levels was higher among ST women across India, central, eastern and southern regions while it was lower in northern, north-easter and western regions, when compared to non-ST women.

Similarly, the prevalence of high blood pressure levels was higher among ST men across India, central, eastern and north-eastern regions while it was lower in northern, southern and western regions, when compared to non-ST men.

Table 6: Prevalence of High Blood Sugar levels among adults (aged 15-49 years) (%), by region, by ST and non-ST population

Indicators	India		North		Central		East		North-East		South		West	
	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST
Women with high blood sugar level	7.1	8.7	6.5	7.0	7.0	7.3	7.0	8.8	8.0	8.3	8.3	11.6	6.5	7.9
Men with high blood sugar level	9.4	12.1	8.7	9.4	9.6	10.5	10.5	14.3	11.0	10.8	9.4	14.9	8.1	10.1

High blood sugar level – (>140 mg/dl)

Table 7: Prevalence of High Blood Pressure levels among adults (aged 15-49 years) (%), by region, by ST and non-ST population

Indicators	India		North		Central		East		North-East		South		West	
	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST	ST	Non-ST
Women with High BP	9.4	8.9	6.3	9.4	9.3	7.8	9.3	8.3	14.4	15.3	9.7	9.1	8.6	9.6
Men with High BP	13.9	13.4	12.0	15.3	12.4	10.5	13.0	11.2	20.3	18.3	14.3	15.3	14.4	14.7

High Blood Pressure (BP) (Systolic >140mm of Hg and/or Diastolic >90mm of Hg)

Conclusions

The purpose of the current analyses was to determine the difference in the health and nutrition status between the ST and non-ST population across India and at the regional levels. This basic analysis of the data leads us to understand the relative differences between the ST and non-ST population across different regions. Unsurprisingly, ST population, in general fared poorly in most indicators across regions except the north-eastern region where consistently, the ST population fared better. This appears to be due to the large majority of ST population in these districts. Overall, these results suggest that there is a significant difference between the ST and non-ST population on various health and nutrition parameters. If India intends to achieve its SDG goals, then it is important to look at 'inclusion' of these people in the development agenda thereby leading to the improvement in their health and nutrition status.

Annexure 1:

List of Single (Individual) District Factsheets

There were 170 districts with more than 200 tribal households in the NFHS-4 sample for which Single (Individual) District Factsheets were developed. This section provides the factsheets for the following 170 districts:

Table 8: List of Single (Individual) District Factsheets

S.No.	State Name	District Name
1	Ladakh	Leh Ladakh
2		Kargil
3	Jammu and Kashmir	Punch
4		Rajouri
5		Reasi
6	Himachal Pradesh	Lahul And Spiti
7		Kinnaur
8	Uttarakhand	Udham Singh Nagar
9		Hardwar
10	Rajasthan	Karauli
11		Sawai Madhopur
12		Dausa
13		Bundi
14		Dungarpur
15		Banswara
16		Kota
17		Jhalawar
18		Udaipur
19		Pratapgarh
20	Uttar Pradesh	Sonbhadra
21	Sikkim	North District
22		West District
23		South District
24		East District
25	Arunachal Pradesh	Tawang
26		West Kameng
27		East Kameng
28		Papumpare
29		Upper Subansiri
30		West Siang
31		East Siang
32		Upper Siang
33		Changlang
34		Tirap
35		Lower Subansiri
36		Kurung Kumey
37		Dibang Valley
38		Lower Dibang Valley

39	Arunachal Pradesh	Lohit
40		Anjaw
41	Nagaland	Mon
42		Mokokchung
43		Zunheboto
44		Wokha
45		Dimapur
46		Phek
47		Tuensang
48		Longleng
49		Kiphire
50		Kohima
51		Peren
52	Manipur	Senapati
53		Tamenglong
54		Churachandpur
55		Ukhrul
56		Chandel
57	Mizoram	Mamit
58		Kolasib
59		Aizawl
60		Champhai
61		Serchhip
62		Lunglei
63		Lawngtlai
64		Saiha
65	Tripura	West Tripura
66		South Tripura
67		Dhalai
68		North Tripura
69	Meghalaya	West Garo Hills
70		East Garo Hills
71		South Garo Hills
72		West Khasi Hills
73		Ribhoi
74		East Khasi Hills
75		Jaintia Hills
76	Assam	Kokrajhar
77		Lakhimpur
78		Dhemaji
79		Karbi Anglong
80		Dima Hasao
81		Chirang
82		Baksa
83		Udalguri

84	West Bengal	Puruliya
85	Jharkhand	Sahibganj
86		Pakur
87		Dhanbad
88		Bokaro
89		Lohardaga
90		Purbi Singhbhum
91		Latehar
92		Ramgarh
93		Dumka
94		Jamtara
95		Ranchi
96		Khunti
97		Gumla
98		Simdega
99		Pashchimi Singhbhum
100		Saraikela Kharsawan
101	Odisha	Jharsuguda
102		Sambalpur
103		Debagarh
104		Sundargarh
105		Kendujhar
106		Mayurbhanj
107		Gajapati
108		Kandhamal
109		Balangir
110		Nuapada
111		Kalahandi
112		Rayagada
113		Nabarangapur
114		Koraput
115		Malkangiri
116	Chhattisgarh	Korea (Koriya)
117		Surguja
118		Jashpur
119		Raigarh
120		Korba
121		Kabeerdham
122		Rajnandgaon
123		Durg
124		Raipur
125		Mahasamund
126		Dhamtari
127		Uttar Bastar Kanker

128	Chhattisgarh	Bastar
129		Narayanpur
130		Dakshin Bastar Dantewada
131		Bijapur
132	Madhya Pradesh	Umaria
133		Ratlam
134		Dhar
135		Khargone (West Nimar)
136		Barwani
137		Betul
138		Harda
139		Hoshangabad
140		Katni
141		Jabalpur
142		Dindori
143		Mandla
144		Chhindwara
145		Seoni
146		Balaghat
147		Shahdol
148		Anuppur
149		Sidhi
150		Singrauli
151		Jhabua
152		Alirajpur
153		Khandwa (East Nimar)
154		Burhanpur
155	Gujarat	Panchmahal
156		Dohad
157		Vadodara
158		Narmada
159		Bharuch
160		The Dangs
161		Navsari
162		Valsad
163		Tapi
164	Dadra & Nagar Haveli	Dadra & Nagar Haveli
165	Maharashtra	Nandurbar
166		Dhule
167		Gadchiroli
168		Yavatmal
169	Lakshdweep	Lakshadweep
170	Andaman and Nicobar Island	Nicobars

Annexure 2:

List of Cluster District Factsheets

71 cluster districts factsheets were developed defining clusters of neighbouring districts. The clusters factsheets for 330 districts are provided in this section:

Table 9: List of Cluster District Factsheets

S.No.	State Name	Division	District Name
1.	Jammu & Kashmir	Kashmir Valley Division	Bandipore
			Ganderbal
			Kupwara
			Anantnag
			Pulwama
			Srinagar
			Kulgam
			Shupiyan
			Baramula
			Badgam
2.	Jammu & Kashmir	Jammu Division	Kishtwar
			Ramban
			Doda
			Udhampur
			Kathua
			Jammu
			Samba
3.	Himachal Pradesh	Kangra & Mandi Division	Chamba
			Kangra
			Una
			Kullu
			Bilaspur
			Hamirpur
			Mandi
			Solan
			Shimla
			Sirmaur
4.	Uttarakhand	Kumaun Division	Nainital
			Pithoragarh
			Champawat
			Bageshwar
			Almora
5.	Uttarakhand	Garhwal Division	Dehradun
			Chamoli
			Uttarkashi
			Rudraprayag
			Pauri Garhwal

S.No.	State Name	Division	District Name
6.	Rajasthan	Ajmer Divison	Tonk
			Bhilwara
			Ajmer
			Nagaur
7.	Rajasthan	Bharatpur and Kota Division	Dhaulpur
			Bharatpur
			Baran
8.	Rajasthan	Jaipur Division	Jaipur
			Alwar
			Sikar
			Jhunjhunun
9.	Rajasthan	Udaipur Division	Chittaurgarh
			Rajsamand
10.	Rajasthan	Jodhpur Division	Sirohi
			Pali
11.	Rajasthan	Jodhpur Division	Jalor
			Jodhpur
			Barmer
12.	Rajasthan	Jodhpur & Bikaner Division	Jaisalmer
			Churu
			Hanumangarh
			Ganganagar
			Bikaner
13.	Uttar Pradesh	Gonda Division	Balrampur
			Bahraich
			Gonda
			Shrawasti
14.	Uttar Pradesh	Azamgarh, Basti & Gorakhpur Division	Deoria
			Mahrajganj
			Gorakhpur
			Kushinagar
			Ballia
			Mau
			Azamgarh
			Basti
			Siddharth Nagar
			Sant Kabir Nagar

S.No.	State Name	Division	District Name
15.	Uttar Pradesh	Allahabad, Ayodhya, Lucknow & Varanasi Division	Mirzapur
			Sant Ravidas Nagar (B
			Kheri
			Hardoi
			Rae Bareli
			Lucknow
			Unnao
			Sultanpur
			Bara Banki
			Ambedkar Nagar
			Faizabad
			Chandauli
			Ghazipur
			Varanasi
			Jaunpur
			Allahabad
			Pratapgarh
			Kaushambi
			Fatehpur
16.	Uttar Pradesh	Agra, Aligarh, Bareilly, Chitrakoot, Jhansi, Kanpur, Merrut, Moradabad & Saharanpur Divisions	Chitrakoot
			Banda
			Hamirpur
			Mahoba
			Firozabad
			Mathura
			Mainpuri
			Agra
			Etah
			Mahamaya Nagar
			Kanshiram Nagar
			Aligarh
			Budaun
			Bareilly
			Pilibhit
			Lalitpur
			Jhansi
			Jalaun
			Kanpur Nagar
			Etawah
			Auraiya
			Farrukhabad
			Kannauj
			Kanpur Dehat
			Gautam Buddha Nagar

S.No.	State Name	Division	District Name
			Meerut
			Bulandshahr
			Ghaziabad
			Baghpat
			Jyotiba Phule Nagar
			Rampur
			Bijnor
			Moradabad
			Saharanpur
			Muzaffarnagar
17.	Bihar	Tirhut Division	Pashchim Champaran
			Purba Champaran
			Muzaffarpur
			Vaishali
			Sheohar
			Sitamarhi
18.	Bihar	Saran Division	Gopalganj
			Siwan
			Saran
19.	Bihar	Purnia Division	Kishanganj
			Purnia
			Katihar
			Araria
20.	Manipur	Manipur	Imphal East
			Imphal West
			Bishnupur
			Thoubal
21.	Assam	Barak Valley and Hills & Central Assam divisions	Morigaon
			Nagaon
			Karimganj
			Cachar
			Hailakandi
22.	Assam	Lower Assam division	Goalpara
			Dhubri
			Barpeta
			Bongaigoan
23.	Assam	Lower Assam division	Kamrup Metropolitan
			Kamrup
			Nalbari
24.	Assam	North Assam Division	Sonitpur
			Darrang

S.No.	State Name	Division	District Name
25.	Assam	Upper Assam Division	Jorhat
			Golaghat
			Sivasagar
			Dibrugarh
			Tinsukia
26.	West Bengal	Jalpaiguri Division	Darjiling
			Jalpaiguri
			Koch Bihar
27.	West Bengal	Malda Division	Dakshin Dinajpur
			Uttar Dinajpur
			Maldah
			Murshidabad
28.	West Bengal	Medinipur Divsion	Paschim Medinipur
			Purba Medinipur
			Bankura
30.	West Bengal	Presidency & Burdwan Division	Hugli
			South Twenty Four Pargana
			Kolkata
			North Twenty Four Pargana
			Haora
			Barddhaman
			Birbhum
			Nadia
31.	Jharkhand	Santhal Pargana Division	Deoghar
			Godda
32.	Jharkhand	North Chhotonagpur Division	Hazaribagh
			Chatra
			Kodarma
			Giridih
33.	Jharkhand	Palamu Division	Palamu
			Garhwa
34.	Odisha	Northern Division (HQ Sambalpur)	Bargarh
			Subarnapur
35.	Odisha	Northern Division (HQ Sambalpur)	Anugul
			Dhenkanal
36.	Odisha	Central Division (HQ Cuttack)	Khordha
			Nayagarh
37.	Odisha	Central Division (HQ Cuttack)	Puri
			Kendrapara
			Jagatsinghapur
			Jajapur
			Cuttack

S.No.	State Name	Division	District Name
38.	Odisha	Southern Division (HQ Berhampur)	Baudh
			Ganjam
39.	Chattisgarh	Bilaspur Division	Bilaspur
			Janjgir Champa
40.	Madhya Pradesh	Ujjain	Dewas
			Neemuch
			Mandsaur
			Ujjain
			Shajapur
41	Madhya Pradesh	Chambal	Sheopur
			Bhind
			Morena
42	Madhya Pradesh	Gwalior	Gwalior
			Datia
			Shivpuri
			Guna
			Ashoknagar
43	Madhya Pradesh	Bhopal	Sehore
			Rajgarh
			Bhopal
			Vidisha
			Raisen
44	Madhya Pradesh	Sagar-1	Damoh
			Sagar
45	Madhya Pradesh	Sagar-2	Panna
			Chhatarpur
			Tikamgarh
46	Madhya Pradesh	Rewa	Rewa
			Satna
47	Telengana	NA	Adilabad
			Nizamabad
			Karimnagar
48	Telengana	NA	Khammam
			Warangal
49	Telengana	NA	Medak
			Rangareddy
			Hyderabad
			Mahbubnagar
			Nalgonda
50	Andhra Pradesh	Coastal	Srikakulam
			Visakhapatnam
			Vizianagaram

S.No.	State Name	Division	District Name
51	Andhra Pradesh	Coastal & Rayalseema area	East Godavari
			West Godavari
			Krishna
			Guntur
			Prakasam
			Sri Potti Sriramulu N
			Y.S.R.
			Kurnool
			Anantapur
			Chittoor
52	Gujarat	North Gujarat & Central Gujrat	Sabarkantha
			Patan
			Banaskantha
			Gandhinagar
			Mahesana
			Kheda
			Anand
			Ahmadabad
53	Gujarat	Saurashtra	Jamnagar
			Porbandar
			Junagadh
			Amreli
			Rajkot
			Surendranagar
			Bhavnagar
54	Kerala	North Kerela	Kasaragod
			Kannur
			Wayanad
			Kozhikode
			Malappuram
55	Karnataka	Bangalore Division	Bangalore Rural
			Bangalore
			Ramanagara
56	Karnataka	Bangalore Division	Davanagere
			Shivamogga
			Chitradurga
57	Karnataka	Bangalore Division	Tumakuru
			Chikkaballapura
			Kolar
58	Karnataka	Mysuru Division	Chamarajanagar
			Mysore
			Mandya

S.No.	State Name	Division	District Name
59	Karnataka	Mysuru Division	Chikkamagaluru
			Kodagu
			Hassan
60	Karnataka	Belgaum Division	Bagalkot
			Belgaum
			Dharwad
			Uttara Kannada
61	Karnataka	Belgaum Division	Gadag
			Haveri
62	Karnataka	Kalaburagi Division	Bidar
			Yadgir
63	Karnataka	Kalaburagi Division	Koppal
			Raichur
64	Maharashtra	Amaravati Division	Wasim
			Amaravati
			Akola
			Buldana
65	Maharashtra	Aurangabad Division	Osmanabad
			Latur
			Bid
			Aurangabad
			Jalna
66	Maharashtra	Aurangabad Division	Parbhani
			Hingoli
			Nanded
67	Maharashtra	Kokan Division	Thane
			Ratnagiri
			Raigarh
			Sindhudurg
68	Maharashtra	Nagpur Division	Gondiya
			Bhandara
69	Maharashtra	Nagpur Division	Nagpur
			Chandrapur
			Wardha
70	Maharashtra	Nasik Division	Nashik
			Ahmadnagar
			Jalgaon
71	Maharashtra	Pune Divison	Pune
			Satara
			Kolhapur
			Solapur
			Sangli

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