



KNOWLEDGE OF TRIBES ON PSYCHOSOCIAL PROBLEMS AMONG TRIBAL COMMUNITIES IN KERALA

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ABSTRACT

Tribes follow a unique life style, culture and life patterns, but even then they are not free from the social and economic deprivation which they are experiencing for a long time. Amidst growing concerns about their socio-economic problems, their awareness regarding psychosocial problems are not explored adequately. The present article mainly focuses on the knowledge level of tribal communities on social and psychological problems. The findings are based on data collected from 240 respondents of five tribal communities in Kerala. The result shows that a majority of the tribes have an average level of knowledge on the psychological as well as social problems that exist in their community.

Key Words: Tribe, Psychosocial problems, Knowledge

INTRODUCTION

India is a country with a large variety of people of differences in caste, religion, language and culture. Tribes are the indigenous people in India and live in different parts of the country. They are also the most deprived community. The community has experienced different issues especially in term of human rights violations in their life (Purshottam, 2017). The tribes are not ready to stay back in a particular place; they are not static, but quite dynamic. Compared to the non-tribal community members, they do not follow the rigid rules and life style that will influence their social life and create more backwardness.

The Imperial Gazetteer of India (1991) defines 'tribe' as collection of families bearing a common name, speaking a common dialect, occupying or professing to occupy a common territory and is not usually endogamous though originally it might have been so (Rose, 1991). On the other hand, Majumdar (1961) defined a tribe as a collection of families or a group of families bearing a common name, the members of which occupy the same territory, speak the same language, observe certain taboos regarding marriage, profession or occupation and have developed a well-assessed system of reciprocity and mutuality of obligations.

According to the 2011 census, in India 8.91% of the total population consisted of tribes, and are spread all over the states and UTs. Orissa is the state with a large number of tribes. All the communities have their own life style, culture and life patterns. They have settled away from the mainstream society because of the fear of rejection and non-acceptance from the mainstream society. A majority of the community members are not ready to live in the urban area because they are trying to follow some cultural and traditional beliefs connected to the

forest and related things. Based on the available report, 89% of the tribal population reside in rural areas and only 10% of them live in the urban area. Based on the 2011 census, it has been reported that 40.6% of the tribes in India were living below the poverty line. The child malnutrition rates are also high and poverty is more common in the tribal community than the general population (Ministry of Tribal Affairs, 2014).

Even though tribal communities are rich in indigenous knowledge, they are socially deprived. The resources of any country is its citizens. The equitable distribution of these resources is the responsibility of the country. Several government schemes and projects have been implemented for the upliftment of the tribes. Statutory bodies are working both in central level and state level. However, their social transformation is a slow process and it may take several years. Social and economic backwardness is a major issue experienced by the tribal community in India. The availability of resources are minimal and few discontinue their education at the primary level and are not ready to work outside the geographical area. All these issues negatively influence their social and economic empowerment and leads to their life becoming more vulnerable. The society is not completely ready to include them as a human being and most of the time they experience some sort of exclusion and violence from the mainstream society (John, 2019).

Very limited information is available based on the health and disease profile of tribal people in India. The available source of information makes it obvious that the disease may change from one place to another or one person to another depending on the geographical and cultural differences (Banu, 2000). They face various issues from the mainstream society like housing, water scarcity, cultural issues, unemployment, problems in schooling, health issues, anxiety and stress. The problems remain even after 75 years of independence. The government has been trying to implement different programmes and policies for reducing these issues but the proper implementation does not work as per the goals. For the inclusion process, awareness is the basic factor. First of all, the tribal people must be made aware about the current social situation and the issues that have to be overcome within the community. They need greater information about the problems, and must also have a clear-cut idea about the issues around them. Social and psychological problems are interrelated. Making them aware about these problems will help them to find solution themselves. This will reflect in the increase in the knowledge among them when it comes to psycho-social problems.

REVIEW OF LITERATURE

In India after independence, researchers conducted many studies related to tribes and their problems. Some of the studies reflect the real situation of tribes and the wavelength of the issues. All of these studies enrich the knowledge of the study area. Article 366 (25) defined scheduled tribes as "such tribes or tribal communities or parts of or groups within such tribes or tribal communities as are deemed under Article 342 to be Scheduled Tribes for the purposes of this constitution". A study done by Das (2017) has focused on the adolescent problems of tribal girls. It also concentrates on the psychological, emotional and family knowledge about the tribal girls in the particular tribal community. The study proves that out of 170 participants, a total of 80 girls belong to young adolescents (10-14) and 90 girls belong to the 15-19 age group. The results show that a majority (81.25%) belong to a low economic background. The majority of the respondents have physical problems like respiratory problems, dental problems, ophthalmic problems, etc. Among adolescent girls, 38.75% are not aware of menstruation among early adolescents and 53% use sanitary napkins. It can also be seen that 63.3% belong to nuclear families and 54% of the respondents are unaware about the proper age to become a mother. In both the age groups, 43% of the

respondents show poor peer relations and it results in fights with friends and reflects a behavioral disorder in this age group. By the chi-square test, it is proved that there is a strong association within the socio-psychological problems of adolescent girls of age group of 10-14 years and 15-19 years.

The health condition of tribal people is different from that of others and traditionally they practice some treatment procedure with the help of natural products. A study by Basu (2000) has focused on the health condition of tribal people in the Indian context and specifically deals with factors like genetic disorders, sexually transmitted diseases, nutritional status, forest ecology, child health, and health care practices. There is a variation in the population rate of different tribes. Based on racial features, tribal people in India are divided into three namely proto-australoid, the mongoloids and the negritos. Health is an important factor for human development and the well-being of the common man. Tribes in India have special health problems and genetic abnormalities like sickle cell anemia, G-6-PD red cell enzyme deficiency and sexually transmitted diseases. The main factors responsible for these health conditions are insanitary conditions, ignorance, lack of personal hygiene and health education. Maternal mortality is high among tribes. More than 90 percent of deliveries are conducted at home. The infant mortality rate is higher than that of the other mainstream population. In the case of life expectancy at birth, they are below average; it comes 58.6 years of the Indian population. The cultural pattern differs from community to community. Ironically, the poorest people of India are living in the areas of the richest natural resources. Historically, the mainstream people owned their economic resources. Because of these problems, tribes remain socially backward. This study points out that one of the major problems of tribes is that of land alienation and it is because of two reasons. First, dependency and second, improper planning from government agencies. Apart from this, bonded labor, health issues like malnutrition and communicable diseases are some of the problems faced by the tribal people. Assimilation, isolation, and integration are some of the solutions given by the author for this problem. No solution can be experimented without the confidence of the tribal community. Tribes must be included in the process of integration. Everyone should have equal opportunities like the rest of the fellow citizens (Gupta & Beniwal, 2007).

Reddy (2008) published an article on health of tribal women and children with special focus on an interdisciplinary approach. The article suspects the capability of many of the anthropological studies within the tribal population to encompass accessibility, affordability, availability of health services and the limitation in linking the socio-economic, political and ecological factors with the cultural aspects of health. The article suggests that the aspects such as development, literacy, economic base, political participation, levels of integration and assimilation and external agencies and factors are vital. Closely spaced pregnancy is considered as one of the most potential causes for ill-health of women. The link between the collection of minor forest products and deforestation and drought are also very important while considering the health of women according to the article. The article reports that the tribes give birth to more children because they are suspicious of how many would survive. The article then looks at the indicators of tribal children's health and discusses reasons for the ill-health of children such as early weaning and non-compliance to medicine.

A study conducted among the tribes in Kerala by Suresh and Cheeran (2015) focuses on the disparity in literary and educational attainments. The psychosocial aspects of tribal living are greatly affected by deprivation in both educational and literary attainments. Illiteracy keeps them out of the mainstream business and tracks. The report clearly states that there is gender

inequality even in the educational status of tribes. The Malaiarayans, Kurichians and Uralies are the fairly educated tribes in Kerala, which is also not up to the mark. Attitude, accessibility and geographical disadvantage are noted to be responsible factors. Malaiarayans of Wayanad district has a low literacy rate. The study could give out a comprehensive note on the educational and literary attainments of the tribal population of the state.

METHODOLOGY

The present study is mainly focused on the social and psychological knowledge level of the tribal community in Kerala. This study is qualitative in nature and follows the descriptive research design. The data has been collected through the survey method in the selected three districts of Kerala state. The sample frame comprised of five tribal communities of three districts of Kerala -Wayanad, Idukki and Kasaragod. The data was collected through the questionnaire method and the sample size was 240. The purpose of the questionnaire was to identify socio demographic characters of tribes, their knowledge about social problems in the community as well as their knowledge about psychological problems.

MAJOR FINDINGS

The present study is focused on the awareness level of respondents from tribal community about the psychosocial problems of the tribal community members. The data has been collected through the self-prepared questionnaire and the questionnaire has mainly focused on the awareness in different dimensions. The researcher has collected the data from the selected three districts of Kerala state and total number respondents are 240.

Socio-demographic profile

Table 1: Socio-demographic profile of the respondents

Characteristics		Percentage (%)
District	Kasaragod	33.30%
	Wayanad	33.30%
	Idukki	33.30%
Age	20-25	24.2%
	26-30	14%
	31-35	18%
	36-40	44%
Gender	Male	57%
	Female	43%
Educational status	Illiterate	9%
	Lower Primary	7%
	Upper Primary	20%
	High School	35%
	>High School	29%
Occupational status	Daily wages	63%
	Agriculture	4%
	Government job	3%
	Others	30%

Tribal community	Kurichya	37%
	Mannan	12%
	Paliyar	22%
	Malavettuva	17%
	Mavila	12%

The socio-demographic profile has helped the researcher to identify the basic details of the respondents. The data has been collected from the selected three districts of Kerala namely Kozhikode, Wayanad and Idukki. The researcher selected 80 respondents from each district. The age of the respondents was divided into four categories and 44% of them are in the age group of 36-40 years. A majority of the respondents (53%) are male and 47% of them are female and based on the data 35% of the respondents have high school level of education, 29% have high school and above education and 9% of the respondents are illiterate. It clearly indicates that some of the tribal members are illiterate. Based on the occupation, 63% of the respondents are daily wage employees like coolie work, 30% of them have other works such as honey collection, basket making etc. and only 3% of them are government employees. The researcher included the five tribal groups, of which 37% of the respondents are from the Kurichya tribal group, 22% are Paliya and 17% of them are Malavettuva.

LEVEL OF KNOWLEDGE

For identifying the level of knowledge, the respondents were classified into the high, average and low groups based on their knowledge scores in the test. Assuming a normal distribution of knowledge scores, the conventional procedure of using sigma distances was used for classifying the sample. Considering the baseline of the normal curve representing the distribution extending from -3σ to $+3\sigma$, i.e. over a range of 6σ ; tribes whose knowledge scores fall between $M+\sigma$ and $M-\sigma$ were classified as 'Average-Knowledge Group' (AKG), respondents whose scores were below $M-\sigma$ were classified as 'Low-Knowledge Group' (LKG), and respondents whose scores were above $M+\sigma$ were classified as 'High-Knowledge Group' (HKG). For the distribution of knowledge scores, the mean was 149.93 and the standard deviation was 27.34. Therefore, tribes whose knowledge scores were 177 or more (rounded value of $M+\sigma$) were considered to possess 'High Knowledge', those whose scores were less than 122 (rounded value of $M-\sigma$) were considered to possess 'Low-Knowledge', and the remaining who come in between these scores were classified as of 'Average Knowledge'. The data and results of the classification done are shown in the table given below.

Table 2. Assessment of Knowledge

Level of knowledge	Frequency	Percent
Low Knowledge	42	17.5
Average Knowledge	149	62.1
High Knowledge	49	20.4
Total	240	100.0

The tribal community members have been experiencing different forms of psychological issues from the mainstream society and it has negatively influenced their day-to-day life. The present study tried to assess the level of knowledge of respondents on the psycho-social

problems experienced by the tribal community. The level of knowledge has been divided into three sub categories like low, average and high knowledge. This process of assessing the levels has helped to identify the basic knowledge of the community members and how they address the issues connected to their mental health. The study proves that a majority of the respondents (62.1%) have average knowledge about the psychosocial problems experienced by their community members and 17.5% of them have low level of knowledge about the psycho-social problems of the community. Among the respondents, 20.4% have high level knowledge on psycho-social problems in the community. It clearly proves that a majority of the respondents have an average level of knowledge related to the psycho-social problems of the tribal community in the selected three districts of Kerala. The unawareness can create more issues in their life and it has led to different issues in the community. The proper and systematic awareness can help them to cope up with negative situations from the society and also with the community.

Table 3. Level of Knowledge across Districts in Kerala

District	Level of knowledge			Total	χ^2	P value
	Low Knowledge	Average Knowledge	High Knowledge			
Kasaragod	1.3% (1)	55.0%(44)	43.8%(35)	100 %(80)	80.61	.000
Wayanad	5.0%(4)	78.8%(63)	16.3%(13)	100 %(80)		
Idukki	46.3%(37)	52.5%(42)	1.3%(1)	100 %(80)		
Total	17.5%(42)	62.1%(149)	20.4%(49)	100 %(240)		

The researcher selected three districts for the present study based on the availability of the tribal population like Kasaragod, Wayanad and Idukki. The researcher has collected 80 respondents from each district and also followed some inclusion criteria. Based on the knowledge of the tribal counselor based on their districts, it clearly indicates that a majority of the tribal counselors have average level of knowledge related to the psychosocial problems experienced by tribal community members in the selected district. Based on the data, 55% of the respondents from Kasaragod have average knowledge, 43.8% have high and 1.3% have low level of knowledge about the psycho-social problems of the tribal community. Based on the data of Wayanad district, 78.8% have average, 16.3% have high and 5% have low level of knowledge. In Idukki, 52.5% have average, 1.3% have high and 46.3% have low level of knowledge regarding the psycho-social problems of the tribal community. The result clearly proves that a majority of the respondents have average to high knowledge about the psychosocial issues but in Idukki district 37 respondents have very low knowledge about the issues experienced by their community members which means their knowledge level has negatively influenced their daily practices. Compared with the data of the three districts a majority of the tribal counselors (62.1%) have average level of knowledge among the psychosocial issues and 20.4% have high level of knowledge among the issues. Among the respondents, 78.8% of the respondents from Wayanad district have average knowledge and in Idukki have a high number of respondents in low knowledge (46%). The researcher tried to find out the association between the level of knowledge based on the districts and it clearly indicates that there is significant association between the variables. Based on the chi-square result shows, $\chi^2 = 80.61$ and the p value is 0.00, and it clearly indicates that the result is highly significant with 1% level of significance. So, the level of knowledge and district is mutually inter-connected

which means that it will influence their awareness about the psycho-social problem of the tribal community members.

Table 4. Level of Knowledge at different ages

Age	Level of knowledge			Total	χ^2	p-value
	Low Knowledge	Average Knowledge	High Knowledge			
20-25	19.0% (11)	53.4% (31)	27.6% (16)	100.0%(58)	12.24	.057
26-30	6.3%(2)	68.8%(22)	25.0%(8)	100.0%(32)		
31-35	22.7%(10)	70.5%(31)	6.8%(3)	100.0%(44)		
36-40	17.9%(19)	61.3%(65)	20.8%(22)	100.0%(106)		
Total	17.5%(42)	62.1%(149)	20.4%(49)	100.0%(240)		

The age wise classification has been more helpful in identifying the level of knowledge among the respondents. The age has been mainly divided into four broad categories from 20 to 40. It will help to identify the transformation of knowledge from the older community members to youngsters. Based on the present study, it clearly indicated that a majority of the respondents have average level of knowledge when it comes to the psycho-social issues of the community members. Based on the data it can be proved that the age between 20-25 shows that 53.4% have average, 27.6% have high and 19% have a low level of knowledge. The age group of 26-30 shows that 68.8% have average, 25% have high and 6.3% have low level of knowledge of the problems. Within the age group of 31-35, 70.5% of the respondents have low knowledge, 6.8% have high and 22.7% low knowledge of the psycho-social problems of the tribal community members in the selected district of Kerala. The age group between 20 to 25 shows high knowledge on psychosocial problems in the community and it corresponds to 27.6% of the respondents. Among the total respondents, 70.5% are from the age group of 31 to 35. The age group of 31 to 35 has 22.7% of the respondents who have low knowledge. It proves that young counselors have more knowledge about the problems experienced by the community, but the older people are not much aware about the situation in comparison to the younger population. This implies that the younger respondents get more opportunities to identify the issues of the community members and they are more aware about the major issues in the community. The researcher has also tried to find out the association between the age wise classification and knowledge level of the tribal counselors. The researcher has done the chi-square test for identifying the association and the result shows that the χ^2 value is 12.24 and the p-value is 0.057, since the p value is < 0.01 , it is significant at 1 per cent level. The result shows that both the variables have significant association.

Table 5. Gender Difference in Level of Knowledge

Gender	Level of knowledge			Total	χ^2	p-value
	Low Knowledge	Average Knowledge	High Knowledge			
Male	13.5%(14)	64.4%(67)	22.1%(23)	100.0%(104)	2.17	.337
Female	20.6%(28)	60.3%(82)	19.1%(26)	100.0%(136)		
Total	17.5%(42)	62.1%(149)	20.4%(49)	100.0%(240)		

The knowledge level may differ from one person to another and one gender to another. The researcher tried to find out the difference between the knowledge levels of the tribal

respondents based on their gender. It has been divided into two categories - male and female. The result shows the same result from the previous tables, which means that they have an average level of knowledge regarding the psycho-social problems of the tribal community members. It indicated that a majority of the male respondents (64.4%) have average knowledge regarding the problems, 22.1% have high level of knowledge and 13.5% have low level of knowledge regarding the psycho-social problems of tribal people. On the other hand, a majority of the female tribal respondents (60.3%) have average level of knowledge, 19.1% have high level and 20.6% have low level of knowledge among the problems of tribal community members. The result shows the relationship between sex and the level of knowledge, and it is clear that the male majority (64.4%) of the respondents have average knowledge on psycho- social problems. It is obvious that males have a greater average knowledge about psycho-social problems within their community than females. The chi-square result shows that the χ^2 value is 2.17 and p value is 0.337, and since the p value is < 0.01, it is significant at 1 per cent level. The result has significantly proved that the gender and knowledge level has significant association which means they are mutually inter-related.

Table 6. Comparison of Community and Level of Knowledge

Community	Level of knowledge			Total	χ^2	p-value
	Low Knowledge	Average Knowledge	High Knowledge			
Kurichiya	4.5%(4)	76.4%(68)	19.1%(17)	100.0%(89)	104.61	.000
Mannan	28.6%(8)	67.9%(19)	3.6%(1)	100.0%(28)		
Paliyar	55.8%(29)	44.2%(23)	0.0%(0)	100.0%(52)		
Malavettuva	2.4%(1)	56.1%(23)	41.5%(17)	100.0%(41)		
Mavila	0.0%(0)	53.3%(16)	46.7%(14)	100.0%(30)		
Total	17.5%(42)	62.1%(149)	20.4%(49)	100.0%(240)		

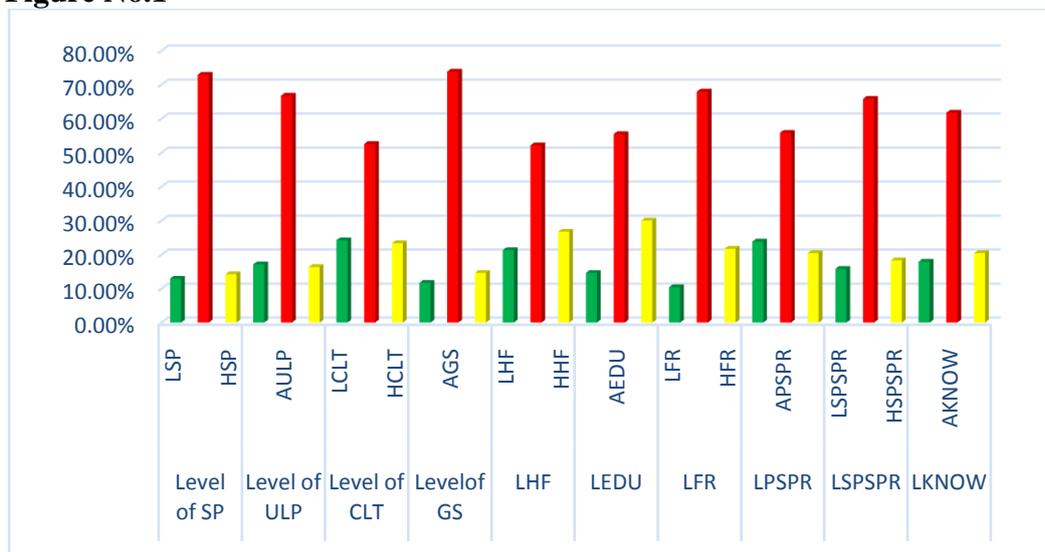
The researcher has already mentioned in the introduction that the study data was collected from the selected three district of Kerala state based on some inclusion criteria. The researcher selected the district of Kasaragod, Wayanad and Idukki because the tribal population has been identified more easily in this district. Based on the selected district, the researcher has included the five different tribal communities in the districts. The tribal communities are Kurichya, Mannan, Paliyar, Malavettuva and Mavila. Among the Kurichiya community, a majority of the respondents have average to high level of knowledge about the psycho-social problems of the tribes and 67.9% of the Mannan community have average level of knowledge. On the other hand, 55.8% of the Paliyar community have low knowledge, 56.1% of Malavettuva have average knowledge and 53.3% of Mavila tribal respondents have average level of knowledge regarding the psycho-social problems of the tribal community. Among the communities, the Paliyar community have low knowledge about the psycho-social problems of tribes and it comes to 55.8%. A majority of the Kurichya community people have average knowledge. Among the communities, the Mavila community has high knowledge on the psycho-social problems of tribes in the community. The chi-square result shows $\chi^2 = 104.61$ and $p = .000$, and since the p value is < 0.01, it is significant at 1 per cent level. It clearly indicates that the level of knowledge and the different communities have significant association, which means that there is a relationship between the community and the knowledge of the tribe about the psycho-social problems in the community.

Table 7. Respondents Level of knowledge on different dimensions of Psycho-social problems.

Dimensions	Low	Average	High
Social problems	31(12.90%)	175(72.90%)	34(14.20%)
Unlawful practices	41(17.10%)	160(66.70%)	39(16.30%)
Problems related to Cultural and traditional aspects	58(24.20%)	126(52.50%)	56(23.30%)
Problems related to Govt. services	28(11.70%)	177(73.80%)	35(14.60%)
Problems related to Health facilities	51(21.30%)	125(52.10%)	64(26.70%)
Problems related to Educational aspects	35(14.60%)	133(55.40%)	72(30.00%)
Problems related to Family and relationship aspects	25(10.40%)	163(67.90%)	52(21.70%)
Psychological problems	57(23.80%)	134(55.80%)	49(20.40%)
Situations based on psychological problems	38(15.80%)	158(65.80%)	44(18.30%)

The researcher has used a self-prepared questionnaire for collecting the data from the selected population. The knowledge level has been divided into three categories like low, average and high. The tool includes various components of psycho-social problems such as social problems, problems related to unlawful practices, cultural and traditional aspects, government services, health facilities, education, family and relationship, psychological problems, situations based on psychological problems etc. A majority of the respondents have average level of knowledge on psycho-social problems. The diagram below graphically represents the knowledge of respondents in different dimensions of psycho-social problems of tribes.

Figure No.1



DISCUSSION

Among the total of 240 respondents, 24.2% (58) of the respondents come within the age group of 20-25 years. Among the respondents, 14% are in between 26-30 years of age, 18% of the respondents are in the age group of 31-35, and most of the respondents are in the age group of 36-40. Wayanad is in first (18.5%) position in tribal population, followed by Idukki

(5%) and Kasaragod which is in the third (3.8%) position in Kerala. Kerala consists of 35 tribal communities among which the study has been conducted in 5 communities namely Kurichya, Mannan, Paliyar, Malavettuva and Mavila. A majority of the respondents are in the Kurichya community and it constitutes about 37% of the total respondents. Then comes the Paliyar community of Idukki and it corresponds to 22% of the respondents. Among the respondents, 17% of the respondents are from the Malavettuva community, and 12% of the respondents are from the Mavila community. For assessing the educational qualification of the respondents five levels are taken- illiterate, lower primary, upper primary, high school and above high school. The result shows that one of the major issues faced by tribes is that of educational backwardness (Sujatha, 2002). There are three major reasons for educational backwardness. It categorized as external, internal, socio-economic and psychological. A majority of the tribes have been following a nuclear family system. One study conducted in Kerala shows (Kattakayam, 1996) that among the tribes, 63% of them belong to nuclear families while 37% are with extended families.

Some of the variables like age, sex, community, and district show a significant relationship with the knowledge level of tribes about their psycho-social problems. In the case of social problems, they face (Jaysawal & Saha, 2017) low literacy, poverty, poor health and drinking water, population growth and poor agriculture output, unemployment, degradation of natural resources and unfavourable economic environment. The district and knowledge comparison shows a regional imbalance in knowledge levels. Among the three districts, Idukki has very low knowledge about psycho-social problems. Only one sample shows a high knowledge in Idukki district. In Kasaragod 43.8% and in Wayanad 16.3% of the respondents shows high knowledge. This shows a regional difference among knowledge levels. The five different tribal communities taken in the study are Kurichya, Mannan, Paliyar, Malavettuva and Mavila. Among the communities, the Paliyar community has low knowledge about psycho-social problems of tribes and it constitutes to 55.8%. Among the communities, the Mavila community has high knowledge on psycho-social problems of tribes in the community.

The knowledge questionnaire is divided into nine different dimensions. When it comes to the respondents having average knowledge of psycho-social problems of tribes, problems related to government services (73.8%), social problems (72.9%) and problems related to family and relationship aspects (67.9%) are on the top positions. This shows that tribal people have an average knowledge on above mentioned psycho-social problems. In the case of health practices, they have indigenous knowledge. Majumdar (2017) says that health problems need special attention among tribes and they are less exposed to developmental schemes.

CONCLUSION

The development of a country is the development of all citizens in the society. Tribes are one of the major concerns of the government. They also have to be included in the process of development. So they must be aware about their situation and how to get into the process of development. This study explains that a majority of tribes in Kerala have an average knowledge on the psychological as well as social problems in the community. Therefore, programmes and schemes must focus on developing the awareness and knowledge about current psycho-social conditions.

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