

A Study on the Economic and Health Conditions of the Deccan Tribes - An Empirical Analysis

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Abstract: *The Deccan Plateau is a key tribal area in India; many Scheduled Tribes live there, relying on forests, land, and traditional livelihoods. However, despite constitutional protections and numerous welfare programs, the tribal communities of the Deccan face persistent deprivation. Against this backdrop, this paper examines the health and socioeconomic conditions of the Gonds, Lambadas (Banjaras), Kolams, Chenchus, Koyas, Naikpods, and Yerukulas, the major Scheduled Tribes in the Deccan. Specifically, it analyses livelihood patterns, poverty, education, housing, social exclusion, nutritional status, disease burden, maternal and child health, mental health, and healthcare access. The Pearson correlation analysis clearly demonstrates that income/earnings play a significant and positive role in determining the quality of healthy life among Deccan tribes. Improving tribal health outcomes, therefore, requires not only healthcare interventions but also sustainable income enhancement and economic security. The Pearson correlation analysis confirms a strong interconnection between economic conditions, livelihood strategies, and natural resource dependence among Deccan tribes. The paper finds that poverty among Scheduled Tribes in the Deccan largely stems from structural problems such as historical dispossession, ecological marginalisation, and inadequate institutional delivery. In light of these findings, the paper forcefully concludes with a call for a rights-based, culturally sensitive, and community-driven development model, asserting that such an approach is essential to significantly transform the well-being of Scheduled Tribes and break the cycle of deprivation.*

Keywords: Deccan Plateau, Scheduled Tribes, Tribal health, Poverty, Livelihoods, Social exclusion

1. Introduction

The tribal people of India are one of the most historically neglected groups. Scheduled Tribes (STs) make up about 8.6% of the country's population, yet a much larger percentage of the sick, poor, and malnourished. Many live on the Deccan Plateau, a vast region spanning Telangana, Andhra Pradesh, Maharashtra, Karnataka, and Madhya Pradesh. The Deccan tribal belt is known for its forest-based economy, low population density, and isolation from most economic activities. Colonial forest policies, post-independence development initiatives, and market integration have all impacted tribal existence by causing land alienation, displacement, and livelihood insecurity through forest reservations, mining, irrigation projects, wildlife conservation, and urban growth (Xaxa, 2014). The Fifth Schedule of the Indian Constitution, reservations in education and jobs, and targeted development schemes aim to provide additional protections to Deccan tribal communities. However, these communities remain among the poorest in income, education, health, and access to basic services. This paper examines these conditions comprehensively, emphasising the health and socioeconomic aspects of tribal life in the Deccan region.

2. Review of Literature

Recent research shows that tribal populations in India are more likely to be sick than the general population. The Expert Committee on Tribal Health found much higher rates of malnutrition, anaemia, malaria, tuberculosis, and maternal death among Scheduled Tribes, linking these issues to inadequate infrastructure, a labour shortage, and remoteness (Ministry of Health and Family Welfare [MoHFW], 2018). This dual burden of infectious and non-communicable diseases is now common among tribal groups, who also experience mental health challenges due to displacement and

job instability (Basu et al., 2021). Rao (2017) attributed poor health outcomes to low health literacy, cultural gaps between providers and tribal patients, and difficult access to health facilities. Furthermore, many still rely on traditional healers, especially for mental and maternal health issues, which can delay biomedical treatment (Xaxa et al., 2014).

Economic studies show that most jobs in the Deccan region are informal, seasonal, and low-paying. Collecting forest products and rain-fed farming provide food but little income security (Rao, 2019). Land loss, insufficient irrigation, and limited access to institutional credit further destabilise the economy (Government of India, 2014). Many people migrate to cities and suburbs at certain times of the year (Deshingkar, 2009).

Recent real-world research shows a strong link between poverty and poor health. Spears (2018) argues that unstable income and food insecurity can affect children's growth, mothers' nutritional status, and the risk of illness. Research using NFHS data shows that families with unstable jobs and no social protection are more likely to face unaffordable health care costs and treatment delays (Balarajan et al., 2011).

Agroecological practices can improve food security, dietary diversity, and women's empowerment (Pimbert, 2016). The study presents food consumption among rural residents in the Bidar district. 66 (44%) respondents consume rice as their staple food, followed by 60 (40%) who consume jowar and 24 (16%) who consume wheat (Lal, 2020). However, large-scale government programs often encounter implementation challenges, interdepartmental coordination issues, and difficulties with cultural adaptation, which reduce their effectiveness in tribal areas (Planning Commission, 2014).

The Government should develop all villages by improving water supply, bus services, and road infrastructure. However,

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a significant gender gap in education persists in tribal society, as evidenced by disparities in literacy levels, dropout rates, and higher-education enrolment (Lal, 2021). Despite increased research, gaps persist—especially regarding the Deccan Plateau, where studies rarely examine health and the economy at the regional and tribal levels. Most existing studies use cross-sectional data, failing to reveal seasonal and long-term impacts on health and livelihoods. Addressing these gaps is essential for creating sustainable tribal development plans.

3. Objectives and Methodology of the Study

- 1) To examine the economic condition and ways of making a living for the tribes of the Deccan, and how much they rely on natural resources.
- 2) To study the health of Deccan tribal communities in terms of nutrition, maternal and child health, communicable and non-communicable diseases, and mental health.
- 3) To look into how people get to and use healthcare services, such as public health facilities and traditional health practices.
- 4) To investigate how economic vulnerability affects health outcomes, especially how unstable income and seasonal work affect health.

This study uses a mixed-methods approach. It combines qualitative analysis with quantitative examination of the link between income and health using Pearson correlation.

Sl. No	Name of the Tribe	Their Significance
1	Gonds	One of the biggest tribes, mostly living in Telangana, Maharashtra, and Madhya Pradesh. Traditionally, farmers and forest users.
2	Lambadas (Banjaras)	They were formerly nomadic traders and transporters, but now most work as agricultural labourers.
3	Kolams	A Particularly Vulnerable Tribal Group (PVTG) that relies on gathering from forests and moving their crops around.
4	Chenchus	A PVTG that lives in the forests of Nallamala in Telangana and Andhra Pradesh.
5	Koyas and Naikpods	Doing podu (shifting cultivation), settled farming, and wage work.
6	Yerukulas	Traditionally engaged in basketry, hunting, and informal trades.

Despite their differences, these tribes face similar challenges, including poor health, social exclusion, and poverty, stemming from structural disadvantages.

4. Results and Discussion

4.1 The Deccan Tribes' Social and Economic Situation

How to Make a Living

Subsistence farming and the environment are the main ways that the Deccan tribes make a living. Farming remains the most common occupation, but it is small-scale, primarily rain-fed, and relatively unproductive. Tribal families that rely on the monsoon often experience crop failures and income shocks. The Koyas and Kolams still practise shifting cultivation, also called podu. Podu farming helps with food security and biodiversity, but forest laws have made it increasingly difficult to practice. This undermines traditional means of earning a living (Reddy, 2016). Jobs in the forest are critical, especially for the Chenchus and Kolams, who are PVTGs. You can make extra money by getting minor forest products (MFP) like bamboo, medicinal plants, honey, gum,

Hypotheses

- H_0 (Null Hypothesis): There is no significant relationship between income/earnings and quality of healthy life among Deccan tribes.
- H_1 (Alternative Hypothesis): There is a significant positive relationship between income/earnings and quality of healthy life among Deccan tribes.
- H_0 (Null Hypothesis): There is no significant relationship among economic conditions, livelihood strategies, and dependence on natural resources.
- H_1 (Alternative Hypothesis): There is a significant relationship among economic conditions, livelihood strategies, and dependence on natural resources.

The Reason for the Study

The study identifies that the economic and health conditions of Deccan tribes are closely linked, with structural barriers impeding progress. It finds that past sectoral approaches have not led to significant improvements. The research provides empirical evidence to inform more effective, integrated policies and programs that improve inclusive health and livelihood outcomes for tribal communities.

Tribal Communities in the Deccan Plateau

Many tribal groups live on the Deccan Plateau. Each has its own language, traditions, and social structure, contributing to the region's diversity. Here are some of the largest tribes:

and tendu leaves. Tribal people must sell their goods to middlemen at low prices because they lack places to store, process, or sell them (Kumar, 2019). Many people relocate during the year. Men and women from the tribe work on construction sites, in brick kilns, cutting sugarcane, and farming in nearby towns and cities. People often move to places where they are exploited, which harms their health care, education, and social life.

4.2 Poor and Unstable Income

Many parts of the lives of Deccan tribes are affected by their long history of poverty. A large number of tribal households live below the poverty line, which means they have few assets, unstable incomes, and a strong dependence on public welfare programs (Planning Commission, 2014). Land loss remains a significant cause of poverty. Even though there are laws to protect tribal land, it has been taken from tribal members and given to people who are not tribal through debt, fraud, and displacement caused by development projects like dams, mining, and wildlife sanctuaries. Losing land directly affects food security and livelihoods (Xaxa, 2014). Inability to obtain credit from banks, insurance companies, or the

Social Security Administration exacerbates income instability. Many families depend on moneylenders, which puts them in debt and keeps them poor from one generation to the next.

Table 1: State-wise Poverty Levels among Deccan Tribes

Sl. No	State	Population Below Poverty Line (%)
1	Telangana	42
2	Andhra Pradesh	45
3	Maharashtra	38
4	Karnataka	40
5	Madhya Pradesh	50

Source: NFHS-5 (2019–21); Census of India (2011); compiled by author.

Table 1 shows that poverty levels among Deccan tribes vary substantially across states. Madhya Pradesh has the highest poverty rate (50%), followed by Andhra Pradesh (45%) and Telangana (42%). Maharashtra has a lower poverty rate (38%), yet all Deccan states still have substantial numbers of poor people.

Table 2: Pearson Correlation Matrix among Economic Conditions, Livelihood Strategies, and Natural Resource Dependence

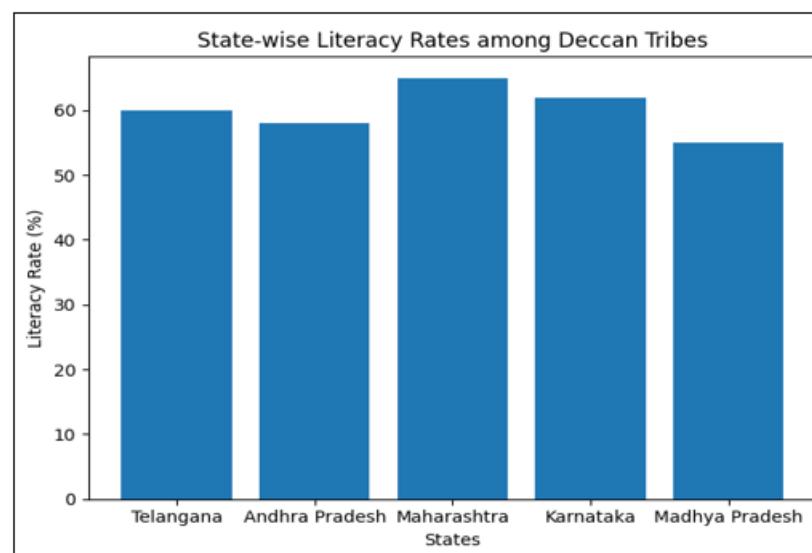
Variables	Economic Conditions	Livelihood Strategies	Natural Resource Dependence
Economic Conditions	1	0.58*	-0.62*
Livelihood Strategies	0.58*	1	-0.45*
Natural Resource Dependence	-0.62*	-0.45*	1

**Correlation is significant at 1% level ($p < 0.01$)

Table 2 presents a statistically significant correlation between Economic Conditions and Livelihood Strategies ($r = 0.58$). A moderate positive association indicates that improved economic conditions are associated with more diversified and stable livelihood strategies. Households with higher incomes and greater job stability are more likely to integrate agriculture, wage labour, and non-farm pursuits. Economic Conditions and Dependence on Natural Resources ($r = -0.62$). A strong negative correlation indicates that impoverished families rely more on forests and other natural resources to survive. As the economy gets better, people rely less on forests and land for food. Strategies for Making a Living and Dependence on Natural Resources ($r = -0.45$). A moderate negative association suggests that diversifying livelihoods lessens reliance solely on natural resources. People who work in non-farm jobs and wage labour are less likely to depend on forest-based livelihoods.

4.3 Education

The tribes in the Deccan still do not have a lot of education. Scheduled Tribes have substantially lower literacy rates than the national average, particularly among women. Kids have a hard time staying in school because they are poor, work as children, move around a lot, get married too young, and do not speak the language. Ashram schools and residential hostels have made it easier for people living far away to attend school. However, issues such as poor infrastructure, insufficient numbers of trained teachers, cultural alienation, and the neglect of tribal languages make them less effective (Govinda & Bandyopadhyay, 2010). Education has not led to stable employment because there are insufficient jobs, people's skills do not match available positions, and people face discrimination. As a result, many educated young people in tribal communities remain unemployed or work insufficiently. Source: NFHS-5 (2019–21); Census of India (2011); compiled by author.



4.4 Housing and Basic Services

Most of the tribes in the Deccan live in bad homes. Most families live in kutcha or semi-pucca homes that lack adequate fresh air and clean water. People still lack easy access to safe drinking water, especially in hilly and forested

areas, where they rely on streams, ponds, and open wells. People still use the toilet outdoors, even though programs such as the Swachh Bharat Mission are trying to change that. This is because sanitation coverage is low. Over the last few years, roads and electricity have improved, but many tribal hamlets remain cut off, especially during the monsoon season.

Inadequate housing and infrastructure make people sick, increase their risk of illness in adverse weather, and make it harder for them to access care.

4.5 Social Exclusion and Marginalisation

Tribal communities often face exclusion due to remoteness, cultural differences, and discrimination. Low voter turnout and limited awareness of legal rights, such as land and forest entitlements, persist. Traditional governance has weakened, while formal systems remain hard to access or indifferent (Thorat & Newman, 2012). Tribal women, despite historic freedoms, face increased marginalisation due to shifting economic and social factors.

5. Health Conditions of the Deccan Tribes

5.1 Health of the Body

Malnutrition is a significant health issue for tribes in the Deccan area. A lot of kids who are stunted, wasted, or underweight mean that they have not been getting enough food for a long time. Relying on cereals, limited access to forest foods, and hunger at certain times of the year worsen nutrition (NFHS-5, 2021). Women and teenage girls are more likely to have anaemia because they do not eat enough, get pregnant too often, and cannot get to doctors. When you do not get enough food, your immune system weakens, making it easier for infections and pregnancy complications to occur.

Table 2: State-wise Anaemia among Deccan Tribal Women

Sl. No	State	Women with Anaemia (%)
1	Telangana	58
2	Andhra Pradesh	60
3	Maharashtra	55
4	Karnataka	57
5	Madhya Pradesh	65

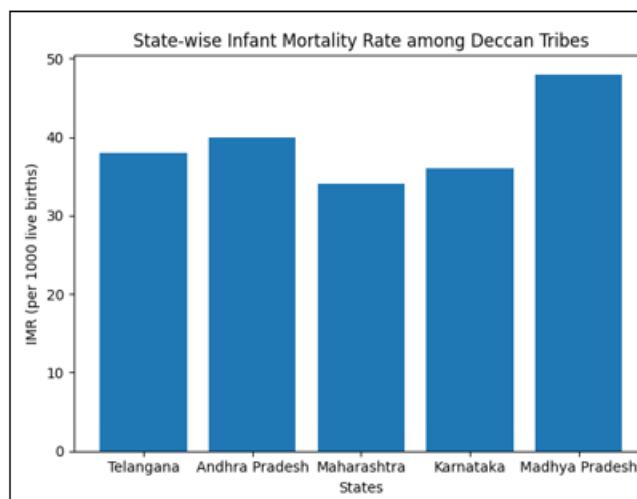


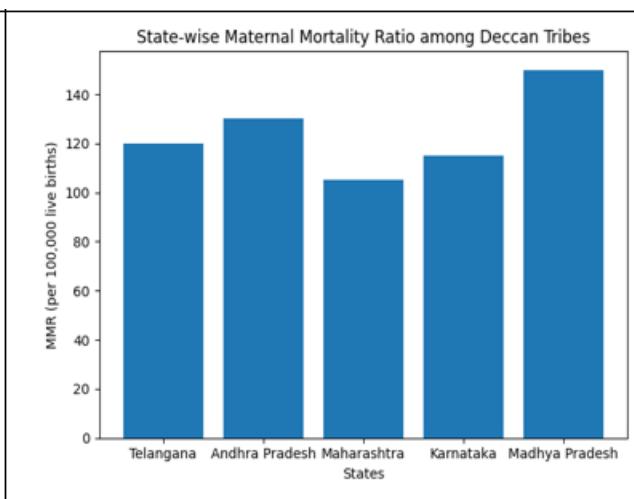
Table 2 demonstrates that a lot of indigenous women in all of the Deccan states had anaemia. Madhya Pradesh has the highest rate (65%), followed by Andhra Pradesh (60%) and Telangana (58%). Even states that perform better, such as Maharashtra and Karnataka, have anaemia rates above 55%. This indicates that many Deccan indigenous women are not receiving adequate nutrition.

5.2 Disease Burden

Malaria, tuberculosis, diarrhoea, and respiratory infections are widespread in Deccan tribal areas. Vector-borne diseases thrive in forests and stagnant water, while poor sanitation and tainted water worsen infections. Recently, non-communicable diseases like hypertension, diabetes, and heart disease have grown due to lifestyle and dietary changes (Basu et al., 2019). However, awareness, screening, and treatment remain limited.

5.3 Health of mothers and children

Maternal and child health among Deccan tribes is below the state average. Mothers often fall ill and die due to early marriage, high fertility, and poor prenatal care. Institutional births have increased through programs such as the Janani Suraksha Yojana, but the quality of care remains inconsistent. Infant and under-five mortality rates are high owing to malnutrition, infections, and inadequate newborn care. Immunisation coverage has improved, but outreach is still insufficient in isolated hamlets.



Source: NFHS-5 (2019–21); Census of India (2011); compiled by author.

5.4 Getting to the doctor

The healthcare system in tribal areas is not good enough. Primary Health Centres are often understaffed, poorly equipped, and far away from where tribes live. Bad roads and transport make it harder to get emergency care. Tribal healthcare systems still rely heavily on traditional healers.

Indigenous medicine reflects a deep comprehension of ecology; however, exclusive reliance on traditional practices may occasionally delay treatment for serious illnesses (Balgir, 2007). Combining traditional and modern healthcare remains uncommon, reducing the likelihood that people will use and trust public health services.

5.5 Mental Health and Drug Use

Policy talks do not usually talk about mental health issues in Deccan tribes. Poverty, having to move, not knowing where your next meal will come from, and losing touch with your culture can all cause stress, anxiety, and depression. Some tribal groups drink alcohol, which is bad for their health, economy, and social life. There are not many mental health services in tribal areas, and the stigma around them makes people less likely to get help.

6. The Government's Interventions and Policy Framework

The Government of India has launched several initiatives to support tribal development and improve access to healthcare. Some of the most important programs are the Tribal Sub-Plan (TSP), the Integrated Tribal Development Agencies (ITDAs), the Forest Rights Act (2006), and the National Health Mission. ICDS, POSHAN Abhiyaan, and mid-day meals are all nutrition programs that have made it easier for women and children to get food. Mobile medical units and community health workers have reached more people in some areas. However, implementation problems remain, stemming from poor coordination, insufficient staffing, inadequate accountability, and limited community involvement. Often, development programs do not consider tribal knowledge systems and priorities because they start at the top.

Pearson Correlation between Income/ Earnings and Quality of Healthy Life of Deccan Tribes.

Variables	Income/ Earnings	Quality of Healthy Life
Income/Earnings	1	0.63*
Quality of Healthy Life	0.63*	1

** $p < 0.01$ (Significant at 1% level), Sample size (N) = 240 tribal households.

The Pearson correlation coefficient ($r = 0.63$) indicates a moderate-to-strong positive association between the Deccan tribal population's income/earnings and their quality of life. At the 1% significance level, the link is statistically significant, indicating that the null hypothesis is rejected. This finding indicates that higher income levels correlate with improved health outcomes, including better nutrition, greater access to healthcare services, safer living conditions, and lower disease prevalence. Tribal families with consistent, higher incomes are better able to pay for better sanitation, medical treatment, healthy food, and transportation to health facilities.

7. The Next Step

A complete, rights-based, and culturally sensitive plan is needed to improve the health and economic conditions of the tribes in the Deccan. Get land and forest rights so that people can live better lives and have enough food. Support businesses that are based on forests and make MFP more valuable. To improve education, use mother-tongue instruction and culturally relevant curricula. Strengthen healthcare systems by deploying mobile units, deploying tribal health workers, and expanding mental health services. Develop nutrition programs to improve the nutrition of

women, children, and adolescents. Make sure the community is involved in both developing and implementing the plan.

8. Conclusion

The health and economic conditions of the Deccan tribes show how deeply rooted structural inequalities are due to historical dispossession, ecological marginalisation, and poor policy implementation. Tribal communities continue to experience various forms of deprivation despite constitutional safeguards and welfare initiatives. We need to stop focusing on welfare and start focusing on empowerment, recognising rights, and development that is based on their culture to help the poor and sick tribes in the Deccan Plateau. Only through strategies that include everyone and get everyone involved can tribal well-being improve in the long term.

References

- [1] Balgir, R. S. (2007). Health and nutritional status of tribal populations in India. *Journal of Biosocial Science*, 39 (1), 81–96.
- [2] Balarajan, Y., Selvaraj, S., & Subramanian, S. V. (2011). Health care and equity in India. *The Lancet*, 377 (9764), 505–515. [https://doi.org/10.1016/S0140-6736\(10\)61894-6](https://doi.org/10.1016/S0140-6736(10)61894-6)
- [3] Basu, S., Garg, S., & Jain, S. (2021). Health of tribal populations in India: How long can we afford to neglect? *Indian Journal of Public Health*, 65 (2), 95–98.
- [4] Basu, S., et al. (2019). Non-communicable diseases among tribal populations in India. *Indian Journal of Public Health*, 63 (3), 190–195.
- [5] Census of India. (2011). Primary Census Abstract. Government of India.
- [6] Deshingkar, P., & Farrington, J. (2009). Circular migration and multi-locational livelihood strategies in rural India. Oxford University Press.
- [7] Government of India. (2014). Report of the High-Level Committee on Socio-Economic, Health and Educational Status of Tribal Communities in India. Ministry of Tribal Affairs.
- [8] Govinda, R., & Bandyopadhyay, M. (2010). Educational access in tribal areas. NUEPA.
- [9] International Institute for Population Sciences (IIPS) & ICF. (2021). National Family Health Survey (NFHS-5), 2019–21: India. Mumbai: IIPS.
- [10] Kumar, K. (2019). Forest livelihoods and tribal economy in central India. *Economic and Political Weekly*, 54 (10), 45–53.
- [11] Lal BS (2020). Economic and Health Damages from Inadequate Sanitation: Experience from Rural Villages, *International Journal of Management (IJM)*, Volume 11, Issue 10, October. <https://www.researchgate.net/publication/373823379>
- [12] Lal BS (2021). Impact of Globalisation on Socioeconomic and Health Conditions: A Quantitative Study of Adivasis, *EJ-SOCIAL, European Journal of Humanities and Social Sciences*, Vol.1, No.2, March.
- [13] Ministry of Health and Family Welfare. (2018). Report of the Expert Committee on Tribal Health. Government of India.
- [14] NFHS-5. (2021). National Family Health Survey (2019–21). Ministry of Health and Family Welfare.

- [15] Planning Commission. (2014). Report of the Expert Group on Tribal Development. Government of India.
- [16] Pimbert, M., & Wakeford, T. (2016). Food sovereignty and agroecology in India. IIED.
- [17] Rao, V. M., Kadam, S., & Reddy, D. N. (2017). Health care access among tribal communities in Telangana. *Indian Journal of Human Development*, 11 (3), 287–304.
- [18] Rao, V. M., & Reddy, D. N. (2019). Livelihood insecurity and wellbeing among tribal households in the Deccan region. *Journal of Rural Development*, 38 (2), 179–198.
- [19] Reddy, D. N. (2016). Shifting cultivation and tribal livelihoods in Telangana. *Social Change*, 46 (2), 253–270.
- [20] Spears, D. (2018). Economic decision-making and human development. *World Development*, 102, 107–118.
- [21] Thorat, S., & Newman, K. (2012). Blocked by caste. Oxford University Press.
- [22] Xaxa, V., Thakur, D., & Kumar, S. (2014). State of tribal health in India. Indian Council of Social Science Research.