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Socio-Economic Variations between Scheduled Tribes and Other Communities in India: Evidence from NFHS-5

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Abstract: ***Socio-economic inequalities among different social groups remain an important issue in India. This study presents a comparative analysis of Scheduled Tribes and other communities in India based on selected socio-economic indicators using data from the National Family Health Survey-5 (NFHS-5), 2019-21. Indicators such as wealth distribution, educational attainment, literacy, mortality rates, maternal and child health care utilization, prevalence of anaemia and access to sanitation facilities were examined. The results indicate that Scheduled Tribes lag behind other communities in most socio-economic and health indicators. A large proportion of the ST population belongs to the lowest wealth quintile and has lower levels of educational attainment and literacy. Health indicators such as infant mortality, child mortality, and prevalence of anaemia are comparatively higher among Scheduled Tribes. Access to sanitation facilities and utilization of institutional health services are also lower. The study highlights the persistent socio-economic disparities faced by Scheduled Tribes and emphasizes the need for targeted policy interventions to improve their overall living conditions and health outcomes.***

Keywords: Scheduled Tribes, Socio-economic indicators, NFHS-5, Health inequality, Education

1. Introduction

India is characterized by rich social and economic diversity, with variations across different communities. Scheduled Tribes (STs) form an integral part of this diversity, with distinct cultural identities and living patterns. In some cases, geographical location and settlement patterns may influence access to services such as education, healthcare and livelihood opportunities. Understanding these variations is important for designing inclusive and evidence-based development policies. The National Family Health Survey (NFHS) provides comprehensive information on population health, nutrition and socio-economic conditions in India. The fifth round of the survey, NFHS-5 (2019–21), offers detailed data at national, state, and district levels.

This study attempts to analyze and compare the socio-economic conditions of Scheduled Tribes with other communities such as Scheduled Castes (SC), Other Backward Classes (OBC) and other social groups using selected indicators from NFHS-5. The analysis focuses on wealth distribution, education, literacy, mortality rates, maternal and child healthcare utilization, prevalence of anaemia, and access to sanitation facilities.

2. Objectives of the Study

1) To compare socio-economic and health indicators of Scheduled Tribes with other communities in India.
2) To examine variations in wealth, education, health and living conditions across different social groups.
3) To analyze key indicators such as literacy, mortality, nutrition and access to basic services using NFHS-5 data

3. Data Source

The study is based on secondary data obtained from the **National Family Health Survey (NFHS-5), 2019–21** conducted in India. NFHS-5 collected information from **707 districts across 28 states and 8 union territories**. A total of **664,972 households were selected**, out of which **636,699 households were successfully interviewed**, resulting in a response rate of **98 percent**.

The survey identified **747,176 eligible women aged 15–49**, of which **724,115 women were interviewed**, yielding a response rate of **97 percent**. Similarly, **111,179 eligible men aged 15–54** were identified, and **101,839 men were successfully interviewed**, with a response rate of **92 percent**.

NFHS covers both **de jure population** (usual residents of the selected households) and **de facto population** (individuals who stayed in the household the night before the interview).

4. Analysis

Table 1: Classification of Population by Wealth Quintiles

Caste/Tribe	Percentage of Population				
	Lowest Quintile	Second Quintile	Middle Quintile	Fourth Quintile	Highest Quintile
Scheduled caste	25.5	23.7	21.2	17.3	12.3
Scheduled tribe	46.3	24.4	14.9	8.9	5.4
Other backward class	16.3	20.1	21.9	22.5	19.2
Other	11.3	15.1	17.9	22.4	33.3
Don't know	27.9	20.2	18.9	15.8	17.2

46.3 percent of the Scheduled Tribe population falls in the lowest wealth quintile, which is considerably higher than other communities. In contrast, only **5.4 percent of Scheduled Tribe households belong to the highest wealth quintile**, indicating significant economic disadvantage.

Table 2: Educational Attainment of Household Population

Level of Schooling / Caste/Tribe	Percentage of Population of Age 6 & above								Median number of years of schooling completed
	No schooling	<5 years complete	5-7 years complete	8-9 years complete	10-11 years complete	12 or more years complete	Don't know/ missing	Total	
Scheduled caste	32.6	16.4	15.6	13.6	9.0	12.8	0.0	100	4.1
Scheduled tribe	38.5	16.8	14.7	13.2	7.3	9.4	0.0	100	2.7
Other backward class	28.8	15.2	16.0	13.1	10.5	16.3	0.0	100	4.8
Other	19.5	14.7	15.9	14.1	12.6	23.2	0.0	100	7.0
Don't know	32.9	20.8	16.9	12.9	7.5	8.8	0.1	100	3.4

Educational attainment is an important indicator of socio-economic development. The analysis reveals that **38.5 percent of the Scheduled Tribe population aged six years and above has no schooling**, which is the highest among all communities. Furthermore, the **median years of schooling completed by Scheduled Tribes is only 2.7 years**, compared with **7 years for the "Other" category**, indicating a substantial educational gap.

Table 3: Literacy in Men & Women of age 15 to 49 -

Caste/Tribe	Number of Men	Percentage Literate	Number of Women	Percentage Literate
Scheduled caste	18977	80.6	158483	65.8
Scheduled tribe	8441	75.2	67263	58.3
Other backward class	38986	85.6	310783	71.8
Other	26244	88.4	182474	81.2
Don't know	496	70.8	5112	52.7

Literacy levels among both men and women are comparatively lower in Scheduled Tribes.

- Literacy rate among **ST men: 75.2 percent**
- Literacy rate among **ST women: 58.3 percent**

These rates are lower compared to other communities, highlighting gender as well as social disparities in education.

Table 4: Early Childhood Mortality

Caste/Tribe	Neonatal Mortality (NN)	Postneonatal Mortality (PNN) (4-1)	Infant mortality	Child mortality	Under-five mortality
1	2	3	4	4	5
Scheduled caste	29.2	11.4	40.7	8.6	48.9
Scheduled tribe	28.8	12.9	41.6	9.0	50.3
Other backward class	24.3	9.9	34.1	6.6	40.5
Other	19.5	8.5	28.0	4.9	32.8
Don't know	35.1	16.6	51.6	6.4	57.7

Child mortality indicators are widely used to measure health conditions and socio-economic development.

The study shows that **infant mortality rate (41.6)**, **child mortality rate (9.0)**, and **under-five mortality rate (50.3)** are higher among Scheduled Tribes compared to other communities. These findings indicate poorer maternal and child health conditions among tribal populations.

Table 5: Perinatal Mortality

Caste/ Tribe	Number of stillbirths	Number of early neonatal deaths	Perinatal mortality rate [(2+3)/5]*1000	Number of pregnancies of 7 or more months' duration
1	2	3	4	5
Scheduled caste	779	1,285	38.2	54,063
Scheduled tribe	261	526	34.0	23,181
Other backward class	1,079	2,019	30.8	100,539
Other	552	802	26.3	51,466
Don't know	18	53	33.0	2,154

Perinatal mortality includes stillbirths and early neonatal deaths. The perinatal mortality rate among Scheduled Tribes is **34 per 1,000 pregnancies**, which is higher than several other social groups.

Table 6: Place of Delivery

Caste/Tribe	Percentage of Women age 15-49 who give live births in the 5 year preceding the survey								Percentage delivered in a health facility	Number of births
	Public sector	NGO/ trust	Private sector	Own home	Parent's home	Other home	Other	Total		
Scheduled caste	68.1	0.3	18.9	10.8	1.6	0.1	0.2	100	87.3	53,756
Scheduled tribe	69.7	0.4	12.1	15.4	1.9	0.1	0.3	100	82.3	23,141
Other backward class	59.8	0.4	29.3	8.9	1.3	0.1	0.2	100	89.5	100,408
Other	55.9	0.6	34.6	7.2	1.2	0.1	0.3	100	91.2	51,406
Don't know	66.8	0.9	18.1	12.3	1.5	0.2	0.3	100	85.7	2,159

Institutional delivery is an important factor in reducing maternal and infant mortality. The percentage of deliveries in health facilities among Scheduled Tribe women is **82.3 percent**, which is lower compared to other communities. This suggests comparatively lower utilization of institutional healthcare services among tribal populations.

Table 7: Postnatal Health Check for Mothers and Newborns

Caste/Tribe	Percentage of Women age 15-49 for first postnatal health check for the last live birth in the 5 years preceding the survey								Number of women
	Doctor	ANM/nurse/ midwife/ LHV	Other health personnel	*Dai* (TBA)	ASHA	Other	No postnatal health check	Total	
Scheduled caste	39.3	28.3	0.2	2.5	12.5	0.1	17.0	100	39,627
Scheduled tribe	35.8	29.6	0.3	2.5	15.0	0.2	16.5	100	17,291
Other backward class	43.3	27.5	0.3	2.2	11.4	0.1	15.2	100	75,232
Other	50.4	21.3	0.2	1.5	10.4	0.2	16.1	100	41,236
Don't know	40.2	23.7	0.1	2.4	11.3	0.2	22.0	100	1,560

Postnatal care is essential for monitoring the health of both mothers and newborns. The percentage of mothers receiving their first postnatal check from a doctor is lower among Scheduled Tribes.

Table 8: Type of provider of first postnatal health check for the newborn

Caste/Tribe	Percentage of Newborn in the 5 years preceding the survey who got postnatal health check during the two days after the birth								Total	Number of births
	Doctor	ANM/ nurse/ midwife/ LHV	Other health personnel	Dai (TBA)	ASHA	Other	Don't know/ missing	No postnatal health check		
Scheduled caste	13.6	11.6	0.2	2.0	15.5	0.1	0.3	56.7	100	39,627
Scheduled tribe	11.4	13.2	0.2	1.9	17.7	0.1	0.3	55.2	100	17,291
Other backward class	16.1	11.5	0.2	1.6	13.4	0.1	0.2	56.9	100	75,232
Other	16.9	8.9	0.2	1.1	14.3	0.1	0.3	58.2	100	41,236
Don't know	13.1	7.2	0.2	1.7	11.3	0.3	1.4	65.0	100	1,560

A large proportion of newborns among Scheduled Tribes do not receive timely postnatal health checks, indicating gaps in post-delivery healthcare services.

Table 9: Prevalence of Anaemia

Caste/Tribe	Percentage of children age 6-59 months having Anaemia				Number of children
	Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (<7.0 g/dl)	Any anaemia	
Scheduled caste	29.2	37.8	2.5	69.5	36,135
Scheduled tribe	29.8	40.4	2.2	72.4	14,481
Other backward class	28.7	34.6	1.9	65.2	65,009
Other	30.1	33.7	1.9	65.8	35,749
Don't know	28.7	43.2	1.4	73.3	1,379

Table 10: Prevalence of Anaemia in women

Caste/Tribe	Percentage of Women age 15-49 having Anaemia				Number of Women
	Mild (11.0-11.9 g/dl)	Moderate (8.0-10.9 g/dl)	Severe (<8.0 g/dl)	Any anaemia (<12.0 g/dl)	
Scheduled caste	25.5	30.5	3.2	59.2	150437
Scheduled tribe	26.4	35.2	3.0	64.6	64528
Other backward class	25.3	26.8	2.5	54.6	292922
Other	26.1	27.9	2.3	56.4	169483
Don't know	26.7	32.0	2.9	61.7	4666

Anaemia remains a major nutritional and public health problem in India.

The prevalence of anaemia is highest among Scheduled Tribes:

- Children (6–59 months): 72.4 percent
- Women (15–49 years): 64.6 percent

These figures are higher than those observed among other communities, reflecting poor nutritional status.

Table 11: Access to Sanitation facilities

Caste/Tribe	Percentage of households having access to a toilet facility		
	Urban	Rural	Total
Scheduled caste	91.4	71.2	76.9
Scheduled tribe	88.8	65.1	68.5
Other backward class	95.6	75.7	82.3
Other	98.6	87.8	92.5
Don't know	96.4	69.0	80.2

Sanitation is an important determinant of health and living standards. The percentage of households with access to toilet facilities among Scheduled Tribes is **68.5 percent**, which is lower compared to other communities.

Access to sanitation facilities is also significantly higher in urban areas than in rural areas.

5. Conclusion

The present study, based on NFHS-5 (2019–21) data, indicates that Scheduled Tribes in India continue to experience certain socio-economic and health-related challenges in comparison with other communities such as SC, OBC, and others. The findings suggest that a considerable proportion of the ST population is concentrated in lower wealth quintiles, with relatively lower levels of education and literacy. Health indicators such as child mortality, perinatal mortality, and prevalence of anaemia are also observed to be comparatively higher, pointing towards ongoing concerns in health and nutrition.

Access to essential services, including institutional healthcare and sanitation facilities, has shown improvement over time; however, it remains relatively limited in some areas. These observations suggest that while government initiatives and welfare programmes are making a positive impact, there is still scope for further progress.

The study highlights the importance of continued efforts towards strengthening the implementation and outreach of existing programmes. A more focused and inclusive approach, along with context-specific interventions, may help improve access to education, healthcare, nutrition, and basic infrastructure in tribal regions.

Overall, addressing these gaps gradually can contribute to more balanced and inclusive development, ensuring that Scheduled Tribes continue to benefit from the country's overall progress.

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