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INDIAN CONSTITUTION AND ADIWASI CHILD RIGHT TO HEALTH AND EDUCATION

Dr. Seema B. Adhau [1], Ku. Anuradha Prakashrao Patharkar [2]

[1] Ph. D. Research Guide and Head of Department Home Economics, Indirabai Meghe Mahila Mahavidyalay, Affiliated to Sant Gadgebaba Amravati University, Amravati, Maharashtra, India
[2] Ph.D., Research Scholar, Department of Home Economics, Sant Gadgebaba Amravati University, Amravati, Maharashtra, India

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ABSTRACT

The Indian Constitution guarantees fundamental rights and directive principles that ensure social justice, equality, health, and education for all. However, Adivasi (tribal) children remain one of the most vulnerable groups due to socio-economic disadvantages, poor access to healthcare, and limited educational opportunities. This paper explores the relationship between children's personal information and nutritional factors, using empirical data to highlight disparities. The study emphasizes the importance of constitutional safeguards and effective policy implementation in ensuring the right to health and education for Adivasi children.

1. INTRODUCTION

The Constitution of India, adopted in 1950, was envisioned as a transformative document that ensures justice, equality, and liberty for all citizens. Among its many commitments, it emphasizes the well-being of children, recognizing health and education as central to human development. Children from Scheduled Tribes (ST), commonly referred to as Adivasis, face unique challenges that make the realization of these rights particularly complex.

Adivasis constitute around 8.6% of India's population, largely residing in remote, forested, and hilly areas. Despite having rich cultural traditions and knowledge systems, they have historically been deprived of socio-economic opportunities. Their children often suffer from poor health conditions, malnutrition, and lack of access to quality education. While the Constitution, through Fundamental Rights and Directive Principles, provides a strong framework, the socio-political realities create barriers in effective implementation.

Education for Adivasi children is a crucial means of empowerment. It enables them to access livelihood opportunities while also preserving their cultural identity. However, dropout rates remain high, often due to poverty, infrastructural deficits, and language barriers. Similarly, healthcare services are scarce in tribal regions, leading to high rates of anemia, vitamin deficiencies, and child mortality. This paper therefore examines how constitutional provisions

interact with the ground realities of Adivasi children's health and education, identifying the gaps and suggesting measures for improvement.

2. OBJECTIVES

1) To study the dietary and nutritional intake of Adivasi children in relation to their socio-economic background.
2) To examine the gender-wise differences in physiological and nutritional variables among Adivasi children.
3) To compare the nutritional status of boys and girls with the recommended dietary standards.

3. HYPOTHESES

1) Boys and girls show significant differences in their anthropometric measurements and nutritional intake.
2) The dietary intake of both boys and girls is below the recommended nutritional standards.

4. REVIEW OF LITERATURE

1) Brigitte Fain (2008)

In the study conducted by, childhood growth is dependent on nutritional status. Therefore, when the weight and height for age of the tribal children in the study were recorded and compared with the weight and height recommended by WHO (2006), the height and weight showed a statistically significant difference and were lower than the recommended values.

2) Plannin Commission of India (2011),

The report highlighted that although the Indian Constitution under Article 46 provides special provisions for the welfare of Scheduled Tribes, the implementation has remained weak. Particularly in the sectors of health, nutrition, and education, the outreach of schemes is limited, leading to high levels of malnutrition and school dropouts among tribal children. The report recommended stronger implementation of the Tribal Sub-Plan (TSP) and PESA Act, 1996 for the holistic development of tribal communities.

3) Xaxa Committee Report (2014),

found dropout rates among tribal children significantly higher than the national average. It suggested culturally relevant pedagogy, inclusion of tribal languages, and localized teacher training as corrective measures.

4) Pranab Dahal et al. (2022),

in their study on "Gender Inequality and Violence in Nepal", explained how social inequalities translate into poor access to nutrition and healthcare among marginalized groups, including tribal children. They recommended targeted health interventions.

5. METHODOLOGY

The study adopts a descriptive and analytical research design. It focuses on evaluating the dietary intake, anthropometric data, and nutritional deficiencies of Adivasi children with reference to gender and other socio-economic variables.

The sample consisted of Adivasi children from residential (ashram) schools. Equal numbers of boys and girls were included to allow for gender-based comparison. Data was collected using the 3-day recall method to record the actual dietary intake of children. Measurements such as height, weight, BMI, arm circumference, etc., were recorded.

6. RESULTS AND DISCUSSION

Education and health are two essential pillars of a child's overall development. They are clearly mentioned in the Directive Principles of State Policy and the Fundamental Rights of the Indian Constitution. Article 21A guarantees free and compulsory education for children aged 6 to 14 years. Article 24 prohibits child labour, while Articles 39, 45, and 46 assign the State the responsibility of safeguarding the health, nutrition, and educational opportunities of children,

especially those from weaker and tribal sections. However, despite these provisions, Adivasi children continue to face challenges such as malnutrition, poor hygiene, lack of access to healthcare facilities, and irregular school attendance. Hence, this study attempts to evaluate their nutritional and educational status while highlighting the constitutional safeguards provided to them.

To present the relationship between nutritional factors and health indicators more clearly, the following table is provided.

Table 1 Correlation between Children's Personal Information and Nutritional Factors

Sr.No.	Nutrient	Medical Indicators	Diet	Health
1.	Proteins	0.089*	0.108*	0.106*
2.	Fats	0.093*	0.128*	0.132**
3.	Vitamin B12	0.119**	0.116**	0.118**
4.	Calcium	0.072	0.062	0.043
5.	Iron	0.113**	0.147**	0.129**
6.	Vitamin C	0.138**	0.139**	0.120**

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The correlation coefficient in the table shows that the children of families with higher monthly income also have better diet, health and medical indicators. The dietary intake of these children of protein, fat, vitamin A, calcium, iron and vitamin C is similar to that of their age and recommended intake.

To understand the variation in personal variables according to gender, the following table presents the mean and standard deviation of Adivasi boys and girls.

Table 2 Gender-wise Mean and Standard Deviation

Sr. No	Gender	Measure	Total	Age	Personal Info	Family Info	Monthly Income (₹)	Medical Signs	Personal Hygiene	Diet	Health	BMI
1	**Boys**	**Mean**	224	12	14.7	6.75	9976	24.2	13.6	61.1	53.3	21.4
		Std. Deviation		1.49	1.91	0.92	11806	6.71	1.44	5.98	8.75	4.37
		S.E.		0.09	0.11	0.05	700.7	0.4	0.09	0.36	0.52	0.26
2	**Girls**	**Mean**	276	12.1	14.8	6.73	9064	24.1	16.3	61.4	53.4	21.2
		Std. Deviation		1.6	1.93	0.97	12889	2.29	1.52	6.33	8.88	4.44
		S.E.		0.11	0.13	0.07	876.8	0.16	0.1	0.43	0.6	0.3

From the table given, after comparing the calculated Z-value with the table value, it is observed that these values are not statistically significant. There is no significant difference between boys and girls in terms of age, personal information, family background, medical records, personal hygiene, dietary health, and anthropometric measurements. However, since the mean scores of boys and girls are 13.6 and 16.3 respectively, when the researcher tested the significance of this difference at the 10 percent level of significance, the difference was found to be statistically significant. From this, the researcher concluded that compared to boys in residential schools, girls appear to be more aware.

7. CONCLUSION

1) Nutritional status of Adivasi children is directly linked to their family's economic condition.
2) Deficiencies in iron, vitamin C, and B12 are common among tribal children, affecting growth and learning.
3) Despite constitutional safeguards, implementation in tribal areas remains weak.
4) Gender differences are minimal, but girls show better hygiene awareness.

8. SUGGESTION RECOMMENDATIONS

1) Strengthen mid-day meal schemes with inclusion of iron, vitamin C, and B12 rich foods.
2) Ensure regular health check-ups and nutrition awareness programs in ashram schools.
3) Provide scholarships and financial aid to tribal families to reduce economic barriers.
4) Strengthen implementation of Article 21A and Article 46 in tribal belts to promote inclusive education and health equity.
5) Collaboration between government, NGOs, and local communities for sustainable health and education programs.

CONFLICT OF INTERESTS

None .

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