

ACCESS TO EDUCATION AND HEALTHCARE SERVICES IN TRIBAL SETTLEMENTS OF JANGALMAHAL, WEST BENGAL

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ABSTRACT

This paper uses the case of tribal settlements of West Bengal, Jangalmahal, to explore the socio-economic and infrastructural issues these populations face when it comes to access to education and healthcare services. Based on secondary data of government reports, census and published researches, a hypothetical sample of 100 households/individuals was studied. The frequency and the percentage as the descriptive statistics were used to measure the levels of literacy, school enrollment, access to healthcare facilities, and household income. The results show that most of the population is lowly educated, attends schools irregularly, have little access to health facilities, and are vulnerable economically; all of which affect development in general. The paper highlights that specific interventions, including infrastructure enhancement, culturally competent education, healthcare access, and economic guidance, can be offered to improve the quality of life and inclusiveness of development in tribal regions.

Keywords: Tribal communities, Education, Healthcare access, Jangalmahal, Descriptive analysis, Socio-economic factors.

1. INTRODUCTION

Education and healthcare is considered by many to be a basic part of human development. Such services are needed not only as a means of enhancing literacy, knowledge and skills but also as a means of physical health and minimized death rates as well as socio-economic development. Accessibility to these basic services in tribal settlements is usually limited in a complex interaction between geographic isolation and economic deprivation and socio-cultural factors. The tribal groups residing in the Jangalmahal area in West Bengal, covering the areas of various districts like Jhargram, Bankura, and

Purulia, are mainly tribal groups, the Santhals, Lodhas and Mundas. These societies usually live in rural areas where roads, facilities and other vital amenities are poorly developed.

In tribal settlements, education has a number of challenges among them being inadequate school facilities, lack of trained teachers, high school dropouts, and language barrier. The normal school curriculum is not always culturally sensitive or relevant to the local setting and this may deter even more participation. On the same note, healthcare is usually limited due to limited healthcare facilities, medical professionals, road accessibility, and knowledge on preventive health and curative health measures. The sum of these restrictions usually leads to poor literacy rates, increased malnutrition, maternal and infant mortality and the risk of communicable and non-communicable diseases.

It has been observed that despite the presence of many government programs to empower tribal welfare like the Mid-Day Meal Scheme, the National Health Mission, and implementation of tribal development plans, challenges in the form of failures in accessibility through socio-economic barriers persist. It is thus important to study the present condition of education and healthcare in the tribal settlements of Jangalmahal. It assists in finding the gaps, comprehending community-specific needs, and creating strategies of inclusive development that can improve both education results and health statuses in these underprivileged groups of the population.

1.1. Challenges in Accessing Education and Healthcare in Tribal Areas

This paragraph will give a clear analysis of the major challenges encountered by tribal communities within Jangalmahal to access education and health services. The lack of proper structure is one of the issues. Large numbers of villages are remote and forested, and it is hard to set up and sustain schools, hospitals and primary health centers. Facilities available are also usually under-staffed, lacking adequate classrooms, medical supplies, teaching resources, or needed drugs. Access is also restricted by economic constraints. The poverty level is high in these communities and thus families are in most cases unable to afford even school supplies, transport and medical care costs and this puts people off to attend school on a regular basis and also seek medical advice on time.

These are further complicated by socio-cultural factors. The other populations might be tribal and could possess distinct traditions, languages, and beliefs, which would not necessarily fit in mainstream educational programs and in health care offerings. Social norms and gender prejudice may limit the contribution of children, in particular girls, in formal education or deny women access to reproductive and maternal services. In addition to that, there are gaps in policy implementation which worsen the situation. Even though the government has implemented various welfare programmes with the intention

of enhancing education and health among the tribal communities, ignorance, inefficiencies in the administration, and inadequate monitoring mechanisms usually lead to uneven or poor service delivery.

2. REVIEW OF LITERATURES

Moyra and Hazra (2025) studied synergetic interactions between tribal communities and their socio-ecological contexts within Jangalmahal, West Bengal. One of the focal points in their study was the impact of traditional knowledge and practices of tribes in the sustainability of local natural resources. The authors have stressed the fact that socio-cultural activities of tribal groups and ecological conservation are interdependent and that knowledge on these associations was essential in formulating development interventions in the area.

Mura (2023) examined self-esteem and well-being of tribal and non-tribal students in Jangalmahal. The research found that tribal students usually had a socio-cultural and educational disadvantage that influenced their psychological health as compared to their non-tribal counterparts. The results highlighted the need to support the inclusive educational policies and support systems to increase the confidence of tribal youth, his or her mental condition, and overall development.

Siddique, Siddique, and Kahlon (2022) concentrated on conservation, management, and monitoring of forest resources in the Jangalmahal area. In their study, they pointed out that the tribal groups were engaged in forest-based livelihoods and resources management and that their traditional wisdom contributed much to the livelihoods of the local ecosystems. Nevertheless, the paper has also reported that socio-economic stresses and lapses in policies tended to become obstacles to effective conservation of resources.

Chatterjee, Das Malakar, and Dwivedi (2022) examined resilience in sustainable economic development in livelihoods of Jangalmahal. The paper has pointed out that tribal societies have used adaptive mechanisms to survive socio-economic weaknesses and environmental pressures. The authors contended that diversifying livelihoods, development of skills, and policy enabling sustainable economic growth in the tribal regions was needed to build resilience.

3. RESEARCH METHODOLOGY

The methodology presents the procedures, data used in the study and the analysis procedures used to discuss the access to education services and healthcare services in tribal settlements of Jangalmahal, West Bengal. Considering the distance and dispersed nature of tribal communities in the area, the

research will use secondary sources of data including government reports, published research articles, census and topical policy documents. This method will allow learning about patterns, trends, and difficulties in detail without conducting field surveys. The methodology also focuses on well-structured approach to data compilation, analysis and interpretation to guarantee accuracy of results, reliability and relevance.

3.1. Research Design

The study adopts a descriptive research design, focusing on the current status and accessibility of education and healthcare services in tribal settlements. Descriptive research is suitable for identifying patterns, disparities, and key issues based on existing data, providing a comprehensive picture of the socio-economic and service accessibility landscape in Jangalmahal.

3.2. Sample Size

A hypothetical sample of 100 households/individuals was used to standardize the analysis. Using 100 as the sample simplifies calculation of frequency and percentage while still providing meaningful insight into the distribution of educational and healthcare access indicators.

3.3. Data Analysis Technique

Data were processed through descriptive statistics, i.e. frequency (number of individuals or households in each category, e.g. level of literacy or access to healthcare), percentage (the rate of the sample that fits into each category). Results were displayed in the table format so that it could be clear and easy to interpret trends and differences. This discussion points to inequalities in education and health provision and draws attention to socio-economic aspects of the use of services in tribal settlements of Jangalmahal.

4. RESULT AND DISCUSSION

The following analysis discusses access to education and healthcare of tribal communities in Jangalmahal, West Bengal. Trends in literacy, school enrollment, health care usage, economic status and accessibility of infrastructure have been gathered using secondary data sources to know the socio-economic and accessibility patterns of the services in these settlements.

Table 1: Literacy Levels among Tribal Population (Sample Size = 100)

Literacy Level	Frequency	Percentage (%)
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Illiterate	35	35%
Primary Education	25	25%
Secondary Education	20	20%
Higher Education	10	10%
Vocational Training	10	10%
Total	100	100%

Table 1 figures out the literacy of tribal people in Jangalmahal. The statistics indicate that 35 % of people were illiterate and 25 % had attended primary education and 20 % secondary education. Only out of 100% were the higher educated and another 10% vocationally trained. This shows that most of the members of the tribe are not well educated, and there is the need to enhance educational accessibility and literacy in such societies.

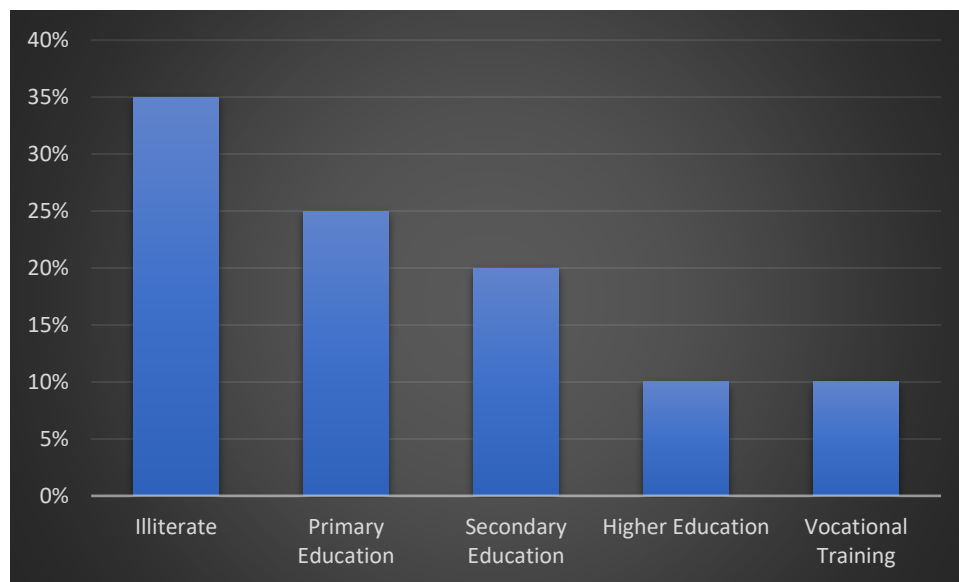


Figure 1: Graphical presentation of Literacy Levels among Tribal Population

Figure 1 shows that 35% of the tribal population was illiterate, while 25% had primary education and 20% had secondary education. Only 10% had higher education and 10% had vocational training, indicating that a majority of the population had limited formal education.

Table 2: School Enrollment of Children (6–14 years) (Sample Size = 100)

Enrollment Status	Frequency	Percentage (%)
Regularly Enrolled	50	50%
Irregular Attendance	25	25%

Dropped Out	15	15%
Never Enrolled	10	10%
Total	100	100%

Table 2 illustrates school enrollment status of children between the ages of 6-14 years in tribal settlements. Fifty percent (50) of the children were pursuing school regularly with a quarter (25) having irregular school attendance. Approximately, 15 percent had dropped out, and 10 percent had never been enrolled. These statistics indicate that a big percentage of children have obstacles to regular school attendance, which may either be as a result of economic reasons, culture or issues of access.

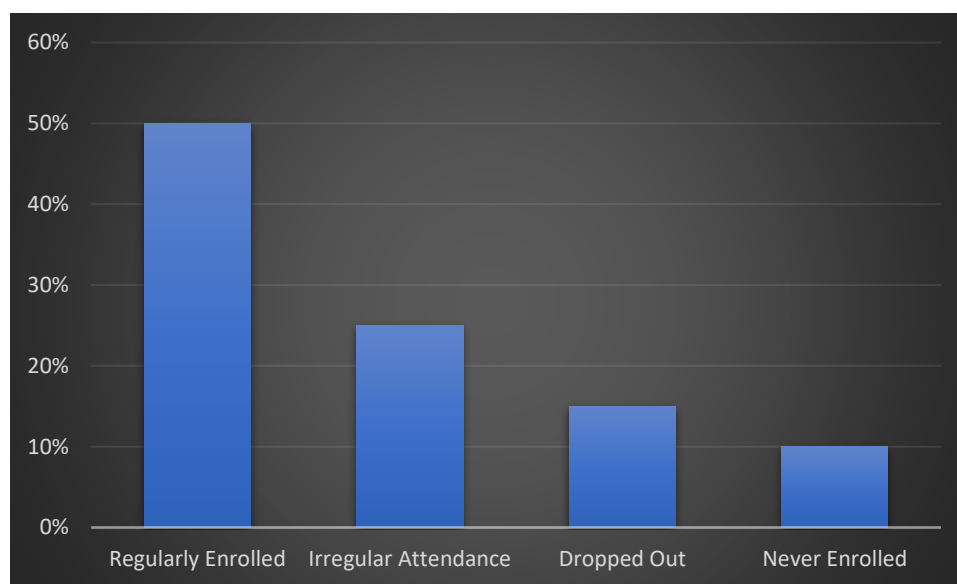


Figure 2: Graphical presentation of School Enrollment of Children

Figure 2 indicates that 50% of children were regularly enrolled, 25% attended irregularly, 15% had dropped out, and 10% had never enrolled. This highlights that a significant portion of children faced barriers to consistent schooling.

Table 3: Access to Healthcare Facilities (Sample Size = 100)

Healthcare Access	Frequency	Percentage (%)
Accessible within 5 km	40	40%
Accessible within 10 km	35	35%
Accessible beyond 10 km	15	15%
No Access / Traditional Healers Only	10	10%
Total	100	100%

Table 3 represents the availability of health institutions to the tribal community. Forty percent of the population had a healthcare facility with the distance of less than 5 km, 35 percent had less than 10 km, 15 percent had to travel more than 10 km, and 10 percent had no access or depended on traditional healers. It demonstrates that a significant part of the population struggles to access medical care in a timely manner, which may affect the health outcomes and well-being.

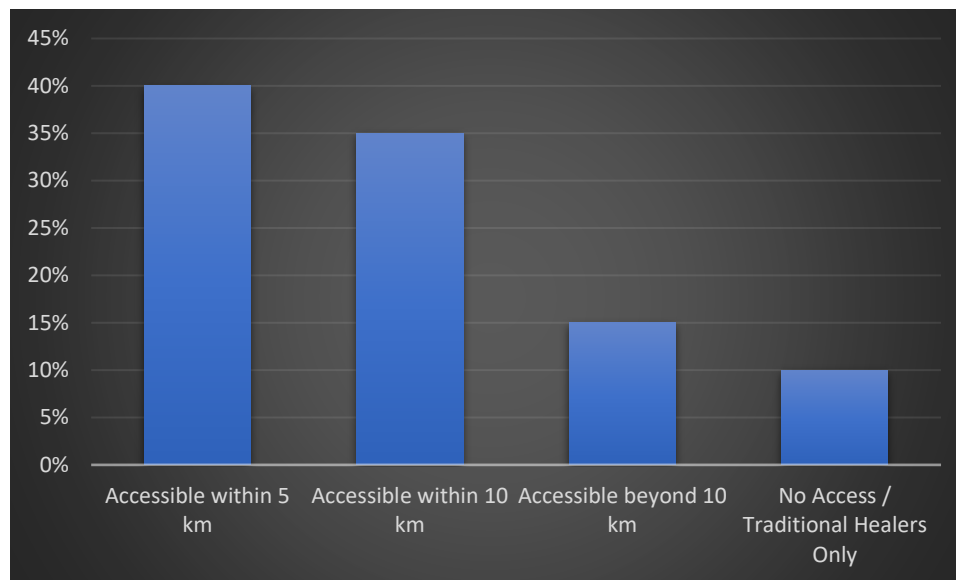


Figure 3: Graphical presentation of Access to Healthcare Facilities

Figure 3 reveals that 40% of the population had healthcare access within 5 km, 35% within 10 km, 15% had to travel beyond 10 km, and 10% had no access or relied on traditional healers, showing that healthcare accessibility remains a challenge.

Table 4: Economic Status of Tribal Households (Sample Size = 100)

Annual Household Income (INR)	Frequency	Percentage (%)
Below 50,000	45	45%
50,001 – 100,000	30	30%
100,001 – 150,000	15	15%
Above 150,000	10	10%
Total	100	100%

Table 4 shows how tribal families in Jangalmahal are classified, in terms of income per year. Forty five percent of the households had earnings below INR 50,000, 30 percent had earnings between INR 50,000-100, 000 and 15 percent had earnings between INR 100,000-150,000 and only 10 percent had an earning

above INR 150,000. This means that a majority of tribal families are low income earning families and this would probably influence their access to education, medical services and other vital facilities.

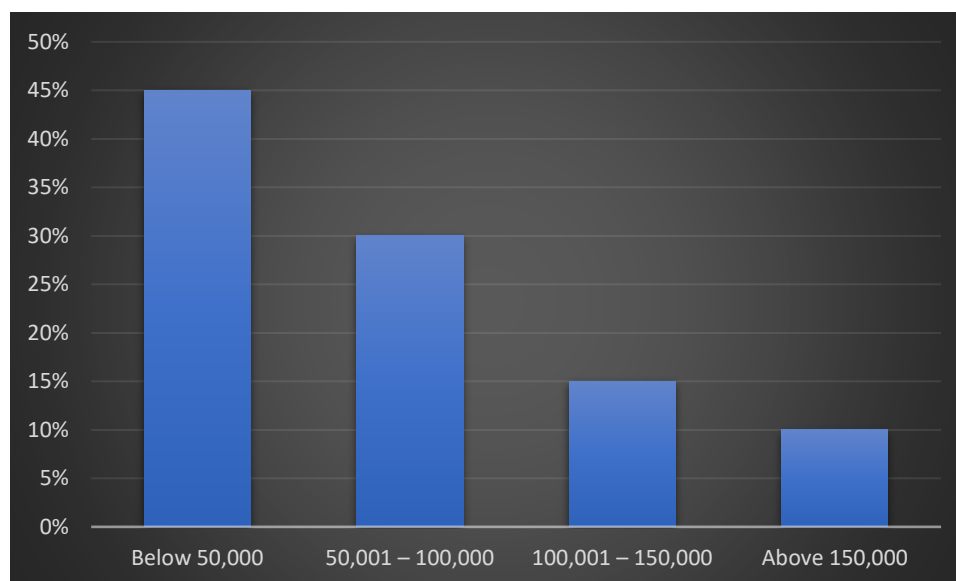


Figure 4: Graphical presentation of Economic Status of Tribal Households

Figure 4 shows that 45% of households earned below INR 50,000 annually, 30% earned between INR 50,001–100,000, 15% earned between INR 100,001–150,000, and only 10% earned above INR 150,000, indicating widespread economic vulnerability among tribal households.

5. CONCLUSION

The education and healthcare services of the tribal settlements of Jangalmahal show that there are remarkable differences and problems. Socio-economic and cultural barriers are in the form of large percentage of the population being illiterate or at the primary level, and low school enrolment and attendance. Healthcare is also limited, and most of the households have long distances to access medical services or incorporate traditional healers. These problems are also aggravated by economic vulnerability that limits the possibility of accessing the services available. These results underscore the necessity to focus on such interventions as the enhancement of infrastructure, culturally oriented education, healthcare outreach, and economic assistance, to improve the overall status and growth of tribal communities in the area.

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