



SOCIO-ECONOMIC AND HEALTH CHALLENGES AMONG TRIBAL ADOLESCENT GIRLS IN AKOLA DISTRICT, MAHARASHTRA: BARRIERS TO EMPOWERMENT AND INCLUSIVE DEVELOPMENT

Mangala D. Tambekar

Department of Sociology, Smt. Narsamma Arts, Commerce and Science College, Kiran Nagar, Amravati-444604 (India)

Mangala Fulari

Department of Sociology, Smt. Narsamma Arts, Commerce and Science College, Kiran Nagar, Amravati-444604 (India)

ABSTRACT Adolescence is a critical stage of human development, yet tribal girls in India face compounded challenges driven by poverty, gender inequality, entrenched cultural practices, and limited access to healthcare and education. This study investigates the socio-economic and health paradigms of adolescent tribal girls in the Akola district of Maharashtra. Utilizing a descriptive, cross-sectional methodology, primary data were collected from 150 adolescent girls through semi-structured interviews and focus group observations. Findings indicate that severe economic dependency (94.67%), lack of digital literacy (92.67%), and prevailing social superstitions (88.00%) act as primary barriers to empowerment. Health-related vulnerabilities—spanning anaemia, malnutrition, poor menstrual hygiene, and psychological distress—further exacerbate marginalization. Educational bottlenecks, seasonal migration, and low parental literacy restrict opportunities for upward mobility. The study concludes that holistic, multi-stakeholder interventions prioritizing localized nutrition programs, reproductive health education, and gender-sensitive policies are critical to improving the developmental trajectory of tribal adolescent girls in Akola district.

KEYWORDS : Tribal Adolescents; Women's Empowerment; Socio-Economic Barriers; Health Vulnerabilities; Digital Literacy; Akola District.

INTRODUCTION

Adolescence marks a period of rapid physical, cognitive, and psychosocial transition, fundamentally shaping the future trajectory of an individual's life. While this demographic cohort represents a significant potential dividend for India, tribal girls frequently navigate this developmental phase at a severe disadvantage. The intersection of pervasive poverty, rigid patriarchal gender norms, geographic isolation, and limited institutional support uniquely isolates these populations. These girls face a "double marginalization"—disadvantaged both by their gender within their communities and by their ethnic identity within the broader societal structure.

Despite various national welfare programs aimed at inclusive growth, tribal communities consistently lag behind in critical socio-economic and health indicators. In the western Vidarbha region of Maharashtra, the Akola district is home to significant tribal populations, predominantly the Korku and Gond communities. The region itself is characterized by agrarian distress, which severely impacts the livelihoods of tribal families dependent on agriculture and forest resources. Consequently, adolescent tribal girls grapple with chronic malnutrition, severe anaemia, poor menstrual hygiene practices, early marriage, high school dropout rates, and restricted personal autonomy. Furthermore, seasonal migration disrupts their education, pulling them out of school to assist with labor. These intertwined vulnerabilities severely limit their quality of life, agency, and socio-economic participation. This study empirically explores these multifaceted challenges to propose targeted and culturally sensitive interventions.

Review of Literature

Existing scholarship underscores a persistent crisis in the health and socio-economic status of tribal adolescents in India, highlighting a critical gap between policy design and grassroots implementation. Anaemia, chronic malnutrition, and poor menstrual hygiene are pervasive health risks among tribal adolescent girls. Reliance on non-diverse, carbohydrate-heavy diets deeply compromises physical development during these formative years.

Psychological well-being remains a severely neglected area, with significant mental health vulnerabilities linked to systemic poverty, social isolation, and prevailing gender biases. Consequently, tribal girls often experience persistently lower self-esteem compared to their non-tribal peers, reflecting the internalized impact of systemic marginalization. Stark educational disparities also persist in regions like Maharashtra, driven by infrastructural gaps, language barriers, and high dropout rates induced by early marriage expectations. However, targeted community-based initiatives have demonstrated measurable improvements in nutrition and health awareness. Ultimately, mitigating these crises requires a holistic approach that simultaneously addresses extreme poverty, entrenched cultural practices, and educational stagnation.

Methodology

This study employed a descriptive cross-sectional design focused on the tribal blocks of Akola district, targeting adolescent girls aged 10–19 years. A multi-stage stratified random sampling yielded a sample size of 150 respondents. Data collection was executed using semi-structured interviews, focus group discussions, and observational checklists. Additionally, secondary data were drawn from government reports, academic journals, and district health records. Informed consent was obtained from parents/guardians, and participant confidentiality was strictly maintained.

Data Analysis and Interpretation

The data collected from the respondents highlights a spectrum of pervasive socio-economic issues.

Table 1: Major Social Issues Faced by Adolescent Tribal Girls (N = 150)

Social Issue	Frequency	Percentage (%)
Poverty & Economic Dependency	142	94.67
Lack of Digital Literacy	139	92.67
Social Superstitions & Traditional Practices	132	88.00
Poor Awareness of Legal Rights	131	87.33
Low Social Status of Women	129	86.00
Lack of Career Awareness	124	82.67
Gender Discrimination	121	80.67
Limited Participation in Decision-Making	117	78.00
Social Isolation	103	68.67
Early Marriage	98	65.33
Safety & Security Concerns	97	64.67
Child Labour & Domestic Responsibilities	89	59.33
Psychological & Emotional Stress	79	52.67
Migration-Related Problems	56	37.33

Table 1 demonstrates that poverty and economic dependency are the most overwhelmingly prevalent challenges, affecting 94.67% of the adolescent girls surveyed. Furthermore, a vast majority suffer from a critical lack of digital literacy (92.67%) and remain heavily constrained by localized social superstitions and traditional practices (88.00%).

Table 2: Broad Classification of Social Issues

Category	Issues Included	Average Percentage (%)
Economic Issues	Poverty, Child Labour	77.00
Educational & Awareness	Digital Literacy, Career Awareness, Legal Awareness	87.56

Gender & Social Issues	Gender Discrimination, Low Status of Women, Decision-Making, Early Marriage	77.50
Cultural Issues	Superstitions and Traditional Practices	88.00
Psychological & Security	Emotional Stress, Safety Concerns, Social Isolation	62.00

Table 2 categorizes the individual barriers into overarching themes, revealing that cultural issues hold the highest average prevalence at 88.00% within the sampled demographic. Closely following are educational and awareness deficits at 87.56%, which underscores a systemic lack of access to modern knowledge, career pathways, and legal protections among these communities.

Findings and Discussion

The analysis reveals systemic disadvantages across multiple facets of life.

- **Nutritional and Health Deficits:** Poverty translates directly into malnutrition and anaemia, which is worsened by carbohydrate-heavy diets with minimal protein diversity. Additionally, menstrual hygiene is consistently undermined by rigid cultural taboos.
- **Educational Marginalization:** Seasonal migration heavily disrupts schooling, while domestic responsibilities force premature dropouts. A glaring lack of digital literacy and awareness of legal rights prevents girls from accessing beneficial welfare schemes.
- **Psychological Toll:** Over half of the respondents reported psychological stress, which is intimately linked to poverty, safety concerns, and systemic gender discrimination.
- **Intervention Viability:** Evidence strongly shows that community-based nutrition and reproductive health programs can significantly improve outcomes and mitigate these risks.

CONCLUSION

Adolescent tribal girls in the Akola district face a profoundly intertwined set of socio-economic, cultural, and health challenges. Poverty, gender discrimination, and a lack of digital literacy continually reinforce their systemic disempowerment. Breaking this cycle requires targeted, gender-sensitive strategies, such as establishing community-level digital literacy hubs and expanding school-based nutrition and menstrual hygiene programs. Sustained campaigns focused on legal rights, career counseling, and mental health support are essential for fostering genuine empowerment.

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