



Paradigm of Human Development of Tribal Areas in Tripura

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ABSTRACT

The main objective of the study is to reveal the paradigm of human development of the tribal areas in Tripura specially emphasising on the health status and the provisions available for their health development among the tribals in Dhalai district of Tripura. The study helps in ascertaining the anomalies that impedes the development of the tribals in spite of the competition offered by the modern system and come up with an action plan which could be incorporated with the sub-plan for the tribal areas in Tripura.

Keywords :

Introduction

Tripura, the third smallest state, located in the North Eastern Region of the country is inhabited by about 32 lakhs people of whom 31 percent belong to the tribal communities as reported in the Census 2001. It is generally believed that the word "Tripura" originated from the word "Tripura Sundari" which is the name of a sacred deity of Tripura.¹ There is another belief that 'Tripura' was earlier known as "Tuipra" which means, a land adjoining the water. In the ancient days Tripura was in fact adjoining to the Bay of Bengal. It has Bangladesh on its north, south and west, stretched along 856 km of its total border of about 910 km. On the east of it are Assam and Mizoram, the two other states of India. Its altitudes vary from 50 to 3080 ft above sea level at different places, although the majority of the area has an altitude 50 to 180 ft above sea level. Around two-thirds of the state is hilly with six major hills running in the North-South direction. The geographical area of Tripura is 10, 491.69 sq. km.

Tripura was a princely State ruled by tribal kings that stretches back to antiquity. The erstwhile princely State merged with the Indian Union after independence on the 15th October, 1949 as Group-'C' Category State. It became a Union Territory on 1st July, 1963. Tripura became a full-fledged State on the 21st January, 1972. Presently the state has 8-Districts viz. Unokoti, North Tripura, Dhalai, Khowai, West Tripura, Sipahijala, Gomati and South Tripura. The Tripura Tribal Areas Autonomous District Council (TTAADC) was set up in 1982 under the Seventh Schedule of the Constitution, which was brought under the Sixth Schedule in 1985. The TTAADC covers about 2/3rd of the total area of the State and has 1/3rd population of the State.

Population Status

The population of Tripura is categorised by numerous social diversity. As per Census-2001, ST population comprises about 31 percent of the total population of the State. There are 19 Scheduled Tribes in the State with their own cultural identity and bewildering variation in population size, namely i) Tripuri, ii) Reang, iii) Jamatia, iv) Chakma, v) Lusai, vi) Mog, vii) Garo, viii) Kuki, ix) Chaimal, x) Uchai, xi) Halam, xii) Khasia, xiii) Bhutia, xiv) Munda, xv) Orang, xvi) Lepcha, xvii) Santal, xviii) Bhil and xix) Noatia.

In terms of numbers 9,93,426 people in the state's total population of 31,99,203 are tribal where male population consti-

tute 50.76 per cent and female population constitute 49.23 per cent of tribal population. Population density of tribes is 19 per sq. km. The population census 2001 reveals the wide population fluctuation where the tribal have decreased from 87.06 % in 1881 to 31.1% in 2001. Tripura, the main tribe in the state from which the state has earned its name 'Tripura', alone accounts for more than half of the total ST population of the state and the rest of the STs are small in population size which is shown in the following table 1.

Table 1. Scheduled Tribes in Tripura

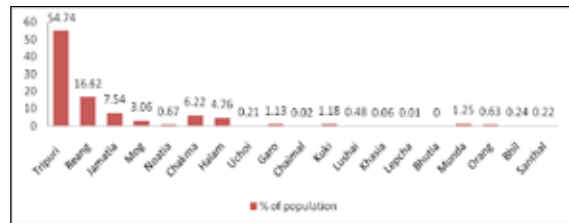
Sl. No	Scheduled Tribes	Total population	% of population
1	Tripuri	543843	54.74
2	Reang	165103	16.62
3	Jamatia	74949	7.54
4	Mog	30385	3.06
5	Noatia	6655	0.67
6	Chakma	61793	6.22
7	Halam	47261	4.76
8	Uchoi	2103	0.21
9	Garo	11180	1.13
10	Chaimal	226	0.02
11	Kuki	11674	1.18
12	Lushai	4777	0.48
13	Khasia	630	0.06
14	Lepcha	105	0.01
15	Bhutia	29	0.00
16	Munda	12416	1.25
17	Orang	6223	0.63
18	Bhil	2336	0.24
19	Santhal	2151	0.22
	Total	993426	100%

Source: Census 2001.

The scheduled tribes in Tripura vary considerably from one another in race, language, culture and beliefs. However, certain broad similarities exist between the mutually divergent tribal groups. Striking similarities are noticed in their modes of living where each tribe lives in a definite area located in differ-

ent districts, common dialect among a particular tribe, cultural homogeneity and unifying social organization of a tribe. The variation in population among the tribals in the state is depicted in the following:

Figure 1.



The majority of Scheduled Tribes (STs) in the state are predominantly inhabited in rural areas (Table 1.1). South Tripura District recorded the highest percentage, where 99.4 percentage of the ST population are inhabited in the rural areas followed by North Tripura, Dhalai and West Tripura. Due to their remote and isolated living, tribal groups in Tripura continue to remain backward.

Table 1.1 Population of Scheduled Tribes (STs) by rural/urban location, Tripura, by district, 2001

Districts	Rural	Urban	% Rural
West District	367,167	19,914	94.8
South District	287,815	1,704	99.4
Dhalai	164,170	2,156	98.7
North District	148,845	1,655	98.9
Tripura State	967,997	25,429	97.4

Source: Census of India 2001

The distribution of ST population in different districts of Tripura shows an incoherent picture. About one third of the total ST population of the state are inhabited in West Tripura district (39 %), followed by South Tripura, Dhalai, and North Tripura. However, the share of ST population in districts shows that Dhalai district recorded the highest proportion (54 %) of ST population followed by South, North and west. (See Table 1.2)

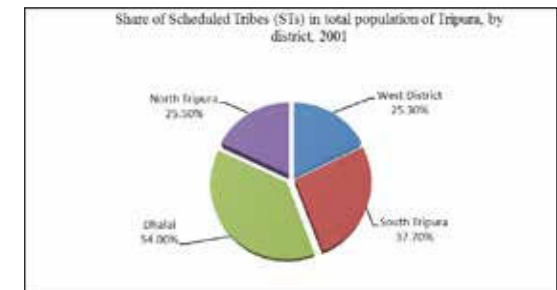
Table:1.2 Share of Scheduled Tribes (STs) in total population of Tripura, by district, 2001

District	ST %
West District	25.3
South District	37.7
Dhalai	54.0
North District	25.5
Tripura State	31.1

Source:Census of India 2001

The above table-1.2 depicted the patchy share of population in different districts of the state. Dhalai district is the only district where ST population are in majority that comprise of different tribes like the Reang, Halam, Tripuri, Mog etc. The total share of ST population in four districts is illustrated in a pie chart below:

Figure:1.1



Economic status:

Traditionally, most of the tribal population in Tripura are dependent on shifting or Jhum cultivation which is the primary source of livelihood. The big concentrations of ST Jhumia families are in Dhalai and South District. Forest remains an important source of livelihood for the tribal population and provides an important supplementary income and inputs in the lives of the tribal people in the state.

Tripura's economy is characterized by high rate of poverty, low per-capita income, in-adequate infrastructure facilities, geographical isolation and communication bottleneck, inadequate exploitation and use of forest and mineral resources, low progress in industrial field and high un-employment problem. Further, development within the State is also not balanced. The Dhalai district still remained backward among the other districts of the State as indicated in the Tripura Human Development Report- 2007

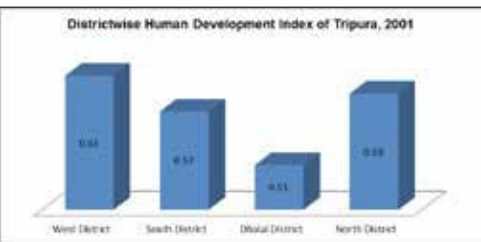
Table:1.3 Human Development Index (HDI) of Tripura and districts, 2001

	Education index	Health index	Income index	HDI
West District	0.77	0.82	0.26	0.61
South District	0.70	0.76	0.24	0.57
Dhalai	0.60	0.74	0.19	0.51
North District	0.72	0.80	0.25	0.59
Tripura	0.73	0.79	0.25	0.59

Source:THDR-2007

The above human development index of Tripura illustrate the variation in the development among different districts where Dhalai district shows the lowest followed by North district, South district and West district. Dhalai district shows the most meagre performance in all vital areas of human development like education, health and income compared to other districts in the state. This disparity in the districts of Tripura can be depicted in the chart below:-

Figure 1.2



Education status

Among all STs in Tripura, 56.5% of the population has been recorded as literate, which is higher than the national average for STs (47.1 %). The male literacy rate of 68 per cent and female of 44.6 per cent show high gender disparity in literacy. Among all STs, 62.7 per cent of the children in age group 5-14 years have been attending schools or any other educational institutions. Kuki Tribe has recorded the highest (73.1%) and Munda the lowest (33.6%) percentage attending schools or any other educational institutions.

Table:1.4 Education Status of Major Scheduled Tribes in Tripura (2001)

Scheduled Tribes	Literacy Rate (7 years and above)		
	Male	Female	Total
Tripuri	73.7	50.2	62.1
Reang	58.8	27.3	39.8
Jamatia	72.5	47.9	60.2

Chakma	59.5	35.0	47.6
Halam	76.5	44.5	56.1
Mog	61.6	40.9	51.4
Munda	43.8	22.8	33.6
Kuki	81.9	63.8	73.1
Garó	75.3	58.3	66.4
Total	68.0	44.6	56.5

Source: GOI, Office of the registrar general.

The literacy rate among the STs in different districts of Tripura shows a gloomy picture where the rural inhabitants are worse in this regard. Dhalai district recorded the lowest literacy rate (45.5%) which is below the national standard of 47.1% (See Table 1.5). The rural female section in almost all the districts shows lower percentage as compared to their male counterpart. The rural literacy rate in Dhalai district remains the lowest in the state. The following table shows these variations of literacy rate among the STs residing in different districts of Tripura.

Table 1.5. District wise literacy rate among scheduled tribes population by sex

State/Districts	Area	Literacy rate		
		Male	Female	Total
West district	Rural	77.2	53.7	65.6
	Urban	97.3	91.1	94.2
	Total	78.3	55.8	67.2
South district	Rural	63.2	38.2	50.8
	Urban	85.0	88.8	86.3
	Total	63.4	38.4	51.0
Dhalai district	Rural	56.5	32.8	44.9
	Urban	87.0	76.9	82.6
	Total	57.0	33.3	45.5
North district	Rural	61.1	38.3	49.9
	Urban	84.9	79.6	82.6
	Total	61.4	38.7	50.3
Tripura	Rural	67.2	43.4	55.5
	Urban	95.5	89.3	92.0
	Total	68.0	44.6	56.5
India	Rural	57.4	32.4	45.0
	Urban	77.8	59.9	69.1
	Total	59.2	34.8	47.1

Sources: Census of India, 2001.

Although the above table shows that, the literacy rate among the tribals in Tripura (56.5%) have advanced than that of the national literacy rate among the tribals (47.1%), however, a wide gap continues to exist between the rural and urban where most of the rural areas have shown a gloomy picture. Dhalai district have the least among other districts in the state with 45.5% where majority are from the urban areas.

However, Tripura made a substantial progress in the expansion of literacy and schooling and ranked fourth position at all India level after Kerala, Mizoram and Goa as per provisional report of Census-2011 that has reached to 87.75 % against all India figure of 74.04 %. The corresponding figure in 2011 for males and females were 92.91% and 84.76 % in 2011, respectively.

District incomes:

As per the Directorate of Economics & Statistics, Government of Tripura, the estimates of per capita district income in all four districts varied widely where Dhalai district is lowest. The per capita District Domestic Product (DDP) or district incomes till 2001-02 with base year of 1993-1994 as prepared for the first Tripura Human Development Report, 2007 is shown in the following Table.

Table-1.12 Per capita District Domestic Product/district income in Tripura

Year	West	South	North	Dhalai	Tripura
1993-94	6,215	6,232	6,098	5,535	6,074
1999-2000	14,917	14,117	14,057	12,652	14,297
2000-01	17,342	16,181	16,154	13,932	16,510
2001-02	19,254	18,498	18,758	15,971	18,759

Source: Tripura Human Development Report, 2007.

Health status among tribals in Dhalai District

Health is defined by the World Health Organization (WHO) as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. It is a prerequisite for human development and is essentially concerned with the well being of common man. The UNDP Human Development Index (HDI) comprises three components i.e. health, education and income generating capacity. Health is a function, not only of medical care, but also of the overall integrated development of society. Health status of a community/area determines human development and progress in a given time and space. The realization of goals and ambitions depends on having a reasonable and healthy life span which in turn, provides an opportunity to develop abilities and use this innate potential in pursuit of personal goals that will bring indirect benefits to individuals as also to the society as a whole.

Tripura occupies a far better position among the North-Eastern States of India in some vital health indicators like total fertility rate, crude birth rate, natural growth rate, crude death rate, infant mortality rate and under-5 mortality rate. Tripura, being located in south-west corner of the North-Eastern Region, has suffered due to infrastructure and other bottlenecks, which has adversely affected the economic development of the State. The high incidence of poverty and backwardness has direct impact on the health condition of community. In spite of rigorous efforts made by the State Government, there has been a positive change in the health scenario in recent years but much need to be done in respect of the tribals and tribal areas.

The health infrastructure in Tripura till 2010-11 was not satisfactory as wide gap continue to exist between the available infrastructure and the actual requirement. There were 17-Hospitals, 11-Rural Hospitals and Community Health Centres, 79-Public Health Centres, 635-Sub-Centres/Dispensaries including Homeo/ Ayurvedic clinics, 6- Blood Banks and 7-Blood Bank centers in the State. The State Government has been trying to provide basic facility to all section of the society. In addition to these facilities, the State government has been giving thrust to expand and strengthen the Homeopathic and Ayurvedic system of medical services as a complement to the modern medical facilities especially to the poor in the rural areas. The following table shows the major health indicator of the State vis-a-vis all India in 2010-11.

Table 1.6 Health indicators in Tripura vis-a-vis all India in 2010-11

No.	Category	National	State
1	Birth rate, 2010	22.1	14.9
2	Death rate, 2010	7.2	5.0
3	Natural growth rate, 2010	4.9	9.9
4	Infant Mortality Rate (IMR), 2010	47	27
5	Couple Protection Rate (CPR), NFHS-3	56.03	65.08
6	TFR (Total Fertility Rate), NFHS-3	2.68	2.22
7	Maternal Mortality Rate, SPP-2000	4.37	4
8	Sex ratio, Census-2011	940:1000	961:1000

Source: Economic Review (2010-11), Govt. of Tripura.

Although Tripura's HDI corresponds to the 'medium' level of achievement as per international norms. The district-level Human Development Indices for Tripura indicate the wide deviation in different districts. West Tripura District ranks first in the health index (0.82), followed by then North Tripura District,

South Tripura District and Dhalai District.(See Table 1.7)

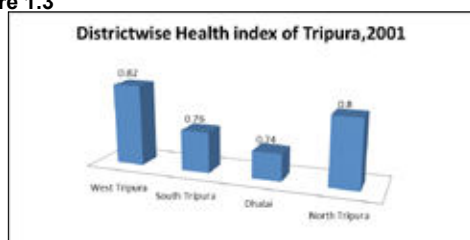
Table: 1.7 Tripura Human Development Index 2001

Districts	Education index	Health index	Income index	HDI
West Tripura	0.77	0.82	0.26	0.61
South Tripura	0.70	0.76	0.24	0.57
North Tripura	0.72	0.80	0.25	0.59
Dhalai	0.60	0.74	0.19	0.51
TRIPURA	0.73	0.79	0.25	0.59

Source: - Tripura Human Development Report-2007.

The Tripura Human Development Report (THDR), 2007 shows that the health index of Dhalai district is lowest (0.74) compared to other districts in the state. Beside this, the education index and income index are lower than the other districts which show the poor development status of the district. The health index of Tripura in different districts is shown below.(Figure 1.3)

Figure 1.3



Based on analysis of relevant data for the year 2001, the report has indicated Human Development Index (HDI) for Tripura to be 0.59, which is higher than the HDI for India by 0.03 points. However, a wide gap continues to exist among various sections of the populations especially among the STs in the State.

The Tripura Human Development Report-2007 has also indicated that in 2001 the life expectancy at birth for males and females in Tripura was 71 and 74 years, respectively. In terms of life expectancy, attainments in Tripura are higher than the national average, which is 61 for males and 62.5 for females as per (Sample Registration Survey-2003).The said report contains the expectation of life at birth in the then 4-districts of Tripura, which are as follows.

Table- 1.8 Life Expectancy at birth in Tripura and India

Sl. Districts No.	2001 Census Tripura	2011 Census India	2001 Census Tripura	2011 Census India
1. West Tripura District	68	70	73	75
2. South Tripura District	65	66	70	71
3. North Tripura District	67	69	72	74
4. Dhalai Tripura	64	65	69	70

Tripura 66 69 71 74

Source: - Tripura Human Development Report-2007.

The life expectancy table 1.8 shows that Dhalai district being the lowest (64 years) in 2001 and has improved to 69years in 2011. However, the figure continues to remain lowest among other districts in the state and also lower than that of the national figure.

Table 1.9 Recommendation of health infrastructure in Tripura and

Shortage as on 31-03-2000.

Sl. No.	Discipline	Total requirement	Existing	Shortage
1.	Health Sub Centers	1,260	538	722
2.	Primary Health Centers	189	59	130
3.	Community Health Centers	47	9	38

Source: - Health Department, Tripura.

Table 1.10 Recommendation of health manpower in Tripura and shortage as on 2010-11

Sl. No.	Discipline	Total requirement	Existing
1.	Medical Officer	1,032	1,480
2.	Specialist	749	272
3.	Staff Nurse	1,542	814
4.	Laboratory Technician	300	125
5.	X-ray Technician	170	31
6.	Ophthalmic Assistant	150	12
7.	Blood Bank Technician	40	8
8.	MPW/(Female)	1,142	552
9.	MPW/(Male)	1,142	530
10.	MPS/(Female)	172	155
11.	MPS/(Male)	172	144

Source: - Health Department, Tripura.

The above tables 1.9 & 1.10 show deficit in both infrastructure as well as manpower in the health department that ascertain the meager health administration in the State. Beside these, there are uneven medical facilities available in different districts among which Dhalai district shows poor picture (See Table 2.3)

Table-1.11 Number of allopathic medical facilities in Tripura during 2010-11 .

Sl.	Name of Institution	Districts				Total
		West	North	South	Dhalai	
i.	State Hospitals	04	00	00	00	04
ii.	District Hospitals	00	01	01	00	02
iii.	Sub-Divisional Hospitals	03	02	03	03	11
iv.	Rural Hospital & CHCs	06	01	03	01	11
v.	PHCs	24	19	23	11	79
vi.	Sub-Centres	287	112	164	72	635
vii.	Blood Banks	03	02	01	01	07
viii.	Blood Bank Centre	02	01	03	01	07
ix.	Telemedicine Centre(Storage)	03	03	03	03	11
x.	Vision Centre	05	07	12	16	40
	Tele optoamology centre	11	00	00	00	11

Source: - Health Department, Tripura.

Dhalai District Health Statistics in Tripura

District Hospital	: NIL
Sub-Divisional Hospitals	: 03
Rural Hospital & CHCs	: 1
PHCs	: 11
Sub-Centres	: 72
Blood Banks	: 1
Telemedicine Centre (Storage)	: 3
Vision Centre	: 16

Table 1.12: District wise Homeopathic and Ayurvedic Institutions in Tripura.

District	Homeopathic	Ayurvedic
West Tripura	68	43
North Tripura	25	10
South Tripura	46	27
Dhalai	14	08
Total	153	88

Source: - Economic Review of Tripura 2010-11.

Expectation of life at birth is 71years (overall), which varies between 69 – 73 years for males and 70 – 75 for females in 4 districts. Selected Demographic indicators that give a re-

flection and interplay between various health situations are total fertility rate, crude birth rate, natural growth rate, couple protection rate, crude death rate, neonatal death rate, post neonatal death rate, infant mortality rate and under-5 mortality rate. In all these indicators (Table-8), the mean figures of Tripura are better than the national averages, but not as good as those in the other northeastern states. However, the natural growth rate in Tripura is the lowest, indicating commendable success in recent years in family planning.

The total fertility rate (TFR) and the crude birth rate (CBR) is much better than that of the overall Indian average. Tripura ranks third among all states in case of TFR. Comparison between the NFHS-1 and NFHS-2 data indicate a significant reduction in TFR in Tripura both in the urban as well as the rural areas. Their averages are actually far better than that of the national averages.

Housing, Sanitation and Drinking water supply facilities

Housing is of central importance to quality of life. Ideally, it minimizes disease and injury, and contributes much to physical, mental and social wellbeing. Over and above the basic purpose of proper housing is to provide shelter against the elements and focus for a family life. The home environment should provide protection against the hazards for health arising from the physical and social environment.

Numerous factors in the home environment may influence health negatively. Lack of access to piped water or an alternative nearby source of safe water and lack of sanitary facilities are often considered key indicators of unhealthy housing,

leading to high disease burdens in both rural and urban areas particularly among the STs. Housing factors such as poor indoor air quality, inadequate solid waste disposal facility, poor food storage and preparation facilities, over crowding poor ventilation, insufficient lighting, inappropriate construction materials, building defects and pests all influence health of the rural communities significantly.

In Tripura, a large number of families (85.4%) reside in kachha houses while only 8.4% families have pucca houses and 6.2% have kachha roofs but pucca structure (Table : 1.14). This amply demonstrates that the housing condition of the people is far below satisfactory as compared to the country status (32.5% families have kachha house). The mean occupancy per room is 2.4, which is less crowded than that in the average Indian standard (2.7 persons per room). 63.6% of the families enjoy electrical connection which is marginally better than that of the national figure of 60.1%.

Though the availability of safe water to the household (62.8% of the house hold) is not good enough, but excreta disposal facilities in the area is quite satisfactory. The median time to get drinking water is 4.7 minutes. Wood is still the main fuel (80.9% in non-tribal areas and 89.6% in tribal areas), smoke nuisance in the indoor atmosphere is quite alarming in Tripura. Satisfactory solid waste disposal are practiced by 49.3% and 31.3% of the households of non-tribal and tribal areas respectively. Hence, this shows the poor facilities available to the STs household for their health development as compared to the non-tribals in Tripura.

Table 1.13: Sanitation, fuel & drinking water facilities in households (%- distribution)

State/ country	Type of house with (%)			Mean no of person per room	Sanitary/ latrine Facility		Main types of fuel			Source of drinking water		Elect ricity	Median time to get drinking water (minute)
	Kachha	Pacca	Mixed		Flush and pit toilet	No. facilities	wood	LPG	Biogas	Safe (pipeline+tube wel)	unsafe		
Tripura	85.4	8.4	6.2	2.4	90.9	9.0	81.7	15.6	0.3	62.8	37.2	63.6	4.7
India	32.5	32.0	35.3	2.7	35.9	64.0	59.3	16.7	0.5	77.9	23.1	60.1	4.3

Source: Background Paper on Health and Nutrition for Human Development Report.

Tripura by Prof. Indira Chakravarty p.45

The above table shows that a large percentage of kachha household, use of wood as fuel, and use of unsafe water prove the poor sanitation and safe drinking water which made majority of households in vulnerable condition and health hazard environment.

Table:1.14

Distribution of houses in Dhalai district of Tripura by type of structure, (Rural), 2001 (percent)

State/District/ Block	Type of structure				
	Permanent	Semi-permanent	Temporary		Unclassified
			Serviceable	Non serviceable	
Dhalai	2.18	21.29	76.53	25.01	0.01
Salema	3.27	28.36	31.64	36.72	0.01
Manu	2.01	18.94	28.58	50.47	0.00
Ambassa	1.60	18.64	18.53	61.22	0.00
Dumburnagar	1.08	16.30	21.53	61.09	0.00
Chhamanu	0.66	10.09	5.37	83.86	0.2

Source : Census of India 2001

Table 1.15:Nos. of Public Health Institutions in Tripura (April 2007)

District/State	SDH	CHC	PHC	SC	RD	PPD	BPLP
W. Tripura	3	6	21	257	443	3460	132
S. Tripura	3	3	22	144	130	5903	68
Dhalai	3	-	11	66	107	2877	78
N. Tripura	2	1	20	112	162	3647	67
Tripura	11	10	74	579	842	3799	99

Source: GOI: Annual Work Plan and Budget on MDM 2007-08

Note: SDH- Sub-division Hospital, CHC- Community Health Centre, PHC- Primary Health Centre, SC-Sub-Centre, RD- Registered Doctor, PPD- Persons per Doctor, BPLP- Beds per Lakh Persons

Among all STs, 1.4 per cent of the total females below 18 years (the minimum legal age for marriage) have been returned as ever married. The Munda have recorded the highest 1.9 per cent ever married females below the stipulated age for marriage.

The ever married males below 21 years (their minimum legal age for marriage) constitute 1.7 per cent of their total popula-

tion. The Riang have recorded the highest 2.3 per cent ever married males in this category, closely followed by Jamatia (2 per cent). It is the lowest among Garoo (0.9 per cent).

Conclusion

The various social, economic and developmental constraints have potentially exposed the tribals in Tripura to the high rate of malnutrition and health problems which is correlated with the lower literacy rate of the community. Although the tribals are accorded special status under the Fifth/Sixth scheduled

of the Indian Constitution, their status on the whole especially their health problem still remains unsatisfactory. Hence, the methods to tackle their health problems should not be multi-fold, but also specific to the individual groups as feasible as possible. It is necessary to continue with primary health care educational activities, National health and tribal health programmes and other measures of providing proper nutrition and counseling and with the help from experts from multi-disciplinary fields, the health status of the tribal population can be improved.

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