Journal of Advances and Scholarly Researches in Allied Education
Vol. 17, Issue No. 2, October-2020, ISSN 2230-7540

A Study the social and economic development of Jharkhand

Gunja Kumari[1]*, Dr. Manoj Kumar[2]

[1] Research Scholar, Department of Economics, YBN University, Ranchi, Jharkhand

[2] Associate Professor, Dean of Arts and Humanities, YBN University, Ranchi, Jharkhand

Abstract - The word Jharkhand is a combination of two Hindi words 'jhar' and 'khand'. 'jhar' means a pretty thick cluster of forest and 'khand' means a tract of land. Thus Jharkhand suggest of land mass quilted with forest. To study the scenario, impact of population growth and its impact on socio-economic development of the state of Jharkhand, all possible methods and techniques of reasons were adopted. The population of Jharkhand is growing rapidly. The impact of rising population on socio-Economic development of Jharkhand is quite significant, as standard of living of a common man is not improving. Jharkhand state in India is basically administrative and for implementation of measures to control the rapid increase in population which create problem in the development of our country as well as the state.

Keywords - Jharkhand, Economics and Socio development, population growth, Scheduled Tribes, Family planning

----------X----------

INTRODUCTION

JHARKHAND is a Sanskrit word first mentioned in a 13th century inscription, later occurring in Sanskrit and Persian texts in the mediaeval period, which was absorbed by the tribal groups speaking Mundari and Dravidian languages. There emerged a JHARKHANDI tract dotted with place-names with the prefix 'Jhar' and cultural symbols of a JHARKHAND culture defined by ecology and language. The language, Saadri was a product of the close interaction of various languages spoken in this region and the emerging traditions of sharing and togetherness. Limitations on the time period include only those years from 15 November 2000 (when Jharkhand was formally created) & 2014 (when assembly elections were held). The creation of Jharkhand, dividing the former regions of Chotanagpur & Santhal Pargana in Bihar, is often seen as the climax of a movement that has been going on for around seven decades. It was always important to the people of Jharkhand that the plight of the region's about 27 percent (Census, 1991) tribal population be addressed, and their ethnicity was at the center of the debate over this problem. There was evidence of political calculations in the immediate context leading up to the foundation of the State. The New Industrial Policy (NIP) of 2001, instituted by the NDA administration led by Bharatiya Janata Party (BJP) leader Babulal Marandi, serves as a point of departure for this research. The NIP paved the way for numerous MoUs to be signed between the resource-rich State's administration & private sector in order to attract investment for mining and industrial projects.

Jharkhand movement was basically a quest to achieve the autonomy. Separation of states could provide the indigenous communities their rights and recognition. In recent years it has come to the notice that various developmental modalities which have been adopted by the state governments have threatened the very existence of Jharkhandi identities resulting into various resistance movements and protests. These protests against state machinery have been suppressed with the help of police machinery and other bureaucratic mechanism.

There has been extensive examination of the post-independence period of the Jharkhand movement as an entity vital to the establishment of a separate state (Mahapatra, 1972; Ghosh, 1998). Within this paradigm, researchers have examined the region's politics, society, & economy at large. Scholars have claimed that issues of displacement, exploitation, and human rights were also important throughout this time period (Sengupta, 2004). However, a push for regional autonomy masked the tribal rebellion that had been sparked by exploitation & tyranny (Balakrishnan, 2004). In this part, we will make some stabs at summarizing the dynamics of tribal society in Jharkhand & offering some preliminary

explanations for why these dynamics have been shifting.

THE INFLUENCE OF POPULATION GROWTH ON SOCIO ECONOMIC DEVELOPMENT

Increases in overall or per capita income have been the primary focus of discussions about the effects of population growth. Social indicators such as the number of people who are well fed, become literate, share equality in income, & productively employed are used to evaluate the impact of population expansion on the quality of development. These are also some of the other important factors that need to be considered while examining the effects of population growth on economic development and they are equally important if not more, for explaining their effects on the growth of average income.

The dependency ratio indicates the proportion of a country's population that is economically dependent compared to its working-age population. Assuming an arbitrary definition, this is the percentage of the population under the age of 15 & population 65 and older as a percentage of the total population (those in the age group 15 to 64 years of age.)

Let us now examine how population growth and it age structure affect the national saving of countries. A country's saving is generated by household, business and the industry, and the public sector. The high dependency burden associated with rapid population growth would reduce household savings which is usually the largest component of domestic savings.

Increasing the number of dependents in a household increases spending and decreases savings at a constant level of output per worker. New empirical research, however, does not entirely support these findings. However, there are a number of explanations for the weak correlation between emerging countries' dependency burden & their savings. Financial household savings in developing countries are largely generated by a small number of wealthy families. They have fewer children than the average population, therefore their finances aren't typically damaged by supporting others. Conversely, most families in underdeveloped nations have low incomes & small savings. Poor parents may not be able to save more money even if they have fewer children due to the cost of providing for their children's needs. They may opt to increase their own consumption instead.

Banking and credit institutions are not as developed in underdeveloped nations, which may explain in part the weak correlation between saving & reliance levels. There is little chance that low-income families have any savings that would be reflected in the national accounts. As a result, they are more prone to "save" by purchasing real estate, expensive jewelry, or other assets. Despite the fact that high population expansion does not appear to affect monetary saving, it is evident that this translates into a'saving constraint' on the development process. However, faster population growth does not in and of itself create a larger supply of investible resources, only a higher per capita output. This calls for spreading the cost of the available capital among an ever-growing number of people. However, a reduction in the birth rate frees up capital that can be used to "deepen" the economy and raise the capital per person. In many developing countries, the school-age population is expected to more than double or even triple during the next several decades because of high fertility rates. Capital per worker & overall productivity need new investments even if the workforce is expanding in a country. If this doesn't happen, output from each worker will drop as they make do with less land and fewer resources. Incomes & productivity will then remain flat or even decline. Income inequality will grow as wages decline in relation to profits & rents. It is well known that for any economy, the process of industrialization is accompanied by a structural transformation of the labour force. This change in the composition of employment is one of increasing diversities with steadily declining proportions in the traditional occupations especially in agriculture so that all the increased labour force is absorbed in the non-agricultural sectors. Thus, it is reasonable and essential that most developing countries should plan to provide nonagricultural employment for the additional labour force. This task is greatly eased if fertility is reduced rather than allowed to remain at current high levels. Hence, a reduction in fertility is a sine qua non in achieving the two important goals of economic development, viz. increase in per capita income and providing adequate employment opportunities to the population.

Uneven distribution of cropland can force a growing population to settle in environmentally fragile areas, thus harming the country's ecology as a result of rapid population growth which may result in erosion prone hillsides, tropical forests etc. and create and ecological imbalance which will be very harmful in the long run.

EFFECTS OF SOCIO-ECONOMIC DEVELOPMENT ON POPULATION GROWTH

In a developing, agrarian low-income economy, birth and death rates are high in response to varying fortunes. Substantial economic improvements may be a sufficient condition for a decline in mortality, but today it is not a necessary condition. Declines in mortality could occur and are occurring more rapidly in the modern times, than it happened in industrialized countries. The high birth rates persists because of a number of factors such as illiteracy, lack of social security in old age, ignorance of family planning purposes, means and consequences, inertia and apathy, resistance to

change, lack of communication between husband and wife on matters related to family size, delicacy and intimacy of the subject, desire for children or sons for family, economic, religious and other reason, early marriage and lack of alternatives for women.

The economy is transitioning to a more specialized market-dominated shape as time goes on. As a country's economy grows, more people move to the city, children become more of a liability than an advantage there, and people's attachment to long-held traditions begins to loosen. As a result, the birthrate drops and, after some lag time, a new equilibrium is reached at a low level. Until a particular economic & social level is reached, increasing economic & social conditions in a developing country with high fertility are unlikely to have much of an effect on fertility, if any at all. However, once that point is reached, fertility is predicted to show a clear downward trend until it is again stabilized at a considerably lower rate. As a result, economic progress has a tendency to alter the demographic status of countries by bringing about a decrease in mortality rates and, subsequently, a decrease in fertility rates.

In modern times, development is the most important challenge being faced by the human race. Despite the vast opportunities created by the industrial and technological revolutions of the twentieth century, more than 1 billion people live on less than one dollar a day – a standard of living that Western Europe and the United States attained two hundred years ago. Despite significant gains in economic development, more than one – third of world's absolute poor live in India.

In all the developing countries, Poverty remains a formidable problem. The challenge of development, in the broadest sense, is to improve the quality of life which includes higher incomes together with better education, higher standard of health and nutrition, less poverty, a cleaner environment, better equality of opportunity, greater individual freedom, and a richer cultural life.

Development in the broader sense, therefore, is a process through which the quality of life of the people seen both in material and spiritual terms is improved. It means an increasing attainment of one's own cultural values. The development model must meet the criteria of economic growth, distributive justice, better environment and better quality of life especially of the poor. It is now well recognized that the ultimate end of all development strategies must be the people and their welfare and economic growth is only the means to attain that goal. Income generation is necessary but it is not the sum total of human life. The role of public policy is very important in achievement of rapid socio-economic development.

SCHEDULED TRIBES IN INDIA: SOCIOECONOMIC PROFILE

STs are indigenous to the area, get their own distinct culture, are geographically isolated, & live in poverty. Tribal settlements have remained beyond the realm of conventional development for millennia due to their location in woods and hilly areas. Following independence, the Indian government incorporated tribal tribes into the Constitution & created particular provisions for their welfare and development, much like how SCs were regarded. In India, there are around 654 ST communities, with 75 of them being the most backward & known as Simple Tribal Groups. The majority of tribal territories are hilly, isolated undulating plateau lands in the country's forest areas, which means that the country's general development programmes are mostly overlooked. As a consequence, tribal communities' structure & development amenities in areas such as education, roadways, medical, telecommunication, drinking water, hygiene, & other areas lag behind those in other places, widening the advance gap amongst tribals & general population.

According with 2001 Census, there are 84.3 million STs in the country, accounting for 8.2% of the overall population. The state with the greatest percentage of STs is Chhattisgarh (31.8%), followed by Jharkhand (26.3%) and Orissa (23.3%). (22.1 percent). Uttar Pradesh (0.1 percent), Bihar (0.9 percent), Tamil Nadu (1.0 percent), & Kerala have the lowest proportions (1.1 percent). Madhya Pradesh has the greatest proportion of STs in the country (14.5%), followed by Maharashtra (10.2%), Orissa (9.7%), Gujarat (8.9%), Rajasthan (8.4%), Jharkhand (8.4%), & Chhattisgarh (8.4%). (7.8 per cent). Only these seven states house 68 percent of the country's Scheduled Tribes population. 75 districts and 90,189 villages in the country have more than 50 percent ST concentrations, respectively. Only 8.3 percent of STs live in cities, compared to 91.7 percent in rural areas. In 1961, the ST populace was 3.01 crore, or 6.9% of the total population, and by 2001, it had increased to 8.43 crore, or 8.2% of the total population. 91% of STs come from rural areas, & sex ratio among STs is 978, paralleled to 933 females for 1000 males in the national average.

It was 8.5 percent in 1961, but by 2001, it had climbed to 38.4 percent of STs' total literacy, the highest in the world. According to the 2001 Census, 47.1 percent of the ST population was literate, an increase of 17.5 percent since 1991. There has been a dramatic increase in ST students' gross enrollment over the past decade, although enrolment rates at the primary, intermediate/senior high school, & higher education levels still exhibit considerable inequalities, notably at the secondary and higher

levels. I-V has a dropout rate of 49%, I-VIII has a dropout rate of 70%, and I-X has a dropout rate of 79% that is still high when compared to the entire population. Nationally, STs have higher rates of neonatal (53), infant (84), child (46), and under-five (127) mortality than the overall population, as per NFHS II data. STs and the general population differ by more than a quarter when it comes to certain health metrics.

More than half of STs participate in the workforce, compared to the rest of the population (49.5 percent) (30.3 percent). Only 69% of STs are main employees, compared to the general population's 80 percent. Most STs are employed in agriculture, with just about 18% of STs employed in non-agricultural occupations, compared to 34% of SCs and 47% of the overall population. The percentage of self-employed STs in urban India is merely 21%, and the percentage of casual laborers is 23%. NSSO data (59th round) shows that rural ST households had an average asset worth of Rs.1.4 lakh, which is around a third of the value of assets owned by the general population (Rs.4.3 lakh). Asset values in urban regions exhibit a similar tendency of proportional fluctuation, despite the fact that STs have higher assets in urban areas than rural areas (Rs.2.40 lakh). Nearly one-fifth of rural and one-fifth of urban small businesses (STs) were in some form of debt as of June 30, 2002. 59 percent of STs' debt comes from farming, and 25 percent comes from residential expenses, according to a breakdown of their debt. With only about 3% in Group A and B services and 6% in Group C and D, STs' illustration is abysmal. Their reserve is 7.5 percent.

Only 36.5% of ST houses had electricity in 2001, according to the census. As compared to the general population, just 15.2 percent of STs homes have access to a drinking water source on their property. STs' poverty rates were significantly greater than those of the general population in 1999-2000. More than half of the population in rural areas and more than a quarter of the people in urban areas were living in poverty. States vary substantially in the percentage of STs living below the poverty line; 74% of STs in Orissa and over 50% of STs in MP, Chhattisgarh and West Bengal are included in this category of poverty.

JHARKHANDI IDENTITY

There has been consensus in accepting the fact that the cultural identity of Jharkhand was determined by the way of life of its indigenous peoples, basically the Austro- Asiatic language speaking (Munda and Dravidian language speaking (Mundari) and Dravidian language speaking (Kurukh and Malto). There is yet another group consisting of communities who may not speak these languages but are culturally and socially similar to these peoples. The former group dominates the scene since they were early settlers and were more numerous. All these communities were classified as Adivasi. Besides, there were some Hindu lower castes that spoke Indo-Aryan languages but were culturally integrated with the rest.

Sen gupta argued that the term 'tribe' was a colonial policy to divide the indigenous people of Jharkhand. He further pointed out that the name 'Jharkhand' was coined in the year 1936 during the formation of Adivasi Mahasabha. Only later the leaders under the influence of British discovered that Adivasi did not mean all Jharkhandis. Thereafter they changed the name to Jharkhand Party. The constitution of India narrowed down the concept of tribes by scheduling 'most backwards' among them. Now only the Scheduled tribes are known as the 'Adivasi'.

The distinction between 'Adivasi' and 'diku' is still a matter of dispute. The term diku stands for 'the other people. However, the long interaction with immigrating other people the term, 'diku' is today known as exploiters of Adivasi. Though all the people who migrated to the land of the Adivasi were not exploiters, particularly the artisan castes and peasant communities and the wage labourers and industrial workers of the modern times who were not considered the real enemies of the tribes. With such people the tribes developed symbiotic relationships.

Currently government of Jharkhand has given the status of 'moolnivasi' of Jharkhand who have been residing in the region for thirty years. Another community who migrated to the land long before the advent of Britishers called '*sadan'*. The term *sadan* was mostly used in the erstwhile estate of the Maharajas of Chotanagpur, i.e. present day districts of Ranchi, Gumla, Lohardaga, Simdega, Palamu and districts of Jashpur and Surguja from modern Chhattisgarh.

'Sadans' also developed working relationships with the Adivasi. In later period they fought with the Adivasi against the colonial rule and were considered as lesser evils.

The category of tribe was also not very determined with certainty. The colonial government enlisted 96 communities as the inhabitants of Chotanagpur and the Santhal pargana according to the 1871 Census. Out of these 28 were identified as no-tribe in 1923-24. The rest of the 68 communities had a sub-category of 'Primitive Tribes' that included 30 tribes later categorized as the scheduled tribes by the constitution of India. (Kadwar 2000). The rest of them were divided into scheduled castes and other backward castes rather arbitrarily, because in Jharkhand the caste system was never a dominant social reality and there were never any outcast communities. Thus, those who were categorized as the scheduled castes were actually tribes who imbibed some Hindu norms and traits. In the same vein a large community called the Kurmis was put

into the category of the other backward classes on the basis of the same assumption of their being a part of the Caste Hindu society. These communities have been demanding their inclusion into the scheduled tribe list since then and a large number of them declared saran, the belief system of the tribes as their religion during the last census operation. These last two categories of people are often referred to as 'semi-tribe' or people analogous to the tribes.

FAMILY PLANNING METHODS IN JHARKHAND

It is generally claimed that here always adopted the "cafeteria approach" and continues to do so. Though this implies that all available methods of contraception are offered to the people with the choice left to them, in actual practice it is found that each technique of contraception has received varying emphasis at different times. These methods have included the rhythm method, the diaphragm and jelly method, foam tablets, etc.

Family planning material is now being increasingly used. Some of the important methods are:

1. Use of I.U.D.
2. Sterilisation
3. Use of Contraceptive
4. Nirodh
5. Medical Termination of Pregnancy
6. Rhythm method

Contraception has played a dominant role in limiting the population levels of mostly area of Jharkhand. Contraception control involves all available methods for the prevention of conception. This includes a battery of technique- behavioural methods encompass complete assistance from sex, coitus, interrupts, coitus sublimates, and the use of "the rhythm method"; the mechanical methods include the condom, the peccary, the diaphragm and the intra-uterine device; the chemical methods include foam tablets , spermicidal jellies and the like; the physiological methods include the use of steroids, and other possible agents for controlling ovulation, possible anti-zygotic agents, and possible spermatic ides or other agents for including male sterility; the surgical methods include ligation and vasectomy. Methods to prevent birth include, of course all the methods of conception control, and, in addition abortion-the prevention of births even if conception has occurred. Governments are committed to the use of all proven, safe and acceptable techniques of family welfare and control over reproduction and population growth. Following this policy encouragement has been given to the application of surgical methods, such as vasectomy and tubectomy as also the termination of pregnancy. Government has also supported Programs on mechanical prevention methods such as the use of condom and diaphragm and the use of intra-uterine devices.

Following table gives the relative effectiveness of the contraceptives. Out of the 7 types of methods mentioned in the table, first 4 are for exclusive use of female (male sterilization is also exclusively used by male). The next two are exclusively used by males and the last though used by both is based on the menstrual cycle of the female.

An ideal contraceptive is one that is safe, easily administered, preferable by the individual himself or herself, reversible, with no side effects, not interfering with location, not expensive and not repetitive. A method that has all these attributes is yet to be discovered. The conventional contraceptive (diaphragm and jelly) have proved highly expensive and inconvenient. The intra-uterine contraceptive device (IUCD), which was inducted into the family planning Program in India in 1965, has not fared uniformly well and has become unpopular in recent years.

Table 1: Relative Effectiveness of Various Contraceptives

S. No.	Method	Effectiveness (percent likely pregnancy in a year)	Possible side effects	Expertise required
1	Sterilization (Male and Female)	0.003	None	Surgical
2	Oral Contraceptives	0.3	Weight gain, vomiting and nausea, epigastic discomfort	Prescribed and controlled by doctor
3	IUD	5	Infection, irregular bleeding, pain, backache, uterine perforation	Inserted by doctor and periodical check up
4	Chemical contraceptives (from tablets, jelly and cream)	20	Minor irritations	Nil
5	Condom (Nirodh)	14	Allergic reaction irritations	Nil
6	Withdrawal	18	Physiological	Nil
7	Rhythm	24	None	Doctor's advice may be required

Source: Sharma,V.P.C. and singh, Nawal: *"Family Planning Motivation and Education Programme"*

1. Provision of IUD must be made a part of the total health Program and the integration of family welfare with the general health services done at all services delivery levels.
2. IUD's should be inserted at family welfare planning centres which are adequately staffed, and equipped with necessary instruments, sterilization facilities and medicines.
3. The centres where there are facilities for IUD insertion must have adequate arrangements for follow-up of the acceptor.
4. Field workers should preferably belong to the local areas as field-workers who are culturally acceptable to the population whom they serve can function better.
5. Only the trained medical officer with experience in gynecology should be allowed to perform the insertions. The paramedical staff should not be allowed to perform the insertions.
6. A regular follow-up of the acceptors should be done and home visit made by the paramedical staff, in case women do not visit clinic.
7. The feasibility of providing IUD's in a sterile package along with a sound and glove may be considered. This would be highly useful for centres which do not have adequate facilities for sterilization.

During the last few years there has been a very sharp increase in the usage of oral contraceptives (pills) in Jharkhand. In Jharkhand, of all women in the reproductive age group, over a third is already using pills as means of contraception. Recent information on the preferences for different method of contraception in the developing areas is of interest. Sterilization has come to occupy an important place in the armory of family planning methods. Sterilization renders a person incapable of reproduction and the result is usually permanent. It can be carried on the male as well as on the female but the male operation of vasectomy is becoming popular and is comparatively easy to perform. The fact that men's sterilization is revocable, that is, the sterilized men can, if necessary, be de-sterilized is also a point in favour of this method. The official policy in favour of its more extensive use is definitely right and commendable. For its success and popularity, it is necessary that competent doctors and nurses and good equipment are provided. The concentration should be made on the quality of the acceptors rather than the number. The acceptors should be below 35 years.

Intensive Programs for sterilization should be insisted upon.

a. The population pockets in poverty zones where health, nutrition and balwadis service are already functioning with local participation, voluntary and state;
b. Industrial belt of high density population;
c. Urban slums and reconstituted slums,
d. Industrial belts of high density population;
e. Cattle fare, 'country mela' where people congregate naturally. Staff to be engaged in intensive Programs should be recruited for known good work and care should be taken that sterlisation operation are performed with extreme care. For sterilization follow-up care is essential and vitally important.

The tubectomy operation in the post-partum period is one thing which has a very good success, because women coming for delivery or after miscarriage were found to be psychological in a better receptive mind to accept advice on this. It is also easier to perform the operation after a delivery or involuntary or even voluntary abortion. The operation is to widen the scope for post-partum operations. To do that we must have a very big health Program providing facilities for delivery or post-abortion or post- miscarriage treatment under controlled conditions. By controlled condition we mean nursing homes or in a hospital or in a place where 'Dais' come to the house for helping in the delivery but have had orientation in and knowledge of family planning. Abortion has been given an increasingly important place in the Programs of birth control in many areas of Jharkhand.

In India, Medical Termination of Pregnancy (MTP) Act was enforced from 1st April 1972, to liberalize abortion.It was introduce as a health measure rather than family planning method. Medical termination of pregnancy or legalized abortion should be encouraged. MTP service by properly trained doctors should be made available more freely in urban as well as rural areas and this should be suitably publicized. The procedures for registration record keeping and reporting for MTP services should be simplified. The Program of medical termination of pregnancy through well-trained doctors in well-equipped approved hospitals is essentially a health care measures. But in a way, it supplements the family planning Program as it provides for legalized abortion in cases of

contraceptives failures also. A good proportion of the acceptors of abortion go in for some form of contraception like sterilization, IUD, etc.

CONCLUSION

In Jharkhand state the density of population as per census 2011 was 3.29 cores and decadal population growth rate was 22.36%. The infant mortality rate is 49 per 1000 lives, the total life expectancy is 69 year and for male it is 60 while for Female it is 70 year. The faster rate of growth of population necessitates a higher rate of economic growth in order to maintain the standard of living of the population. With the rapid growth of the population, the requirement of food, clothing, shelter, medicine, schooling etc. rises. Thus, a rising population imposes greater economic burden and consequently, society has to make a much greater effort to initiate the process of growth. Family welfare Program has won wide intellectual acceptance in Jharkhand and it can play an important role in influencing the future course of socio-economic upliftment. It is true that achievement of the Program, in Jharkhand, are far below the set goals but that should not be taken as an indication of its failure. The attitudes of person cannot be changed overnight. Thus considering the complex nature of the problem of Jharkhand, the achievement of the family planning Program in terms of creating awareness, dissemination of knowledge and acceptor of different family planning methods have not been negligible. The focuses quarries and collections on the family planning schemes in Jharkhand state. These family planning schemes are forced in Jharkhand: Oral, Contraceptive, Use of I.U.D., Sterilisation, Nirodh, M.T.P., etc

REFERENCES

1. Alexius Ekka and Mohammed Asif, (2000) 'Development Induced Displacement and Rehabilitation in Jharkhand, 1951 to 1995: A Database on its extent and Nature'(Mimeo), p.134
2. Archer, W. G. (1984)'Tribal Law and Justice, A report On Santal'. (3 Volumes), New Delhi:Concept pub,
3. Axtmann, Roland (2004). "The State of the State: The Model of the Modern State and Its Contemporary Transformations". International Political Science Review.
4. Bahadur, K.P.(1977)'Caste, Tribes & Culture of India, Vol-3, Bengal, Bihar and Orissa', Delhi Ess pub.
5. Balakrishnan, Rajiv, ed. 2004. Jharkhand matters: essays on ethnicity, regionalism, and development. Delhi: Konark Publishers.
6. Balakrishnan,Rajiv,(2004)"Jharkhand Matters''Konar Publishers pvt ltd,Delhi.
7. Ball. V. (1985)'Tribal and peasant life in the 19th century, India' New Delhi, Manohar pub,.
8. Barkey, Karen; Parikh, Sunita (1991). "Comparative Perspectives on the State". Annual Review of Sociology. **17**: 523–549. doi: 10.1146/annurev.soc.17.1.523. JSTOR 2083353.
9. Barkey, Karen; Parikh, Sunita (1991). "Comparative Perspectives on the State". Annual Review of Sociology. 17: 523–549
10. Basu Mullick, S., (1993), "Identity Crises and Search for a New Identity" Navdin Prakasan Kendra, Kashmere Gate, Delhi-110006.
11. Basu, A. R. (1985)'Tribal Development Programmers and Administration in India'. New Delhi. National Book Organization, Basu, Sajal(1992)'Regional Movements: Politics of languages, Ethnicity- Identity' Shimla. liAS.
12. Basu, Sajal (1993), "Jharkhand Movement ",Oxford University Press.
13. Basu, Sajal, (1994)'Jharkhand Movement: Ethnicity and Culture of Silence', Shimla, liAS.
14. Bebbington, Anthony, L. Hinojosa, D. H. Bebbington, M. L. Burneo and X. Warnaars. 2008. "Contention and Ambiguity: Mining and the Possibilities of Development." Development andChange 39 (6): 887-914. Accessed March 21, 2013. DOI: 10.1111/j.1467-7660.2008.00517.x
15. Bhardwaj. (1977)"Socio-Political Movements among the Tribes of India" in S.C. Dubey (ed.) Tribal Heritage of India: 'Ethnicity, Identity and Interaction', Vol. I, New Delhi, Vikas Publication House.
16. Bhart Indu,(Jan.28, 1989), 'Differences in Jharkhand Movement': Economic and Political Weekly, Vol. 24, No. 4 ,pp. 183-184.
17. Bhushan, Chandra. 2008. Rich lands, poor people: The socio-environmental challenges of mining in India. New Delhi: Center for Science and Environment, 6th citizen's report
18. Bose, Ashish. 2002. Health and development challenges of Chhattisgarh, Jharkhand, and Uttaranchal. New Delhi: Voluntary Health Association of India.
19. Bose, N. K (1967) Culture and Society in India, Asia Publishing house
20. Bradley- Birt, F.B.(1903) 'Chotanagpur: A little known province of the Empire, Smoith, Elder& Company, London.
21. Brass, Paul (1985) Ethnic Groups and the State. Beckenham, Kent: Croom Helm
22. Brass, Paul (1991) 'Ethnicity and Nationalism: Theory and Comparison'.
23. Chandra, H. (1987)'Tribal Settlement System and Development Strategy', DK. New Delhi.
24. Chaudhry, B. N.(1982,) 'land Utilization in Subarnarekha Basin', Delhi. Classical Publication

25. Chaudhry, G. N.(1982) 'Tribes in Transition', Ranchi,Eastern Pub.
26. Chaudhry,B.D.(1988)'Tribal Development inIndia': Problems and prospect.. DK. Delhi:
27. Chaudhuri, B. D. (1982)'Tribal Development in India', DK. New Delhi. 67. Dubey, S.C. "Tribal Heritage of India: Ethnicity, Identity and Interaction". Vol. I, New Delhi, Vikas Publication House.
28. Chikte Rasika and Maharatna Arun,(Nov.20-26,2004) "Demography of Tribal Population in Jharkhand 1951-1991'' : Economic and Political Weekly, Vol. 39, No. 46/47, pp. 5053-5062.

Corresponding Author

Gunja Kumari*

Research Scholar, Department of Economics, YBN University, Ranchi, Jharkhand