Draft Paper

Understanding the Variations in Nutritional Status of Tribals in India: An Assessment of Inter-Tribal Population

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Introduction

India is home to diverse cultural and ethnic groups, including tribal communities. In India, tribal populations constitute a significant portion of the demographic landscape. The nutrition and health status of tribal communities is a critical concern. These indigenous populations, often residing in remote and ecologically sensitive areas, face unique challenges related to their well-being. These communities have distinct lifestyles, traditions, and dietary practices.

Many tribal communities rely on traditional diets based on locally available resources. These diets often include millets**,** wild greens, and forest produce (Das and Bose, 2015)**.** Moreover, Tribal communities usually live in ecologically sensitive regions. Their dependence on forest resources for food, medicine, and livelihood exposes them to environmental challenges.

Malnutrition remains a pressing issue among tribal populations. Tribal communities also encounter various socio-economic disparities and health inequities. Factors such as limited access to nutritious food, inadequate healthcare facilities, and poverty contribute to their vulnerability. Limited access to healthcare facilities and low literacy rates hampers awareness about nutrition and health. Stunting**,** wasting, and underweight are prevalent among tribal children, affecting their growth and development. Micronutrient deficiencies, including iron, vitamin A, and iodine, are common. Lack of education affects their ability to make informed choices regarding nutrition and hygiene.

Nutrition has significant implications for the health and well-being of the population throughout their lifecycle. India is home to a third of the world's stunted children, the latter being an outcome of poor pre-pregnancy and maternal nutrition (Wrottesley et al., 2015). Given the importance of maternal nutrition in influencing the early growth and physical development of the newborn (Gupta V. *et al.,2019*), as well as the increased risk of later being susceptible to chronic disease, there is an urgent need for an evidence-based and culture-specific nutrition study to suggest appropriate directions for investing in maternal and infant nutrition in India for the tribal community.

Review of literature

Anthropometric studies focusing on tribal populations in India have been conducted to assess various aspects of their health and nutritional status. (Bose et al., 2006) conducted a study on adult Santal tribals in Jhargram, West Medinipur District, West Bengal, to determine their anthropometric profile and chronic energy deficiency (CED) prevalence. Another study focused on the nutritional status of adult Santal men in Keonjhar District, Orissa (Bose et al., 2006). Additionally, Mukhopadhyay (2010) conducted a study on adult Santal tribes in Birbhum District, West Bengal, highlighting the high undernutrition prevalence among this population. Furthermore, (Banik, 2009) conducted a study on three adult male populations in

eastern India, including Oraon, Sarak, and Dhimal tribes, to understand age-trend and ethnic variations in anthropometric characteristics and nutritional status. A review conducted by Das et al., 2015 on adult tribal malnutrition in India focused on the prevalence of chronic energy deficiency using Body Mass Index (BMI) and various demographic profiles of Indian tribes. The study of Choudhuri et al., 2015 evaluated the pulmonary function of adolescents from Tripura, concluding that both the anthropometric and pulmonary function status of tribal and non-tribal adolescents were comparable. Moreover, (Verma, 2020) conducted a study on tribal women of Bastar, Chhattisgarh, to determine intertribal variation concerning BMI. The study revealed that chronic energy deficiency was higher in Dhurwa women than in Bhatra women. These studies provide valuable insights into the anthropometric characteristics, nutritional status, and prevalence of undernutrition among various tribal populations in India.

Studies have been conducted to assess the impact of different Government programmes on the nutritional and health status of tribal populations in India. The study by Tandon et al., 1984 highlighted the impact of Integrated Child Development Services (ICDS) on infant mortality rates in India, showing a significant decrease in mortality rates in areas where the program was implemented. One study found the ICDS scheme's holistic approach in providing essential services for improved childcare, health, and nutrition for children and women in communities (Kapil, 2002). (Mitra et. al., 2007) A cross-sectional study was conducted to assess the nutritional and health status of Gond and Kawar tribal preschool children in Chhattisgarh, India, using various anthropometric indices. Furthermore, (Dani et al., 2015) focused on estimating the prevalence of undernutrition in under-five tribal children in Melghat, Maharashtra, while (Somawar et al., 2015) assessed the nutritional status of Bihor tribe children in Raigarh district. The study by Das et al., 2015 reviewed the prevalence of chronic energy deficiency in adult tribal populations in India, emphasising the importance of addressing malnutrition in these communities. Giri et al., 2020 conducted a scoping study on non-governmental organisations working to improve reproductive, maternal, neonatal, child health, and nutrition services in tribal areas, highlighting the limited number of NGOs focusing on these issues. Additionally, Pandey et al., 2023 assessed the engagement of Scheduled Tribe communities in the functioning of Village Health Sanitation & Nutrition Committees in India, identifying deviations from existing guidelines and emphasising the need for mobilisation and motivation to bring about positive change at the grassroots level. Overall, these studies underscore the importance of addressing nutrition and health disparities in tribal populations in India through targeted interventions and community engagement.

Need for the study

The above literature review gives us an idea of some selected tribes based on quantitative and qualitative primary data. However, the comprehensive scenario of tribal population nutrition status is negligible. Data on nutrition and health is not available for tribes-specific and area-specific communities. However, the comprehensive scenario of tribal population nutrition status is negligible. The study aims to give inter-tribal variation in nutrition status in India and generate evidence on a spectrum of nutrition-related changes and health status among specific tribal mothers and children's dyads. This will help us understand the role of genetic factors, food consumption, and health services in the population's nutrition status.

The proposed study used quantitative data from the NFHS 4 on anthropometric measures, and biomarker data of women. In the first attempt, the identification of tribes from the list of tribes given by the Ministry of Tribal Affairs and NFHS data was carried out, and the tribes in different states were mapped. For inter-tribal comparison, tribal living within the same state with sufficient samples for analysis are selected. Using anthropometric data, the BMI of women and height for age, weight for age, and height for age are examined for the children. Using Biomarker data, hypertension, diabetes, and anaemia among women are studied (Appendix 1). In the sample, 65 tribes' names were able to be identified with state names and sample sizes.

Results and Discussion

In Table 1, indicators of mean height, underweight, overweight, anaemia, blood and diabetes are presented. It was found that the tribes in Odisha, namely Ho and Santhal, had the lowest height among the 65 tribes presented here. Nicobarese is of good height with a mean of 156 centimetres. Underweight among Nicobarese and Lepcha tribes are the lowest. It is quite shocking to note that in six tribes, more than 40 per cent of women are underweight. On the other hand, overweight is also common in some of the tribes. Anamia level is also high among Ho and Santhal.

If we find differences in the nutritional status in the same state among the tribes, then we can attribute it to genetic factors and lifestyle, as the programmes for everyone in the state are the same.

Inter-tribe comparisons of the six indicators are presented in Tables 2 and 3. Differences among the four selected states are not found to be significant within the state for height and weight of women. However, mean weight and height differences are significant when four states are taken together. It gives the idea that within the state, differences do not exist in the height of the women among tribes. BMI differences are only significant between tribes in Madhya Pradesh and Odisha. Anaemia levels among the tribes of Chhattisgarh and Madha Pradesh are significantly different. The blood pressure levels of tribes in Odisha are also significantly different.

From this study, it can be concluded that nutritional programmes that consider only scheduled tribes as one umbrella will not help. We need to identify the tribes within each state, and nutritional programmes must be implemented according to their need. Especially in the states of Madha Pradesh and Odisha, and, to some extent, Chhattisgarh tribe-specific programmes are required. In the case of Jharkhand, the differences are not significant in the sample. Hence, they can have similar programmes for all tribes. Specific tribes named Ho and Santhal required special attention.

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Table 1: Nutritional and Health Indicators of 65 Tribes Women

Tribe	**Mean height (15-49)**	**Mean height (20-34)**	**BMI below 18**	**BMI above 25**	**Anemic**	**High bp**	**diabetic**
ADI MINYONG	151.7	150.4	3.6	30.6	11.2	24.9	15.6
ADI PADAM	153.8	151.5	7.9	16	26	17.9	3.9
ANGAMI	154.4	154.3	9.2	25.1	9.8	19.4	7.9
AO	154.1	154.2	12	21.9	10.6	17.3	10
APATANI	152.7	152.4	10.6	44.3	29.7	9.4	13.1
BALTI	152.6	152.3	14.6	11	44.9	10.4	1.1
BARELA	151.2	150.9	49.9	2.8	43	10.1	4.1
BHARWAD	155.0	154.6	21.3	16.2	37	4.4	6.9
BHUTIA	154.6	154.6	3.4	28.1	19.4	14.4	5.8
BORO	152.3	152.1	9.9	19	27.7	23.5	4.8
CHAKHESANG	155.2	154.8	26.6	18.1	28.2	8.8	1.8
CHANG	151.9	152.2	13.8	11.7	21.8	15.2	6.3
GALO	151.7	151.7	4	24.8	16.9	18.1	4.8
GAMIT	152.0	151.2	40	7.2	21.8	12	7.7
GANDA	150.2	150.2	36.8	6	44.3	11.4	6.7
GAUDA	151.1	150.9	27.9	16.7	32.2	10	4.7
GAVIT	151.5	151.2	60.6	0	33.2	6.2	0
HALPATI	151.6	150.0	30.3	15.6	24.1	17.7	7.4
HMAR SC	150.5	150.5	4	25.5	15.8	4.4	13.4
HO	148.9	149.2	37.3	4.4	49.5	10.1	2.7
IDU MISHMI	151.1	151.2	5.8	20.7	17.6	18.8	4.8
KANDHA	149.5	149.4	30.8	5.8	32.6	6.3	6.8
KANWAR ST	150.8	150.8	34.4	4.8	22.2	13.5	7.9
KARBI	150.1	150.2	13.5	12.2	15.5	24.7	5.6
KHARWAR	149.2	149.5	21.4	10.6	34.5	6.9	8.3
KOL	150.2	150.2	29.6	5.7	33.9	6.4	3.4
KONYAKK	152.8	152.7	14.8	5.3	19	10.4	7.2
KORKU'	152.1	152.1	27.6	4	37.6	7.6	3.2

Tribe	Mean height (15-49)	Mean height (20-34)	BMI below 18	BMI above 25	Anemic	High bp	diabetic
KOSTHI-HALBA	151.6	151.3	25.3	12.5	30.9	5.8	7.7
KUKI	151.3	151.1	8.5	16.6	11.8	7.3	6.1
LAMBADI	152.5	152.1	23.4	18.9	33.3	6.3	5
LEPCHA	151.7	151.8	2	29.2	13.8	24.1	3.8
LIMBOO	152.5	152.3	8.1	26.6	20.2	13.7	2.9
LOTHA	153.9	153.7	17.1	14.3	18.1	16.9	10.4
MALYALI	150.8	152.1	17.6	19.2	32.1	8.2	6.5
MISMI	150.8	151.2	6.3	17.2	18.2	20	6
MIZO	152.6	152.5	7.9	23.7	9.1	7	9.1
NAIK	152.8	152.6	31.1	15.9	31.3	11.1	3.8
NAYAK	153.1	152.5	29.6	9.8	28.4	8.3	6.6
NAYAKAR	153.1	152.9	25.7	21.4	28.7	10.5	3.3
NICOBARIES	155.3	156.2	2.9	23.4	38.2	61.2	2.5
NISHI	153.3	152.9	8.6	22.1	17.5	13.8	5.2
NYASHI	150.0	149.9	6.3	18.8	17.8	10.7	3.9
PANIKA	150.3	150.0	23	11.4	24.8	8.2	8
PANIYAN	152.5	152.0	31.9	12.6	27.3	3.1	2.8
PARAJA ST	149.6	149.9	39.8	3	31.5	7.8	7.5
PARDHI	152.5	152.3	26.4	5.1	23.6	6.4	1.2
PHOM	151.7	151.8	14.5	7.9	9.1	17.6	6.5
RATHVA ST	151.3	150.8	50.3	9.4	32.7	12	5.9
RENGMA ST	152.8	152.8	15.9	15.9	10.8	18.1	6.9
RONGMEI	150.2	150.1	7.8	13.9	10.1	12.9	6.6
SABAR	149.8	149.6	44.1	5.9	35.3	9.3	8.4
SANGTAM	152.5	152.2	9.1	9.4	13.4	15.2	5.3
SANTHALI	149.1	149.2	36.3	3.8	48.5	7.8	4.4
SEMA	153.7	153.6	9.5	21.9	7.8	13.7	10.6
SHERPA	152.9	153.1	4.5	28	22.6	17.7	6.5

Tribe	Mean height (15-49)	Mean height (20-34)	BMI below 18	BMI above 25	Anemic	High bp	diabetic
SONOWAL KACHARI	152.5	152.6	10.4	13.6	25.8	18.7	6
TAGIN	150.7	150.7	9.2	17.9	20	16.1	5.2
TAMANG	152.1	152.1	8.4	34.5	27	15	2.3
TANGKUL	152.9	153.0	8.2	11.7	5.1	13.1	6.1
VARLI	151.1	151.0	44.4	1.1	30.3	7.5	4.1
WALMIKI	152.8	152.6	22.4	21	37	7.4	5.7
YIMCHUNGER'	152.6	152.4	11.5	6.5	22.1	11	7.1
ZELIANG	151.7	151.7	7.8	20	5.6	14.9	4.8
ZEMEI NAGA	150.2	149.4	10.5	14.5	10.4	15.5	0.9
Total	**152.0**	**151.9**	25.3	15.7	**32**	9.6	6

Note

Mean Height	Mean height (15-49 years)
Mean Height	Mean height (20-34 years)
BMI	BMI < 18.5 Kg/m^2
BMI	BMI > 25 Kg/m^2
anemic	Women with Hb level <11 for non-pregnant and <10 for pregnant
high_bp	Systolic blood pressure (SBP) is >130 mm Hg or diastolic blood pressure (DBP) > 85 mm Hg are considered to have elevated blood pressure
diabetic	"Women with random blood glucose level >140 mg/dl

Table 2: Inter-tribe Comparison of Weight and Height of Women in four Selected States

State	Tribe	Statistics	Mean weight in kg*10	Mean height in cm*10
Chhattisgarh	KOSTHI-HALBA	Mean	455.92	1510.64
		N	509	509
		Std. Deviation	67.375	50.181
	KANWAR ST	Mean	452.96	1505.96
		N	176	176
		Std. Deviation	74.157	55.222
Jharkhand	SANTHALI	Mean	439.77	1490.71
		N	649	649
		Std. Deviation	64.472	51.604
	HO	Mean	440.02	1492.10
		N	429	429
		Std. Deviation	66.594	64.025
Madhya Pradesh	BARELA	Mean	430.21	1507.99
		N	673	673
		Std. Deviation	62.731	57.459
	KOL	Mean	456.08	1502.44
		N	395	395
		Std. Deviation	68.661	48.054
	KORKU'	Mean	466.04	1520.52
		N	470	470
		Std. Deviation	67.955	52.613
Odisha	KANDHA	Mean	450.24	1493.31
		N	1001	1001
		Std. Deviation	72.366	54.591

	GANDA	Mean	444.90	1508.43
		N	780	780
		Std. Deviation	70.792	58.166
	SABAR	Mean	436.20	1497.79
		N	356	356
		Std. Deviation	72.322	53.235
	PARAJA ST	Mean	429.72	1499.28
		N	179	179
		Std. Deviation	61.754	53.309

Table 3: Inter-tribe Comparison of BMI, Anamia, Blood Pressure and Diabetes of Women in Four Selected States

State	Tribe	BMI< 18.5 (%)	Anaemic (%)	High Blood pressure (%)	Diabetic (%)
Chhattisgarh	KOSTHI-HALBA	38.8	37.3	6.3	5.3
	KANWAR ST	36.4	24.4	14.2	(7.4)
Jharkhand	SANTHALI	34.6	49.3	7.7	4.3
	HO	36.8	48.4	10.6	(2.6)
Madhya Pradesh	BARELA	51.0	42.6	10.4	3.9
	KOL	28.4	32.4	8.3	(4.1)
	KORKU'	26.2	40.2	9.6	(2.1)
Odisha	KANDHA	30.3	32.4	6.1	5.9
	GANDA	38.2	41.3	11.9	4.4
	SABAR	42.2	35.7	(7.2)	(6.7)
	PARAJA ST	43.6	33.5	(8.8)	(8.4)

Note: Notes for indicators are the same as in Table 1. ( ) Sample less than 25 cases

Appendix 1: Distribution of women by names of tribe and states

Tribe	State	Freq.
ADI MINYON	Arunachal Pradesh	51
ADI PADAM	Arunachal Pradesh	36
ANGAMI	Nagaland	1,011
AO	Arunachal Pradesh	1
AO	Manipur	1
AO	Nagaland	933
AO	Sikkim	1
APATANI	Andhra Pradesh	1
APATANI	Arunachal Pradesh	368
APATANI	Karnataka	3
APATANI	Puducherry	38
APATANI	Tamil Nadu	468
BALTI	Jammu And Kashmir	271
BARELA	Madhya Pradesh	691
BARELA	Maharashtra	4
BHARWAD	Gujarat	200
BHUTIA	Assam	2
BHUTIA	Nagaland	1
BHUTIA	Sikkim	504
BHUTIA	West Bengal	1
BORO	Arunachal Pradesh	39
BORO	Assam	1,560
BORO	Meghalaya	24
BORO	Mizoram	2
BORO	Nagaland	6
BORO	Delhi	1
BORO	West Bengal	2
CHAKHESANG	Gujarat	291
CHAKHESANG	Haryana	5
CHAKHESANG	Nagaland	835
CHAKHESANG	Rajasthan	16
CHANG	Himachal Pradesh	22
CHANG	Nagaland	302
CHANG	Punjab	20
GALO	Arunachal Pradesh	865
GAMIT	Dadra And Nagar Haveli	1
GAMIT	Gujarat	397
GANDA	Chhattisgarh	62

Tribe	State	Freq.
GANDA	Jharkhand	11
GANDA	Madhya Pradesh	1
GANDA	Odisha	1,151
GAUDA	Andhra Pradesh	31
GAUDA	Chhattisgarh	3
GAUDA	Goa	1
GAUDA	Karnataka	185
GAUDA	Kerala	2
GAUDA	Madhya Pradesh	1
GAUDA	Odisha	1,440
GAUDA	Puducherry	1
GAUDA	Uttar Pradesh	1
GAUDA	Telangana	46
GAVIT	Dadra And Nagar Haveli	2
GAVIT	Gujarat	47
GAVIT	Maharashtra	2
HALPATI	Daman And Diu	28
HALPATI	Gujarat	99
HMAR SC	Assam	39
HMAR SC	Manipur	84
HMAR SC	Meghalaya	2
HMAR SC	Mizoram	4
HO	Jharkhand	434
HO	Odisha	16
IDU MISHMI	Arunachal Pradesh	494
KANDHA	Assam	1
KANDHA	Odisha	1,060
KANWAR ST	Chhattisgarh	182
KANWAR ST	Himachal Pradesh	2
KANWAR ST	Jharkhand	5
KANWAR ST	Rajasthan	3
KARBI	Arunachal Pradesh	32
KARBI	Assam	507
KARBI	Meghalaya	62
KARBI	Nagaland	1
KHARWAR	Bihar	38
KHARWAR	Chhattisgarh	3
KHARWAR	Haryana	2
KHARWAR	Jharkhand	58
KHARWAR	Madhya Pradesh	4
KHARWAR	Delhi	1

Tribe	State	Freq.
KHARWAR	Uttar Pradesh	63
KHARWAR	Uttarakhand	5
KHARWAR	West Bengal	10
KOL	Assam	3
KOL	Chhattisgarh	35
KOL	Jharkhand	9
KOL	Madhya Pradesh	466
KOL	Rajasthan	4
KOL	Uttar Pradesh	55
KONYAKK	Nagaland	945
KORKU'	Chhattisgarh	1
KORKU'	Madhya Pradesh	489
KORKU'	Maharashtra	40
KOSTHI-HAL	Chhattisgarh	521
KOSTHI-HAL	Madhya Pradesh	23
KOSTHI-HAL	Maharashtra	52
KOSTHI-HAL	Odisha	5
KOSTHI-HAL	Uttar Pradesh	1
KUKI	Assam	101
KUKI	Manipur	1,238
KUKI	Meghalaya	3
KUKI	Nagaland	120
KUKI	Tripura	1
LAMBADI	Andhra Pradesh	15
LAMBADI	Telangana	222
LEPCHA	Sikkim	672
LEPCHA	West Bengal	4
LIMBOO	Arunachal Pradesh	6
LIMBOO	Assam	5
LIMBOO	Sikkim	206
LIMBOO	West Bengal	3
LOTHA	Arunachal Pradesh	2
LOTHA	Himachal Pradesh	1
LOTHA	Nagaland	746
LOTHA	Rajasthan	1
LOTHA	Uttar Pradesh	5
MALYALI	Andaman And Nicobar Islands	1
MALYALI	Gujarat	2
MALYALI	Karnataka	6
MALYALI	Maharashtra	1
MALYALI	Tamil Nadu	51

Tribe	State	Freq.
MISMI	Arunachal Pradesh	518
MIZO	Arunachal Pradesh	1
MIZO	Manipur	12
MIZO	Meghalaya	8
MIZO	Mizoram	8,866
MIZO	Sikkim	2
NAIK	Assam	4
NAIK	Goa	38
NAIK	Gujarat	2
NAIK	Haryana	55
NAIK	Jammu And Kashmir	103
NAIK	Jharkhand	5
NAIK	Karnataka	164
NAIK	Kerala	1
NAIK	Madhya Pradesh	4
NAIK	Maharashtra	8
NAIK	Odisha	30
NAIK	Punjab	1
NAIK	Rajasthan	10
NAIK	Telangana	4
NAYAK	Andhra Pradesh	5
NAYAK	Arunachal Pradesh	1
NAYAK	Assam	23
NAYAK	Chandigarh	1
NAYAK	Chhattisgarh	4
NAYAK	Dadra And Nagar Haveli	1
NAYAK	Gujarat	81
NAYAK	Haryana	72
NAYAK	Jammu And Kashmir	7
NAYAK	Jharkhand	84
NAYAK	Karnataka	645
NAYAK	Kerala	1
NAYAK	Madhya Pradesh	111
NAYAK	Maharashtra	1
NAYAK	Odisha	21
NAYAK	Punjab	3
NAYAK	Rajasthan	353
NAYAK	Tripura	4
NAYAK	Uttar Pradesh	20
NAYAK	Uttarakhand	2
NAYAK	Telangana	8

Tribe	State	Freq.
NAYAKAR	Karnataka	86
NAYAKAR	Puducherry	8
NAYAKAR	Tamil Nadu	55
NICOBARIES	Andaman And Nicobar Islands	618
NISHI	Arunachal Pradesh	170
NYASHI	Arunachal Pradesh	2,430
PANIKA	Assam	12
PANIKA	Chhattisgarh	277
PANIKA	Madhya Pradesh	137
PANIKA	Odisha	12
PANIKA	Uttar Pradesh	19
PANIYAN	Kerala	72
PANIYAN	Tamil Nadu	8
PARAJA ST	Andhra Pradesh	2
PARAJA ST	Odisha	186
PARAJA ST	Uttarakhand	1
PARDHI	Dadra And Nagar Haveli	1
PARDHI	Madhya Pradesh	3
PARDHI	Maharashtra	48
PHOM	Nagaland	752
RATHVA ST	Gujarat	104
RENGMA ST	Nagaland	422
RONGMEI	Manipur	553
RONGMEI	Nagaland	43
SABAR	Assam	3
SABAR	Jharkhand	3
SABAR	Odisha	413
SABAR	Tripura	1
SABAR	Uttar Pradesh	1
SABAR	West Bengal	8
SANGTAM	Nagaland	575
SANTHALI	Assam	1
SANTHALI	Bihar	19
SANTHALI	Jharkhand	656
SANTHALI	Mizoram	1
SANTHALI	Odisha	1
SANTHALI	West Bengal	5
SEMA	Nagaland	235
SHERPA	Arunachal Pradesh	4
SHERPA	Sikkim	286
SONOWAL KA	Arunachal Pradesh	30

Tribe	State	Freq.
SONOWAL KA	Assam	151
SONOWAL KA	Chhattisgarh	2
SONOWAL KA	Jharkhand	1
SONOWAL KA	Madhya Pradesh	2
SONOWAL KA	Rajasthan	1
SONOWAL KA	Uttar Pradesh	1
TAGIN	Arunachal Pradesh	654
TAMANG	Arunachal Pradesh	26
TAMANG	Assam	3
TAMANG	Bihar	1
TAMANG	Himachal Pradesh	8
TAMANG	Nagaland	4
TAMANG	Sikkim	291
TAMANG	West Bengal	19
TANGKUL	Manipur	742
TANGKUL	Meghalaya	2
TANGKUL	Nagaland	3
VARLI	Dadra And Nagar Haveli	268
VARLI	Gujarat	6
VARLI	Maharashtra	30
WALMIKI	Andaman And Nicobar Islands	5
WALMIKI	Andhra Pradesh	56
WALMIKI	Arunachal Pradesh	6
WALMIKI	Assam	2
WALMIKI	Bihar	12
WALMIKI	Chandigarh	74
WALMIKI	Chhattisgarh	3
WALMIKI	Daman And Diu	2
WALMIKI	Goa	1
WALMIKI	Gujarat	106
WALMIKI	Haryana	1,079
WALMIKI	Himachal Pradesh	30
WALMIKI	Jammu And Kashmir	7
WALMIKI	Jharkhand	7
WALMIKI	Karnataka	455
WALMIKI	Madhya Pradesh	227
WALMIKI	Maharashtra	52
WALMIKI	Nagaland	1
WALMIKI	Delhi	215
WALMIKI	Odisha	3
WALMIKI	Punjab	640

Tribe	State	Freq.
WALMIKI	Rajasthan	126
WALMIKI	Sikkim	8
WALMIKI	Uttar Pradesh	762
WALMIKI	Uttarakhand	104
WALMIKI	West Bengal	6
WALMIKI	Telangana	8
YIMCHUNGER	Nagaland	221
ZELIANG	Manipur	1
ZELIANG	Nagaland	582
ZEMEI NAGA	Assam	10
ZEMEI NAGA	Manipur	80
ZEMEI NAGA	Nagaland	30