adverse impact of family planning programmes applied mindlessly to some tribal groups. It is, therefore, necessary that due care and discrimination be adopted in implementing the programmes for population control among the tribal groups. Preferably, the programme should be preceded by demographic studies and relevant genetico-physical tests. What is the policy of the State Government in this regard? Would you suggest deviations for certain select groups in particular and / or the tribal population in general? Prima facie, there appears to be need for tribal community-specific approach.	Andamanese – 44, Onges – 94, Jarawas – 300 and Sentinelese around 300 keeping in view of their very smaller population size. As such in this UT with very limited no. of tribal population and in view of their demographic profile except Nicobarese the population control policy cannot be adhered to. As such, local administration has no other option but to implement tribal community-specific approach which signifies their stabilization.
46. What is the state of awareness of couples in regard to the beliefs and practices relating to menstruation, conception, pregnancy, child birth and traditional birth practices? The point of view might differ among males and females. Have any studies been made in this regard? If yes, please indicate their salient findings.	Except Sentinelese, primitive tribe, who are still hostile and has not come across the non-tribals, young adults both male & female of the other tribal community are quite aware of the practices relating to menstruation, conception, pregnancy, child birth and traditional birth practices. However, no studies have been made by the A & N Administration in this regard.
Tribal women	
47. It is generally believed that while the tribal woman enjoys a higher social status in tribal societies, in point of fact she has a low health status. She works in the field, forests and home for nearly 15 to 16 hours a day. Her work continues even during pregnancy, natal and post-natal stages. She has a negative energy balance, high morbidity, low output. She suffers from general discrimination, taboos and superstition. Special programmes for her seem to be called for. The State Government would have paid some attention in this regard. If so, please explain what has been done or if nothing has been undertaken, what is proposed to be done?	The health department, social welfare & tribal department under A & N Administration and AAJVS take due care for the tribal woman of this territory so that they can lead and enjoy to a higher social status through women empowerment. No tribal woman in the tribal community suffers from general sex discrimination, taboos and superstition. Special programme like RCH and other national programme are being implemented at par with central govt. policy.
RCH	
48. The National Human Development Report 2001 of the Planning Commission quotes the IMR figure of 77 per 1000 from 1991 Census. Different studies suggest a high incidence of IMR and MMR among tribals. One study shows that among the Thoti, a primitive tribe of	All the health indicators among the Nicobari tribals are at par or even better than the non-tribal of these islands. However, the primitive tribes who have not come across to the outer world fully and trying to come to the main stream have still higher IMR and MMR in comparison to non-tribals of this