HEALTH OF PARDHI WOMEN: AN EXPLORATORY STUDY OF DENOTIFIED TRIBE IN SHIRUR TOWN OF PUNE DISTRICT, MAHARASHTRA

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MASTER OF PHILOSOPHY

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Declaration

This dissertation entitled, **"Health of Pardhi Women: An Exploratory Study of Denotified Tribe in Shirur Town of Pune District, Maharashtra"** is submitted in partial fulfillment of the requirements for the award of the degree of Master of Philosophy, of Jawaharlal Nehru University. This dissertation has not been submitted for any other degree of this or any other University and is my original work.

Ashwini Sopanrao Jadhav

Certificate

We recommended that this dissertation be placed before the examiners for evaluation.

Dr. Ritu Priya Mehrotra
(Chairperson)

Dr. Sunita Reddy
(Supervisor)

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Abbreviations

ANC	:	Antenatal Care
ANM	:	Auxiliary Nurse Midwife
AWW	:	Aaganwadi Worker
BPL	:	Below Poverty Line
CTA	:	Criminal Tribe ACT
HOA	:	Habitual Offender Act
ICDS	:	Integrated Child Development Services
IPD	:	In Patient Department
LMO	:	Lady Medical Officer
NGO	:	Non Government Organization
OBC	:	Other Backward Caste
OPD	:	Out Patient Department
PDS	:	Public Distribution System
PNC	:	Postnatal Care
RH	:	Rural Hospital
RTI	:	Reproductive Tract Infection
SC	:	Scheduled Caste
ST	:	Scheduled Tribe
STI	:	Sexually Transmitted Infections

Glossary

Centre Hospital	:	Training Hospital of Government Medical College
Panyachi Taki Vasti	:	Slum near Water Tank
Jat Panchyat	:	Tribal Council
Panch	:	Member of the Tribal Council
Vasti	:	Slum

Introduction

This study is about the health of the denotified tribal women through a primary investigation on the women of Pardhi tribe. Denotifed tribal women are more marginalised in the society due to their denotified tribal status. Denotified tribes are "ex-criminal tribes" notified by the British in colonial India and post-independence they were declared as "Denotified tribes". They are complex groups, some of them being nomadic tribes, semi-nomadic and sedentary communities. There are some food gatherer communities, pastoralists, cattle herders, folk artists, artisans and other entertainment communities. Among them, there are some groups who are descendents of yesteryear empires, groups who rebelled against the British imperialism and who lost livelihood due to British policies. These communities were declared "criminal tribes" because they were against British policies of exhausting natural resources like forest; they had directly or indirectly participated in the freedom struggle and thus were perceived as a threat to establish colonial rules (Radhakrishna, 2000).

Though these communities were declared as criminal tribes by enacting law in British India, the practice of perceiving such communities as criminals was prevalent in the early societies too and continues even to this day. Across the globe some communities are perceived as criminal; for instance, in Europe, Gypsies are perceived as criminal, in America, the so called "Red Indians" are perceived as criminals and in Australia aborigines perceived as criminal and in India, towards the denotified and nomadic communities, we have similar perceptions (D'Souza, 2001). These prejudices towards some communities are basically intolerance to their different life style, the lack of private property and an egalitarian culture (Radhakrishna, 2000).

Criminal activities were acceptable and considered dignified in the ancient Indian society. Crime was considered an art and a part of learning. Kings used trained groups in dealing with their enemies in war or for loot (Kambale, 2006). After the loss of empires they descended and some also rebelled against British. Therefore British felt the need to control these groups. Crime was considered as the traditional occupation of some tribes

and therefore their whole community was declared as criminals. Thus the members of these communities get labelled as criminals generation to generation (Bokil, 2002).

The criminal stigma has a major impact on the life of the denotified communities in India and is the primary reason for their marginalized status in the society. Thus they are not able to live like other citizens. They lack dignity and respect in society and become victimized as suspects in crime (D'Souza, 2001). On the one side they lost livelihood due to British policies and the policies of independent India and on the other side due to the criminal stigma attached to them they are not able to find sustainable alternatives for livelihood. Many of them are engaged in informal sectors such as construction works and agricultural labor. Some of them depend on begging and illegal activities such as theft or illicit brewing and selling of liquor. There are not many positive discriminatory measures available to them like the other marginalized communities. Therefore they do not get opportunities for development. Little efforts are made in the assimilation of these communities with wider society and so they live in isolation. They face difficulties in availing basic facilities like food, shelter, education and health services and consequently live in abysmal poverty. They are not considered untouchables but are considered lowest in caste hierarchy and are discriminated in the society. Police harass these communities on account of suspicions on the crimes in the vicinity (GOI, 2008; Radhakrishna, 2000; Bokil, 2002).

As health is beyond of biological factors and is determined by social, economical, cultural and political factors, the health of marginalized communities are worse than others due to their low socio-economic conditions. Women are further marginalized due to the patriarchal system. Health of women in marginalized communities is more deplorable due to the intersections of caste, class and gender (Doyal 1995; Qudeer 1985). There are very limited studies on the denotified tribes but they emphasize the poor health of these women. The health of denotified tribal women is not studied in detail therefore this study was carried out to explore their health issues.

There are few studies on present socio-economic condition of denotified tribes. As socio-economic condition is an important determinant of health, an effort was made to

understand the socio-economic condition of denotified tribes in general and women in particular. Health problems among women were also studied. As access, availability and affordability of health services also determine health the study was made through the experiences of women in availing health services. Primary investigations particularly focused on the health problems of Pardhi women.

The first chapter of the dissertation discusses marginalization and health of the denotified tribal women. This chapter is based on the review of literature. Marginalization is an outcome of the poor socio economic condition and vice versa and thus leads to poor health conditions. The chapter brings out the link between socio-economic conditions and health and also discuss issues of women and health. Conceptualization of the problem of study was made through the review of literature and has tried to understand the marginalization of denotified tribes and its impact on the health of women. The second chapter deals with conceptual understanding, research design and methodological approach adopted for the study.

Chapter 3 and 4 are largely based on the primary data gathered from the field. Chapter 3 describes the socio-economic condition of Pardhi denotified tribe in general and Pardhi women in particular. The chapter begins with a brief review of the socio-economic profile of Pardhi tribe in India and it is based on secondary literatures which are mainly history, geographic distribution, demographic profile, livelihood of Pardhi tribe and status of Pardhi women. The second part is based on the observation of the Pardhi tribe and Pardhi women of Shirur town of Pune district of Maharashtra.

Chapter 4 is on the health problems among Pardhi women which were reported by the women and other stakeholders in the field area. Child birth is an important incidence in the lives of women which need special attention and is linked with women's childhood to old age, so issues related to child birth are also documented. Health problems of women are divided into two parts. The first part deals with maternal and reproductive health problems, experience of child birth and other general health problems. This chapter also discusses the access, availability and affordability of health services to the Pardhi women through their experiences in availing health services. An effort is made to bring people's

voices together, to understand the gravity of problems of Pardhi women and to suggest measures to solve problems with an objective to improve their health. Thus related perceptions were collected from various stakeholders there by the last part of the chapter discusses the problems of Pardhi women and the suggestions to improve their health. Chapter 5 of the dissertation is the summary and discussion of the whole study. Here the researcher has tried to build a comprehensive understanding of the health of denotified tribal women based on the observation of primary data and reviewed secondary literature.

Chapter 1

Denotified Tribal Women: Marginalization and Health

This chapter attempts to understand the marginalization of denotified tribal women and its consequences on their health through reviewing the available literature. Since social determinants of health has an important position in understanding the overall health conditions of an individual or a group, the first section of the chapter discusses the linkages between health and socio-economic condition. The study is on the health of women of a particular section and thus the second section will focus specifically on women's health and the third section deals with the marginalization of denotified tribes and their present socio-economic condition which is the outcome of marginalization with emphasis on these tribal women.

1.1 Socio-Economic Condition and Health

> *The health is a dynamic concept embracing biological and social dimension of the wellbeing of man* (Qadeer, 1985 P.201).

Health is a very broad concept which is beyond the biological understanding of illness and diseases. Roles of socio-economic and political factors are now considered as important strands in understanding the determinants of health. It is proved from historical times that health and the socio-economic conditions of a community are interrelated. McKeown highlighted that in the late eighteenth and early nineteenth century, in Wales and England, the mortality rate caused by various infectious diseases decreased due to improvement in living condition and rise in food productions (McKeown and Lowe, 1974). Various other theories like miasmatic theory linked diseases with atmosphere such as waters, airs and places and the theory of multiple causation of disease deals with the bundle of causes of diseases from germ to poor nutrition, crowding etc (Nayar, 1991). These understanding gave theoretical base for linkages of health with socio-economic conditions which comprise status in the society, occupation, wages, education and access to basic services such as water supply, sanitation, housing condition and access to health services. These are further determined by marginalization, social exclusion, poverty and inequality (Nayar, 2007).

In India, there are social stratifications and inequalities in the society. Caste, class, religion and gender are major axis for inequalities. The sociology of the body shows body of human being is not different from the social status and experiences of individuals in the society (Gidden, 2004). Life experiences of individuals in the society differ according to their status in the stratification, their background of class, caste and gender etc. Social structures like caste system, class structure and patriarchy create the situations where some groups of people are placed in the marginalized section through exclusion, discrimination and exploitation. Since health is a social concept which is constructed within the social realities of the people, implication of social structures and stratifications on individuals or group's access, availability and affordability to avail basic necessities are enormous. In addition to these situations, social hierarchies which are being maintained in the health care institutions also influence the health of the marginalized section of people. Most of the doctors are from upper middle class back ground, nurses and other technical staff from middle class and there is a few other staff from lower middle class. So generally there is an elite culture in the health centres. Therefore, health care services are provided based on social status of the patients not on disease (Qadeer, 1985). So, such attitudes of health workers also act as a barrier to access health services.

Qadeer (1985), in her paper "Health Services System in India: An Expression of Socio-Economic Inequalities" analyzed the health situations of poor. In her own words….

> *The poor are poor not only in wealth but in health also and are more exposed to disease and degradation. And when they attempt to combat disease generally when it becomes so severe as to make working and earning a living impossible- they discover the inequalities in the health services system which further denied them a healthier life* (Qadeer, 1985 P.209).

She also explained the relevance of the stratification and hierarchies in society in the same paper that….

> *…..Thus it is evident that in a stratified and hierarchical society where resources are limited, those at the bottom of the hierarchy will have the least access to all resources. This general social phenomenon will be and is as true for the health services system* (Qadeer, 1985 P.209).

Thus marginalized communities do not have access to resources so they live in poor living and working conditions due to their low status which causes poor health. In this situation they are not able to avail health services due to poverty, discrimination and social exclusion which again are linked to their social status. Therefore there is a huge gap in the access to health services between rich and poor section. The following findings indicated this huge gap,

> *People from the poorest strata, despite having more health problems are six times less likely to get access to hospitalization than people from the richer sections* (NCC & JSA, 2006 P. 13).

Such kind of health inequalities can be understood better when we analyze the health status of different social groups. In India, caste, officially known as social groups is an element that determines socio-economic-political conditions. In the official classifications, there are four categories of social groups. They are Scheduled Caste (SC), Scheduled Tribe (ST), Other Backward Classes (OBC) and Others (RGI in Baru et.al, 2010). The ST, SC and to some extent the OBC have been facing the social exclusion and are considered as socially disadvantaged and marginalized (Nayar, 2007). They have poor living conditions without basic facilities such as electricity, water and sanitation, meagre wages from daily earning work, lack of education and properties like land. Such living conditions make their life very critical on one side and on the other they face discrimination, exploitation and exclusion in the society according to their lower status in the social system. Marginalization is a process by which a group of individual is denied access to important positions in economic, religious and political power within society (Marshall, 1998). Thus poor socio-economic condition is an outcome of marginalization. The following table shows the huge gaps between ST, SC and OBC than other communities in economic condition.

Table 1.1: Social Groups by Wealth Quintiles

Social Groups	Lowest	Second	Middle	Fourth	Highest
SC	27.9	24.6	20.8	16.6	10.2
ST	49.9	23.6	13.4	8.0	5.2
OBC	18.1	22.1	23.2	21.1	15.6
Other	9.8	13.6	17.1	23.9	35.6

Source: IIPS, 2007 (NFHS-3) Vol. I

This table shows that the ST are in the lowest wealth quintile are around five times more and SC are three times more than others. In the highest wealth quintile groups the STs are around seven times less and SC are three times less than others. The huge disparities in economic status of ST and SC who are marginalized in the society and others are reflected in this.

Table 1.2: Percent Distribution of Men in Age 15-49 by Number of Years of Education Completed According to Social Groups

Social Groups	No Education	<5 Years Complete	5-7 Years Complete	8-9 Years Complete	10-11 Years Complete	12 or More Years Complete
SC	22.8	11.8	18.6	21.4	11.9	13.4
ST	34.2	15.0	17.4	17.7	7.1	8.7
OBC	17.6	9.7	17.3	21.4	15.4	18.6
Other	11.7	8.5	14.2	20.1	17.9	27.6

Source: IIPS, 2007 (NFHS-3) Vol. I

This table shows that the percentage of ST men who are not at all educated is three times more and of SC two times more than others. Less than one third ST men and half of SC men have completed 12 or more years of education than others. This shows the lower

education level of STs and SCs than others. Education levels determine health through the opportunity of better jobs and better living conditions, thus one of indicator of socio-economic conditions.

Health status of these marginalized communities is comparatively very low. Many of the studies reveal poor health status of SC and ST communities. There are gaps in infant, child and under five mortality rates in different social groups. There are huge gaps between ST and others social groups for under five mortality rates. Child mortality in ST is three times greater than others and two times greater than OBC (IIPS, 2007). The booklet developed by Sama Resource Group for Women & Health, for Jan Swasthya Abhiyan (2006) discussed the wide disparities of health problems among ST and SC in compare to other social groups. Among those who die of starvation and attendant diseases ninety percent are dalits (NCC & JSA, 2006).

> *Dalit women are one and a half times more likely to suffer the consequences of chronic malnutrition (stunted height) as compared to women from other castes. Children below 3 years of age in scheduled tribes and scheduled castes are twice as likely to be malnourished than children in other groups* (Bang, et al in Gopalan & Shiva in NCC & JSA, 2006 P.52).

This revealed the inequality in health which is exacerbated further by intersectionality of caste, class and gender. Therefore women are more marginalized and that is reflected in their health therefore in following section literature related to women and health was reviewed to understand the influence of inequalities to them.

1.2 Women and Health

Doyal (1995), discussed about the world wide picture of the health of women. In the poorest countries, the condition of the health of women is worst; they face broader health consequences, due to poverty, like communicable diseases, under nutrition, anaemia, malaria, hepatitis and leprosy. About two thirds of the world's women live in poorest countries where per capita income is low, life expectancy is relatively short, fertility rates are high and comparatively small percentage of females are in the paid labor force, with high inequality in income and wealth, and state provides very few health services that

affects on health (Doyal, 1995). In India, morbidity related to pregnancy, abortion and childbirth is exceptionally high. Women have significantly heavy burden of communicable diseases. Due to the over domestic work women suffer from constant backaches, spinal problems and worn out feet. At the workplace women's health may be threatened by chemical, noise and lifting of heavy weight. Due to these, they have been experiencing increasing mis-carriages, birth defect, skin infections, menstrual disorders, thalasemia and cancer. Along with this, violence, sexual exploitation and harassment add to the consequences. Due to lack of sufficient facilities like lighting or toilets women are more prone to urinary tract infections. Also due to environmental degradation and pollution women are also constantly exposed to various respiratory illnesses and become victims of skin diseases, experience malfunctioning of various sensory organs, which has a long-term impact on their reproductive health (NCC & JSA, 2006). Domestic violence is also serious cause of disability and death in women (Gopalan & Shiva in NCC & JSA, 2006*)*. A study on women's morbidity in the Nasik district of Maharashtra found that among the sample of more than 3,500 women, the morbidity levels reported were very high, half of the women reported ill in the month prior to the survey. A large proportion of such illnesses were chronic and non-infectious. Morbidity rates were higher among adult women in comparison to girls. The study also reveals that the pattern of morbidity among women had linked with their living environment, work and childbearing and contraception (Madhiwalla, Nandraj and Sinha in Mishra, 2006).

Problems of women's health are rooted in income levels, poor housing conditions and unsafe workplace, continuous overwork with low wage, living conditions, poor access to health system and other resources as well as social exclusion determines health of women and lead to inequalities in health. Poverty, geographical location, social exclusion based on caste, gender, sexuality, fertility, disability when interacted closely with factors like work, housing, environment, education etc. determines women's health (NCC & JSA, 2006). Zurbrigg (1991), explained that hunger, intra-household distribution of food and triple burden of work on women of household works, child bearing and caring and outside work like various causes lead to illness and development of disease among women (Zurbrigg, 1991). High mortality rates of women are a reflection of unequal

gender relations, inequalities in resource distribution, lack of access and availability of drugs and health services (Sarojini et.al, 2006). All though both men and women are affected by gender, it is more significant for women (Rubin in Doyal, 1995).

Women are more oppressed and exploited in the society due to patriarchal system. Men have control over the women. The discrimination starts with women from the conception of a female foetus. In India, in the recent years, there are alarming decreases in the child sex ratio (0-4 years). There is systematic discrimination against the girl child and unwanted girl children often get eliminated even before birth (IIPS and ORC Macro in Mishra, 2006). Women do not have autonomy in decision-making regarding their own bodies, sexualities and fertility. Women face discrimination in the allocation of resources such as food, education, health care, access to information etc (NCC & JSA, 2006). Various studies show material discrimination between men and women. Women work more than men but they receive less and no pay at all for domestic work. Women's representation is very less in the managerial work and administrative jobs in the ranks of power, policy and decision making (United Nation in Doyal, 1995). Women face challenges to get material resources for healthy life. It is also a culturally structured identity of women that they are inferior to men (Doyal, 1995). The role and access to resources for man and women is defined by patriarchy (NCC & JSA, 2006). Societal values and norms operate within the framework of patriarchy have impacts on women's rights at various levels – of family, community and state, in addition to it the forces of globalization and fundamentalism have been increasing suffering of women's life and denying their rights (Sarojini et.al, 2006).

Despite several economic, political and social changes, women, are still far behind. Women receive only a small share of developmental opportunities (Bhasin, 2007). The exercise of violence against women further strengthens the unequal relationship between men and women in a motive of controlling women's labour, mobility, reproduction and sexuality to reinforce women's subordinate status (IWHM & NFHS 2 in Sarojini et.al, 2006).

Doyal, (1995) explained and analyzed in her book "What Makes Women Sick: Gender and the Political Economy of Health" the situation of women health in her own words….

> *....In most of the societies male is valued highly than the female. Men are usually dominant in the allocation of scarce resources and this structured inequality has a major impact on women's health* (Doyal, 1995 P.1).

Inequity in the distribution of resources, the subordinate social, political and economic status, and reproductive role results in women being disproportionately vulnerable in the health outcomes (NCC & JSA, 2006). Women of lower income groups are more vulnerable due to the poverty. According to IIPS (2007), more than half of the women in the country are anaemic. The lower income groups have less access to the health care resources (IIPS, 2007). Women in marginalized communities such as dalits, tribals are particularly denied access to resources so that they continue to live in abysmal poverty and they are less likely to afford and get access to health services when required (NCC & JSA, 2006). Therefore SC and ST women face more consequence of class, caste and gender on their health and it lead to their poor health status (Zurbrigg, 1991).

Along with the above discussed factors, access, availability and affordability of health services are also some elements that determine health. Women have less access to health services than men due to their lower status in the family and lack of decision making power, expenditure on health care and non availability of health care facilities (Sarojini et.al, 2006). RCH-RHS reports that 55.1 percent of the males with symptoms of the diseases sought treatment in contrast to 37.6 percent of the females who had symptoms (Mishra, 2006). In India caste and class advantages play in the access to healthcare and provisioning of health care. The healthcare infrastructure is literally neglected in the rural areas and concentrated in the urban areas. There has been uneven growth in the number of Community Health Centres (CHCs), Primary Health Centres (PHCs) and Subcentres (SCs) in the different states and union territories of India. Among them some have considerable progress and on the other side in some states the progress has been very slow or stagnant. In India, tribal areas are deficient in public facilities. Public health care is weakening day by day with increasing privatization. In this situation urban elites are

getting timely and competent care and rural people are facing problems in accessing health care. With these issues women face gendered discrimination in the access (Mishra in Mishra, 2006). Due to inferior attitudes towards health and general wellbeing of girls and women, submissive gendered roles, limited control over household resources, restricted involvement in decision making, and housework and care giving roles which consume much of women's time and energies, women have inferior health status and access to healthcare. Due to the culture of silence in seeking problems related to sexual health, some reproductive health problems go untreated. Most of the times, financial incapacity, exclude women from seeking treatment. There is unwillingness in the families to spend on healthcare of female members. Inaccessibility and inadequacy of the health facilities are also reasons for not seeking treatment (Mishra, 2006). NSSO's data shows poor women are mainly dependent upon public sector for indoor services (Purohit and Siddiqui in Qadeer, 1998) but there is unavailability of adequate basic infrastructure and functioning referral system and obstetric and gynaecological specialist at community health centre (Qadeer, 1998). There are huge inequalities in the urban and rural, the poor, the lower castes (especially the SCs), the STs and the less developed states and regions of India in the accessibility to healthcare. This gap between different socio-economic groups are widening due to considerable weakening of the public healthcare system and the gradual entrenchment of the market economy (Mishra, 2006). Women's socioeconomic status is low and in the inter-sections of caste, class and gender they face more problems. Women's low socio-economic status leads to their social exclusion and vice-versa. Social exclusion again makes their living conditions critical. Following table shows the differences between accesses to health services in different social groups.

Table 1.3: Percentage of Women Who Reported That Specific Problems are Big Problem for Them in Accessing Medical Advice or Treatment for Themselves When They are Sick

	SC	ST	OBC	Others
Getting permission to go for treatment	7.0	9.5	6.9	5.5
Getting money for treatment	20.4	31.2	16.4	12.9
Distance to health facility	27.3	44.0	26.0	18.5
Having to take transport	25.3	42.0	23.6	15.9
Concern that no female provider available	19.7	28.4	19.7	14.3
Concern that no provider available	23.9	35.2	23.2	18.2
Concern that no drugs available	24.2	35.8	22.8	18.2

Source: IIPS, 2007 (NFHS-3) Vol. I

This table shows that all the problems which are reported as the major hurdle for women in accessing services is more among ST and SC women compared to others. Those belonging to lower social status, ST and SC women face more difficulties in access to health services.

Patriarchal structures exist at present in all societies. Even though tribal societies are mainly egalitarian societies, traditional and customary rules and norms are comparatively liberal to tribal women but in spite of it, the comparative analysis of various indicators like political organization, religion, ritual practices show that status of tribal women is low compared to tribal men (Chauhan in Basu, 1993; Bhasin, 2007). Very few studies exist on the health status of tribal women but they show that despite of women's active participation in the economic and social aspects of life, they face discrimination on the basis of gender (Reddy, 2008). Literacy is very low among the STs and in that female literacy is very low (Basu, 1993). There is high incidence of child labor among the tribes, among which girls are also affected. Girls are not seen as a burden in the tribal societies, therefore the sex ratio is comparatively better. The tribal women work very hard, in some cases even more than the men. Tribal women are very strong and courageous but

participation of the women in political sphere and in community level is very low. They have little access to, and exercise limited control over resources; and few are free from threat and violence at the hands of their husbands (Bhasin, 2007).

Poor working and living condition with low access to basic services increases vulnerability of marginalized women. Various studies discussed the problems of The MCH services are almost nonexistent in many of the tribal areas. Childhood mortality and maternal mortality is reported to be high among various tribal groups. The inadequate diet and uninterrupted work leads to cumulative disorders such as anaemia and general malnutrition in tribal women (Basu in Reddy, 2008). Maternal malnutrition is a serious threat for them (Reddy, 2008). The study shows that some beliefs and practices of the tribe regarding the maternal and child health are actually very harmful such as some crude birth practices and crude abortions methods (Basu, 2000; Reddy, 2007; Bhasin, 2007). The above discussions indicate that the marginalized women suffer more due to consequences of poverty and low social statues and thus their health is poor.

Therefore, in this background, to understand the dimensions of health of denotified tribal women which are marginalized among marginalized, the next section discusses construction of identity of denotified tribes, their socio-economic condition, and status of these tribal women which place them in the marginalized position.

1.3 Marginalization of Denotified Tribes

The identity of any individual or groups plays a major role in their lives to determine their position in the social hierarchy which again determines the access to resources; so identity is one of important phenomena that controls the socio-economic condition of any individual or groups. This section tries to understand how denotified identity shape the lives of these tribes and influence their health specifically women. Denotified tribes are the tribes who notified as a criminal by British and after independence, which the government of India later declared as denotified. Denotified is an administrative category that consist nomadic, semi-nomadic, also sedentary communities. The Kalelkar commission described that nomadic communities are the gypsies who have an innate preference for a life of adventure. Settle communities and semi settle communities are who descended from fighting or loss of empires (GOI, 2008).

1.3.1 *Historical Context of Criminal Stigma*

Available literature revealed different ways about how these denotified tribes are associated with criminal stigma. The society was complex with mixture of communities those who resisted the British, or even resisted a local oppressive landlord or high caste member, those who are ignorant of the new laws and those will fully opposed the encroachment on their traditional rights – for instance, forest laws. In the colonial period, British declared these communities as 'Criminal Tribes' by enacting the law 'Criminal Tribe Act' (CTA) and gained control over them. This law was used by the British to maintain political stability and combat the national movement (Radhakrishna, 2000; Devy, 2006). British had enforced the law as a step to retain law and order after mutiny of 1857. Therefore under CTA, those tribes who were involved in Indian mutiny were also declared as criminal to isolate them (Bokil, 2002). British assumed that the nomadic communities could be messengers because of their mobile nature thus they were taking part and helping in India' freedom struggle as well as those nomadic groups who were entertaining the public were also declared as criminal because they had the capacity to collect a mob so these communities were declared as criminals (GOI, 2008). Thus, the

stigma of criminal among these tribal came along with British's strategy to suppress India's freedom struggle.

Another aspect on stigmatization of these tribes as criminals came from the threats they supposedly imposed on settled communities. Their moving nature and restlessness have been considered as troublesome by sedentary communities. So, sedentary communities always looked at these communities with suspicions. Their moving nature was criticized by other communities such as they don't want to work hard like agricultural activities. Their free life is looked as threat to the culture of the settled communities. The prejudice was that they lack social norms, especially regarding their women. There are mainly charged of loose characters, their polygamous practices, bride price at the time of marriages. These myths are different from higher caste sections and are believed that it is rooted in their social organization. Other practices include freedom in choosing of spouses, easy divorce, widow remarriage, and a marked absence of marriage of girls before puberty (Radhakrishna, 2000; D'Souza, 2001). Nomads do not have lust of private property due to their moving nature so they do not purchase or gather their own properties. But, they were given indifferent attitudes by settled communities as a threat to their private property. State is a representative of dominating class so it also feels need to control these tribes (GOI, 2008).

Hereditary criminal concept developed side by side by some criminologists and scientists in the late of 19th century revealed that a set of genes transmits from generation to generation; so the crime exists in a particular family through generations (Stepan in Radhakrishana, 2000). In India this concept is applied in a different way like here we have caste system and a particular caste follows a particular occupation. So, crime is also considered as a profession of particular communities which passes to the next generation (Quoted in Nigam in Radhakrishna, 2000). So, if a person is found in criminal activity, his or her whole community is declared as a criminal community (Radhakrishna, 2000). Some colonial anthropologists studied these communities with the perspective that the whole communities are criminals. The purpose of colonial studies on anthropology is how to make control on the colony so these types of studies helped to stigmatise some communities as criminals (Dandekar, 2009; Kamble, 2006). The argument was also made

that, since some communities lost their livelihood of because of development processes like urbanization, industrialization and consequently they engage themselves in criminal activities. Therefore, Government felt that before they are involved in such activities, they should be declared as criminals and forced to settle for rehabilitation (GOI, 2008).

British mainly declared some communities as criminal tribes in the name of control on criminal activities but the main motive was to gain control over colony. Crime existed in India even before arrival of the British. The literature of ancient history shows that crime was considered as an art and was part of teaching so it is the part of Hindu social structure. Kings used trained criminals against enemies and for the loot of other empires. So then crime was acceptable in the society and the criminals were dignified in the society. They dissented after the loss of empires and also rebelled against British so they became victims of the legal action of the British (Bokil 2002; D'Souza, 2001; Kamble, 2006).

1.3.2 *Criminal Tribe Act (CTA) as an Instrument of Marginalization*

Through CTA act, some communities are kept in settlements which are like open jails. The communities who are not in the settlements were also put under the control such as notified criminal communities which had to take permission of village heads at the time of the stay or passing through the village. Many of the times they were used as free labor by the upper caste communities (Radhakrishna, 2000; Devy, 2006). Members of these communities had to report to the nearest police station and give attendance twice or more in a day. Police used this act for harassment of the communities. These members had to work in the mill, factories, mines, enterprises and plantation work on low wages and long working hours. Thus CTA was used against the poor, vulnerable, low caste and marginalized communities forcefully to work in enterprises. Enterprises also had the power to declare them as criminal communities (Radhakrishna in Radhakrishna, 2000). Dominant class used CTA act to suppressed vulnerable communities. This act gave authority to the local government to declare any of these tribes or castes as criminal tribes (GOI, 2008).

In the last decade of 19th century, a different stream of scientists figured out that the main reason for criminalisation is loss of livelihood. They criticized that the policies of British in India was the main reason for loss of livelihood of these communities. So, providing their livelihood was the primary agenda to reform these communities. British forced them to settle with agriculture and cultivation related works. But the motive behind this arrangement was to gain more revenue by converting swampy and waste land cultivable where by using declared criminal communities as workers in the name of providing them livelihood. As the resettlement policies were not working out, the power to control them was given to only police security (Radhakrishna, 2000; Dandekar, 2009). Due to CTA the life style and cultural of the communities get affected. As all ready discussed the act used against the poor, vulnerable, low caste and marginalized communities but this act further increased the marginalization of these communities as labelling them criminals.

1.3.3 *Habitual Offender Act (HOA) the Continuation of History*

The CTA act denied normal right of the communities. The CTA was criticized and opposed by people. So this act was repealed after 1948 in Madras presidency, in 1949 in Bombay presidency and after 1952 in all over India as the act was against the fundamental principles of constitution but it was replaced by Habitual Offenders Act (Bokil, 2002). After the independence, a committee was formed to review these communities. The committee accepted that some individuals from declared criminal communities were habitually criminal. So for that HOA act is enacted which targets individuals despite of the community. Utilizing this individualized act Police used to target these communities for any suspect of offensive behaviours (Dandekar, 2009; Bokil, 2002).

1.3.4 *Socio-Demographic Profile of the Denotified Tribes*

The exact number of population of denotified tribes is not available as there is no caste wise census conducted after 1931 and also census is not conducted between many of the nomadic tribes because they are mobile (HIC, 2004). In India there are about 198 denotified tribes (Rathod, 2000). The total population of denotified tribe is around 60

million (Devy, 2006). Denotified tribes are presently residing in more numbers in Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, Maharashtra, Madhya Pradesh, Gujarat, Chhattisgarh, West Bengal, Orissa, Haryana, Punjab, Delhi, Rajasthan, and Uttar Pradesh (GOI, 2008).

Bokil (2002) and Singh (2010) discussed the problems of categorization and enumeration of denotified tribes. These tribes are not separately enumerated in the decennial census. Therefore, there is lack of authentic data on population of these tribes. This inadequacy of information compounds the problem of proper planning for the development of these tribes. They are not categorized as class under the constitutional scheduled like SC and ST. Some are categorized as SC/ST/OBC in various states but there is no uniformity. Even categorization differs in some state like Maharashtra according to regions wise as well. They are classified in some state as ST and in others as SC, OBC, nomadic tribe and denotified tribe. These tribes are deprived from reservation and concessions. Although in some states they have a list of denotified tribes and have reservation for some facilities such as in education and employment but this does not benefit them because many of them do not posses domicile proof and caste certificates. So despite them being eligible of several schemes of government like scholarships for education, housing, business training and financial support for business they are not able to avail it (Bokil, 2002; GOI, 2008; Singh, 2010).

Various committees studied the situation of denotified communities such as Criminal Tribes Inquiry Committee, 1947, Ayyangar Committee, 1949, Kalelkar Commission 1953, Lokur Committee, 1965, Mandal Commission, 1980, Justice Venkatachaliah Commission which submitted report in 2002. All these committees and commissions frequently suggested that problems of denotified tribes are culturally and socially different from others however they are included in the SC, ST or OBC therefore they need different developmental programs, affirmative action and special measures for the improvement. These recommendations never got attention in the policy and program because of which in comparison with SC, ST and OBC they continue to be low in all indices of human development (GOI, 2008).

Despite the tribal status they are treated as a caste in the society. There are restrictions for inter-dining and inter-marriages. They are not called untouchables but occupy the lowermost position in the social hierarchy. There is a strong caste and tribal council that takes all decisions related to social and domestic life. In the recent years, secular agencies like police and judiciaries are involved in social dispute (Bokil, 2002). The pastoralist and the peripatetic communities have greater interaction, contact and relation with settled communities in comparison with hunter-gatherers. Peripatetic has more contact due to their nature of livelihood resources (Misra in GOI, 2008). These tribes are located both in urban and rural areas. The community survey conducted by commission shows that many of the tribes have been settling down in urban areas in search of livelihood. They mostly live in settlements created at the time of British but there are few communities in rural and urban parts (GOI, 2008). The denotified tribes are never a part of a village society because of their transitory existence, parasitic life style, peculiar behaviour and culture and involvement in socially unaccepted activities. Other people look at them as criminal so they face more problems in integration (Bokil, 2002).

1.3.5 *Culture*

Each of these communities has distinct culture that reflects in their beliefs, customs and traditional practices. Each tribe or community practices a hereditary occupation. Often they speak in specialized dialects. But despite this due to the nomadic nature, they know many languages. They belong to different religious groups like Hindu, Muslim, Sikh, Christian and Buddhist etc. but dominated by Hindu, Sikh and Muslim practices (HIC, 2004; GOI, 2008). These communities are guided by thick moral order, strong community organization and value system. The accurate cultural knowledge is not available because these communities do not share information (Berland in GOI, 2008). Their culture was destructed due to criminal construction of their lives. The CTA affected these communities' lifestyle and sustenance and officially declared them as predators (GOI, 2008). Their itinerant way of life forcibly transformed with the settle life resulting to the disruption of community and family. Their earlier social practices were considered as barbaric and was replaced with brahmnical ones. Women lost egalitarian position and got subordination to men (Radhakrishna, 2000).

The example of cultural destruction of Yerukula denotified tribe of Madras presidency discussed by Radhakrishana (2000), in "Colonial Construction of a 'Criminal' Tribe Yerukulas of Madras Presidency" in Economic and Political Weekly

Large number of community settled at one place. Salvation Army controlled them in the settlement and outside police force. No one can go out easily or enter. Salvation Army took attendance five times in day and night too. This rule was also strictly followed for children and women. After the settlement first they divided the community into family and land given according to that for cultivation. Children were kept separate from their parents for giving them moral education. They allowed meeting the parent only on Sunday at the time of church activities and this left the families broken. Mission was not keen on letting women go for outside work; instead of which women were trained in feminine virtues like sewing, embroidery works and cooking for the family. New division of labor was created in the family like traditional mat making work which men and women both does was given only to women with other indoor work and tilling and working on the land allotted to men. They trained women how to dress and walk. They took parades of women and gave prizes to neatly dressed women. Even they didn't allow women to go outside if not well dressed. Before and after photos of the women shows the changes in dressing that after photo shows women neatly wear saris like Hindu women and oiled their hair with flowers and vermilion marks on the forehead. After the decade, when agricultural plan failed Salvation Army sent women to work in company. In first few years there were only women working in this company so the settlement mainly depended on women's work. Salvation Army was maintained later also to keep women's sub-ordinance in the family despite them being the main earner in the family by intervening in the family matters. They intervened in the marriage system. First there were system of giving bride prize but after that they started to give dowry. There are some cases found in that men file cases against women and company threatened women if they divorced their husband company did not allow them to work in the company (Radhakrishna, 2000).

1.3.6 *Lack of Sustainable Livelihood Sources*

Livelihood of pastoral and hunter-gatherers are affected as the grazing land and forests are not accessible for them. Their livelihoods have been affected and disturb by mechanization, industrialization and urbanization processes as well as government's policies like due to the wildlife and conservation acts activities of many nomadic communities who are dependent on hunting were declared illegal. No attempts were

made to find alternative livelihoods for them (Bokil, 2002; Sharma, 2011). Thus, changes in traditional livelihood of these communities are not a natural or not an evolutionary process but due to technological advancement, changes in agricultural practices, market interventions and commercialization (GOI, 2008). This resulted in the problem of food scarcity. Many of these communities do not get a square meal a day, leave aside the nutritional quality of the food that they consume (GOI, 2008). So many of these communities are facing hunger problem.

The following case explains the reasons of prevalence of hunger in Pardhi community which cited in Radhakrishana (2009) "Hunger in PTG and non PTG Nomadic Group" in MUKT-SAAD.

Case Study: The Pardhi community used to traditionally depend for its food requirements on hunting small game like rabbits or birds in the forest, and on gathering forest produce. Children of nomadic and denotified community of Pardhis of Rajeev Nagar, Bhopal, Madhya Pradesh are now involved in rag picking. Small children, almost entirely girls, aged 5-16 years start at 4 am in the morning with big sacks, and continue to hunt for glass bottles, metals, plastic bottles or plastic bags till 12 noon. Only after their jobless parents have sorted out these children's finds, and sold them for a pittance in the recycling market, are they able to eat for that day. Victims of constant gnawing hunger, they frequently eat only once a day as they are unable to earn enough money through rag picking for two meals. Generally, the current livelihood options of nomadic communities in urban areas are such that they are not able to eat at regular times and go hungry for many hours at a time. Children of Pardhi community also depend of begging food for subsistence from the nearby middle class neighbourhood, but that is also an unreliable source. Moreover, stale, rotting or inedible food is often a source of illness rather than subsistence for these children and their families.
(Radhakrishna, 2009 P.3)

Another study shows that earning per family is Rs. 10-40 per day. Employment options are limited due to lack of high level of literacy and vocational trainings (HIC, 2004). Such condition is forcing them into beggary or move into wage labors. Some communities are trying to settle in farming but traditionally they don't possess the land so this is not adequate alternative for them. Some members of these communities are also engaged in illicit brewing and selling of liquor. Some come together in surrounding

district and taluka place occupied common land and works in the city in urban, semi-urban economy. The alternative options for them are informal sectors which are non remunerative, insecure and more affecting due to market fluctuations (Bokil, 2002). For similar reasons, they are also engaging in small petty thefts and stealing (Gaikwad in Bokil, 2000). There are some entertainment communities which are engaged in prostitution (GOI, 2008). Due to the loss of livelihood there is widespread impoverishment among these communities. There is a cycle of deprivation. Historic pattern of marginalization and exclusion are repeating (HIC, 2004).

1.3.7 *Access to Infrastructure and Basic Requirements*

Study shows that, these communities are deprived of basic necessities and infrastructure like housing, education and health care services. Due to non ownership of private properties like land, their settlements are often left in uncertainty. They usually reside on the road sides, waste lands or in the fringe of the villages on temporary basis. They do not have any record of the right over the pattas. Therefore, they constantly face the problem and threat of demolition and eviction. In such kind of living condition, they do not have access to safe drinking water supply, electricity, drainage, internal roads, etc (GOI, 2008). They often have to adjust with unfit environment and sanitation conditions. This inaccessibility situation is again compounded by social barriers like caste system and geographical barriers like settlement in remote areas without road connectivity (HIC, 2004). Because of this unsettling nature, they are deprived from the government welfare programs and citizenry rights (Bokil, 2002).

These communities are also deprived of education facilities; they are largely illiterate or educated mostly up to tenth class. Surveys conducted by various commissions show their low enrolment and high dropout rate (GOI, 2008). There are reports that children of nomadic tribes and denotified tribes faced harassment in schools. Due to their settlement pattern, they are inaccessible to education facilities like school and government's free education scheme for children (HIC, 2004).

Other basic infrastructures like heath care services are not available in such isolated settlements. Even if there are facilities, they are inaccessible to them and often they face discrimination from medical staff of upper caste. Common ailments in these communities are malaria, typhoid, gastrointestinal diseases, water born diseases, conjunctivitis, cold sores, skin ailments and high percentage of malnourishment also associated with poor and unhygienic living conditions and poverty. Mostly women do not receive medical facilities during pregnancy and delivery period. Children are not legally registered (HIC, 2004; Mane in Bokil, 2002). The study shows that out of 1200 preschool Bazigar children studied, only 9.5 % were normal and 90.5% were affected with various grades of anaemic conditions (Sidhu, Kumari, and Uppal, 2007). These tribes health is affected by changes in the life style and traditional foods (Radhakrishana, 2009). There are very few studies carried out on their health status so there is scarcity of the literature (Bokil, 2002).

1.3.8 *Criminal Stigma*

The stigma of criminality has dwarfed their status, prestige and thwarted their efforts to get a job and earn their livelihood. Constant harassments from police force them to migrate which again affects group of cohesion and family bondage which contribute to an atomistic (or individualistic) living (Bhowmic in GOI, 2008). Such kind of social identity further worsens the social realities of these communities. All these problems and exploitations by authorities like police by enforcing laws against them, discriminations by upper caste landlords and communities are issues that can be consider as human right and civil rights violations (HIC, 2004).

1.3.9 *Development Opportunities*

Political pressure is important to influence policies and programs for the benefits of community. In order to improve their inhuman situations, there is some strong movement of denotified tribes in the states likes Maharashtra due to the progressive leftist and dalit movements. There are also efforts from the communities however there is no unity among the various communities itself and thus there is no improvement in the movement. Their leaders are co-opted by the political elite so denotified tribes do not become a

strong pressure group (Bokil, 2002). They do not have the power to raise their political voice as they are not enrolled in voter ID list (HIC, 2004). Some of their cultural belief, superstition, practices and repressive customs again hinder the modern ideas of justice, freedom, equality and fundamental rights. This lack of social reforms is also one of the factors for under development of the community (Bokil, 2002).

Some efforts were made from the side of government but here the real challenge is whether their development policies are appropriate for the community. Government presumed that sedentarizing of these communities into agriculture and allied activities will resolve their problems created as result of wrong policies and enactments. Sangave (1967), studied Phanse-Pardhi tribe of Kolhapur of Maharashtra, observed in studied community that agricultural plan was failed because Pardhis were not known for their skill for agricultural activities but some of them succeed in occupations like poultry keeping and dairying (Sangave, 1967). Therefore agricultural is not the only solution to solve the problems of denotified tribe's problems. As recorded in the government report for them always physical and financial capital is not important, natural capitals like forest and animals are also important (GOI, 2008). This contradictory perspective of community and government makes such development policies meaningless. So they are far behind from development opportunities after independence as well (Devy, 2006). In the report of commission it is described that

> *The nomadic nurture a feeling that independence of the country has no meaning for them, as their condition has become worse in the more recent past* (GOI in Dogra, 2007 P.23).

1.4 Condition of Denotified Tribal Women

> *Though women all over the world are victims of discrimination, their condition is immeasurably bad and pitiable in denotified and nomadic tribes. Their vulnerability to exploitation is particularly high because of precarious condition of their communities, which are poor and socially excluded (GOI, 2008 P.98).*

Denotified tribal women are more vulnerable as the above statement indicates the reason is rooted in the precarious conditions of their communities. Therefore this section reviewed the condition of denotified tribal women.

Denotified tribal women are not confined to the four walls of the house as the house does not exist. They involve in processing and manufacturing as well as in selling and marketing. Due to the interaction of the other world in day to day life they are quite bold, fearless and articulate. But despite this, they are repressed by the traditional patriarchal structures and institutions (Bokil, 2002). Women are considered as a piece of property in these communities too. In some communities women can be sold, exchanged, mortgaged and even leased out, dowry system is also a custom. There are strict and stringent rules for the women and consequences of breaking the rules are cruel, inhuman and brutal form of penalties. The serious crimes considers for women are exogamous marriage, adultery and pre-marital pregnancy (Mane in Bokil, 2002).

Most of the tribes have their traditional caste councils which resolve disputes among individuals, families and with others also. Women do not have any role in these councils and face discrimination. Elderly male have supreme authority. The status of women is extremely low and often brutal sanctions are imposed on them (Bokil, 2002)**.** Literacy rate and standard of health of women is low. Despite all these strict rules and regulation on their women, it was found that women have the freedom to work outdoors, chose their own spouses, permit divorce through negotiation and remarriage. Changes have been happening in these societies in the direction of other general and main societies and adopted their cultural, dress patterns, languages, dialects, custom and practices. Demanding dowry custom is changed with their bride price system. This increased devaluation of women, therefore, female foeticide is also started in these communities. Due to loss of livelihood women of these communities enter into the flesh trade for

sustenance of the family and children (GOI, 2008). There are atrocities on women. The threat to safety and dignity for women is larger than other communities. They are specially targeted by sexual abuse. Even if any harmful or unwanted incidences happen to them, police and administration do not register the cases and no attention is paid. Many of the time women were also charged for theft and kept in the jail and many of the time all officially require procedures inside the jails are conducted without female police attendant (GOI, 2008; Bokil, 2002).

Thus, women have asymmetrical disadvantages and discrimination from both outside and inside their own community as compared to men. There is scarcity of literature on these tribes. Recently, they have a place in the academic and popular discourses. Despite ethnographic studies conducted on them, the attention is more on the violation of human rights but other vital concerns also need to be attended. There is a need to be comprehensively perceptive towards these communities to make effective change. They are not studied as much as in great detail like STs. Certain communities like in Maharashtra Banjaras and Dhanagars receive more anthropological attention but others do not (Bokil, 2002). Since, surrounding environments and social realities have major implications on health of the population various studies showed the necessity of in depth studies on social and economical aspects of these tribes with special emphasis on women.

From the above reviewed of literature it could be concluded that, overall health is determined by socio- economic and political factors. Marginalized and under privileged have the worst health status in the society. Because of their social status, their livelihood, living conditions they are deprived of basic needs. Among these marginalized section, women have more burdens of health problems which is again complex by intersection of their social status i.e. caste and class in the society. Thus the life of denotified tribal women is very critical. The existing literature conveys that their condition is extremely poor and highly vulnerable to exploitation due to precarious condition of their communities. So health of denotified tribal women may be threatened by denotified status as well as due to poverty and patriarchy. Thus, it is justifiable to study these women, their life, social experiences and its linkages to health.

Chapter 2

Research Design

This chapter deals with conceptualization of the problem, study design and methodological approach adopted for the study; "Health of Pardhi Women: An Exploratory Study of Denotified Tribe in Shirur Town of Pune District, Maharashtra".

2.1 Conceptualization of the Problem

Marginalization of some groups of people is prevalent from historical times and it is the outcome of various structural discriminations and exploitations. Class, caste, religion and patriarchy are the major social structures which influence all spheres of the lives of human beings and lead to marginalization of some social groups in the society.

To understand the marginalization of denotified tribes, this work draws upon heavily from the writings of Meena Radhakrishna's work on the same. There are various reasons for the marginalization of the denotified tribes. Nomadic tribes are a major chunk of denotified tribes. Perceiving nomadic tribes as a threat began after the invention of plough and agriculture the advent of the concept of private property. Nomadic tribes did not have the lust for private property. However, they were perceived to be a threat to the private property of sedentary communities, thereby becoming victims of suspicions from the latter. Dominant class and caste groups also feel threatened because of the cultural and social norms of nomadic tribes which are more egalitarian in nature including the concept of free sex and more freedom for womenfolk. This perception of looking at nomadic tribes as a threat and criminals prevails worldwide as well as in India.

During their colonial rule in India, the British faced difficulties to control nomadic and semi nomadic tribes due to their mobile nature. Together with this, the policies of the British worsened the condition of the native people of India like the forest laws which compelled some tribes to lose their rights over forest lands forcing them to rebel against the British either individually or with the support of the kings of provinces. There are other groups who were trained in crime by the kings before the arrival of British. The literature shows crime is promoted by Hindu social structures at that time. After the

decline of empires these groups dissented and some also rebelled against British. After the Indian Munity of 1857, the British felt the need to control the communities who had rebelled. So they enacted the Criminal Tribe Act through which they declared some nomadic, semi-nomadic, sedentary communities as "criminal tribes".

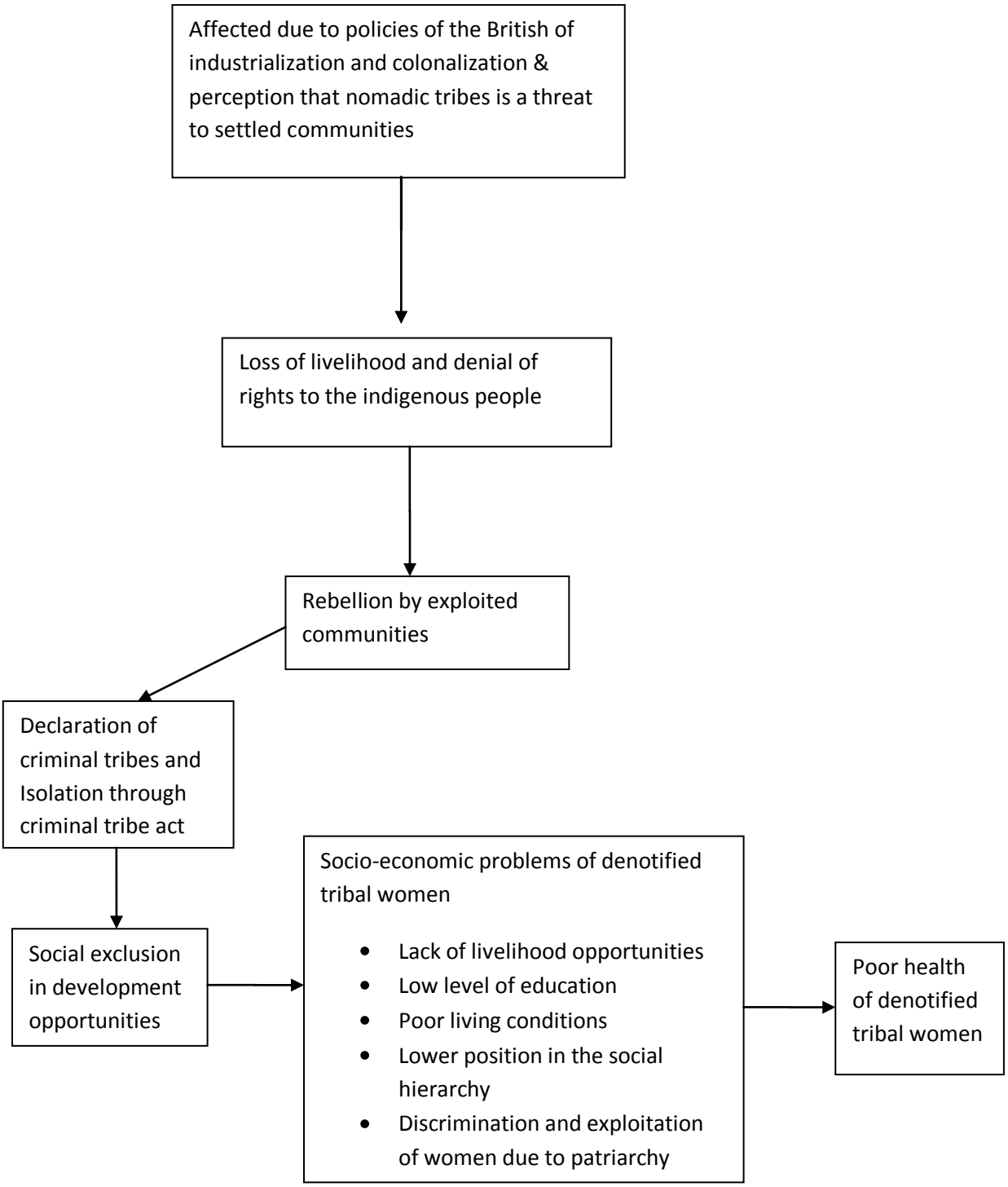
The British were supported by the dominant class and caste groups of the region because of the existing cultural perception against this tribe. Similarly sections of landlords used this act to criminalize communities who had been opposing or struggling against the discrimination of the landlords. Several anthropologists of the colonial period and some criminologists also supported this criminalization theory of communities citing the concept of "hereditary criminal". This theory explained criminal behaviour as a set of "bad" genes that is transmitted from generation to generation thereby sustaining the crime in a particular family through generations. Caste system of India was misunderstood by British and they thought that crime is a traditional occupation of some communities and that has been passing from generations to generations. So, through this Act, whole communities or caste groups were declared criminals for individual misbehaviour. Therefore a new group of people emerged carrying with them the tag of "criminal" whose identity was socially and culturally constructed by the dominant class/caste groups.

As they were notified as a criminal tribe, after independence they were denotified and came to be known as denotified tribe in the administrative category. However, the criminal stigma continued to be attached to this tribe and their identity. This criminal construction of their identities had detrimental effects on their lives. Their cultural identity and livelihood opportunities got destroyed leading them towards poverty, vulnerability and marginalization. Despite their poor conditions, they did not receive more attention for positive discrimination. There are problems in their classification and enumeration. They are classified in SC, ST and OBC categories so they do not have universal reservation. Due to lack of certificates like domicile proof and caste certificate many of them are not able to avail government program. Thus many of them are living in deprived condition and in abysmal poverty.

Patriarchal structures have further victimized the denotified tribal women. After the criminal status declaration, some of the communities were kept in settlements like open jail and in the name of reform, the authorities consciously tried to restrict women and their liberal ways of life. They demarcated household work only to women leaving the outside work for the men folk. They converted previous customs like bride price into dowry. So, denotified tribal women were even more marginalized as a result of their denotified status and patriarchy. As health is determined by the social determinants, the criminal identity of the denotified tribes becomes a major hurdle in the availability, accessibility and utilization of basic facilities which ultimately influence their health. Poverty is another factor which also influences in the same way. And when it comes to women, denotified status, poverty and patriarchy combine together to influence their access to resources resulting in non fulfilment of their basic necessities leading to their ill health.

This particular study has been carried out to explore the health of denotified tribal women with primary investigation of Pardhi. The researcher has tried to explore the socio-economic conditions of Pardhi tribe in general and Pardhi women in particular, their burden of health problems and access, availability and affordability of health services for them.

Figure 2.1: Diagram of Conceptual Understanding



2.2 Rationale of the Study

Women belonging to denotified tribes are one of the most deprived and marginalized sections of the society. Considering their dismal situation, it becomes very important to study the health of these women. It is important to note that this issue is unexplored and have limited systematic studies on the whole section of denotified tribes and little attention is paid to women centric issues. It is also necessary to identify and document region specific factors which also influence their health.

2.3 Objectives of the Study

2.3.1 Broad Objective

To explore the health of Pardhi tribal women in Shirur town of Pune district of Maharashtra as a case of denotified tribe.

2.3.2 Specific Objectives

1. To understand the present socio-economic conditions of the Pardhi tribe in general and Pardhi women in particular.
2. To study the reported morbidities among the Pardhi women and their experiences in availing health services.

2. 4 Design of the Study

Research design was worked out according to the objectives of the study. As no separate studies carried out on the health of denotified tribal women, this study is exploratory in nature. It was felt appropriate to use qualitative research techniques because the subject needs a deeper understanding of the socio-economic factors influencing the health of denotified tribal women. That includes experiences and perceptions of the respondents.

The data was obtained through both primary and secondary sources to achieve the objectives. Primary data were collected from the field study area from Pardhi women and various stake holders. Secondary data was gathered from micro level studies, published articles and reports.

2.5 Description of the Field Study Area

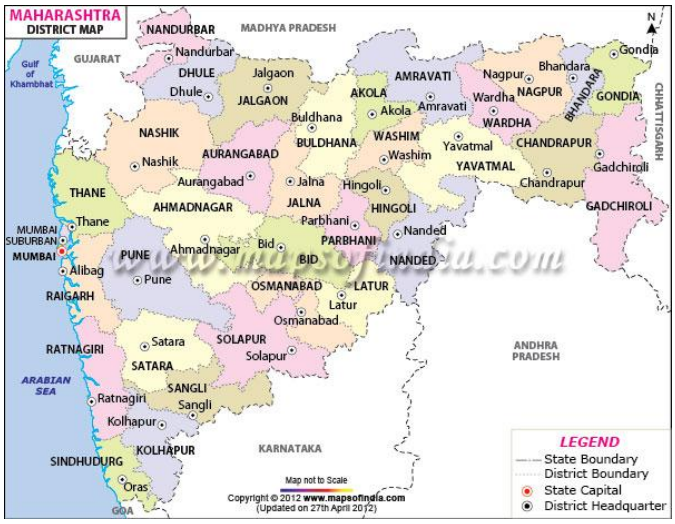
2.5.1 Selection of the Field Study Area

For the field investigation Pardhi denotified tribe was selected, as the tribe is more vulnerable because of the criminal stigma and constant police harassment. They are hunters and food gatherers. Their livelihood is largely affected by the forest policies and animal protection laws. Before the selection of the field area, gathered data about the spread of Pardhi tribe in India. It was found that Pardhi population is more in Maharashtra. The field study was carried out in the Pune district of the state of Maharashtra due to knowledge of the local language and logistical convenience in carrying out the study. The study will focus on one of the deprived sections of a developed state like Maharashtra, where social indicators like health, nutrition, education and welfare does not commensurate with its economic growth (Maharashtra Economic Survey quoted in Mishra, Duggal, Lingam and Pitre, 2008). Pune district is a part of the region of Western Maharashtra which again falls in the economically developed region of the Maharashtra.

Map 2.1: Map of India

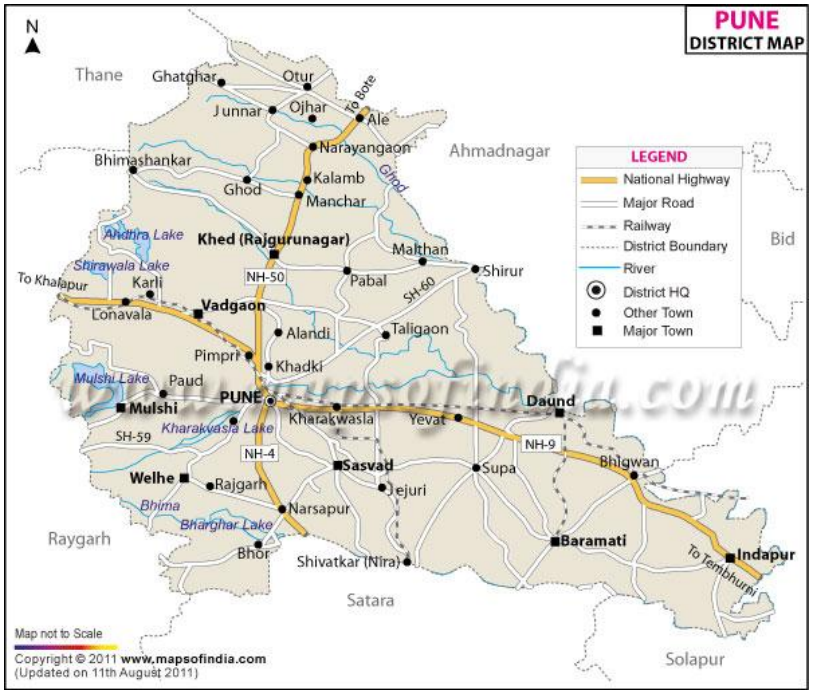
Source: Available at http://www.mapsofindia.com/maps/india/india-political-map.htm# accessed on 21/06/2012

Map 2.2: Map of Maharashtra



Source: Available at http://www.mapsofindia.com/maps/maharashtra/maharashtra.htm# accessed on 21/06/2012

Map 2.3: Map of Pune District



Source: Available at http://www.mapsofindia.com/maps/maharashtra/districts/pune.htm# accessed on 21/06/2012

2.5.2 Pardhi Tribe of Maharashtra

Pardhis are known by different names in Maharashtra, viz, Pardhi, Advichincher and Phanse Pardhi. According to 2001 census, the Pardhi population in Maharashtra is 1,59,875, among them 81, 682 are male and 78, 193 are female. Of the total population, 1, 26, 206 are living in the rural areas and 33, 669 are living in urban areas, 69, 623 are literate, of which 43, 806 are men and 25, 817 are women (Census, 2001). Pardhi in Maharashtra is included in the scheduled tribes and they constitute about 1.86 percent of the total tribal population in the Maharashtra. Pardhi population is mostly concentrated in the Vidharbha region of Maharashtra (Menan, 2000). They are mostly unemployed and landless. They also are an ostracized lot in the villages. Thousands are living destitute in Mumbai, Maharashtra's capital. The state government has made two of the three local Pardhi sub-tribes eligible for positive-discrimination measures. Among them around 80% are illiterate (Bunsha, 2001). Less than one percent of the community population can read and write. Employers many of the time are not willing to hire them because of the social stigma (Paranjape, 2010). Most members of the tribe either beg for a living or hawk cheap goods by the roadside in big cities. In Pune district, Indapure, Dound and Baramati blocks have a sizable population of Pardhi community (Tulashe, 2010).

2.5.3 About the Shirur Town

Shirur is sub district and defined as a municipal council by census. It is 66 km from Pune city. It is in the Pune district. Total households of Shirur are 5,673 as counted by census (Census, 2011). In Shirur there are around 100 houses of Pardhi tribes as told by a Non Government Organization (NGO), Kranti organization. The Maharashtra industrial corporation development area is at a distance of 20-25 km from Shirur town. Shirur is on the highway which connects two districts, Pune and Ahmad Nager. From Shirur, Ahmad Nager is about 30 km. So Shirur is developing rapidly in recent years and have witnessed boom in the real estate sector also, thus more people are engaged in construction work. Shirur has become an avenue for higher education facilities, private management college and engineering college.

2.5.4 Approach to the Community

With the help of NGO, information was gathered about the locations of the Pardhi tribe in Pune district. It was found that in Pune district, they are scattered in the rural areas with 2-7 household in a village and in Shirur town there are around 100 such households. Initially it was decided to conduct study in rural areas where tribal issues are numerous but the number of household were very small, so a town area was chosen for the study. Therefore, Shirur town was selected as the study area. Kranti organization helped in getting introduced to the community. It was started by the woman belonging to the Pardhi community itself. The chief of the organisation made the introductions and encouraged the community members to support and facilitate the field study.

2.6 Sampling

In Shirur town there are around 100 houses of Pardhi tribes but they keep migrating throughout the year. Some of them live in the slums and some on working sites, so they are scattered in the town. Data were collected from both families who are living in the slum areas and on work sites and who are present in the town during the period of study. Respondents of the study are Pardhi women and various stake holders such as government and private hospitals, NGO's, municipality, police station and anganwadi workers. Investigator have also discussed with all community members of Pardhi, with children, men and old people to get an overall perspective of the community. Information about the socio-economic demographic indicators was gathered from women and 35 were listed, with whom 20 in-depth interviews were conducted and 12 in-depth interviews of the key informants were done. To narrow down the research, it is focused on the problems of women in reproductive age group as they are more prone to the health problems such as reproductive health problems along with other general health problems. So for the in-depth interviews of women, respondents were married and from the reproductive age group of that are 15-45. Convenient and purposive sampling methods were used depending on the migration and availability of the women respondent.

2.7 Methods and Tools for Data Collection

The study involved qualitative research techniques that are in-depth interview, group discussion and observation method. For the interview and group discussion, semi-structure interview guide and group discussion guide were developed. Interview schedule were developed to get socio-economic demographic indicators from women. Observations were done to supplement with the help of observation check list.

Through in-depths interviews and group discussions of women and men, information was obtained regarding the available livelihood strategies for women and its implication on their health, major illness among women. Information about accessibility, availability and affordability of the health services and influence of patriarchy and denotified tribal statues on their health was also obtained. Through in-depths interviews and group discussions with key informants, supplement information were gathered to fulfil the objectives from their perceptions as an outsider and health provider.

2.8 Data Collection Process

The study was conducted for a period of three and a half month, from mid October 2011 to end of January 2012, in the field.

2.8.1 Pilot Testing

A pilot study was conducted for about 10 days in the month of October 2011; the tools of data collection were tested, got an overlook of the respondents and finalization of the tools were made before going to the field for final study.

2.8.2 Final Study

In the final study investigator stayed in the Shirur town and visited the settlement of Pardhi daily. First investigator collected information from 35 women about their socio-economic demographic indicators and get introduced with the families. This provided an idea of their living condition and livelihood strategies. Of the 35 women 20 in-depth interviews were conducted after rapport establishment. Through the daily community

visit investigator discussed with community member about their customs, problems they are facing in daily life and their settlement etc. Observation of their daily life, working conditions and diet practices were made. Health problems were reported by women according their experience of illness and after describing the symptoms and signs of various diseases it was understood that these diseases are common in women and among construction workers as many of them engaged in construction work. Visits to the government hospitals in the town, selected private hospital where this community prefer to go, anganwadi centre, police station and NGO were also made to study the availability of health services, perception of the key informants about health problems among Pardhi women and their community, about criminal stigma. The general view of all the stake holders of the study about the health problems and its influencing factors of Pardhi community and especially of women and suggestions for the solutions were also discussed.

2.9 Method of Data Analysis

Investigator used qualitative techniques for data analysis. The in-depth interviews of women and key informants were transcribed and translated from Marathi to English. Later the common themes were identified, organized and responses under them were clubbed together and interpreted. Narratives were added as evidence and to get a real picture.

2.10 Ethical Consideration

The study was carried with ethical considerations. The oral consent of the respondent was sought before collecting the data and confidentiality of their identities were maintained after data collection and pseudo names were used for further clarification.

2.11 Problems during the Study

The Pardhi people living in the town under study is living in isolation due to the criminal stigma attached with them. They do not easily trust an outsider. As this is an M.Phil level study the investigator got very less time to spend with community to make an

extensive research. So building rapport and gaining the trust become a very difficult task for the investigator as an outsider. The respondents were often reluctant to freely talk about their customs, practices and other sensitive issues such as criminal sigma and police harassment. In general, women were not comfortable talking about reproductive health such about menstruation, reproductive tract infection and sexually transmitted infections and sexual harassment. In the case of Pardhi women it becomes even more difficult; however researcher tried and documented the information garnered in spite of all these hindrances.

2.12 Limitations

The study was carried out in the urban area and the developed region of Maharashtra, so the findings of the study cannot be generalized like a study carried out at village level or especially in tribal district or less developed region, as it could have given an altogether different picture. Another limitation of this study is that the researcher entered in the field with the help of an organization so may be the organization's relation and work with the community had an impact on the interaction between the respondents and the researcher.

Chapter 3

Socio-Economic Condition of Pardhi Women

Socio-economic condition, one of the major determinants of health is one of objectives of the study. This dimension of the study facilitates in understanding the socio-economic condition of Pardhi denotified tribe in general and Pardhi women in particular. The first section of chapter deals with the data gathered from secondary literature that is history, geographic distribution, and demographic profile of Pardhi tribe in India. The second section describes data collected through empirical study from various stakeholders of Shirur town about socio-economic condition of Pardhi women.

3.1 Socio, Economic and Demographic Profile of Pardhi Tribe

In order to study in detail and get more insights on lives of denotified tribal women and its implications on their health, women of Pardhi tribes were interviewed. This calls for a brief understanding of social life and structure of this tribe. Pardhi is among one of the denotified tribe in India and more vulnerable due to the constant police harassment. They are hunters and food gatherers (Bokil, 2002). Pardhis are mainly found in western provinces of India. They were divided into sub-tribe according to their way of hunting and settlement pattern. Phanse Pardhis and Gaon Pardhis are sub-tribe among them. There is literature which indicates that Phanse Pardhi was originally located in Gujurat, Madhya Pradesh and Maharashtra and Gaon Pardhi are basically from Rajasthan. These people are followers of Maharana Pratap and after he died they suffered a great loss. They migrated to Maharashtra and started working as stone cutters and farming (The Economist, 2010). Pardhi means hunters in Marathi language. Their customs differs according to different location. Even though Pardhi have their own belief and customs, now they have adopted Hinduism and Christianity. The main language of the tribe is Pardhi but they also know Guajarati; in the northern parts they speak mix language of Hindi and Marwari. Their alternative names are *Bahelia, Chita Pardhi, Langoti Pardhi,*

Paidia, Parade, Paria, Phanse Pardhi, Pardhi Bhil, Takankar, Takia[1] (Upadhyay, 2006). Socio-demographic profile of the Pardhi tribe is presented below:

Table 3.1: Population of Pardhis

Total Population in India : 281,000			
Name of State	**Population**	**Name of State**	**Population**
Maharashtra	146,000	Andhra Pradesh	49,000
Madhya Pradesh	25,000	Gujarat	21,000
Orissa	12,000	Chhattisgarh	9,600
Karnataka	4,500	Kerala	2,100
Rajasthan	200	Dadra and Nagar Haveli	20

Ref. Available at http://www.joshuaproject.net/people-profile.php?peo3=17847&rog3=IN accessed on 24/09/11.

Table 3.2: Language Wise Distribution of Pardhis

Primary Language	Pardhi	Speakers	137,000
Secondary Languages			
Language	**Speakers**	**Language**	**Speakers**
Marathi	76,000	Hindi	27,000
Gujarati	19,000	Bhili	16,000
Oriya	12,000	Telugu	6,100
Kachchi	5,200	Khandesi	4,800
Chhattisgarhi	2,200	Ahirani	2,200
Note: Only 10 largest secondary languages listed			

Ref. Available at http://www.joshuaproject.net/people-profile.php?peo3=17847&rog3=IN accessed on 24/09/11.

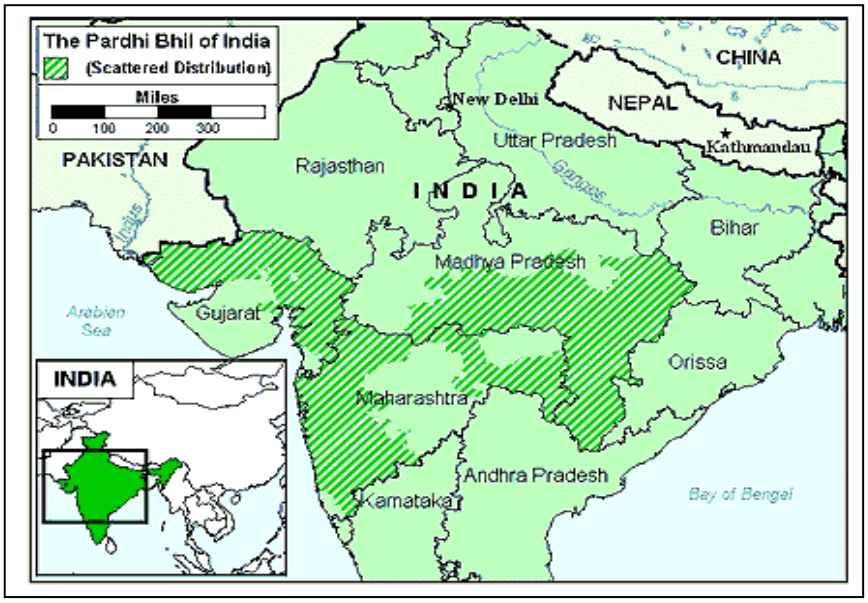
[1] Indianetzone Indian tribes, "Pardhi tribals, Maharashtra", Available at http://www.indianetzone.com/9/Pardhitribe.htm accessed on 26/09/11.

Table 3.3: Major Religions among Pardhis

Religion	Population
Hinduism	99.50 %
Islam	0.17 %
Buddhism	0.09 %
Christianity	0.06 %
Unknown	0.18 %

Ref. Available at http://www.joshuaproject.net/peopleprofile.php?peo3=17847&rog3=IN accessed on 24/09/11.

Map 3.1: Map of Geographical Spread of Pardhis



Ref Available at. http://www.joshuaproject.net/people-profile.php?peo3=17847&rog3=IN accessed on 24/09/11.

3.1.1 *Sub Groups and Clans*

Pardhis are further divided into sub categories according to the way they hunt and their life style as well as pattern of living. According to what they hunt, they are called *Gaay Pardhi* (Taking cow for hunting), *Hiran Pardhi* (trap the antelopes) *and Chittar Pardhi* (goes hunting of birds) etc and according to life style *Langot Pardhi* (who wear small cloth and wrap it around their groins), *Pal Pardhi* (Who live in pals that made from thick cloths or plastic), *Bhil Pardhi* (There is debate that they are separate Bhil or Pardhi tribes

due to the both are hunting so the Bhil Pardhi is another sub group of them) (Upadhyay, 2006).

There are different clans among them; they are *Bhosale, Kale, Pawar, Shinde, Chouvan*. This clan basically on the basis of the deity they were worshiping as their *kul devi* (clan deity) like *Amba Ayee, Kallubai, Laxmi Ayee* and *ghodevali Devi*. *Kale, Bhosale* and *Shinde* offers goat for sacrifice. *Pawar* and *Shinde* offer young one buffalo for sacrifice. They are not doing marriages in their own clan (Upadhyay, 2006).

3.1.2 *Livelihood Strategies*

The Pardhi people once made a living by hunting of animals, birds and gathering of forest products such as honey, medicinal forest herbs in the forest of central and south-western India and selling them in village market (Paranjape, 2010; Sangave in Upadhyay, 2006). At present many of them do not have means of livelihood. Very few are engaged in agriculture. A study conducted by Upadhyay, 2006, found that despite hunting being their main occupation, they also involve in other side business like fishing, farming, cattle grazing, begging, agricultural labors, guard and partnership agricultural work and illicit production and distribution of liquor (Upadhyay, 2006). Due to changes in forest and animal protection laws, their livelihood was largely affected. Sociologists believe that, such kind of changes in livelihood and large scale deforestation lead the community into practicing petty crimes as traditional sources of livelihood (Paranjape, 2010). So, whatever crime was committed was merely to make ends meet and sustaining (Upadhyay, 2006).

3.1.3 *Basic Infrastructure, Health and Educational Facilities*

Many of the Pardhis do not have proper shelter and basic facilities such as drinking water, electricity in their settlements. Healthcare centres are not available nearby their community. They are living in very unhygienic conditions (Upadhyay, 2006). Even though Pardhis are included in the scheduled tribe status, they are not able to avail schemes as they do not have tribe certificates. A study carried out to understand socio-economic status of Pardhi women in the slum of Shirur town of Maharashtra reveals that

ninety percent families are living in the huts. A large number of them do not have electricity, water and toilet facility. Eighty three percent of families are not availing any government schemes. Most of them are below poverty line but due to lack of documents they do not have below poverty line ration cards (Tulashe, 2010). The standard of living is very primitive with poor economical system, which very often leads to starvation, to satisfy their hunger some of them get involved in stealing grains from other's fields and gradually learnt the art of robbing. Community has good birth rate and that is higher than death rate but life expectancy is not high in the community (Upadhyay, 2006). Educational status among the community is very poor. There is social ostracization in the school. A study carried out in villages of three districts of Maharashtra found that illiteracy rate in Pardhi community is 90 percent (Upadhyay, 2006). According to another study 88 percent women are illiterate who are residing in urban slum (Tulashe, 2010).

3.1.4 *Marriage System*

Among Pardhis child marriages are prevalent. There is bride price at the time of marriage (Upadhyay, 2006). There is no restriction on age for marriage (Tulase, 2010). Among them marriage to one's mother's brother, divorce and remarriage and polygamy are allowed. They are arranging marriages through negotiation. They are practicing both Patrilocal and Matrilocal but at present most of them are following patrilocal (Singh, 1994).

3.1.5 *Governance and Social Life*

Tribal council is a system of parallel governance in the community of Pardhis. This council has the power to solve disputes among the community members and it also has role in distributing the resources. However, these days it is working only in some places (Upadhyay, 2006). Dignified and elderly person is a member of council and in some places it is hereditary as well. They have the authority to give penalties like out casting or penalty of thousand rupees if community members happen to break the rules (Tulase, 2010).

Although the government removed their label of being termed as criminal tribe, the society still considers them as criminals. This social segregation has an influence on their socio-economic life. They are forced to live in a dehumanized condition (Menan, 2000). A study revealed that torture by police led to death and suicide incidence among them (Upadhyay, 2006). Police are harassing denotified communities under HOA. The 'Pardhis' and 'Kanjarbhats' are particularly vulnerable in this regard in the Maharashtra (Bokil, 2002). According to police chief, a quarter of local thefts are carried out by Pardhis. His deputy reckons half of Pardhi men as criminal. Yet a Pardhi activist in the nearby town said it was exaggerated and not more than 10% of Pardhi men break the law and described one case which indicate lives of Pardhis, Bunsha (2001) in "The plight of the Pardhis" in Frontline that

> *A Pardhi man and two women had been attacked by high-caste Marathas while they were cultivating common grazing-land. They had come to town seeking treatment for their father, who lost an eye in the attack, and to report the incident to the police. The policemen of their own village, who have arrested him four times, refused to record their complaint* (Bunsha (2001).

3.1.6 *Status of Women*

Sex ratio is fair among them it is 47.9 % male and 52.1% female. Female foeticide and infant feticide are not practiced (Upadhyay, 2006). Women are considered as property in this community too, birth of girl child is celebrated (Tulashe, 2010). Pardhi women enjoyed liberty and equality as compared to other communities. This could be attributed to the bride price system at the time of marriage. However, they are patriarchal in nature, mainly male member are head of the household. Father has a right on children (Upadhyay, 2006; Tulashe, 2010). Among the Pardhis, women are sold, exchanged, mortgaged and even leased out (Mane in Bokil, 2002). The men of this community were killed in wars, theft and dacoit or by upper caste dominant communities and police so there are more number of women, this may be the reason for the prevalence of custom of selling**,** exchange, mortgage and even leasing out women (Tulashe, 2010). Pardhi women face lots of atrocities and troubles from the police (Bokil, 2002).

3.2 Lives of Pardhi Women of Shirur Town

The main issues discussed in this finding section are the socio-demographic profile of Pardhi tribe in Shirur town, livelihood strategies of women, availability of basic needs, criminal stigma, customs and practices and process of social change.

3.2.1 *Socio-Demographic Profile*

Shirur is a town comparatively large and is also a sub district. In this town, there are three government hospitals, namely, government hospital of municipality, rural hospital and training centre of Pune's government medical college; the town also has many private hospitals. Apart from this there are the following public offices and institutions like a Block Administrative Office, municipality office, court, police station, post office, primary and secondary government school, college for higher secondary education, private schools, private college, bus stand which has buses running through all villages and other cities of Maharashtra. Various shops are also a feature of Shirur which also has a huge market. The weekly market is on Saturday.

The exact number of houses of Pardhi tribe in the town and their population is not available. This may be accounted to their migrating nature as they do not settle down throughout the year at one place. Therefore, the head of Women and Child Welfare Department of municipality admit that they find it difficult to count the tribe's population, however, municipality office and NGOs working with Pardhis estimated that in Shirur town there are around 100 houses of Pardhi tribe but it is important to note that only 31 houses are registered under house tax in the municipality. Within the town, they are settled in a slum and many of them are living on the construction sites where they are working as guards. The slum of the Pardhi tribe, located near a water tank of a big slum, is called *Panyachitaki* slum (slum near water tanks). In the *Panyachitaki* slum, Pardhi and Bhil tribes are in large number and others are from diverse caste backgrounds of other denotified and nomadic tribes like *Gopal, Vadari,* and a few from Maratha caste. In the slum Pardhis live in a corner which is called *Pardhi vasti*. The slum is unauthorized and is situated on the land of forest department at the foot hill. Earlier, Pardhi people used

to live in the forest and even in Shirur town, where they are settled now, was initially recognized as dense forest and it was outside other residential areas. With the gradual development of the town, this area too was brought under the town and later on was called *Pardhi vasti*. It was found that only 20-25 Pardhi families lived in Pardhi *vasti* and others lived on the construction sites. Basically they are nuclear families. The family size varies from 1-10. Among 35 women from whom socio-demographic information was taken, 15 women have 1-5 members in their family and the remaining 20 families have 6-10 members.

The Pardhis living in the town are called "*Phanse Pardhi*". Phanse and Pardhi are two words. In Marathi language "Pardhi" means hunter and "Phanse" means a trap or snare (Singh, 1994). *Bhosale* and *Kale* families live in majority here along with a few *Pawa*r and *Chouvan* families. There is a hierarchy among them according to their beliefs and food. *Bhosales* and *Kales* enjoy a superior position and *Pawars* are the last in the hierarchical order. *Bhosales, Kales* and *Chouvans* consider *Pawar*s as inferior to them because the latter practices the custom of sacrificing and eating buffalo. They use Pardhi language for communication within their own folks and use Marathi while communicating with those outside their community. When asked about religion, many of the respondents were not able to give their religious identity. After discussing among themselves, many stated that their religion is Hinduism and some considered *Phanse Pardhi* as their religion. None of the respondents reported a religion other than Hinduism. Despite the fact that Pardhi is a tribe, they identify themselves as a caste. They are not considered untouchable but are considered lower in the caste hierarchy. Other caste people also consider them as a lower caste and some Pardhi people accept the same. Therefore, Pardhis do not enjoy equal treatment and face caste based discrimination from upper caste communities. They beg food from the villages after the destruction of their livelihood due to the forest policies and criminal stigma. So, people belonging to other castes and Pardhi people also consider begging as an occupation of the Pardhis as in caste system every caste has defined occupation and duties. As Vanita (32 years) described that, "*We beg for food so we are called Phanse Pardhi".*

Due to the begging and being stigmatised as criminals, they are not given dignified and equal treatment in the society. Pardhi women eat separately at their working places and do not share their food with other caste women. Majority of the Pardhi women stated that they are not invited for any social function and program such as marriage by the people of other castes and they in-turn do not invite other caste people to their functions. Most of the times there are social interactions with other castes in the town during begging for food. Aahily (30years) and Kalpa (24 years) explained about their social segregation that,

> *We eat food separately at the working place. We do not share food with the women of other castes. We sit far away from others because we feel ashamed that we eat begged food. We go to a corner and eat, we feel shy. 'jari changel nasel tari te khato' (We eat collected food even if it is not edible). They eat fresh food. They discuss among themselves and laugh at us. We do not go to their functions like wedding. We are Pardhi so neither they come to ours. Similarly, they do not call us to their social functions.*

The literacy level is very low, and women's literacy level is even more alarming (almost nil) compared to men. Among the 35 women interviewed, only one woman was educated, that too had a lower primary education till 4th standard. Among their husbands, 19 were illiterate, 3 have primary education, 6 have secondary education and 1 has informal education. Very few children go to school. Many children are dropouts. In the study, no one was found to have enrolled or passed higher secondary education. The reason for the dropouts of children reported was that Pardhi children were discriminated against in the schools. They felt isolated. They do not have equal facilities of other children like school dress and cleanliness; so they do not feel comfortable in the schools. Frequent migration of Pardhis for livelihood is one of reason for not continuing the education of children. Some Pardhis live on the outskirts of the town on the constructions sites for work where they do not have schools and anganwadis nearby, so distance to schools becomes a barrier to get education in this case. Language is also becomes a hurdle for Pardhi children as their mother tongue is Pardhi and they find it difficult in schools where Marathi is the language of medium for learning and communication. It was also observed that children were also engaged in income generating activities such as begging and construction work. Unsustainable incomes for Pardhi families force their children to participate in income generation which has an impact on the education of the children.

3.2.2 *Livelihood Strategies*

Livelihood strategies are very important because it creates earning capacities and shows economic status. Fulfilments of basic needs are very much dependent on livelihood sources. Pardhi women work as construction workers, watchmen on the construction site with their families; and some of them help their husbands in buying and selling animals. They also assist their husbands in hunting and collection of honey. If work is not available, they go for begging. Initially they were engaged in daily wage works such as agricultural labor, guarding of the field/farms. With the construction sector booming they engage in such works. But as it is a seasonal work they are unemployed during some months of the year. They get work as labourer on the construction site only 13-15 days in a month. They are employed as guards on the construction sites because the employers assume that with the Pardhi people employed as watchmen so their other community members will not attempt a robbery there.

Thus Pardhi women depend on various strategies for livelihood throughout the year. Many women are engaged in construction work. They go at 8 or 9 in the morning and come back after six in the evening. They are paid on a weekly basis. They get a weekly off day on the market day i.e., Saturdays but are not paid for that day. They eat at a corner at the work site on the sand and in the dust. They do not have toilet facilities at the worksite. On the construction site they carry bricks, cement and other goods needed for construction. Many women are engaged in the construction work from their childhood. Child labor is rampant even today at the construction sites. Hirabai (40 years) told her experience of work from her childhood,

> *From my child hood I am working on construction site. We used to get 25 rupees wages per day then, now we are paid 100 rupees per day.*

Taking care of children is primarily the responsibility of women, so women carry children with them to their work sites where they have the double task of working and looking after their children. Employers are not so very supportive of women attending to their children during work. This increases the burden of work and also leads to mental stress. If a woman takes her children to work she gets lesser wages because they have to

babysit the child. As there is no facility of crèche at work sites, they keep the children in a corner or in the shadow of a tree. It was observed that if there is a great risk of accidents, injuries and death, some women do not go to work as they have small children and do not have someone at home to take care of them. This affects their earning capacities. The following narration explains this situation,

Maya (33 years) and Aasuri (22 year) shared the difficulties after carrying baby at the work place that,

> *I take my baby along with me for begging and construction work too. I tie a 'Zoli' (cradle) to a pillar and put my child to sleep or put her in a corner or under a tree. If some employer were kind enough he will allow to breastfeed my child otherwise... If someone takes children to work she is paid less wage i.e. Rs 80 or 90 to those who take children to work sites while a normal woman employee is paid Rs 120 or 130. These days I do not go to work. Recently one child died on the site falling in a water tank. So I am scared to take my children to work and as there is no one at home to take care of them, I do not go to work.*

Women face discrimination, exploitation and harassments at work place from the employers. There is gender and caste based discrimination of women. There are differences in wages of men and women. Women receive fewer wages than men. Women get Rs 100-130 per day and men are paid Rs 150-175 per day. Some women reported that employers give more work to them than to the women of other castes and also treat them differently. Also, they are made to work more than others but are paid less than others. If women protest against this they will lose their work. Aasuri (22 years) and Ambika (17 years) narrated their experiences that,

> *Employers do not talk to us properly like he does with the women of other castes like Maratha and we are paid less too. When the women of other castes take a break of rest during work the employers does not have a problem, but when we rest he becomes angry and shouts using foul language. Employer gives more work to us than workers of other castes. Our working hours are more. If we protest and question him, he tells us not to come for work, we do not need you.*

They are also cheated when an outsider comes as the employer; they leave without paying the wages after the completion of work. Kutti (23 year) said,

Sometimes the contractor does not give the wages and goes without informing. At one site, my 3 weeks payment has not been given. They make us work and go away without paying. Normally we have weekly payment but once a contractor who was an outsider told us that he will keep the money and will give us after the completion of work but left without a trace. We are looking for him for the past one year but were not able to trace him.

Some Pardhi families work as watchmen from early years, earlier they used to watch over the farms. From last 4-5 years, in the town they get work to watch over construction sites. Their salary ranges from 1000-4000 rupees per month. After getting this job, most of the families have stopped begging. When compared to begging and construction work, they found that the job as a guard is secure. With this type of work, over a period of time, they are able to settle at one place and consequently, get a place to live with electricity and water facility. They fight among themselves to get job. This work includes other tasks like spraying water, maintenance of construction materials, guarding the whole site, tying empty bags of cement, sweeping, cleaning and disposing the waste. When there is shortage of electricity, they pull water manually and spray. There is no time limit for the working hours and most of the days they work for 24 hours and are not even allowed holidays. Aahily (30 years) shared nature of working as watchmen, amount of salary and about difficulties,

Here we are paid two thousand five hundred rupees per month. We dispose empty sacks of cements, spray water and provide security. We stock the construction materials like cement. We provide security to the whole work site. There is a huge workload. There is work throughout the day and thus we cannot go anywhere. We are given accommodation. They also provide electricity. We have quarrels among ourselves to get this type of work. Construction work is not profitable. So everyone wants this type of work. But due to this work we are not free. We don't get time to go outside. We feel bored of sitting at one place but feel better than before. We faced many hardships when we used to go Jammu for begging. At Jammu we had to sleep on footpath or on the stairs of the temple. Some people who pass by give us food. Here at the construction site, our employer comes once in a week. He is a builder in Pune. He may be getting a lot of money. How much, will we poor people get? We are the owners of the site till there is work in the site, but after completion, we have to leave. We feel we will also get one room in this building but who will give us. So expensive these rooms are! It is about six or eight lakhs.

The argument and feeling raised by Aahily is though provoking as many construction workers build homes but they are homeless. This shows their vulnerability due to the poverty. Some women reported that they do not receive salary on time and at times they are not paid the full amount at once. Also, they feel the salary is not sufficient to fulfil their basic needs. Due to this, they skip the treatment for illness and are not able to cook food at home so they still beg for food. They do other supportive works to manage the financial requirements of the family. In this situation, if their husbands are not able to work due to disability or other health problems, it increases the burden of women. Vanita (35 year) said difficulties to manage in meagre wages that,

> *We get a monthly salary of Rs. 1000. This is not enough to cover our expenditure. Sometimes, we do not go to hospital due to lack of money. I am suffering from pain in the waist, legs and hands due to the workload. I am not taking treatment for this. My daughters go for begging food. My husband is not able to work because of a leg fracture. We cook food at home when we get our payments. The price has increased for the essential products. Today, ten rupees we do not fetch us anything. Is this payment enough for us? I occasionally do some little chores to earn 10 or 20 rupees. Who will give us work? We get 10 rupees for mowing the grass.*

Bunty (25 years) shared about how she had not got wages on the time and not full amount too, that,

> *We get salary very late, sometime 15 or 20 days after the end of a month and are not given full payment too, only 500 or 1000 rupees*.

These people do not get any other facilities at worksites, like a place for rest. They reside in open areas on bare ground and sand. They sit, eat and sleep on the ground, even when they are sick. They do not have toilet facilities. They do not getting any health care facility at work place and in times of injuries of illness due to work, they have to pay on their own. Also, they do not get any additional money in the form of bonus.

Aahily (30 years) talked about facilities on work site,

> *At times of illness during working hours, our employer does not provide treatment or financial support. We have to spend our own money for treatment. Our owner does not give bonus even for Diwali. We do not get sufficient salary. How can we save money? We have to spend all of it on our daily needs. After all, we have to work under any circumstances; if we do not work we cannot survive.*

Some of them engage in hunting of birds and collection of honey. Generally men go for hunting and honey collection and women help in selling and other related works. For hunting they prepare net and cage by themselves which takes long time and hard work. They engage in this seasonally based on their knowledge about forest because there is a season for honey collection and there are some birds which are found only in some seasons. They go for hunting twice or thrice in a week. They get Rs. 50 for one *chittar* (small brown bird), Rs. 40-50 for a pair of pigeons and Rs 150 for a pair of parrots. They earn Rs. 50 -100 for a bottle of honey.

A few people of the tribe are involved in the business of buying and selling animals. Some borrow money on interest to do this business which makes it risky. They buy ill or old cows and bullocks from villages and sell them in the town. This too is the work of men and women help them in it. They earn Rs 3000-5000 per month from such businesses but it depends on the availability of animals and the business in the market.

The forest policies and animal protections laws have affected on their traditional livelihood that is on food gathering and hunting. Thus since the past few years many of them are dependent on begging. Unlike earlier days when they only begged for food, from last 20 years they also beg for money. The change in economic policies of India in the last 20 years has worsened the conditions for this community. They go to Jammu, Mumbai and Shirdi, places which are popular for temples to beg. Some go to nearby towns in the morning and return in the evening. Those who are unable to go outside go for begging in bus stand too. The adults who are ashamed of begging send their children to do so. When they go out of town, they collect ten or twelve thousand rupees in two or three months before returning. The financial requirements and non availability of other

labor lead them to beg. Many women reported that they beg since childhood with parents. When they go to pilgrim places for begging they live on footpaths or on the stairs of temple. They take bath at any water source. If they are in need for money, they go for begging no matter what the weather is. Kantabai (40 years) said that,

> *I go for work if someone calls for construction work. If we don't get work here, we go to Jammu-Kashmir for begging. We earn around 10-12 thousand in 2-3 months. In Jammu, we live on footpath and spend the night there. Some people who are kind give us food and money. We go Jammu even when it is cold if need arises. 'Pota sathi jav lagat' (We have to go for food and money).*

Travelling is another area of difficulty. They travel ticketless due to financial problems and face police actions and travel in general compartment which is very crowded. Many women shared the problems in the travelling to go for begging that,

> *We buy tickets for travelling only on the return journey, as we do not have money while we go for begging. There are times when we are caught ticketless and not allowed to travel further during the journey where we get down and take another train. The travelling is always troublesome due to overcrowding. People step on you and it is even more difficult when the children are with us. 'khup hal hotat'(has so much difficulties). So many difficulties are faced on a train as the trains stop for a short while in stations some of left behind. 'Ticakdacha rupaya kay sukhach nahi, magun khayach, sade tin divas trainni jayach' (the money we get by begging is meagre, it is not easy because we travel for three days on train).*

Women are actively participating in the income generation activities. It was observed that women are equally involved in hard labors like men. Some women told that their husbands were alcoholics or physically ill which meant that they were the breadwinners in the family. Vanita (32 years) and Kutti (23 years) told their suffering due to the alcoholic husband,

> *My husband is an alcoholic, our wages are not sufficient for his drinking. My husband goes to work only when he does not have money for drinking. Among us Pardhis, men drink liquor on credit and later repay the credit by working. Quarrels are common between me and my husband after he drinks. He demands money from me. He does not give money for the other needs in the family. When I take him to Jammu, he does not beg but trouble me after drinking. He takes children from me and asks for money, after giving 100-200 rupees, he returns the children to me.*

Kutti (23 years) is mother of three children the youngest being 2 months old. She is not divorced but lives separately from her husband, neither he, nor her family supports her. She reported that she is weak and has all symptoms of anaemia shared her experience as living single that,

> *My parents and husband both are giving me hard times. My parents do not look after me because they say that my husband is not good; and as he is not working do not live with him. But I did not listen; I went to live with him. He came and convinced me that he will live well afterwards, earn and keep me well. I trusted him and went with him but he has not changed. When I went back to my parents they were angry and did not take care of me at the time of my delivery. Should I live or die? When my husband and parents refuse to take care where will I go? 'Mazya jagnyala kahi arth nahi' (my life is meaningless-she said, crying). I wish my husband has a good life. Now I am so weak. I need a support to live. My uncle has supported me with food and accommodation but I need money for various things like medical expenses. How can I always be a burden on my uncle? He also has his own share of problems; you tell me who will help me?*

Thus deserted women who are divorced or separated from their husbands and widows face more difficulties in managing daily needs. Illiteracy and lack of skill shrinks the employment opportunities. Lack of family support increased their suffering more. It is worse during pregnancy and delivery because they are not able to work and earn.

They do not have sustainable livelihood strategies thus they depend on begging live in a very vulnerable situation. On the one side they do not receive enough money for their basic needs and on the other when they have to spend in case of a police arrest or additional expenses like illness, they take loans on interest and for the repayment they have to work harder. In one family, it was observed that some go for construction work and some go for begging. Kantabai (40 years) explained the consequences of poverty on their life.

> *I have 7 daughters and 3 sons. God blessed me with so many kids but they do not have food to eat. From the past one year, we totally depend on begged food; earlier, we used to cook one meal at home. I am working but the money earned goes in returning the loan thus we live in such condition. Because of the debt I go to Jammu occasionally for the past 3-4 years, for I have to return loan. Police arrested my brother and son 5-6 years back and we spent 30-40 thousand rupees to release them. We took loan to arrange that money. We lent money on a rate of 10 percent interest. I worked then to repay the money but fell down at a*

worksite and fractured my hand and had 16-17 stitches. I have crippled my hand. I cannot work much with that hand. I had taken rest at home but after sometime went to work again. Then our hut got burnt, and in that accident our ration card and voting card were all burnt. Whom do we blame for all this? We have no one to support us. Now I am not able to work and so I go to Jammu and Pune for begging, collect money, come back and go back after spending it. I have a son who is earning but it is not enough for the whole family. My husband met with an accident for which we spent Rs25, 000. It happened when he was crossing the road. 'Lay barbad zale' (we lost so much). We worked so hard. 'ata futpayarila ahe'(but we do not have anything). My son suffered from dengue two years ago, spent 30,000 rupees as medical expenses. What to say about money? Nowadays 500 rupees is not enough to go to our village. My hand fracture was yet another medical expenditure. I do not feel bad about my hand or my son but feel very sad about the burning of my house because, we lost all our documents and the 25,000 rupees I had kept in the house which also got burned. All the clothes were burnt. If government gives something for us, the leaders take it. It does not reach us. We were given cards during elections but we will get them only after elections. They keep them for taking money after showing the photo to the politicians.

The narration shows lives of Pardhi women. They live in dire poverty due to lack of sustainable livelihood. They are not able to cook meal at home. Police harassment, poor living and working condition again increase their vulnerabilities. So they face problems like police arrest, accident on work place and burning of hut which increase their financial requirement for it they depend on money lender who exploits them by more interest rates. Getting documents like ration cards, voting cards is very difficult for them and it burns means not able to avail benefit of the government's schemes. As women mentioned that she not felt sad about her accident but about loss of documents. Despite of so many problems politician are not provide attentions towards them and use them only for votes.

3.2.3 *Food and Diet Practices*

They beg and collect leftover food from the town for sustenance and cook food at home only when employed. They go for begging daily in the morning. Very few women told that they prepare food at home and do not go at all for collecting food. Some told that they beg for one meal and cook at home for the other meal in a day. Here it is noteworthy that only women and children go for begging and men do not. In exchange for food,

sometimes they are asked to clean the gardens, throw away the garbage and sweep the corridors. They earn a little by doing these chores

They eat whatever they get in begging. They normally receive *Chapati*, *Bhakari* (bread) prepared from wheat, *Jawar* and *Bajara* and rice, vegetable and fruits, there are times when these foods are not really fresh and edible but they still eat it. When they have enough money to cook at home, they mostly cook non-vegetarian dishes like chicken, mutton, fish and *Bhakari* and also buy seasonal fruits which are not costly. During hunting, if they are able to catch pigeon and other birds they eat them. The reason for begging food according to them is that they do not have money to prepare food at home. They began to beg food due to loss of livelihood initially and today they consider that begging is their task. Vanita (32 years) explained the reasons why Pardhis are begging food and their diet practices,

> *We beg for food. We are born for begging food. We eat meat when we get salary. We do not buy fruits, however we collect them sometime which are not good. We beg for food because we cannot afford to cook food at home. We used to beg for food from earlier days, our caste is considered as a group of people who beg for food.*

The denotified tribes have been pushed to an extent that they are identified 'beggar caste' a new identity, because they have been denied of the natural resources and further identified as criminals.

Availability of food can be linked with public distribution system (PDS) as it provides food on low cost. From the 35 respondents from whom the socio-economic demographic information was taken only 15 have ration cards and in that 15, only 4 have below poverty line (BPL) ration cards. The NGOs like Kranti and Maher organizations help them to get ration cards, despite this, some women told that they gave bribe to get ration cards. The ones who have ration cards told that they do not get sufficient grain allotted on the card and have to pay for it and sometimes also they pay more money to the middlemen to get ration.

Narshi (37 years) narrated the problem to get PDS card and about grains they received on the card,

> *To get PDS card, officers who are giving cards demand money; like500 or 1000 rupees or sometimes 2-3000 rupees. We get less grains and rice on the ration card. We have to pay 1000-1200 rupees in month. We get wheat for Rs 5 and rice on 6 rupees per kg but the middleman takes one rupees extra.*

3.2.4 *Housing*

The municipality grants permission for them to stay in the area. Pardhi used to live in these forest areas in earlier times and now authorities of municipality feels that they are providing them space to live. The people of the tribe live under constant threat of eviction by the civic administration. This is the encroachment upon the rights of the indigenous people. They do not have proper housing facility and do not have their own houses so they live in a constant threat of eviction. Some live in the slums, in the broken huts and some have broken concrete *pakka* houses. The conditions of their houses are very poor. They were unhygienic and windows, walls and roofs were broken. Floors of the houses are muddy and stony. They have only one room, where they put all their belongings, clothes and utensils. In the house they have only a metal cot and they put all their things on it. In one corner they put fire wood for fuel. They prepare food outside the house on a hearth of stones. '*Tin dagad thevun tyavar jevan banavatat'* (They put three stones and then prepare food on it). They own only 4-5 utensils usually made of steel and plastic. People who live in the slum do not have electric facility in their houses because they cannot afford to pay electricity bills. Some live at construction sites where they work as watchmen. They live in the metal shed provided by employer, using it as a store room and watchmen room. Mostly they reside on the open areas like basements of the buildings.

Anita (35 years) told about difficulties they face in the living on basements that,

> *We live here in the parking lot. We face lot of troubles in winter and we sleep in the open in constant fear of some men coming and harassing us*.

Maya (33 years) who has a hut in a slum described how she made a place for hut and staying there under threat of eviction,

> *We do not have anything…neither have house nor have ration card….there is brook in that we filled mud and made a place for sleeping…that is a government land …we do not know when they will evict us…I am at an open place.*

Kantabai (40 years) also described fear due to lack of own place for shelter who is residing on someone's private land said,

> *Now we are living on the Shevale's private land. If they ask us to leave, we have to go elsewhere. We are living here since one year. We do not have our own land. We live like this, for some time in a place*.

3.2.5 *Clothes*

They told that they buy new clothes once in a year during their festival. It is a custom for them to buy new clothes for festival but they are not always able to do so because of financial constraints. They beg for clothes too and wear old used clothes of the people in the town.

3.2.6 *Hygiene and Sanitation in the Settlement*

In the Pardhi slum sanitation is poor; there are plastic, remains of food, human as well animal excreta and garbage all around. Some buy and sell animals that they keep them in front of their houses thus animal excreta is found everywhere. There is foul smell emitting from everywhere in the slum and the place is completely dirty. Around their houses, there are *kaccha* path ways, so there is a lot of mud around the houses and there is no point in taking bath. The air is dusty which causes problems in breathing. They live in very poor conditions which is unthinkable to others. The slums do not have sewage and toilet facilities. They use nearby open areas for defecation. Municipality staff said that this slum is on the forest land which is unauthorized, so they are not provided toilet and sewage facilities here. Families living at the construction sites too do not have toilet and sewerage facilities as their employers do not provide them. Their situation is no

better than the slum dwellers. In addition to it they live on the floors covered with sand and cement amidst the noise of construction work.

3.2.7 *Water Facility*

At present in the Pardhi slum, there is a tap for water which was arranged by Maher organization for their play school. Pardhi families rely on this tap for water. There is a huge rush in front of this tap and daily they spend half an hour to one and half hour to fill water. The water is available in this tap only for a limited period daily. The scarcity compels some family to fetch water from a nearby temple which is at a distance of one and half km. Other than this tap in the *Panyachitaki* slum, there are 2-3 municipality taps, but they are overcrowded. So Pardhi people do not use that tap. Some other caste families of the *Panyachitaki* slum have private taps. There are families which use these private taps paying Rs 100 per month, but for Pardhis this is not affordable. Due to lack of sufficient water, personal hygiene is neglected. They do not take daily bath or wash their clothes daily. Bringing water is the responsibility of the women in the family.

3.2.8 *Stigma*

Society still perceives Pardhi as a tribe with criminal background. The people interviewed and the people belonging to other castes exclaimed that these people are involved in criminal activities like stealing, robbery and dacoity. This was strongly condemned by the tribal people who say these are mere suspicions. Pardhi as a tribe is stereotyped as a group of criminals and thieves. Due to the stigma of being a criminal they face problems in getting livelihood opportunities. In the discussions with the Pardhi community it was found that they are not employed in any companies due to the criminal stigma. They also shared earlier experiences of some of them joining companies with the help of some activists but fall into the trap of suspected theft and get dismissed. Aasuri (22 years) and Sunita (35 years) shared that how criminal stigma affect their life, how they perceived as suspects,

> *Other people see us as thieves. After quarrels on work sites other workers call us thieves. If we steal, our houses will be in better conditions and why would we*

live like this? We are Pardhis so who will treat us with respect? Even when people from other castes steal they always suspect us. As other people think we are thieves they do not employ us as domestic helps.

Due to the criminal stigma and loss of livelihood a few of them depend on criminal activities. But despite this all of them are considered as criminals, this view is shared by the police department too. The doctor of municipality hospital narrated the gravity of the problem of criminal stigma,

They continue to steal because not one person from other community trusts them; they consider that Pardhi will steal their things, thus nobody is willing to employ them.

The narration of Assistant Police Inspector shows the bias of police department about criminal behaviour of Pardhis

They do not work hard. Some of them are now engaged in daily wage work like construction works but mostly they are dependent on begging and with that if they get a chance of theft, they commit. They do not small thefts; but only house-breaking and burglary. They have a particular way to commit crime; at the time of house breaking, they directly enter the house, see whoever is there, and injure them with their weapons or stones, so we are able to identify particular crimes committed by Pardhi. Mostly men are engaged directly in the crime and women provide information to them and sell gold and stolen goods. Pardhis commit crime out of their residential area.

Due to the criminal stigma Pardhis face harassment from the police. There were frequent police arrests earlier but nowadays due to the interventions of human rights campaign and intervention of NGOs it is less frequent. However, if some arrest happens people have to spend much money on advocates or middle man to solve the cases. They take loan for such cases and in order to repay them they do extra work or go for begging. There are instances of false cases too. Generally police do not arrest women but harass them verbally. Sometimes male police does the inquiry of women and beat them up in the absence of a female police attendant. Women shared their experiences that are

Aasuri (22 years) shard the experience of police harassment, arrest of her husband and how it increased their financial burden,

Police still harass us. They register false cases and arrest us without any reason. Two years ago my husband was arrested. We spent one lakh rupees; we did not have anything to eat too. We had to spend on advocate and on other people who helped us. We borrow money for releasing him. Police do not arrest women. Police make inquiries about our men. They only ask us 'where is your husband? Tell us, otherwise we will beat you?' Sometimes they beat women.

The narration of Setu (25 years) and Sindhubai (40 years) indicates that how Pardhis become victims of suspicion of police and other communities due to criminal identity,

In this slum, our people do not commit theft or burglary but sometimes if big theft happens around, other caste people and police come here. Some other people steal but people like Maratha caste always doubt us despite the fact that we are living decently by working, they suspect us because we are Pardhis. There are people of other castes who steal in our names and we are accused of theft and police come to us for enquiries.

With the criminal stigma there is some other stereotyped perception about nomadic tribes and restless communities in the sedentary communities so they are perceived as criminals. In the study it was observed that other people have some kind of perception and stereotypical notions about Pardhis that they are not hard working and are lazy so they commit crime and beg. They also think that Pardhis have enough money and stealing is in their blood though they live in poor conditions. These false perceptions still continue even now. Sedentary communities are not able to understand behaviours and lifestyle of nomadic communities so they make such assumptions. The marginalization of the tribes on the basis of these perceptions continues even today. Same notions were there when these tribes were declared as criminals. In the mindsets of sedentary communities it is still the same. It is a very regressive thinking that 'stealing is in their blood'. This kind of notion may be a threat to these communities in future as well. Some stereotyped notions in the own words of key person such as nurse of municipality hospital, nurse of rural hospital, teacher of the play school of NGO, AWW and doctor of private maternity hospital,

They (Pardhis) are so lazy, they beg for food. They have money. Some are economically well and they lend money on interest, they have land. They do not want to work, in the nearby area, some people want to employ them for sweeping and other work but they do not go. They say that their business is begging food and eating. They work and fulfil their day to day need and do not

think about future. These people now steal things too. They are very expert in stealing. They go for begging to various places maybe they steal there too; otherwise how will they get so much money like 70,000 to 80,000 thousand from begging alone. Their health is ok but they are not ready to work. They sit like lazy people and do not want to work. They collect food, eat and live life. This is their daily routine. People do not give them jobs because they look like thieves. They have to live well but these people are not ready to work. They go for construction work but only for 3-4 days and after that do not go for it. Their mentality is to eat, drink and enjoy, they do not have any connection with society. They only give emphasis on how they will earn money by thieving and not by hard work, earn from begging and thieving. They are addicted to alcohol and other things. They consider that thieving is their business. This mentality has to change. Crime is more persistent among them. They steal animals like cow, goats and sell them.

Above narration shows the prejudices about life style and activities of Pardhi tribe in general population which strengthen their criminal stigma. During the field work it was found that Pardhis are working hard and do various works. They face so many difficulties in begging. Their behaviour was also good and all members of Pardhi community are not engaged in criminal activities and really it is unjust that they are stigmatized as criminals. This reflected in the experience of Chief of Krushi Vikas Sanshodhan Organization in working with Pardhi,

I am living here from my childhood. We have always had good relations with Pardhis. They come to our farm for work. They are involved in all other work. They have taken responsibility of the counter of my shops too so if we trust them they are well behaving and work honestly but for this we always need to put them in assimilation and in the environment of civilians. If they are assimilated in the society they will live with dignity.

3.2.9 Tribal Council of Pardhis

Tribe has tribal council to make rules and regulations and to solve disputes among themselves. They called it *Jat Panchayat*. It run by five members of their own community, most of them are elders and are called '*Panch'* (group of five people). They do not elect them; most of them are dominant experienced, respected and knowledgeable elders in the community. Only men can become a member of the *Panch*. Women do not have any role in the authority of *Jat Panchayat. Jat Panchayat* is called at emergency situations. They are called for when there are disputes among the community; someone

breaks the rules of the tribe, to arrange marriages, at the time of divorce and disputes over money etc. The expenses of the *Jat Panchayat* is met by the complainants or the one for whom the *Jat Panchayat* is called. They have pay for the travel expenses of the *Punch*, food and other expenditures at the time of *Jat Panchayat*. Earlier they had cruel punishment and penalties like shaving the hair and picking up coins from boiling oil but now there are only penalty of money. Penalty can go up to 1 lakh rupees. Legally they do not have to give money to the *Panch* but they influence them by giving money. It ranges from 2 thousand to 20 thousand as reported by women. Generally, the economic condition of *Panch* is better than others. These days *Panch* also work as middle men between police and community. Some women shared that *Panch* and Police together ask for money from them for not filing a case in the police station or at the time of solving cases. Due to these penalties they have to do work hard, borrow money or go for begging. There are some good *Panch* too who work for their welfare. At present they go to the Indian judiciary system but most of them still approach the tribal council because of the expensive legal system where they do not have money for the police or on advocate to get justice or solving disputes and they also fear the police that they are not good and do not want their names to go into the police records. Maya (33 years) who did an inter caste marriage of her daughter shared about *Jat Panchayat*,

> *Our community Panch are not disappointed or angry on us because I do not listen to them and do not have money so why they will speak to us… this means they fear to talk me but if some other person had done this, they would punish them and send them out of our caste… which implies their greed for money. They demand money as a punishment; about fifty thousand or one lakh rupees!*

Ambika(17 years) also described experience of her family in dealing with the case and it show how *Jat Panchayat* run,

> *We had quarrels with one of our community member who live in-front of our house. One of their sons committed suicide by burning himself, they suspect that we threw sari on him so polluted that's why he got burned. They called Jat Panchayat and they put a penalty of 100000 rupees on us. We do not have that kind of money, so how do we pay? So they are calling Jat Panchyat once again. We have to pay it.*

Due to the progress and social change nowadays *Jat Panchayat* has lost its strong hold in many places but where the community population is very strong they still have lot of influence. Some rules and regulations are not good and suppress individual freedom and increase the financial burden on the families.

A social activist chief of Kranti organization share a view and experiences of *Jat Panchayat* that how some *Panch* try to make money from *Jat Panchayat* and women are more suppressed in *Jat Panchayat* because they are not in the decision making process.

> *Today Jat Panchayats are not taking place in many villages but in Shirur town Pardhi Jat Panchayat is still strong and is called frequently. During such meetings, people have to spend more money on Panch for their lunch, breakfast and travelling too. Also now Panch take money from the complainants to give justice in their favour, thus corrupting the system. Thus the trend is that to receive justice they have to spend more money. Jat Panchayat has only male members in the Panch and not women.*

3.2.10 *Marriage and other Customs*

Marriages take place between close kins. Most of them are arranged marriages. There are marriages between minors. The age of marriage for girls is 13-14 years and for boys is 15 to 17 years. Girls are given in marriage before attaining puberty too but after menstruation they go to their in laws' place. After marriage the newly married couples are separated from the family, live on their own, have to work and build their own huts. Distant marriages are rare so both the parent family of the couples live in the same town. Patrilocal is the common custom. After marriage bride have to settle at her in laws place but there are aberration. Dowry system exists in marriage. Bride price at the time of marriage is persistent among them. Dowry rates ranges from Rs 5000 to Rs 50000. Most of the marriages are arranged by *Jat Panchyat,* dowry is also decided by them. Marriages do not happen between people of the same clan. All financial responsibility of marriage is on the groom. Pre marital affairs are not tolerated. If someone is found having a pre marital affair they are punished with a penalty. The boy or his family pays the penalty to the girl's family in the form of money. Infertility in women is not accepted and in such cases husband can go for a second marriage. Divorces and remarriages are easy among them and both are decided by the *Jat Panchayat*. After the divorce there is need to return

the dowry and the expenses of marriage. This is not an easy task and there are many disputes in this matter. Nowadays inter-caste marriages are also common. But in *Jat Panchyat*, it is not acceptable and is a punishable offence but due to social change and their strong resolve some of them do not accept *Jat Panchat* rules.

They give equal importance to girls and boys. Daughters are important among them because of the bride price custom and they give importance to sons because they live with them and daughters go away to their in-laws place after marriage. But despite all this there are some restrictions; rules and regulations for women in the tribe and violations are punished. Women are considered as impure in this community too. Vanita (32 years) shared about *Jat Panchyat's* punishment after breaking the rules,

> *Our community has rules since earlier days. If we break rules we are sent out of community and after that if we want to come into the caste we have to perform a ritual to god and a sacrifice of goat. The breaking of rules is met with a penalty of 2-3 thousand rupees.*

The chief of Kranti organization described the rules and regulation for women in the community,

> *In Pardhi community, women are considered as impure. After marriage, they are not allowed even to touch to men other than their husbands. If she touches other men that man will be considered polluted and the woman will be punished. Even the touch of a woman's cloth is intolerable to men. So women keep their cloths in a corner of the house or outside it. Women's bath place is separate, their buckets are different, their place to wash cloths are different, after taking bath someone pours water on their hands to clean them and only after that she can enter the house and can touch other things. If she does not follow these and touch any things those things are thrown away. Women cannot touch idols of god and cannot enter where god is kept and worshipped. She cannot touch the things when she goes to another house. She is given things without the contact of hand. Women's menstrual periods means isolation. Only her husband and children can eat the food she has cooked. If someone does not follow these customs, they are punished in the Jat Panchyat. Earlier there were some cruel punishments like taking coins from boiling oil but now they only have punishment of money.*

There is a custom related to child birth. At the time of delivery, women who are giving birth is left alone, no one should touch them, including other women. They cut the

umbilical cord and have to give bath to baby themselves. Only one person can press the stomach before delivery. Even men can help the women during delivery in pressing her stomach after which she is left alone. In critical conditions women are taken to hospital. Till the completion of one month from delivery, they are considered as polluted.

There is male dominance in the tribe, family as well as community. Very few Pardhi families have assets and properties but women do not have any inheritance rights. Decision making is in the hands of men in the family. Women have to consult husband before taking decisions. When compared to other women, Pardhi women have more liberty although the final consent of husband is very important for them. Hirabai(40 years) who is a divorcee and lives alone with the support of her brother's family, told

> *I take decisions after consulting with my brother. I have to inform and ask him. 'Bai, nahi vicharal tar jagun deil ka mala' (If I do not ask will he allow me to live a life!)*

3.2.11 *Social Change*

Many social changes are taking place within the tribe. There are some positive changes and some are negative. For the study documented the present situations not studied their original culture and social organization in in-depth but at present there is a mixture of customs, rules some of them adopted from other communities. There are some civil society organizations working for their social change and reform. At present three NGOs are working with them. In Maharashtra Pardhi tribe formed the organization "Adivasi Phanse Pardhi Samaj Sanghtana" through which they are raising their voice for their rights. These organizations and movements are working for education, distribution of ration cards, voter identity cards and against police harassments. These organizations have changed the life of Pardhi people in positive directions. Due to the initiation of these NGO's they get the permission to live in the slum in the unauthorized way. Many of community members admitted that exploitation and harassment are comparatively less with the arrival of these groups.

Kranti organization is formally working from last 2 years. The leader of Kranti organization is an activist who herself belongs to Pardhi tribe. She is working for their

rights from last 15 years. She is working with the association of human rights campaign of Maharashtra. She is the district representative of 'Maharashtra Phanse Pardhi Samaj Sanghtana' and work in coordination with other non government organizations. She started her own organization Kranti before two years. It is a nongovernment organization. She handles the atrocity cases, works for the improvement of community, solves internal disputes, helps in the education of children, assists in getting ration card, voting card, caste certificates etc. She has established self help groups, provided small business training, and organized rallies to pressurize government too.

The Krushi Vikas Sanshodhan Organization runs a school from Balwadi to Tenth class. Children from lower middle class attend this school. They take a small amount as tuition fee to run school. Organization has contacts with Pardhis from last 20 years. The organization takes the responsibility of giving free education to Pardhi children. Organization also tried to provide work to Pardhi people. They are working towards establishing an open special school for Pardhi, because these children face so many problems in public schools. They need special attention and a friendly environment. They need a residential school.

Maher is working from 15 years for women's rights. This organization runs shelters for women and children who need support, conducts programs for mentally disabled women, runs anganwadis in the villages where government anganwadi is not available, takes extra classes for children in villages, runs crèches for *thakar* tribe in one village, provides help to get employment, runs libraries in the villages, provides training in small business to women, establishes self help groups, and runs a play school for Pardhi children. The organization is working from last 5-6 years in Shirur, they noticed that Pardhi children beg and do not go to school so they conducted a survey and started a play school there two years ago. About 40-45 children have registered in this school. This school is for children till the age of 15 years. They teach them basics like numbers, alphabet, songs and stories. They provide one meal to the children. Maher organization started residential school for poor children. They are promoting education for Pardhi children of this slum and have taken some of them in their school.

So these organizations provide some basic facilities and opportunities for change to the Pardhi people. There are some negative changes observed in them due to the influence of other dominant castes so their tribal culture is affected. It is observed that there is an influence of culture of Maratha caste on them. They still practice remarriage and divorce but some women and men do not remarry or divorce emulating other caste cultures and they try to follow monogamy despite having so many issues in their relationships. The reason for tolerating physical violence by husbands is that they have to live with husbands and endure this for their children. From the following narration one gets an idea of how their culture and perception are changing. Setu (25 years) and Kalpa (24 years) explained how the husband is important in women's lives,

> *We tolerate the physical violence of our husbands because we want to live with them. If not for them who will ask us about our well being? We hope one day he will change and behave well. There is no one care for the widows so they remarry, we cannot do like that so we bears the abuse. Leaving husband is equivalent to dishonour to our parents. We would then become a laughing stock before our community. Honour is very important; we have to die where we are married. Some women of Maratha caste had taught us when we work in villages with them in the fields that it is wrong to leave husband for another man.*

The observation of the field strengthen that socio-economic condition of the Pardhi tribe in shirur town is extremely poor. The literacy rate is too low. They do not have sustainable livelihood strategies throughout the year so they have to depend on begging and they are not even able to satisfy their basic needs of food and clothes for which they go for begging. Expenses on illness are increased their financial burden. They live in very poor conditions, in broken houses or in the open areas in the dust and cement. The surrounding areas are filthy. They do not have facilities of sanitation like sewage and toilet facilities in their settlements. They have their own customs and practices, some which suppress the individual's freedom. Their identity as criminals has stigmatised them and other stereotyped notions have aggravated their problems. This affects their life. Women are in deplorable conditions at present; although they enjoy some liberty, they have more restrictions and they are in a subordinate position to men. Literacy rate of women is alarmingly low. All these circumstances have a direct bearing on their health status.

Chapter 4

Health Problems among Pardhi Women and their Experiences in Availing Health Services

Poor living conditions, lack of education, lack of sustainable livelihood and some cultural practice has deteriorated the health of Pardhi women who have serious health issues. This chapter gives detailed information gathered during the field work on the health problems of the Pardhi women and links it to their livelihood, working conditions and cultural practices which were discussed in the previous chapter. The first section describes the health problems among women; the second section deals with their experiences in availing health services and the third section throws light on the problems of Pardhi women and provides suggestions to improve their health in the view of the respondents.

4.1 Health Problems among Pardhi Women

Health problems of Pardhi women are divided in to two parts. Maternal and reproductive health problems are clubbed together in one part and the other part focuses on other general health problems of women that are put together under general health problems.

4.1.1 General Health Problems

It was observed in the field inquiry that Pardhi women carry the heavy burden of general health problems which are linked directly to their living and working conditions. These health problems exist in their whole community but the condition of women is even more deplorable due to the patriarchal construction of their lives and the lack of decision making power in women and their limited access to resources. They work hard at work sites and homes. Managing house hold work is primarily the responsibility of women. They collect food, cook and fetch water and fodder. Child rearing and caring is also the responsibility of women; thus the multi-tasking increases the burden of work among women. Due to this heavy burden of work, they suffer from muscle cramps and physical and mental strain. The women engaged in construction work also suffer due to terrible working conditions. At work site they lift heavy weight and carry them up and down by stairs. They frequently come in contact with cement and do not get any safety facility

such as masks or gloves at the work sites and do not have a separate place for eating or resting. In the document of "Women's Right to Health" of the National Human Rights Commission it was documented that the women in the construction work have heavy workload, they work in unsafe noise levels and accident-prone working conditions. They are exposed to dusts and chemicals. Thereby they suffer from physical stress and strain, skeletal defects, numbness of hands and fingers, loss of hearing, stress, high blood pressure, muscular pain, intestinal problems, gastroenteritis, respiratory problems, asthma, silicosis, asbestosis, skin diseases, heat strokes and sun burns, serious accident injuries, deaths, spontaneous miscarriages, high rate of infant mortality, a feeling of isolation and rootlessness (Sarojini et.al, 2006). Some of these diseases are found in Pardhi women as well. Among Pardhi community personal hygiene is limited due to the reasons like shortage of water. Their surrounding areas are very filthy so it also causes skin diseases.

Many women reported that they suffer from body-ache, chest pain, knee pain, headache, and back pain. Skin diseases like itching, eczema and blisters on the body are common in women. Women explained the reasons for the health problems such as muscular pains, respiratory problems, and skin diseases, Aasuri (22 years) responded,

> *Due to the hard labour, I suffer from chest pain, joint pains and breathing problems; the contact with* c*ement causes itching in the skin.*

Older women become more vulnerable due to the muscular pains. 40 year old Hirabai and Kantabai shared their suffering that,

> *…have pain in knees, legs and waist because we run up and down stairs more times and work in the water. The exhaustion from work makes us worn out. The back pain causes difficulties to bend and walk. I go to hospital for it. 'Ghari Shekate' (hot compressions at home) but the pain does not recede. I got this problem due to work load, injuries and a fall at the worksite. Now we are old so it has become difficult to endure it.*

Majority of the families are dependent on the food obtained from begging, most of the time they do not eat fresh food. They live in unhygienic conditions due to poor facilities. So due to these various reasons, they suffer from stomach problems like stomach ache,

worm infection, dysentery, bloated stomach due to indigestion and acidity. They suffer from piles and kidney stones. Due to the unhygienic water and surroundings they contract infectious diseases like jaundice, swine flu and chicken guinea. They also contract eye and ear infections and suffer from ear pain, bleeding of the ear, irritation in eyes, watery eyes and pain in eyes. Many women also said that they face difficulties in breathing and showed the signs and symptoms of anaemia and malnutrition like weakness, fatigue, exhaustion, dizziness and faints, loss of appetite, numbness of the limbs and the swelling of face, hands and legs. All these symptoms convey that there is severe malnutrition and many women suffer from anaemia and it is persistent due to the lack of nutritious food and number of pregnancies and deliveries. Sangita (35 years) who has 7 children narrated her suffering,

> *I have weakness, fatigue, dizziness and am not able to do hard work. I went to a hospital for treatment, I was admitted twice, I had to inject four bottles of saline the first time and six on the second time, a year ago.*

There are accidents and injuries among them due to the nature of their work. They are prone to accidents and injuries during work on construction sites and in worst scenarios after such accidents, if they are not able to do hard labor they go for begging. Many women reported that they had accidents and injuries the following narration shows the types of injuries and accidents they encounter. Maya (33 years) said,

> *We face so many difficulties. I cut my palm on a night, it is not yet healed. An iron wire of a pillar cut through my hand [get injury] and I could not sleep at night. It was burning the whole night*.

Ambi (22 years) described her experience of an accident on the worksite when she was eight months pregnant which indicates the risk in her life,

> *Once I fell at a worksite while lifting a sack of cement. Then I had stomach pain. My father took me to hospital. I was 8 months pregnant then*.

These people also meet with accidents when they travel for begging. They quarrel among themselves for the petty reasons and engage in fist fights thus get injured. This happens because they live in isolation and is also very far from development opportunities. It was observed that they fight among themselves for the limited available resources like the

right on forest land where municipality allowed them to reside. They also fight when someone break the rules of the community.

Auxiliary Nurse Midwife (ANM) of rural hospital[2] (RH) told that,

> *They have so many quarrels among themselves and they only stop quarrelling after seeing blood, they use large stones and break heads. Here patients from Pardhi community mostly come with injuries from quarrelling. Women come with similar reasons. They drink alcohol and later quarrel.*

It was observed that addiction of *Mistri*[3], tobacco and gutaka are common among women. Some women are alcoholic. This affects their health. Due to the destruction of their culture and livelihood, their condition is worsening day by day. Women shared that they are more addicted now a days as earlier.

Kantabai (40 years) explained about her illness due the addiction of tobacco,

> *From five years I have stomach pain but I thought if I sit back at home who will repay the loans and went for work and later even went to Jammu to beg. I have consulted doctors in the hospital. I eat tobacco to ease my tension, in the hospital; they told that it is the reason for my illness.*

Nurse of municipality hospital shared the gravity of the problem of addiction in the Pardhi community that,

> *They have addiction of all types, like alcohol, bidi, tobacco and gutakha. Women and children also have addictions.*

It was observed that women take more stress on the responsibilities of their family, future of children and about financial conditions. They feel stressed out; suffer from sleeplessness and loss of appetite. During the field work investigation it was found that due to the quarrels with the husbands, two women had taken pesticides and were admitted in the hospital. So there are acute problems of psychological disorders among them. There are suicidal tendencies among them. Many women shared that they suffer

[2] In the Maharashtra RH is providing secondary level health care and it is equivalent to Community Health Center (CHC) in Indian health services.
[3] Mistri is powder of tobacco and coal.

from depression which causes sleeplessness and loss of appetite. Aasuri (22 years) and Sindhubai (40 years) shared the similar experiences about burden of mental stress,

> *There are times when I feel so stressed out that at times I cannot sleep well and don't even feel hungry. Sometimes I think so much about my children and family and get worked up.*

There are cases of scorpion and snake bites due to their living conditions. They live on the hills surrounded by trees and bushes, they lack a proper shelter, the people living at construction site also live among goods and sand due to which they suffer from scorpion bites and snake bites. Sindhubai (40 years) who is living on a construction site said that, *"I had scorpion bites twice or thrice at the work site"*.

Domestic violence is a serious problem of the women in India and it affects their health. It is prevalent in the Pardhi community too. Due to the changing culture, women who enjoyed an egalitarian position in the tribe are now in a subordinate status. It was observed that Pardhi women are under the influence of the Maratha culture, a dominant upper ruling caste in Maharashtra, where women are suppressed and has restrictions. Nowadays Pardhi women follow Maratha women as their idols. So they now have started to believe that husbands are important to the status of women and that it is not good to practice divorce. Some women reported that due to physical abuse by husbands they had injuries. The culprits are the alcoholic husbands who demand money for drinking; they also suspect the fidelity of their wives. The women also face domestic violence if they cannot conceive children. To them both girls and boys are equally important and if they do not give birth to both they become victims of domestic violence. Women tolerate domestic violence for the sake of their children too. Women shared the reasons for domestic violence and why they endure it. Setu (25 years) shared experience of violence by her husband which indicate that due to domestic violence they face both physical and mental stress

> *My husband is not good. He drinks alcohol and beats me and our children. I take care of the children, cook food at home, but he goes out and drinks and demands money from me for drinking. Due to which we have quarrels. He also started suspecting me after drinking that I am going around with other men. He beats me with a stick or stone. Twice or thrice there was bleeding from head*

and that is why I have pain occasionally in the head. He used to physically abuse me even during pregnancy and there are times when I beat myself due to his trouble. My last child was blue after delivery due to this.

4.1.2 Reproductive and Maternal Health Problems

Women are facing reproductive health problems along with general health conditions. During the field enquiry it was observed that some women have unbearable pain during menstruation and have RTI but very few women have taken treatment for that. It was observed that they do not talk freely about reproductive health and do not open up as they consider having RTI is 'dirty'. The answers of many women to the question on reproductive illness are that, "*No. We do not have such dirty illnesses".*

Some women shared that they want to take treatment but do not go to centre[4] hospital due to its lack of efficiency to satisfy the needs of the patients and they cannot afford treatment in a private hospital. There are some cheap private clinics to which they go for treatments but if there are no lady doctors, they hesitate to consult male doctors about their reproductive problems. So they face many difficulties in availing treatment for reproductive illness and face the consequences in their lives. Following narrative describe their situations. Samata (30 years) said,

I have severe pain during menstruation, am not able to do work but do not go to hospital for that. I have to change cloths 4-5 times in a day because of excessive bleeding. I am afraid of going to hospital, the one where we go do not have lady doctors with whom we are comfortable to speak. We do not have enough money to go to a good hospital with lady doctors. We do not go to center hospital where they only give some tablets".

Kutti (23 years), whose first child is now 5 years old, share her helplessness due to lack of proper treatment for her long term illness,

I had the problem of white discharge before the first delivery. I went to a private hospital, took medicines worth 400-500 rupees. Initially the medicines worked and felt better, but now it has started again. I do not know what should be done and do not have enough money to consult doctors frequently. I have already spent a lot of money.

[4] In the field area they are calling facility of government medical college as centre hospital.

Lack of education also prevent them from taking necessary care during menstruation, getting treatment for infections and to have awareness of family planning methods which makes their lives miserable. A social worker of Maher organization explained that;

> *Even during menstruation, they do not take care and do not use clean cloth or pad. They are not aware of family planning methods. Women do not reveal their problems related to menstruation and infections. There are sudden deaths and many a times they do not know the cause of death; some of them die at a very young age too.*

These days young women undergo family planning surgery. It was also observed that after 5-6 children they undergo family planning procedure. They began to undergo family planning surgeries as a result of the efforts for awareness made among them by the NGOs which are working for them. Women reported that there is no government health worker orient these people about family planning. According to a social worker of Maher Organization,

> *Women do not undergo family planning operations. They do not have education. Many of them have 9-10 children. They do not understand the need of a healthy life.*

Women also shared that they need both sons and daughters so they have to give birth to both. If there are only girl children, they wait for a baby boy or if they have a son they wait for a baby girl. Women are not aware of the risk involved in repeated pregnancies and deliveries; they are not aware about family planning methods to maintain gap between two children. Family planning for them is sterilization. Many young women gave the economic incentive as the reason for going for sterilization operation. They feel they are not capable of taking care of more children so they go for these operations. Vanita (32 years) describes the trend of using family planning methods that,

> *Now women are doing family planning operation after five or six children because we do not have the capacity to take care of many children.*

Aasuri (22 years) explains her reason for planning and the role of her husband in her decision,

I wanted to go for the surgery because where will I get the money to take care of so many children? So I decided to undergo hysterectomy. My husband also agreed.

It was observed that women are getting sterilized rather than men due to the perception that sterilization reduces working capacity. This indicates that despite women being actively participating in economic activities, men are perceived as the main bread winner in this community too. Women who had family planning surgery said that they have weakness and pain after the surgery. Setu (25 years) shared her sufferings after sterilization,

Sometimes after work, I feel pain in chest and waist. I go to a private hospital occasionally. I have this problem since I underwent the family planning operation.

Maternal healthcare has greater impacts on the health of women and demands a lot of care during pregnancy, at the time of delivery and after delivery. There are recommended antenatal and prenatal care (ANC & PNC) for women and the government health services has focused on improving the maternal health of women through this care. Some indicators of maternal health observed in the field to understand maternal health of Pardhi women were age of marriage, age of first pregnancy, uses of ANC & PNC, diet during pregnancy and after delivery, total number of deliveries and pregnancies and availability of trained birth attendant.

It was observed in the field work that among Pardhi women there are early age pregnancies and deliveries. Many women reported that their age of marriage was13-14 years and the first pregnancy was at the age of 15-16. Some women also reported that they were married before puberty. The age of women at the time of marriage and at the first pregnancy shared by women in their own words, Aasuri (22 years) said,

After one year of marriage, my menstruation started and after two years later I had my first child.

Aahily (30 years) shared that,

I was married when I was the age of my daughter that would be ten or eleven years old. I had menstruation after 5-6 years of my marriage.

It was also found that many women have repeated pregnancies and deliveries and have home deliveries without recommended antenatal and postnatal care. They go for checkups during pregnancy, for delivery and after child birth only if there are complications. Many of the women are not aware about the importance of ANC and PNC. Some are afraid of injections. Some have prejudices that consuming medicines is not good during pregnancy; if taken, they will face difficulties at the time of delivery or the foetus gets affected. The following narratives explains this,

Vanita (35 years) said her reason for not availing ANC and PNC,

> *I have not gone to hospital for checking for any of my pregnancies or deliveries. I did not have any complications so I did not go.*

The other reason shared by Bunty (25 years) for not availing ANC and PNC that,

> *I have not done any checkups at the time of pregnancy, delivery or after delivery. We did not know about checkups during pregnancy and also about the incentives that they give after delivery.*

Ambi (22 years) shared the preconception about ANC and PNC which are prevalent in the other women in India as well,

> *I did not go to hospital for delivery because I was scared. I am afraid of doctors because they give injections. We do not take tablets and injections during pregnancy for the fear of abortion. I only take saline water during pregnancy.*

If they go to hospital for delivery, they come back home immediately after that. They do not get admitted in the hospital for 24 hours after delivery and do not take PNC. They go to hospital only in critical conditions and most of the time to the private hospitals where they have to spend a lot of money. They deliver at home. They do not feel the need to go a hospital for each delivery. Their cultural beliefs are also one of the reasons behind the deliveries at home. Some women shared that their cultural practices prevent them from going to hospital. Financial difficulty is also one of the reasons for home deliveries. Women shared their experience at the time of delivery and their cultural practices; Kantabai (40 years) who gave birth to 10 children, narrated her experience which indicates the risk she faced during complicated deliveries and huge expenditure on the deliveries, said,

Some deliveries were at my home and some in hospital due to weakness and low blood pressure. Delivery in hospital is not viable as we have to spend 5-6 thousand rupees there. Six of my children were born in the hospital and four at home. I went to a private hospital. In the case of a delayed delivery I went to hospital, I waited 2-3 days at home and later consulted a doctor.

Malan (26 years) said about her delivery in the hospital but she was not admitted in the hospital even for 24 hours after delivery and also did not receive PNC after delivery that increased the risk in her life,

We went to hospital only for delivery. Delivery happened in the morning and we went back home in the afternoon. After delivery we did not go to hospital for check up. We spend an amount of five thousand rupees.

Rinky (30 years) explained that how financial consideration and cultural practices of child birth are the reason for not going to hospital for delivery,

In the private hospital, we have to spend four to five thousand rupees for delivery. So we do not go to the private hospital. We don't go to government hospitals as they ask other women to clean up after delivery. In our culture we do not allow others to touch us after the child birth.

Setu (25 year) narrated regular child birth practice in the community where women have to do all the work related to child birth,

Two of my deliveries took place at home. After the delivery I cut the umbilical cord myself. In our community after delivery, we have to do it all; give bath to the baby, clean ourselves etc. Someone can give hot water but we have to clean our cloths on our own.

It was also observed that due to their migration for begging they do not stay at one place throughout the year. Thus women find it difficult to register their names in the hospital and it becomes difficult to go to a hospital for delivery without registration. Also there are deliveries in open areas such as on the road due to lack of proper shelter.

Kutti (23 years) described her child birth experience as,

> *I had my delivery on the road. I did not have cloths with me; the neighbouring women from other castes came, covered me with a sari and gave cloths for the baby. I did not have money to go to hospital. We did not go to government hospital because we had not registered name during pregnancy. I should have gone for treatment but did not go as I was not here all those months. I had gone to Jammu for begging. If we do not register our names, they do not admit us for delivery; I asked them if I could come for delivery but they told that as I have not registered or taken medicine and injections. I thought they will not admit me for delivery in a government hospital. So I did not go there.*

It was also observed in the study that if a health worker convinces, provides awareness and explains the importance of ANC and PNC, women understand it. Kalpa (24 years) who stayed in the village during her pregnancy shared her experience with a health worker,

> *During my pregnancy, I went for check up to a hospital in my in-laws' place. A nurse there was very good to me. She called me for treatment and gave tablets for increasing blood. I took injections and checked my blood pressure. She told me that I would be getting money for delivery and asked me to inform her at the time of delivery so that she could arrange a vehicle for me. She has given me money after delivery. She helped me so much. I came for delivery to native place in the town but she found my address and sent a message to me in the town to receive money*.

Dealing with complications during pregnancy, at the time of delivery and after delivery is very important because it increases the risk of the lives of the mothers. So in the Pardhi women an observation was made on the type of complications they face and how they deal with such situations. Many women reported that they had complications at the time of delivery like prolonged labor, bleeding after one month of delivery, vertical baby in the womb, post delivery pain in the uterus and spontaneous abortion. They go to hospital rarely and manage themselves at home. They need money for the treatment in case of a complication and thus have to borrow money. So this increases their vulnerability. Women said that in Shirur town, delivery is too expensive in a private hospital so they go to the private hospitals in a small nearby town where they have to spend comparatively less money. It is risky as they need to travel and in complicated situations such small hospitals do not have adequate services for emergency obstetric care like, blood and

surgeon. So despite living in the town they have no access to advanced technical support due to lack of money. The complicated situations and experiences of dealing narrated by women; Setu (25 years) shared about her complication at the time of delivery,

> *When I went to the center hospital the doctors there said that delivery would not happen that day but my water broke the very day. Later I returned home and had pain whole night. I was bleeding and in the morning I delivered a baby. Baby was in the opposite direction according to the doctor, they had suggested a caesarian delivery earlier. But I had a normal delivery at home*.

Kutti (23 years) describe her misery due to spontaneous abortion,

> *I had an abortion in my first conception after 4 months. After that I went hospital for curetting. I had so much bleeding. We spend 6000 rupees. I returned it by earning through begging.*

Twenty five year old Setu explained the differences in the expenses of delivery between two hospitals in different towns and due to financial consideration she had to go to a small town for her delivery. She further talked about her loan for expenses of delivery,

> *That is a private hospital but is quite far. We had to change vehicle 2 times, they took 1000 rupees for delivery. Here we need 5,000 or 10,000 or sometimes even 20,000 rupees for delivery. For expenses of illness we borrow from someone on an interest of 10 percent.*

Heavy work load during pregnancy also increases the risk of women. Many old women reported that they worked even on the last trimester of the pregnancy and went to work immediately after delivery. Sindhubai (40 years) told, *"I worked till the completion of nine months"*.

Young women told that they do not go to work immediately after delivery. They take their 2-3 months old babies to work. Many women reported that the women who take baby with them receive fewer wage and some employers become angry if these women take a break to take care of the baby so it also increased physical and mental stress of women.

Aahily (30 years) and Vanita (32 years) shared their experiences at the workplace when they carried baby with them,

> *At the time of delivery, we were working as construction workers. Post delivery I resumed work after three-four months. I took the baby with me and put her in a 'Zoli' (cradle of cloth). When I was breastfeeding the contractor was asking to do it fast. So we had to go for work soon after baby sleep. If we work more we get more wages. Who will be able to do more work after having baby? So those who have baby they get less wages. Some employers become angry if we take rest to take care of the child during work.*

Kantabai (40 years) shared the consequences of the heavy work load in the pregnancy,

> *I went for work 'ani jorat zataka basala' (and suffered pain) so had abortion, we have to go up and down, it happened after five months. I was hospitalized then for eight days. There we spend 5-6 thousand, we spend so much.*

Diet during pregnancy and delivery is very important. It was observed that most of the families depend on the food which they get from begging, women eat collected food which are not clean but stale during pregnancy and after delivery. If they have money, some women reported that they eat fruits and meat. If they do not get food through begging and if they do not have enough money they do not eat. Women reported that they do not get food from Integrated Child Development Service (ICDS) Centre/Anganwadi which distributes nutritious food for pregnant women and mothers. Many of the women shared that they do not know about it. Sindhubai (40 years) said how due to lack of money they were not able to eat nutritious food during delivery period,

> *During pregnancy and delivery I ate regular food and not any special food. What do we poor people get? We face trouble to get even 'bhakari' (regular meals) so, how we get special food like apple and dry fruits? That happens only to the rich people.*

Maya (33 years) shared her difficulties at the time of delivery in getting food,

> *My condition was very different from others as no one was there for my delivery. I myself collected wood sticks, put a cloth on that and sat in the shelter. I had eaten collected food got from begging. I only had that food and did not think if it was good or bad for the baby. Immediately after the completion of 'pachavi' (ceremony on the fifth day of delivery) I took the bowl and went for begging.*

Kutti (23 years) who is a single women, faced a lot of difficulties to get food during pregnancy and after delivery as she had to do all the work herself and go for begging, she shared,

> *I did not get food on time then. I ate only at 12pm in the afternoon. So I would not feel hungry. I did not have much milk for breastfeeding so the baby cried too much. Doctor gave me medicines to increase appetite but I not have money to continue medication. I collect food for which I have to walk and feel exhausted, weak and am not able to walk. When I walk my legs tremble and I feel exhausted, tired, dizzy and there is darkness in the eyes and I sit in one place. I do not have blood in the body. I do not have money, so do not go to hospital. I faced so much trouble. Women who are living in the surrounding buildings gave me food sometimes.*

All health providers said that there are more home deliveries among Pardhi women without ANC and PNC. There are early age and repeated number of pregnancies. There are some customs related to delivery which put women in more complicated situations. They discussed social problems of Pardhi women in the latter part but it was observed that health providers blame women for not availing the health services for delivery and have a negative approach towards women. This is because; in spite of the health workers taking lot of efforts, women are not changing. But on the other side Pardhi women share that they do not receive good treatment in government hospitals. In the above discussed situations women reported various reasons for not availing health services. It is clear that as emphasized by the health care providers, cultural practices were not the only reason for women not availing health care facilities. Following narration shows the views of health providers and their experiences with Pardhi women at the time of providing services during the period of delivery.

An ANM in the Municipality hospital told her experiences with Pardhi women about practices of childbirth among Pardhi women and related customs,

> *During delivery they do not touch the women thus she has to manage by herself and take care of baby. She will clean her cloths despite having a complicated delivery. Once we asked a woman's relatives to catch her as she was falling down but they said, 'no-no we are not touching'. Pardhi women have so many deliveries but only 2-3 deliveries take place in a hospital in a year. Home deliveries are more common among them. In fact women give birth like an*

animal. She does it all, she cuts the umbilical cord. It is a very difficult situation! There are more maternal deaths among them.

ANM of RH said about ANC and PNC among Pardhi women and risk due to lack of care,

If they come for delivery they stay only for the delivery and leave immediately. They don't get admitted. Their deliveries are fully unprotected. They do not get TT injection and all other antenatal checkups like haemoglobin test or HIV test. They do not have any reports when they come for delivery but we cannot send them back. One woman recently came for her first delivery. Her delivery had taken a long time. They do not know that first delivery takes more time. They did not wait for delivery in the hospital. She slept whole night in front of the hospital in a shed where the construction work was going on. I asked her the whole night to go for check-up. But she did not come even after having so much trouble.

A Doctor of private maternity hospital where majority of Pardhi women prefer to go for child birth in the complicated situations shared her experience in dealing with them,

They come for delivery only in critical conditions. If delivery does not occur at home or if the woman has any trouble like convulsion they approach a doctor. They do not take antenatal checkups and don't have information so we face difficulties in treating them. After delivery they are not ready to stay in the hospital but I admit them for at least five hours. After delivery they take the newly born baby and go for begging. I once handled a patient who had a home delivery. She had pre-eclampsia and had neuropathy after labor; which means she had so much headache. She did not get well after treatment and after six month from delivery she died. Another patient had become serious due to convulsion. I had referred her to a government district hospital but they did not go. So I took the delivery after explaining them the risk involved. Maternal mortality is high among them.

The health personal from government and private sector both stated similar health problems and reasons rooted in their living conditions, non availability of basic facilities, social problems like stigma of being from caste denoted as criminals, low education, lack of employment opportunities and some cultural practices. However, many of them give a lot of emphasis to the lack of education, cultural practices and carelessness of Pardhis for their health conditions. The next section discusses how availability, accessibility and affordability influence the health of Pardhi women.

4.2 Experiences in Availing Health Services

Uses of health services are very much dependent on the availability, accessibility and affordability of health services and this determines the health of the people. So some aspects of it were observed in the field through the experiences of women in availing health services. Shirur is sub-district and so there are many health facilities of both government and private sectors. There are three government hospitals- government hospital of municipality, training centre of Pune's government medical college, both provide primary level health services and rural hospital which provides secondary level services. For tertiary level care, there is district hospital in Pune, at the district place which is 66 km from the town. In the town there are many private hospitals. There are anganwadi centres in the town which provide health services too.

4.2.1 Municipality Hospital

The municipality hospital provides health services for the people of the town but if need arises, they give treatment to the patients from villages too. This hospital provides primary health services. In this hospital they do not help in delivery or they do not have indoor patient department (IPD) services or nor do they provide outreach services for the community. They only provide services through outdoor patient department (OPD). There is only one male doctor and two ANM as health providers. Pardhis do not go to this hospital. They go to other government hospitals in the town which are nearest for them. This hospital is not visited often.

4.2.2 Training Centre of Government Medical College

This centre too only provides OPD services. In-patient and critical cases are handled at the nearby RH. In this facility they have OPD, ANC checkups, immunization, lab facilities and running Revised National Tuberculosis Program (RNTCP). There are three doctors; two of them are lady medical officers and one is a dentist. There are six nurses working in this hospital. In every month eight-nine interns from medical college come here for practice. Pardhi women go to this hospital for OPD services but very few go for ANC and immunization.

4.2.3 Rural Hospital (RH)

This is a secondary level hospital at the sub-district level. In Maharashtra it is equivalent to Community Health Centre in Indian health services. Both OPD and IPD services are available in this facility. They have an operation theatre, labor room and lab facilities. Under National Rural Health Mission (NRHM) there are extra staffs to work in the community. There are four doctors here and all are male. Seven ANMs are appointed. As a RH this facility has to have 30 beds but only 5 beds are available in the facility. They provide 24X7services. Pardhi women go to this place too. Under NRHM there is an outdoor camp of ANC clinic for immunization in the community. They provide services in coordination with ICDS workers. Earlier this was a PHC but later on it was upgraded as RH. RH does not have its own land so that is a very small facility.

4.2.4 ICDS Centre

There are several anganwadis in Shirur and in surrounding of Pardhis, they has been running from three and a half years. Anganwadi is on the municipality land (built like a shop which has a big door that is mostly open from one side). It has two staff, the anganwadi workers and a helper. Children here belong to an age group of 3 to 6. Twenty five to thirty students attend it daily. A total of 40 students have registered of which 25 are boys and the rest are girls. But not all students attend regularly. Pardhi children are not registered because they are not regular. Anganwadi is located in a well-off area and not in the slum or nearby slum. There is quite a distance from the slum to the anganwadi. Children who are registered receive snacks. They are given raw food like *rava, sukadi (powder of grains)* three packets of 1kg for one month, which is also given to pregnant women. This starts from the fourth month of pregnancy till the child complete 6 months. During the field study, 7 mothers were registered. Women are surveyed for ANC and referred to government hospital for checkups. Pardhi women do not go to the anganwadi because they are not aware about these facilities. Anganwadi workers also do not approach them to provide benefits because they feel it is difficult to register Pardhi women because they are not able to give information about their pregnancy.

4.2.5 Private Clinics and Hospitals

In the town there are many private practitioners who have clinics and hospitals. There are clinics that provide general health services, specialist and hospitals who give tertiary care as well. There are maternity hospitals. There is one corporate (Multispecialty) hospital in the town which was established by Manikchand Dhariwal group.

In the government health services available it was observed that for critical conditions there are no facilities and patients have to go Pune in district hospital. In RH, a secondary level hospital, at present, no female doctors are appointed. During the visit it was observed that doctors and nurses prescribe medicine from outside because they feel patients need a strong dosage of medicine which is not available in the hospital. It was also observed that in the second half of the day, only one nurse is on duty and an admitted patient was calling her from room but she was busy in another work and did not answer his call for a long time. Another observation made was that there was no separate room for ladies; male and female patients both are admitted in the same room. So all this affects the utilization of the services of the patient and explains why Pardhi women do not make use of the government health services most of the time.

4.2.6 Healing Practices and Expenditures

It was observed that after falling sick, initially they do not go for treatment but endure the pain and other difficulties, then they take some home remedies in which they mostly use medicinal plants or go to *devrushi* (traditional healer), if not getting better, they directly take medicines from medical shop, finally as a last resort, they go to hospital; most of the time to the private hospital. Traditionally they use medicinal plants which are still used by some old people however young generation does not know about that. It was observed that they access health services only in very critical conditions. They spend lots of money in private hospitals for which they have to take loan and for repaying the loan they struggle a lot.

Sindhubai (40 years) told about their use of traditional medicine that,

> *In earlier times people from our community were using medicine plants from the forest, elder people went for that but now we do not use them. Now no one knows about medicine plants and no one has the time also to go in the forest and search for it. Now here in the city we have so many hospitals and medicals so our people go there for the treatment.*

Vanita (32 years) shared her long term sufferings from piles and her inability to get it operated due to financial problem, it also shows her five year experience of trying different forms of treatment for her ailment,

> *When we fall sick if we have money, we get treatment. From five years I am suffering from piles. I did not do anything for this for one year. No one paid attention to me and I also did not tell to any one due to shyness. After that when I had so much pain. I took medicine from 'vaidu' (traditional healer giving medicinal roots and plants) and it was not effective. They charge 50-60 rupees. Once when it was serious, I was taken for treatment to the private hospital, they gave saline and blood, they did not admit me initially but when we gave money they did. We spent 10000 or 12000 rupees. Even after treatment I was not cured completely. Before one and half year, we consulted a private hospital again. They charged 10000 rupees for operation but I did not do it due to lack of money. Now also I go to hospital some time because I have indigestion problems, having pain in stomach and bleeding in toilets. I have weakness and am anaemic. Sometimes have dizziness. Many of the times I do not feel hungry.*

In government hospitals they have to spend less money than private hospitals but most of the times they cannot manage that kind of money, even Rs.10 for a case paper is very difficult for them. There are times when despite taking treatment from government hospitals, they have to take medicine from outside medical shops which are not available at government pharmacies. Generally they go to expensive private hospitals. For minor illness they have to pay 150-200 rupees for consultation, medicines and extra money for travelling for a one time consultation, for normal delivery it is Rs 3000-5000 and Rs7000-10000 for Caesarian and for major illness they have to spend 10000 -12000 rupees and the loss of wages of patient and caretaker as well expenses for food. If they need higher level services or tertiary care they are referred to district hospital in Pune for which they have to spend on travelling and food. So even in government hospitals they have to spend money. Other than the direct cost of medicine and treatment, they incur

indirect losses like the daily wages of the patient and the caretaker. As they frequently go to private hospitals and clinics, they have to spend a lot of money. They take loans to pay bills and to repay it all family members work hard and some members go for begging. After doing so much hardship, they feel a huge burden of debt. On delivery and maternal complication they have to spend a lot of money in the private hospitals. They have to cut down on their food intake also. The family becomes financially weak. Many a times due to lack of money they avoid taking treatment and if the situation deteriorates they go to hospitals. Women shared their burden and vulnerability they face due to expenditure for treatment of illness.

Maya and Narshi shared their inability to take treatment due to lack of money,

> *I feel that I have to go hospital and take treatment but do not have option of taking medicine from pharmacy, do not have money to take proper treatment. So what do I do? In the government hospital they do not treat well. So I feel that if they are efficient and give good medicine, we do not have to pay more. Sometimes I go to the center hospital and if found less effective, then go to private hospitals for treatment. I have weakness and low blood pressure but have not taken treatment for financial reasons.*

Kantabai (40 years) shared the burden due to expenditure of the illness which is reason for their poverty and how she is not able to cook food for children,

> *'Jevadhe paise hospitavar ghalvale thevdyachi jamin ali asti. Mulanvar char paise me kharch kele nahi. Thache dal tandul anun ghari swaypak kela asata ani lekrancya mukhi ghas dila asata'. (If we not had spent a lot of money on hospital, we may have bought land somewhere; I have not spent money on my children. The money we spent on illness could have been used to buy rice and pulses and prepare food for children).*

4.2.7 Reasons for not Getting Benefits of Government Health Services

Many of the respondents said that they do not go to government hospitals because they do not get good medicines there and do not receive good treatment. Thus the healing is slow. Some said that the procedure in the government hospitals is very difficult so they find it difficult to take treatment there. Many women working on construction site in the outskirts of the town reported that the health workers do not come in their areas to

provide health services. Aasuri (22 years) and Samata (30 years) shared the difficulties to take treatment in the government hospital that,

> *In the government center hospital, they do not give good medicines so why should we go there? I have not gone there even for delivery because there they do not treat us well. In the government hospitals they do not provide care and attention, do not treat well, prescribe medicine to private pharmacies and it takes a long time to cure which does not give complete relief. It is so crowded that they do not have time to treat us well.*

Women shared that they are discriminated at the time of availing services in government and private facilities both. They are not treated well when compared to other castes, because they are poor, uneducated, not well dressed and due to the prejudices about Pardhis. Aahily, Minta, and Bali shared that,

> *In the government hospital they do not provide attention and cooperate with us but others who are well educated are treated differently. The people who know the procedure of government hospitals like the Marathas go but we Pardhi do not go there. They do not treat well or talk nicely to us poor people. In the private hospital too in spite of us paying, they tell us that we do not admit Pardhi people.*

Social Worker of Maher Organization shared her experience of government hospital workers with the Pardhi women which also points out that Pardhi women are not treated well by the health worker,

> *I have taken 5 women for family planning operation in the government hospital. Doctors talked to them very harshly. They have done HIV test but doctor put them at the end because they said Pardhis are not taking personal care. Pardhi women have negative experiences because of this type of behavior, they do not want to go to government hospital. This is the reason why most of them go to private hospital. Some staffs of the hospital do not respond to us also, sometimes they tease us because we have contacts with Pardhis.*

Despite having scheduled tribe status in Mahatrashtra Pardhis do not get any benefit of the schemes like Janani Suraksha Yojana (JSY). ANM of RH explained that why Pardhi women not getting benefit of JSY,

> *Pardhis are not getting benefit from JSY because they are not coming for delivery and for home deliveries we are not giving benefits.*

They do not get any benefit from ICDS scheme of Anganwadi. Women do not receive supplementary food from ICDS center. Anganwadi worker also explain the difficulties to give services to Pardhi women which shows their exclusion,

> *Pardhi women are not getting benefits of ICDS services. They are not coming. And it is very difficult to register their information they do not know anything. They cannot tell in which month their menstruation stopped, so how could they tell other information. They do not know their age also. So how we can register them? And if 15 year old girl is the pregnant so how do we register her? We will face difficulties. Child marriage is prohibited by law but here 15 and 16 year old girls become mothers. We maintain birth-death registers but as we do not have communication with Pardhis so we do not have records of them.*

Pardhis do not get the facilities like sanitation-sewerage and toilet, water, sweeping, anti mosquito treatment etc in their settlements. They do not even have street lights around their slum. Many of them told that the municipality workers go around spraying drugs everywhere but not in Pardhi slum. So they face discrimination in accessing these services.

4.3 Problems and Suggestions of Stakeholders to Improve the Health of Pardhi Women

Many of women suggested that they need shelter, land, water, ration cards, good medicines and affordable treatment at government hospitals. There is a need for various schemes which can improve the economic and social status of the community. These schemes should be implemented in the urban areas also. Women explained their problems and their needs,

Sindhubai (40 years) told their difficulties that they do not have adequate schemes, whatever there are, they not able to avail due to lack of documents. They made collective actions locally and demanded scheme for their improvement but they haven't got any success.

> *We live in a very critical condition now and are still spending, and no improvement. We do not have such schemes from government. No one pays attention towards us; we do not get anything in Shirur. We apply for caste certificate and for good behavior but are not given. We organised rallies 2-3*

times but in Shirur there is nothing for poor people. In other villages our people get land and house, but here we do not get anything.

Rinky (30 years) shared her concerns and needs for improvement in lives and for good health,

For our improvement we need house, water and facility of electricity. For the treatment of illness we need hospitals where we get good treatment. Government hospitals have to give good medicines, treatment and have to cure our diseases.

Kalpa (24 years) is concerned about the problem of housing. Due to lack of housing, they are not able to settle at one place which affects education of their children. The other problem is that they live in the open places that are not perceived well with the other communities.

Here we do not get any benefits. We do not have facilities to live. We living anywhere and beg for food. We need so many facilities but to whom can we tell. We want to settle in one place and send children to schools. We want to educate them. We give vote so they help us get these facilities but take our votes and win elections and do nothing for poor like us. We do not have houses so we live, eat and sleep in open places, thereby people have negative opinion about us as 'dirty, beggar, poor and criminal'

Other stakeholders suggested that to improve the health of women there is a need to improve their personal hygiene and sanitation facilities, improve their nutritional status, a need to improve their earning capacities, improvement in education, and assimilation with other societies. Their main problems are illiteracy, lack of sustainable livelihood, stereotyped as criminal, lack of documents and problem in enumeration. Health providers gave more focus to improve health through strategies like education, motivation and counselling. Social activists give more focus on providing sustainable livelihood strategies, houses, dignified treatment in the society and assimilation with other society. It was also observed that there is also a need to change the negative response and prejudices of the healthcare providers towards Pardhi community.

Various stake holders reported the health problems of Pardhi women and their community, the problems they face to treat Pardhis and how they tackle these problems. From their perception, the health problems of Pardhis are majorly linked with personal

hygiene, lack of education, lack of awareness and some said that it is linked with the stigma of being labelled as a criminal tribe. Doctor of municipality hospital reported about the illness, cultural practices, problem of livelihood and education,

> *Pardhis have their own beliefs about health. This is happening because they do not have education. So they have superstitions. When they fall sick, first they see if there is any influence of god or super natural powers. Now as they live in the town there is a little bit of improvement, they also go to hospital but again their financial burden increases. When they do not get work they resort to their earlier techniques like thieving. In home deliveries there are more chance of maternal, infant and child death. How they can manage if there are twins? They should see how much immunity women have and then take care of her in pregnancy and at the time of delivery but they are obliged to follow social norms of the community. To improve health of Pardhi they need to keep their surroundings clean. There are problems of personal hygiene, public hygiene and nutrition. For this education is very important. The second thing is they are not in contact with other people so they have not changed or evolved.*

Chief of Krushi Vikas Sanshodhan Organization described the health problems among Pardhi women and difficulties due to lack of shelter,

> *Pardhi women have many children. Every year women have delivery in an early age; this is a very serious problem which affects the health of the Pardhi women. Women are given secondary status. There are early marriages among them. Each woman always has four to five children. They always live outside and do not have proper houses. One woman recently had delivery, and 2 or 3 days from then, she goes to our school after ten in the night for shelter. It was winter and she found shelter in our school. They do not take rest after delivery and start working immediately after delivery.*

A nurse of municipality hospital shared her experiences about the response of Pardhis when an outsider goes to their community which indicate fear among them,

> *If we go to their slum, they do not come out in front, they hide and they do this because they think someone is coming to arrest them for crime.*

Doctor of private maternity hospital share the need of special clinic in Pardhi settlement,

> *There is a need to open small clinic exclusively for them. Doctors should go every week and check them. Since, they not go to government hospital a clinic in their slum is needed.*

Lack of livelihood, its reasons and implications also lead to health problems according to some stake holders. Stigma of being a criminal is reported as a main problem of the Pardhi community. This even affects their employment opportunities. Various stake holders talked about the stigma that they face,

> *The main problems of the Pardhis are that they are considered as thieves and dacoit. Now here these people are not doing stealing and dacoity, but other Pardhi from outside continue to do so and police sometimes arrest these people. Some of them live a good life and work hard but society does not accept them. They are stigmatized that they are stealing, fighting and are goons. If they want to change, very few get a chance or opportunity for it. There is a need to provide them employment or land.*

Many stakeholders said that lack of documents and problems of enumeration becomes hurdle for them in availing benefits of various schemes which again affect their health. Following narration elaborates these problems. Social Worker of Maher Organization said that,

> *We help some families to get ration card and voting card but others does not have any ration cards and voting card. Many of them do not have caste certificates so they are not able to get any benefits. They do not have domicile proof. They do not belong to place where they are staying so they do not get domicile proof. They keep migrating so in the voter list also not all of them are listed. There is no correct information about their population in the town. The municipality has also not prepared a list of them.*

Many stake holders suggested that in order to improve the health of Pardhi women and their community strategies such as communications, awareness and counselling have to be used. For the assimilation of the Pardhis we need to have an effective communication with them. Doctor of private maternity hospital said that,

> *To improve their health we need to counsel them. Counselling one or two educated women among them will result in them in turn counselling their community. We need to organise awareness meeting, at least once in a month for them on different subjects like personal hygiene. The improvement of education will reduce the criminal behaviour in them. So communication, counselling and education are very important to improve their lives.*

Some stake holders shared that the problems of the Pardhi differ according to their urban and rural geographical location. In villages, to a certain extent they are assimilated in the

society and are trying to develop but in the urban areas they live in more isolation so they are very rigid about their community norms. Chief of Krushi Vikas Sanshodhan Organization and Chief of Kranti organization said that,

> *In the rural and urban areas there are so many differences in Pardhis. Pardhis in urban areas are more vulnerable where as in villages they are more assimilated with village society. Pardhis who live in villages are trying to improve themselves and taking education; but people of Shirur town who live in urban areas live very isolated from others and are more rigid about their community rules. They are not developed and still engage in begging.*

It was observed during field work that some stake holders have become very rigid due to the problem they face in communication with Pardhi. This attitude needs to be changed in order to improve the health of these women and there is need to look at the various angles of the problems and try to derive solutions instead of hammering some ideas on them as well as we need to take a "bottom up approach" to understand their problems. Statements of some stakeholders in their own words,

> *Doing something for them is like burning our blood. We do not have any results. There is no impact on them whatever we do for them. We take great efforts to improve them but have made very little difference. We face difficulties to get their support. Sometimes we get demoralised. They do not give attention. There is so much risk in working with them, you never know when they can turn against you because they are goons. Pardhis do not understand what we say and do not co-operate with us nor will they get education. Many times, we tell them about cleanliness but they do not change. Their attitude is the same for health, hygiene and education.*

This chapter mainly discusses what Pardhi women faces in terms of numerous health issues and how it is rooted in their socio-economic condition, which is mainly aggravated due to criminal stigma and consequences of the abysmal poverty. Due to poor living conditions and lack of nutritious food they become more vulnerable and prone to diseases. The working conditions, informal in nature, where they do not get any safety measures further deteriorate their conditions. The behavioural aspects, ill treatment and neglect, lack of female doctors at the government health services make it deterrent to use and forces them to go to private hospitals where they have to spend more. Thus they borrow money and to return it have to face huge hardships and many of the time are

forced to go for begging. Discrimination due to prejudices in availing health services also influences their health. These vulnerable conditions make them prone to diseases and event of illness again push them into vulnerable conditions so this is a vicious cycle of deprivation. Women face more difficulty because of patriarchy. Decision making, rules, regulations, access to resources and gendered view towards the illness of women affect the health of women with above discussed difficulties in accessing health services. The data shows that the threat of domestic violence is more in the Pardhi community too. Their reproductive health problems many of the time go untreated and maternal health is very poor due to early marriages and repeated pregnancies. Their low accesses to health services further have adverse impact on their health.

Chapter 5

Health of Denotified Tribal Women: Discussion and Summary

Denotified tribes are among the marginalized groups in India but have not received as much attention as the other marginalized groups for positive discrimination. Various studies and government reports show that they are in a lower position with regards to socio-economic indicators than other marginalized groups. Thus it can be said that they are the marginalized among marginalized. Denotified tribes are complex groups of communities who have different backgrounds and characteristics. They comprise of some itinerant, semi-nomadic and sedentary communities. They are "ex-criminal tribes" declared by the British and later on in independent India were called the "denotified tribes". They face criminal stigma which separates them from other communities. They are victims of the colonial policies of grabbing forest and natural resources in India, the process of industrialization and perceptions about nomadic tribes as a threat to the sedentary communities. The main motive of the classification of some communities as criminal was rooted in the strategies of the British to put control on them to maintain political stability and prevent the national movement.

As literature shows from ancient period crime existed in India and was acceptable in the ancient society. People were trained in criminal activities and were used against enemies by the kings. Crime was considered as an art and was part of learning, so Hindu social structures are also responsible for the promotion of crime in the society. Due to it some people were trained for the crime. After arrival of the British, Kings also used these communities in rebellions against British and after the decline of the empires these groups dissented and were caught in the trap of British for legal action against these communities on the name of controlling crime in the society. Thus some of the communities got criminal tag and a new group of people called "criminal tribes" emerged in the Indian society. Caste system also aggravated the problems as everyone followed caste and traditional occupation by birth, so a person born in declared criminal communities were considered having criminal tendencies by birth.

The identity of being criminal has adverse impact on the socio-economic-political conditions as well as on the culture of denotified tribes. Criminal stigma, lack of sustainable livelihood, poor living and working conditions, low levels of education, destruction of their culture and lack of political pressure have had major impact of the health of the denotified tribes. There is not much research carried out on the health of these communities. Therefore this study was carried out to explore the health of denotified tribe in their socio-eco-political and cultural life setting.

It is a well known fact that health is beyond the mere biological factors and is determined by an individual's or a group's socio-economic-political context. It has been proved by various theories from historical times that socio-economic-political conditions are linked to the health status of populations (Nayar, 2007). Also various empirical studies reveal the different health statues according to social and economic status. There are huge gaps in the health conditions of the rich and the poor. With poor economic status, health of the marginalized groups such as in India SC, ST, women and religious minorities deteriorate due to the inequalities based on class, caste, religion and gender. These populations are at the bottom of the hierarchy of a stratified society and therefore have less access to resources and this affects their health (Qadeer, 1985). Marginalization which led to lower socio-economic status definitely has an influence on the health of the denotified tribes. The very few studies carried on the denotified tribes show their poor health conditions. Health of the denotified tribes is not studied in detail and therefore this study was carried out in depth. As socio-economic-political and cultural factors are determinants of the health, this study was carried out to understand the socio-economic conditions of denotified tribes.

Women are more marginalized and deprived due to the patriarchal structure. Women's health problems are rooted in their patriarchal construction of lives. Women are oppressed, dominated and exploited in a male dominated society (Walby, 1990). Women have limited access over resources and this is reflected in their health (Doyal, 1995). The literature review reveals that women have heavy burden of health problems of communicable diseases, maternal and reproductive health problems and mental health problems due to heavy workload, poor living and working condition, violence against

women, social exclusion based on class, caste, gender, sexuality and fertility. The intersection of class, caste and gender further exacerbates the health of women. Therefore women of marginalized communities have more burdens of health problems. Various studies have also shown that health of SC and ST women are poorer than other caste women. Denotified tribal women are marginalized among the marginalized and this is certainly reflected in their health. There are limited studies on the whole section of denotified tribes and even within this women are paid little attention. So this study was particularly focused on the health of denotified tribal women.

The available literature on the health of denotified tribal women shows that there is severe malnutrition among them. Similarly they have a heavy burden of communicable, water born disease, skin diseases maternal and reproductive health problems. Their poor living and working conditions, lower access to health services, lower education, criminal stigma, and growing poverty have major impact on their health. There is lack of health studies on the health conditions of the denotified tribal women. Therefore this study aims to explore the different health problems of these tribal women. Access, availability and affordability of health services are also major influencing factors on health. Therefore experiences of denotified tribal women in availing of health services have also been documented. To understand the gravity of the health problems of the denotified tribal women, information was also gathered on the health problems and its influencing factors as well as solutions for it from various stake holders of the study area.

The data was collected from both primary and secondary sources. Secondary data was gathered from available literature such as from published articles, reports of government and non government organizations. For primary investigation Pardhi tribes was chosen. The study was carried out in Shirur town of Pune district of Maharashtra. The study focused on one of the marginalized groups of urban areas of one of the developed region of the state. Qualitative research techniques were used to carry out research such as in-depth interviews, group discussions and observation methods with the help of tools like semi structured interview guide, discussion guide and observation check list. The study was carried out with ethical considerations. Pardhi tribe lives in isolation due to their criminal stigma and therefore gaining their trust was a very difficult task for the

researcher as an outsider. Therefore the researcher faced difficulties in her data collection. In spite of the problems, the researcher tried to gather data by extensive field work with the support of a local NGO called "Kranti organization".

The Pardhi tribe is a hunter and food gatherer community. Their livelihood is largely affected by the forest policies and animal protection laws. Pardhis are known by different names in Maharashtra, viz, Pardhi, Advichincher and Phanse Pardhi. Pardhi in Maharashtra is included in the scheduled tribes. They are mostly unemployed and landless. They also are an ostracized lot in the villages. Thousands are living as destitute in Mumbai, Maharashtra's capital. Most of the time employers are not willing to hire them because of their social stigma. Most members of the tribe either beg for a living or hawk cheap goods by the roadside in big cities, also engaged in hunting and food gathering and some indulge in illegal activities such as in robbery, dacoity and in illicit brewing and selling of liquor. Various studies show that their educational level is very low and in that women's literacy is lower. In the community there is a prevalence of early marriages. Bride price is practiced in the community at the time of marriages. Community has good birth rate that is higher than the death rate but life expectancy is not high. Sex ratio is fair among them. Women enjoy liberty and equality as compared to other communities. Choosing of spouses, divorce and remarriages are easy in this community. But decision making is in the hands of men. Men have a right on resources. Community has their own tribal council to solve internal disputes. It is dominated by men. However, now a day's it is working only in some places. Although the government removed their label of being termed as a criminal tribe, the society still considers them as criminals. This social segregation has an influence on their socio-economic life. They are forced to live in a dehumanized condition. Police constantly harass them under Habitual Offenders Act which allow to arrest of person from these communities.

In the primary data collection it was found that Pardhi tribe of Shirur town lives in very vulnerable conditions. The influence of forest and animal policies from the British period is clearly reflected in the current status of livelihood of the Pardhi tribe. Their traditional hunting and food gathering practices have been destroyed and many of them do not have any asset like land and house as forest is for them everything and they have now lost their

rights over them. The settlement pattern clearly shows that they have been living in the forest which is their original place. At present also they are settled on foot hill and on the land of forest department. However now municipal authorities fail to recognize the Pardhi's right over the forest land. Instead the former accuses the latter of living on government land which the municipalities have allowed. This shows how the state controls over the resources of the forest dwellers and violates the rights of the indigenous people. This had major influence on the socio-economic conditions of the Pardhi tribe. Their settlement is now called as "slum". They live in very filthy environment. Basic amenities like water and electricity are not available in their slum. The conditions of families who are living at the construction sites are also not much different. Their education level is very low no one had the opportunity of higher education and literacy among Pardhi women is almost nil. Due to criminal stigma the children face ostracism in schools. Migration for livelihood is also another reason for discontinuing of education of the children. It was also observed that children also highly participate in economic activities. All of this affects the overall literacy of the tribe.

They are tribal but the society considers them as beggars and gives them lowest position in the caste hierarchy. Thus they face discrimination and exploitation. Due to the destruction of their livelihood they depend on begging since a long time and therefore begging is considered as their caste occupation. Thus they are stereotyped and "Pardhi means beggar" is the belief of the society. There are some other notions too about the denotified communities in the society and in the minds of the authorities. One of the major belief is "criminal stigma", the others are "they are lazy', 'they do not want to hard work', 'they have lot of money', 'they are definitely engaged in the criminal activities such as thieving and dacoity otherwise how do they get money', 'stealing is in their blood" etc. The reasons behind these notions is that sedentary communities do not understand the life style of nomadic communities which do not give priority to private property and they believe in egalitarian culture and therefore are perceived to be a threat. These notions are also reasons to declare communities as criminal tribes (Radhakrishna, 2000). The same notions are observed towards Pardhi tribe in the general population. So legally they are not called "criminal" in the society but are perceived to be so. They are

not assimilated with the general population and live in isolation. They do not get dignified treatment in the society.

They fail to get better livelihood opportunities due to criminal stigma. Many of them are engaged in construction work, as labor or as watchman. As most of their work are informal in nature they do not have any security benefits at work such as medical leave, health insurance etc. They are discriminated and exploited at work sites due to their lower position in the social hierarchy and due to criminal stigma. Some families of Pardhi get work as watchmen due to the criminal stigma attached to them. The employers think that if they employ the Pardhis as watchmen on constructions site the other Pardhis will not commit theft there. The Pardhi are known in Shirur town for buying and selling animals. They buy ill cows and bullocks in ride of villages and sell them in the market. They also go for hunting and collection of honey some time. They do not have sustainable livelihood strategies and therefore have to depend on begging. Many of the families are depended on begging whenever they not able to get work in the town or they have extensive burden of money. They beg at bus stand, go around town or they go to Jammu, Mumbai or Shirdi for begging. Through these various strategies whatever money they get is not sufficient for their basic needs. Mainly they do not get work constantly and whatever they get is insufficient and low in wages. Most of their expenses are because of their illness, marriages, sometimes on tribal council and on advocate or police or middlemen in case they are trapped and arrested by the police. They face police harassment as well due to criminal stigma. After a theft or dacoity in nearby areas police suspect the Pardhis and arrest them for inquiries and often the Pardhis have to spend a lot of money on middlemen and advocates for their own release. This in turn increases their vulnerability because they need to borrow money in order to tide over this extra expenditure and resort to begging to repay the loan. They also beg for food which in turn affects their nutritional status. So there is a cycle of deprivation.

There are several schemes for the development of Pardhis as they are having scheduled tribe statues. There is special plan for rehabilitation of Pardhis in Maharashtra which comprises several schemes such as distribution of scholarships and residential school to promote education, creation of housing societies, land distribution for agricultural

purpose, irrigation and electricity facilities for agriculture, occupational trainings and loan for business, training of sewing machine for women, distribution of shade or stall for shops, distribution of caste certificates, survey to know their actual populations numbers, distribution of BPL ration cards for eligible families, and to organize awareness camp for their social change. But it is observed that many of Pardhi families of Shirur town not benefited of this plan. The actual number of population of Pardhis in the town is not available. Due to lack of documents such as caste and domicile certificate, apathy of government staff, lack of political pressure and lack of awareness about the schemes they are not able to avail the benefits of the government schemes. So they are not able to come out of their deprived conditions.

Addiction is persistent in the whole community as women, men and children all are addicted. There are addictions of tobacco and alcohol although men are more alcoholic. This addiction has increased since earlier years. Women shared that earlier their community only begged for food but from the last 20 years they have started to beg for money also. It seems like their condition is worsening day by day. Globalization and new economic policies have adversely impacted on these communities. It has increased their vulnerability. There are some organizations which work for their social change. It is due to them that there is less police harassment than earlier. Some of them got ration cards and voter identity cards. But the progress is very little in the overall socio-economic conditions.

Pardhi's of Shirur town have tribal council meant for justice and they called it *Jat Panchayat*. It was observed that because they were never assimilated in the general population and also because of low education, they have very rigid community rules and regulation. If someone breaks the rules then they organize *Jat Panchayat*. In the earlier days they had some inhuman punishments such as picking up a coin from boiling oil but now a days there is only the punishment of money. If someone is caught in the trap of *Jat Panchayat* they have to spend a lot of money on *Panch (member of tribal council)* and as punishment. There are also several rules for women in the community. Tribal council is mainly dominated by men thus it increases suffering of women.

Women have comparatively liberal status in the community. They give equal importance to both girls and boys so there is less discrimination against the girl child. They follow bride price custom at the time of marriage and follow patrilocal and patrilinial practices. Among them divorce and remarriage are easy. But despite of it the final decision making is in the hands of the men. Women are in subordinate status. Women have more burden of work. In the Pardhi tribe also managing the household task such as cooking, bringing water and fire wood and caring of children and husband is the primary responsibility of the women. Women have to also participate highly in the outside work and this increases their work load. Women face more problems due to their gender roles. They are paid less than men. Women do not have crèche facilities at work. Women, who are caring little children, get even lesser wages. Employers become angry if women take break for feeding and caring of their children. They are also victims of sexual violence perpetuated by male workers who belong to other communities. Their culture got affected by culture of dominant communities like the Marathas. Despite the fact that Pardhi women have the liberty for divorce and remarriage, some of them have started to believe that it is important to live with one husband and there is no meaning of life for a single woman and widows and they also face domestic violence due to this. Men have addiction to alcohol it is also a reason for domestic violence.

The observations clearly show that Pardhis of Shirur town is living in poor socio-economic conditions and this definitely has an impact on their health. They are more prone to health problems. Women's sufferings are more due to their secondary status. Women have to play multiple roles at house and outside work which increases their burden of work. Their working and living conditions are very poor. Their nutritional status is not good. This is compounded by early age marriages and repeated pregnancies that increase the risk of morbidity and mortality among women. There are some cultural practices related to child birth which affects the maternal health of women together with difficulties like delivering by her own as no one touches her after child birth. It is observed in the study that women have more burdens of general health problems such as muscular pains, water born diseases, physical and mental strain, intestinal problems, gastroenteritis, respiratory problems, skin diseases, accident and injuries. It is also

observed that women are anaemic and suffer from malnutrition. They also suffer from illness due to consequences of domestic violence. Women have addictions of tobacco so that it affects their health. The perception about reproductive health problems as "dirty illness" is prevalent in the Pardhi women too. So, many of the reproductive health problems go untreated. Some women reported that they suffer from unbearable pain at the time of menstruation and reproductive tract infections. Among them there are home deliveries without recommended ante natal care, pre natal care and without skilled birth attendants. The space between two pregnancies is very less and they have repeated pregnancies therefore they have lot of risk in the delivery period. They face complications during the delivery period. The heavy work load also affects the maternal health.

Despite their heavy burden of illness, their access to health services is very low. They access health services only in very critical conditions. The behavioural aspects, ill treatment and neglect, lack of female doctors at the government health services make it deterrent to use and forces them to go to private hospitals where they have to spend more. So due to inefficiency and inadequacy of the government health services and discrimination in the government health facilities they are dependent on private health services which increase their financial burden. Due to poor conditions they suffer from illness, for the expenses on illness they have to borrow money and to return it many of them resort to begging. Despite living in the town Pardhis do not have access to advanced technologies and specialists due to financial consideration. Many of the times Pardhis go to nearby small town to access health services where they spend less money than Shirur's private hospital due to which their risk increases. Women face more problems in accessing health services because they do not find female doctors in their financial capacity to pay as well as their illness are not considered serious. In both government and private health facilities Pardhis do not get dignified treatment and face discrimination due to their socio-economic conditions that is embedded in criminal stigma, poverty, lower education and their appearances. Due to inaccessibility, unavailability and uneconomical health services, their sufferings of illness increase.

The observations of primary data indicate that the health of Pardhi tribes of Shirur town is poor. The causes of their poor health are rooted in their low socio-economic conditions. Due to policies of the state and due to structural violence, they face marginalization in the society and criminal stigma has made them marginalized among marginalized which leads to social exclusion and thus their socio-economic condition becoming low. The health of Pardhi women is worse than the men due to patriarchy. The secondary status of women increased their deprivation. Pardhi women face triple discrimination in the society due to their denotified status, poverty and patriarchy. Therefore being denotified tribal women they suffer more resulting in their poor health. Pardhi women and various other stake holders felt that to improve the health of Pardhi women and the whole community there is a need to provide sustainable livelihood strategies, facilities of housing, education and health services as well as their assimilation with other society to wipe the criminal stigma. This ultimately indicated that state have to offer more positive discrimination measures for denotified tribes to improve their health.

The present study throws light on the issues of the health of denotified tribal women by studying the Pardhi tribe. However considering the limited time period of the present study, there is a need for more in depth investigation to know the marginalization of the particular tribes and its effect on them. It is also significant to know how the changing economic policies influenced their life as present study indicates that in the last twenty years their condition further deteriorated. There is a need for interdisciplinary studies to understand their problems and extensive field work with ethnographic methods.

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Format for Socio-Economic and Demographic Information of the Women

1. Name:
2. Address:
3. Age:
4. Education:
5. Family Details:

Sr. No	Name	Sex M/ F	Age	Education	Relation -ship	Marital Status	Occupation (Present)	Wages

6. House details: own/rental; if rental how much- / on government land/on some other's private land
   I. No. of rooms:
   II. Housing type (roof): Concrete/tiled/thatched/ sheet/other
   III. Housing floor: Mud/concrete/tiled/ other
7. Toilet facility: Sewerage septic tanks/ dry toilets/ open field
8. Type of bathing facility: Bathroom/ open inside the house/ open outside the house

9. Electric facility:
10. Drinking water facility: own well/ neighbor's well/ private pipe water/ government pipe water/other
11. Fuel usage: firewood/ kerosene/LPG gas/ other
12. Land details:
    I. How much:
    II. cultivable/ uncultivable in cents:
    III. Type of land: dry/rocky/wet/ other
    IV. Irrigation facility if yes source:
    V. Details of cultivation:
13. Acquisitions of the cattle: Cows/ buffaloes/ goats/camel/ horse/ pigs/ donkeys/ others
14. Voter ID card:
15. Domicile Proof:
16. Ration Card: BPL/ APL
17. Caste Certificate:
18. If anybody in your home is suffering from chronic illness
19. If anybody is mentally challenged/ handicapped etc.

Semi Structure Interview Guide for Women

Details of Work

1. Nature of work for economic purpose- throughout the year, duration of work and wages
2. About present work
    - Working hours
    - Distance of the workplace from home and facility of transport
    - Wages- daily/ weekly/ monthly
    - Benefits at the work place such as health facilities(medicines, first aid, health insurance) and leaves
    - Facilities such as safe drinking water, toilet, crèche; break for rest and place for rest at work place
    - Any illness or problem due to work
    - Any difficulties at work being women
    - Any type of difficulties at the work place such as discrimination, harassment and sexual exploitation etc
3. Any type of difficulties in getting work due to criminal stigma attached to the community

Health Conditions and Experiences in Availing Health Services

About any illness

- Have you suffered from any illness in recent past?
- If yes, how many days you were suffering?
- What kind of treatment or healthcare facility have you sought thereafter?- Home remedies/ traditional healer/ government facility/ private facility/ others
- If not gone in government hospital, reason thereof
- If had not sought treatment, reason thereof
- Who had taken decision about treatment? - own/ husband/ other members in the family
- How much time, after falling ill, you spent to take a decision to avail any type of healthcare service?
- How much money have you spent on different aspects of treatment (fee of healer, medicine, transport etc)? How many days have taken rest or abstained from work? Have someone accompanied and lost wages too?
- How do you manage the expenditure of illness? Have you borrowed money from somewhere?
- Whether the illness is cured or not?
- Have you satisfied of the treatment? If not, why?
- Have you faced any type of discrimination or rude treatment by the healthcare provider?

Patriarchy

- Have you/your parents paid any dowry at the time of marriage?
- How do you choose your spouse? What was the process?
- Whom do you prefer- girl baby or boy baby?
- About decision making capability of women
- Experience of domestic violence and its reasons.

Other General Problems

- The experience of harassment by police and dominant groups- the nature of harassment, reason of it
- The experience of sexual harassment at work place or other surrounding by police or other community member if there are
- Suggestions to improve the women's health in the community
- The reasons of subordination to men, bearing of domestic violence at home, despite of being equal member of family, and being strong when dealing with others

Guideline for Illness

Symptoms and Signs of Malnutrition

- Weakness and exhaustion
- Loss of appetite
- Diarrhea and dysentery
- Headache
- Bleeding from nose
- Stomach infections
- Psychological problems
- sores on the lips and mouth
- bleeding gums
- sores and reddening inside the mouth

Skin Diseases

- Itching
- Pimples
- Swelling
- Injuries
- Dry skin
- Burned skin

Stomach Problems

- Diarrhea (watery stool)
- Dysentery (blood in stool)
- Vomiting and dysentery
- Vomiting
- Pain in stomach
- Indigestion

Urinary Infections

- Urinary retention and incomplete emptying
- Increased frequency of urination
- Dysuria (painful urination)
- Burning micturition
- Hematuria (blood in the urine)

Anemia Symptoms and Signs

- Loss of appetite
- Pain in waist, hand and legs
- Exhaustion
- Weakness
- Fainting
- Low hemoglobin count
- Paleness of face
- Paleness(pallor) in tongue, lower lid of eye and nail beds

Respiratory Diseases

- Cold
- Sneezing
- Cough
- Headache
- Sores in throats
- Fever and cold
- Difficulty in breathing
- Blood in cough
- Body ache
- Chest ache
- Wheezing

Muscular and Joint Problems

- Pain in hands and legs
- Pain in joints
- Back pain
- Pain in chest

Psychological Disorders

- Anxiety
- Headache
- Insomnia(sleep deprivation)
- Loss of appetite (anorexia)
- Hysteria

Other Illness

Malaria, Tuberculosis, Jaundice, Typhoid, Cholera, Piles, Fits, Blood pressure, Diabetes, Leprosy, Cataract, Pain in eyes, Pain in ears, Accidents and injuries, Snakebite, Dog bite etc

About Child Birth and Reproductive Health

- Age at marriage
- Age at the time of first pregnancy
- Total pregnancies and child birth
- Numbers of abortions; and infant and child death
- Registration for ANC
- Place of ANC check-up- Anganwadi, sub-centre, government hospital or private hospital
- Kind of ANC care and check-up- height, weight, blood test, urine test, blood pressure checkups, TT injections, iron and folic tablets
- Diet during pregnancy and after delivery
- Place of delivery- home, hospital, workplace, on road and others. If not in hospital, reasons for it. If not government hospital, reasons for it. If home delivery, who did it?
- How many days she worked in the pregnancy? How many days after delivery, she went for work? What was arrangement for baby?
- In the pregnancy or after delivery, did she receive food from Anganwadi (ICDS center) or not?
- Post-natal check ups
- Any problems after child birth?- white discharge, fever, bleeding
- Is family planning done? What was the method of family planning?

About Menstruation

- Do you have regular and timely menstruation?
- How many time you changed cloth or pad in a day during menstruation period?
- How many days you have bleeding during menstruation?
- Is there any difficulty or pain during menstruation?
- Is there bleeding in other days despite of menstruation (in between the cycles)?
- Do you have/had painful intercourse or pain after intercourse?
- Is your uterus removed by surgery?
- Do you suffer from vaginal/uterine prolapse? If yes, are you having back pain, abdominal pain, urination problems etc?
- Was there any bleeding after menopause?

White Discharge

- White discharge
- Burning sensation
- Itching over vulva
- Foul smelling
- White or yellowish coloured vaginal discharge
- Back pain and abdominal pain

Interview Guide for Key Person

1. Health problems among Pardhi tribe in this area, particularly among women and reasons thereof
2. Health seeking behaviour of Pardhi women
3. Experience in dealing with Pardhi women
4. Perceptions about criminal stigma
5. General problems of Pardhi women
6. Suggestions to improve their health status

Guide for Group Discussion

1. Work of women in the family and outside
2. Changes in the lifestyle, from earlier, such as – changes in livelihood strategies, rules, customs, role of women and their duties
3. Marriage system and other customs
4. Identity of denotified tribes and experiences of discrimination, owing to this identity, in getting any basic facilities, if available, like- getting water, work, PDS and health services etc
5. Problem of women in the community and outside the community
6. On subordination and secondary status of women
7. Illness among women
8. Treatment seeking behavior
9. Suggestions to improve the health status of the women

Observation Checklist

- Housing conditions
- Facilities in the cluster or outside such as water supply, toilet facility, anganwadi, school, PDS shop, Sub-Center, Primary Health Center, Community Health Center, transport facility etc.
- Sanitation in houses and in surrounding
- Diet practices
- Healing practices
- Communication of women with men and elders
- Communication of women with other caste members
- Communication with health providers- traditional/government /private

Picture No. 1: Pardhi Slum at Foot Hill

Picture No. 2: Hut of the Slum

Picture No. 3: Residing in the Broken House

Picture No. 4: Goods in the House

Picture No. 5: Hut on Others Private Land

Picture No 6: Living at the Basement on Construction Site

Picture No 7: On the Way to Beg Food

Picture No 8: Child going to Beg for Food