

**“Denotified Tribes, Globalization and Health: A  
Study of Pardhi Tribe of Selected Districts in  
Madhya Pradesh”**

Abstract Submitted to Jawaharlal Nehru University  
in fulfilment of the requirements  
for the award of the degree of

**Doctor of Philosophy**

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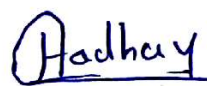
CENTRE OF SOCIAL MEDICINE & COMMUNITY HEALTH  
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## DECLARATION

This is to certify that the thesis entitled "**Denotified Tribes, Globalization and Health: A Study of Pardhi Tribe of Selected Districts in Madhya Pradesh**" is submitted to Jawaharlal Nehru University, New Delhi in partial fulfillment for the of the degree of **Doctor of Philosophy in Centre of Social Medicine and Community Health**, is a record of bonafide research work carried out by me under the supervision of **Dr. Sunita Reddy**. This thesis has not been submitted for any other degree of this University or any other University and is my original work.


  
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## CERTIFICATE

We certify the above and recommend that the thesis be placed before the examiners for evaluation and consideration of the award of Degree of Doctor of Philosophy.



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## Abbreviations

ANC	:	Antenatal Care
ANM	:	Auxiliary Nurse Midwife
ASHA	:	Accredited Social Health Activist
AWW	:	Aanganwadi Worker
BPL	:	Below Poverty Line
CHC	:	Community Health Centre
CTA	:	Criminal Tribe Act
HOA	:	Habitual Offender Act
IAY	:	Indira Aavas Yojna
ICDS	:	Integrated Child Development Services
IMF	:	International Monetary Fund
IPD	:	In-Patient Department
JSY	:	Janani Surksha Yojna
NGO	:	Non Government Organization
NREGA	:	National Rural Employment Guarantee Act
OBC	:	Other Backward Caste
OPD	:	Out-Patient Department
PDS	:	Public Distribution System
PHC	:	Primary Health Centre
PNC	:	Postnatal Care
RH	:	Rural Hospital
RTI	:	Reproductive Tract Infections
SC	:	Scheduled Caste
ST	:	Scheduled Tribe
STI	:	Sexually Transmitted Infections

TB	:	Tuberculosis
USHA	:	Urban Social Health Activist
WB	:	World Bank
WTO	:	World Trade Organisation

## Glossary

Aadava	Barter System in the Village
Anganwadi	ICDS Center
Aatta-Satta	The Marriage System where Daughter and Daughter-in-law Exchanged within the Families at the Time of Marriage
Bater	Type of Bird
Darati	An Iron Sickle
Dera	A Group of People along with their Pets and Poultry
Devi	Goddess
Dhana	Hamlet
Jat Panchyat	Tribal/Caste Council
Kaccha	Made from Mud, Grass, Sticks and Tin
KATJU	Kailashnath Katju Dispensary
Mahua	Type of Tree whose Flowers Used to Brew Liquor
Manihari	Business of Selling of Bangles, Rings, Neck Lace and Lamp, Statues of God and Goddesses and various other Items
Matamay	Goddess of Pardhi Tribe
Nala	Big Sewer Line
Patta	Property Registered by the Government
Sarpanch	Head of the Gram Panchayat
Roti	Bread
Sachiv	Secretary of Gram Panchayat
Titar	Type of Bird

# **Chapter One**

## **Introduction**

### **Denotified Tribes, Globalization and Health: A Study of Pardhi Tribe of Selected Districts in Madhya Pradesh**

#### **Introduction**

#### **1.1 Background: Denotified Tribes and Globalization**

Marginalization is outcome of various structural discrimination and exploitation. Class, caste, race, ethnicity, religion and gender are the major axis for marginalization of some social groups in the society (Giddens, 2004). As health is beyond medicine and linked with life setting of population, marginalisation has become an important factor for understanding health status of different social groups. Marginalized communities do not have access to resources and this is reflected in their poor health. Inequality in health is exacerbated by intersectionality of caste, class, gender and religion (Zurbrigg, 1991). The process of globalization, have widened inequalities and communities are pushed in more marginalised position (NCC & JSA, 2006 a).

##### ***1.1.1 Globalisation and Health of Marginalised Communities***

During the early 1990s, the policies pursued under globalisation, has worsened the health of marginalised communities in a number of ways. These policies were imposed by the developed countries and the institutions controlled by them, such as the World Bank (WB) and the International Monetary Fund (IMF). Thus neo-liberal policies and Structural Adjustment Program (SAP) were designed specifically to undertake these reforms. The liberal economic and trade policy, opening up of Indian market for the foreign trade and investment and huge privatization of public sector and natural resources, are some of the features of globalization. These had an impact on all the sectors like agriculture, industry, health and education and natural resources such as forests and land. This is resulting in the destruction of livelihoods, cuts in social welfare programmes and high price rises (Sengupta, 2003; NCC & JSA, 2006 a).

Due to changes in agriculture sector such as control on farmers' customary use of seeds, pressure to grow intensive crops, the rising costs and unreliable market prices and reduction in government subsidy has increased the burden on farmers. These policies have pushed them in the cycle of indebtedness and have disrupted the livelihood of farmers and agricultural labourers in number of ways. This has led to increased migration, hunger, and vulnerability (Shiva, 2004; Moffatt Ken et. al, 2009). There has also been an enormous increase in the food prices due to changes in the agricultural economy. This had severe impact on food consumption and overall expenditure of household of the general population. Further, these new economic policies have resulted in the jobless growth in both private and public sectors. There has also been an increased casualisation of jobs whereby the workers are poorly paid and job insecurity has increased (Teltumbde, 2001; NCC & JSA, 2006 a).

The privatization of natural resources has also intensified after globalisation and had a detrimental effect on indigenous people. Their life is threatened due to environmental degradation, deforestation and degradation of biodiversity (Moffatt Ken et. al, 2009; Meher, 2009). The development projects such as construction of dams, mining, industries, and roads and for protected areas such as creation of reserve and protected forest, wild life sanctuaries, national parks and special economic zones have led to their displacement in a number of ways. There have been hardly any efforts in ensuring proper rehabilitation of affected people. This has result in the displacement and destruction of livelihoods. They are alienated from traditional sources of production. Thus, due to multiple challenges, the tribals are faced with poverty, unemployment, malnutrition, anemia, illiteracy, morbidity, bondage and debt (Moffatt Ken et. al, 2009; Meher, 2009).

Further, the cut in subsidies in social sectors such as on food security, health and education have had an adverse impact on the marginalised sections. Due to the changes in Public Distribution System (PDS), many poor families cut their consumption and this has led to starvation deaths (Teltumbde, 2001; Moffatt Ken et al, 2009). Similarly, due to changes in the delivery of health services; starvation deaths, huge load of preventable and communicable diseases remain substantially unchanged. Access to public health facilities, especially of poor, marginalised communities and women has decreased sharply (NCC & JSA, 2006 a). Due to out-of-pocket health expenses; non-treatment of illness and discontinuation of treatment had

increased. Medical expenditure has become one of the leading causes of indebtedness (NCC & JSA, 2006 a).

Thus, due to globalization there is rise in levels of poverty and inequality within and between countries, inter-regional, rural-urban, gender and economic class has increased. This increased inequality has intensified marginalization of tribal communities resulting in adverse impacts on their health (NCC & JSA, 2006 a). Therefore due to globalization, communities are pushed into more marginalised position. This chapter discusses the background of study, methodology of the study and structure of the chapters in the thesis.

### ***1.1.2 Meaning of Denotified Tribes***

Denotified tribes are considered to be the marginalised among the marginalised. They are foremost affected by their criminal stigma (Radhakrishna, 2000). Nomadic tribes constitute a large proportion of the denotified tribes. Perceiving them as a threat began after the invention of plough and agriculture that led to the advent of the concept of private property. Nomad's lack of poverty was perceived to be a threat to the private property of sedentary communities. Dominant class and caste groups feel threatened because of the cultural and social norms of nomadic tribes, which are more egalitarian in nature including more freedom for womenfolk (Radhakrishna, 2000; D'Souza, 2001).

During colonial rule in India, the British declared some communities as criminal tribes for different reasons. They faced difficulties to control nomadic and semi nomadic groups due to their mobile nature. Together with this, the policies of the British such as the forest laws worsened the condition of some communities that compelled some of them to lose their rights over forest land, leading to a destruction of their traditional livelihood and thus forcing them to rebel against the British (Radhakrishna, 2000).

There are other groups who were trained in crime to loot and fight with other empires by the Kings before the arrival of British. After the decline of empires, these groups dissented and in the absence of sustainable livelihood, some members from these communities and others, who lost traditional livelihoods due to different reasons, were involved in stealing and robbery. After the mutiny of 1857, in the name of

controlling crime in the society, British declared some communities as ‘criminal’ (Radhakrishna, 2000; Kamble, 2006; Dandekar, 2009 b).

This criminalisation of some communities was supported by the dominant class and caste groups of the region because of the existing perception against these tribes that they are criminals. The “hereditary criminal” concept developed at one side. 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. In India, according to caste system as every caste follow a particular occupation, it was believed that crime is a traditional occupation of some communities that has been passing from generations to generations (Stepan, 1982 cited in Radhakrishna, 2000). So, whole communities or caste groups were declared criminals. 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 (Radhakrishna, 2000).

As they were notified as a criminal tribe, after independence they were ‘Denotified’ and came to be known as denotified tribes in the administrative category. However, the criminal stigma continued to be attached with this tribe. The criminal construction of identities had detrimental effects on their lives. They have been living in isolation and face discrimination, exploitation and marginalisation (Radhakrishna, 2001; Heredia, 2007; Singh 2010 a). The livelihood opportunities of these communities have been destroyed due to forest laws, conservations acts and the process of industrialisation (Radhakrishna, 2000).

Despite their poor conditions, they did not receive much attention for positive discrimination. Further, due to lack of universal classification and enumeration, absence of universal reservation and lack of official documents such as the domicile proof and caste certificates have been some of the causes for not being able to avail benefits of available government programmes. Thus, majority of them are living in deprived conditions and in abysmal poverty (Bokil, 2002). There is anomaly of inclusion and exclusion of these tribes in the category of Scheduled Tribe (ST), Scheduled Caste (SC) and Other Backward Class (OBC). Thus, Denotified tribe suffer due to these anomalies and are deprived from adequate constitutional safeguards (Dahiwale, 2000).



### ***1.1.3 Health of the Denotified Tribes***

Health of denotified tribes is definitely determined by criminal stigma, lack of sustainable livelihood, poor living and working conditions, low levels of education, destruction of their culture and lack of political pressure. The common ailments found in them are malaria, typhoid, gastrointestinal diseases, and water borne diseases, conjunctivitis, cold sores, skin ailments and high percentage of malnourishment. Despite these health problems, health care services are not accessible to them. In the available health facilities, often they face discrimination. Women face difficulties to get medical facilities during pregnancy and childbirth (HIC, 2004).

There were hardly any studies on the health status of denotified tribes. So, an attempt to study the health of Pardhi denotified tribal women in Shirur town of Pune district of Maharashtra was undertaken as a part of my MPhil dissertation in 2012. The main objectives of the study were to understand the present socio-economic conditions of the Pardhi tribe in general and Pardhi women in particular. The study also examined reported morbidities among the Pardhi women and their experiences in availing health services. The data was collected from both primary and secondary sources. Qualitative research techniques were used to carry out research such as in-depth interviews, group discussions and observation methods. The study was focused on Phanse Pardhi subgroup among the Pardhi tribe.

In the primary data collection, it was found that Pardhis of Shirur town are living in poor socio-economic conditions thereby being more susceptible to innumerable 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. The working conditions of the women are also extremely bad. Further, majority of the women had poor nutritional status. 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 childbirth which affects the maternal health of women together with difficulties like delivering by her own as no one touches her after childbirth.

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. Women are anemic and suffer from malnutrition. They also suffer from illness due to consequences of domestic violence. Most of the women are addicted to tobacco. The perception about reproductive health problems as “dirty illness” is prevalent in the Pardhi women too. Hence, 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. There is a high proportion of home deliveries and without skilled birth attendants. Most of the women have not sought any antenatal care or pre natal care. There is hardly any spacing between two pregnancies and they have repeated pregnancies. Thus, there is a high risk during the delivery period and face serious complications during the childbirth. It was also observed in the study that the nature of work (involvement in construction work) which involves heavy work load also affects their maternal health.

Despite the heavy burden of illness, their access to health services is very low. They access health services only in very critical conditions. The behaviour of the health staff, ill treatment and neglect, lack of female doctors at the government health services make it deterrent for them to use and force them to go to private hospitals where they have to spend more money. 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 of living they suffer from illness, for the expenses on illness they have to borrow money and in order to return the same many of them resort to begging. 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.

In both government and private health facilities Pardhis do not get dignified treatment and face discrimination because of 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. 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. There is also need to aware the community on issues of gender bias. This ultimately indicated that state have to offer more positive discrimination measures for denotified tribes to improve their health.

The MPhil dissertation had thrown light on the issues of the health of denotified tribal women by studying the Pardhi tribe. However, considering the limited time period and focus of the study being on the Pardhi women, it was felt that there was a need for an in-depth investigation to know the marginalization of the particular tribes and its effect on them. Further, there are limited studies that have examined the implications of neo-liberal policies on denotified tribal population.

Hence, the present study makes an attempt to understand how the changing economic policies have influenced their lives and its implications for the health of these communities. Drawing from above background, this study attempts to understand the impact of globalisation on the health of Pardhi tribe in the state of Madhya Pradesh. As livelihood of the tribe is the focus of the study in the context of health, the new paradigm of health research shows, that people often cannot even gain access to health services because they cannot mobilize critical livelihood resources. Possession and mobilization of household and community assets is considered a critical factor in influencing people's access to health care and other health-related services (Obrist et.al, 2007).

## **1.2 Chapterization of the Thesis**

The first chapter is introduction of the study. This chapter includes background of the study, discusses the concepts of globalisation, health and denotified tribes of India. The chapter also includes the research design of the study specifying the objectives of the study, methods and tools of data collection. The second and third chapters are based on the review of literature on the particular topic to make a holistic understanding of the research problem. The second chapter discusses the concept of health, impact of globalization on the health of marginalised communities, the process of marginalisation of denotified tribe and their present conditions of living. The third chapter particularly gives focus on the review of literature on the Pardhi tribe thus, their demographic, social, economical and political profile is discussed in this chapter.

Fourth and fifth chapters are based on the field investigations of the study. Impact of globalization on the life of Pardhi families residing in urban and rural part, their settlement, basic amenities, and livelihood are discussed in the fourth chapter. In the fifth chapter health problems among them, availability of health services and their experiences of availing health services are discussed in the context of globalization. The sixth chapter provides the main discussion and findings of the study.

### **1.3 Research Design of the Study**

#### ***1.3.1 Conceptualization of the Study***

The marginalisation of denotified tribes has begun since the time when the society started to consider nomadic tribe as threat to their culture and private property. In India, the problem of denotified tribes intensified after the livelihood of denotified tribes was destructed due to British policies mainly related to forest and industrialisation. The communities rebelled for their rights thus British declared them as criminal tribes. Due to this tag of criminal tribes the situation of denotified communities had worsened. They were put in open jails. Their culture and lifestyle was changed systematically. After independence also they have not received enough attention in the policy and programs for positive discrimination. Thus, they remain marginalised among marginalised.

At present days, they are facing exploitation and discrimination due to criminal stigma. Due to stigma and low levels of education, they have little opportunities of livelihood options. Thus, they are living in poor conditions. This poor social and economic condition has an impact on their health status. They are facing numerous health problems but their access to health services is low. Globalization has an adverse impact on marginalized communities through privatization of public sectors, cut in social welfare programs and high price rises.

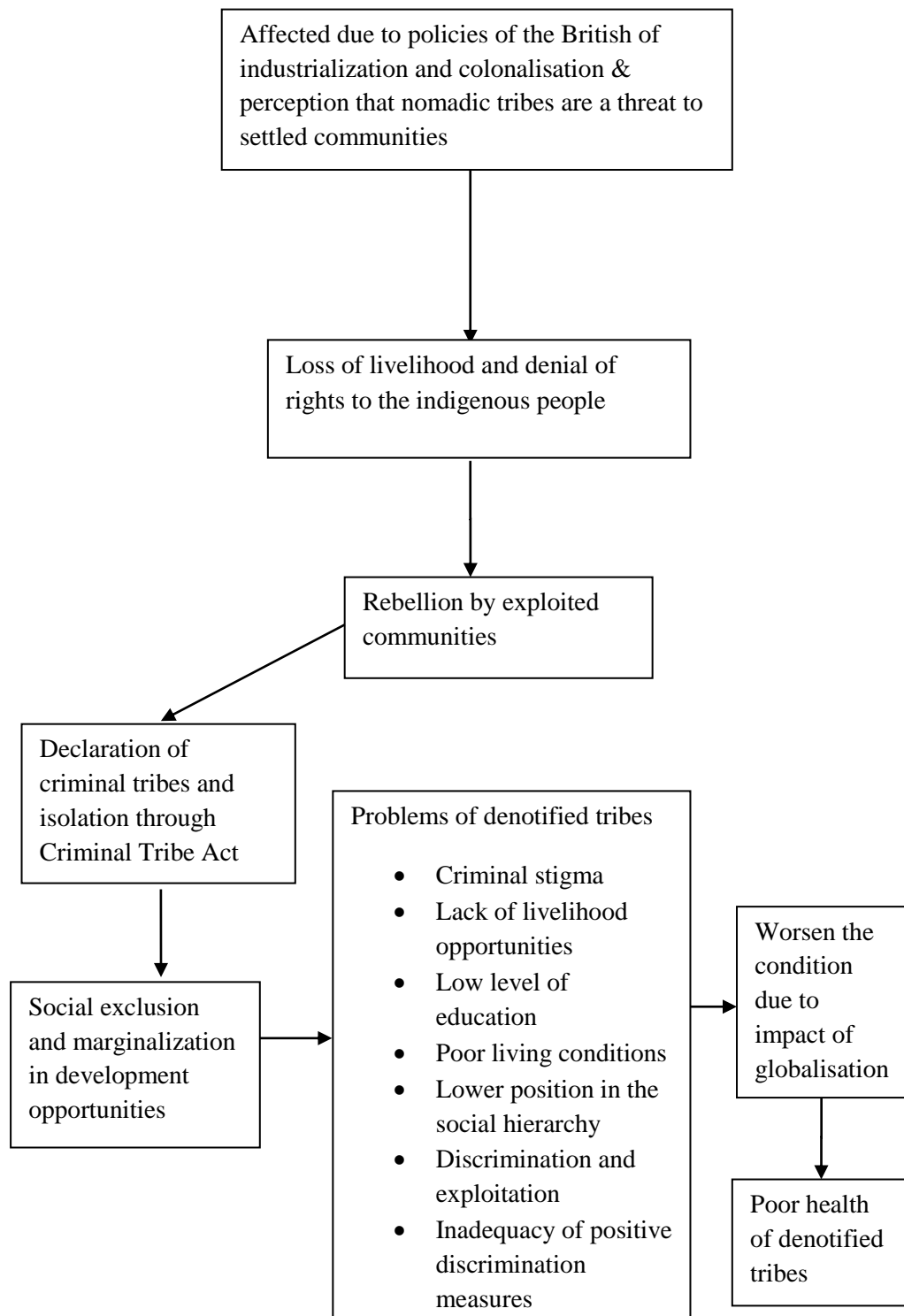
In my M.Phil study I observed that in last twenty years the life of Pardhi denotified tribe has worsened and they have started begging money. There has also been an increase in the different types of addictions among them. Hence, I wanted to understand why in recent years their condition is worsened? In the contemporary period, globalization has adverse impact on marginalized communities but there are

no substantial studies that can see impact of globalization on the denotified tribes. It is in this context the present study was planned to understand the impact of globalization on health of Pardhi denotified tribe. The conceptualization of the problem of the study and marginalization of denotified tribes from historical times explained through the figure 1.1.

### ***1.3.2 Research Questions***

1. What are the present livelihood strategies among the Pardhi tribe?
2. How are their livelihood strategies shaped by the changes that have occurred due to globalisation such as destruction of forest and ecology because of large development plans (for example: Construction of dams, Special Economic Zones and tourist places), agriculture reforms, decrease in the public sector employment and insecure form of employment in the private sector?
3. How have changes in the livelihood, price rises and cuts in the government welfare services influenced their access of basic necessities like food, fuel for cooking, water, housing, education, transport, electricity, sanitation?
4. Which diseases are prevalent among them and how are they affected due to changes in the life due to process of globalization?
5. Which healing practices they are following and what changes have occurred?
6. How their access to health services influenced by the changes in the delivery of health services?

**Figure 1.1: Diagrammatic Illustration of the Conceptual Understanding of the Problem**



**Source:** Constructed by the researcher after reviewing the literature

### ***1.3.3 Objectives of the Study***

#### **Broad Objective**

It has been well established that tenets of globalisation have adverse implications on vulnerable populations. Pardhis, being denotified tribes, are deprived of almost all opportunities of work, health and capacity building; and are one of the most vulnerable tribal populations. Therefore, the purpose of the present study is to understand association between globalization, and livelihood and health of Pardhi tribe as case of denotified tribes.

#### **Specific Objectives**

In the context of globalization following objectives are scrutinised for the in-depth study;

1. To understand the association of globalization and changing pattern of livelihood of the Pardhi Tribe.
2. To examine the access of Pardhi tribe to basic amenities.
3. To study the reported morbidities among Pardhi Community.
4. To document their healing practices and experiences in availing health services.

### ***1.3.4 Design of the Study***

This study is retrospective study. For the study, qualitative research methods have been used because this field of research needs a deeper understanding of the social-economic-political and cultural factors influencing the health of denotified tribes and also to understand the experiences and perceptions of the respondents.

#### **Sources of Data Collection**

Primary and secondary methods of data collection have been used for the study. Among the denotified tribes, some of the tribes are more prone to discrimination and harassment. Pardhi is one of them. So, it is selected for the primary investigation (Bokil, 2002). Information was collected from the field study area from Pardhi

community and from various stake holders such as academic, activist, community leaders, and government representative from welfare departments who are engaged in issues of denotified tribes and health services planning. Secondary data was collected from various government reports, micro level studies, published articles, archival data and related literature.

### **Selection of the Field Area**

- ***About Madhya Pradesh***

The field study is carried out in the Harda and Bhopal districts of state of Madhya Pradesh. Madhya Pradesh is one of the largest states of India and it is marked with a complex social structure, a predominantly agrarian economy, a difficult and inaccessible terrain, and scattered settlements<sup>1</sup>. The population of Madhya Pradesh is about 72 million. Its sex ratio is 930 and literacy rate is 70.06 percent. There are 15.6% SCs of total population and 21.1% STs. Madhya Pradesh has largest tribal population in the country (GOI, 2013). It is a less developed state in comparison of per capita income, literacy, urbanization, infrastructure facilities and other development indicators, than other states of the country and has a health status far below when compared on the national scale<sup>2</sup>. There is also literature, which shows that globalization has an adverse impact on less developed states.

The average share of public investment in the total investment has declined from 45 per cent in the early 1980s to about one third in early 2000s. The major part of the foreign direct investment gets invested in the developed states like Gujarat, Maharashtra and Karnataka, whereas poorer states like Orissa, Bihar and Uttar Pradesh have received far less. These poor developed states are also deprived due to decline in the public investment and as the tribal population is mostly concentrated in poorer states, they are directly affected by this process (Rath, 2006).

In Madhya Pradesh the agricultural growth has declined after reform era of 90s. Despite large growth in the non-agricultural sectors, pace of poverty reduction is much slow (Ghosh, 2005). Therefore, it is imperative to study the implication of globalization on health of denotified tribes in one of less developed state. As Kavita

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<sup>1</sup><http://www.health.mp.gov.in/healthpolicy.htm> accessed on 31/03/2013

<sup>2</sup><http://www.health.mp.gov.in/healthpolicy.htm> accessed on 31/03/2013



Arora discussed, due to process of globalization, there are multifaceted challenges of deforestation, degradation of biodiversity, water scarcity and the extinction of indigenous (Arora, 2013). It is important to study these facets in the particular region of Madhya Pradesh and in the context of denotified tribes such as in the British period, where they got criminal status, what is their situation in the current phase of globalization.

In Madhya Pradesh there are 21 denotified tribes<sup>3</sup>. Pardhi is one of them. Pardhis are known by different names in Madhya Pradesh, viz, Pardhi, Bahelia, Bahellia, Chita Pardhi, Langoti Pardhi, Phans Pardhi, Shikari, Takankar, Takia. Pardhis are listed in some district in STs, and in others as SCs, or OBCs. They have scheduled tribe status in (i) Chhindwara, Mandla, Dindori and Seoni districts, (ii) Baihar Tahsil of Balaghat District, (iii) Betul, Bhainsdehi and Shahpurtahsils of Betul district, (iv) Patantahsil and Sihora and Majholi blocks of Jabalpur district, (v) Katni (Murwara) and Vijaya Raghogarhtahsils and Bahoribandand Dhemerkheda blocks of Katni district, (vi) Hoshangabad, Babai, Sohagpur, Pipariya and Bankhedi tahsils and Kesla block of Hoshangabad district, (vii) Narsinghpur district, and (viii) Harsud Tahsil of Khandwa district<sup>4</sup>. Pardhi in Bhind, Dhar, Dewas, Guna, Gwalior, Indore, Jhabua, Khargone, Mandsaur, Morena, Rajgarh, Ratlam, Shajapur, Shivpuri, Ujjain and Vidisha Distircts are in scheduled caste status<sup>5</sup>. According 2011 census, total population of Pardhi in SCs is 21,330<sup>6</sup> and STs is 5,896<sup>7</sup>. In other parts they are neither in ST and nor in SC. Map 1.1 of India shows the location of Madhya Pradesh state.

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<sup>3</sup><http://www.mpinfo.org/mpinfonew/NewsDetails.aspx?newsid=120904N42&flag1=1> accessed on 23/03/2013

<sup>4</sup><http://www.trdi.mp.gov.in/listofTribe.asp> accessed on 23/03/2013

<sup>5</sup><http://socialjustice.nic.in/pdf/scordermadhyapradesh.pdf> accessed on 23/03/2013

<sup>6</sup><http://www.censusindia.gov.in/2011census/PCA/SC.html> accessed on 10/06/2014

<sup>7</sup> <http://www.censusindia.gov.in/2011census/PCA/ST.html> accessed on 10/06/2014

**Map No. 1.1: Map of India**

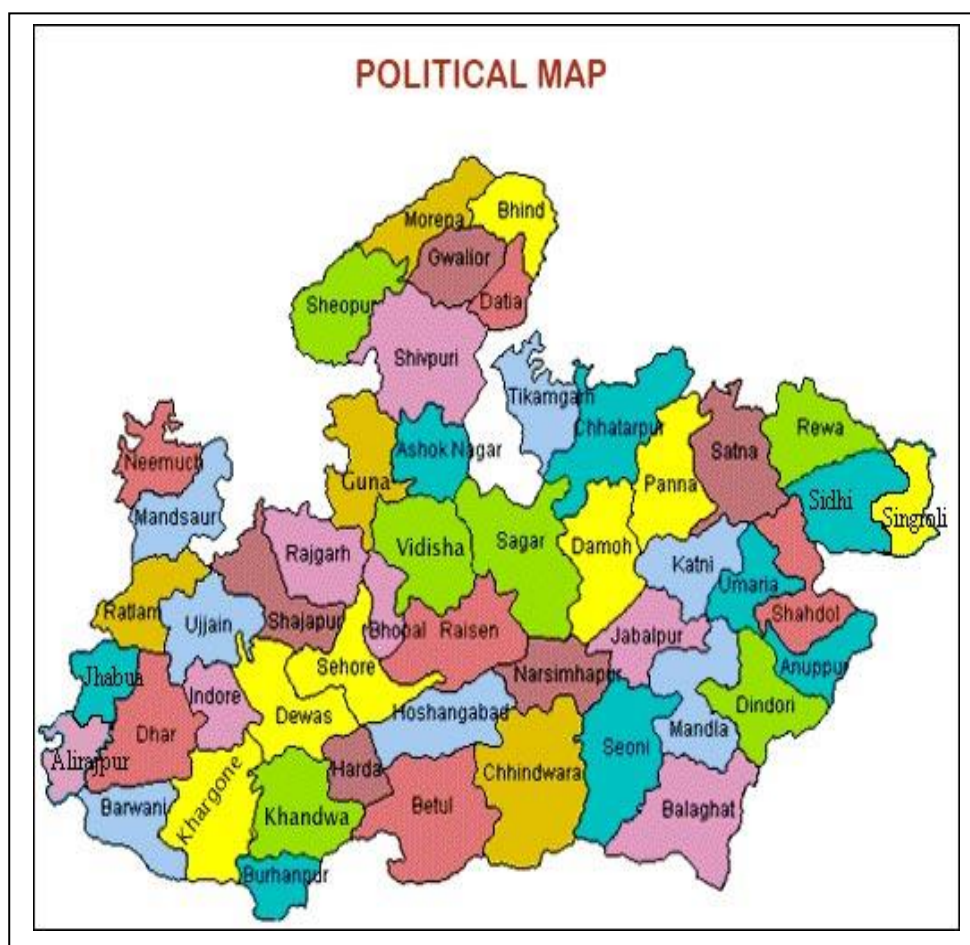


**Source:** <http://www.mapsofindia.com/> downloaded on 16/03/2017

- ***Selection of Districts: Harda and Bhopal***

Due to significant concentration of the Pardhi population in Harda and Bhopal district both are selected to see rural and urban life of the community. Map 1.2 shows the location of Harda and Bhopal Districts in the state of Madhya Pradesh.

**Map No. 1.2: Map of State of Madhya Pradesh**



**Source:** <http://www.mp.gov.in/web/guest/maps> downloaded on 10/03/2017

### **Description of Harda District**

Harda is one among the less developed districts in the state (Jain & Jain, 2013). It is located in the southwestern part of Madhya Pradesh. Population of Harda district is 5, 70,465. Around 28 percent of its population is tribal (GOI, 2013). Its 79.08 population is rural population<sup>8</sup>. Harda is one of the 8 districts of Narmada Puram division. It was newly created on 6<sup>th</sup> July 1998 from Hoshangabad district. Headquarter of the district is in Harda town. It is bounded by the districts of Sehore to the north, Hoshangabad to the northeast, Betul to the southeast, Khandwa to the south and west, and Dewas to the northwest. It lies in the Narmada River valley, and it forms the district's northern

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<sup>8</sup><http://www.census2011.co.in/census/district/315-harda.html> accessed on 16/03/2017

boundary. The climate is normal. It is connected by road and rail from the state capital, Bhopal and it is about 168 kms away from it.<sup>9</sup>

Harda district is affected due to Indira Sagar Dam (Indira Sagar Pariyojana). It is one of the 30 large dams in the Narmada Valley. Under it, there was complete submergence of 69 villages and partial submergence of 180-186 villages in Khandwa, Harda-Hoshangabad and Dewas districts. The dam is scheduled to displace 30,739 families and 80,572 people. A total of 85 villages have been submerged in 2002-03. Sixteen percent of the displaced people are tribal. There will also submergence of 91,348 hectares of land of which 40,332 – 41,444 hectares are deciduous forest<sup>10</sup>. The large dams incur significantly more costs than benefits and marginalized people are more affected by it. There is significant percentage of tribal and dalits who have been facing problems due to the construction of the dams, and as a result, there are changes in their livelihood patterns, and social and economic conditions<sup>11</sup>. This may have an influence on the Pardhi tribe in the region as well. Harda block was selected because of the concentration of the Pardhi families in Sujapur village of this block. Harda block is shown in the map 1.3 block wise map of Harda District.

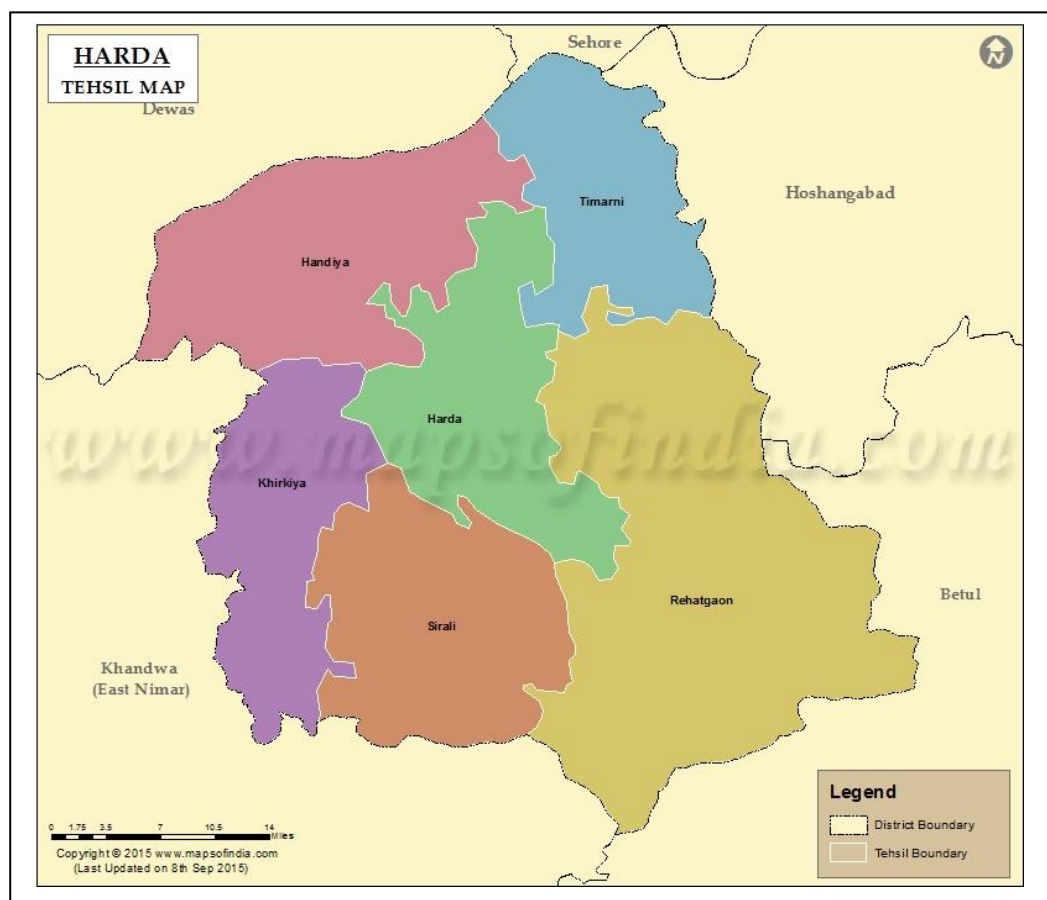
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<sup>9</sup><http://www.harda.nic.in/history.htm> 16/03/2013

<sup>10</sup><http://www.narmada.org/nvdp.dams/indira-sagar/Indirasagarfacts.pdf> accessed on 3/06/2014

<sup>11</sup>[http://www.narmada.org/nvdp.dams/indira-sagar/ISP\\_Report.pdf](http://www.narmada.org/nvdp.dams/indira-sagar/ISP_Report.pdf) accessed on 8/06/2014

### Map No. 1.3: Block Wise Map of Harda District



**Source:**<http://www.mapsofindia.com/maps/madhyapradesh/tehsil/harda.html>

accessed on 17/03/2017

### About Bhopal District

Bhopal district was constituted in 1972. The districts of Sehore, Rajgarh, Raisen and Vidisha are its bordering districts. Total population of Bhopal is 2,371,061 of which 1,236,130 are men and 1,134,931 women. In the district urban population is 1,917,051 and rural population is 454,010. Its 80 percent population is urban. The SC population in the district is 357,516 and 69,429 is ST (GOI, 2013). The district's economy is mainly based on agriculture, animal husbandry and industries. Bhopal city is the administrative headquarters of the district. Bhopal district is divided into two tehsils: Huzur and Berasia. The total number of villages in the district are 536<sup>12</sup>.

<sup>12</sup>[http://www.censusindia.gov.in/2011census/dchb/2327\\_PART\\_B\\_DCHB\\_BHOPAL.pdf](http://www.censusindia.gov.in/2011census/dchb/2327_PART_B_DCHB_BHOPAL.pdf) Accessed on 14/05/2017



Bhopal town of Huzur block was selected to study the situation of Pardhi tribe of urban area. The map 1.4 of Bhopal district shows the location of Bhopal town.

**Map No. 1.4: Map of Bhopal District**



**Source:** [http://www.mapsofindia.com/print\\_image.php?id=http://www.mapsofindia.com/maps/madhyapradesh/districts/bhopal-district.jpg&spid=undefined](http://www.mapsofindia.com/print_image.php?id=http://www.mapsofindia.com/maps/madhyapradesh/districts/bhopal-district.jpg&spid=undefined) Accessed on 14/05/2017

### ***Pilot Study***

Pilot study was carried out before finalising synopsis to test the tools and methods of data collection. It was conducted in Harda and Bhopal districts during the month of January 2013. It was observed that in the Harda district this tribal population mainly resides in rural areas and as Bhopal's 80 percent population is urban, this tribe resided mainly in the slums of Bhopal city. After the pilot study Harda and Bhopal districts selected to study rural and urban factors.

### ***Selection of Village and Slum and Approach to the Community***

Pardhis in the rural areas are scattered in their settlements. However, some of them have settled in large population in some villages. Most populous village (permanent settlement) and slum were selected. To identify particular village and slum and introduction with the community, help was taken from non-government organization 'Muskaan', a Bhopal based organization and with the help of social worker of 'Samavaesh', of Khirkiya block of Harda district who are working with the community in that area. Muskaan has been working in Bhopal slums, on the issues of education, identity, violence, health and nutrition and to enhance livelihood and saving through microcredit. The *Samavaesh* is working on the issues of development and governance in some selected districts of Madhya Pradesh. They are focusing on the most vulnerable sections for their social and economic empowerment and towards ensuring the principles of equity and social justice. Indiranagar of Bhopal was selected to study urban life of population and Sujanpur village of Harda District was selected to study the community in rural areas.

### ***Sujanpur Village***

The village Sujanpur is situated on the border of the forests and falls within the Satpura hill range. Its distance to the district head quarter Harda is 40 km. A large section of the village consists of Gond families, other tribe that is found there is Korku and there are few families from Kurmi caste. Total households in the village

are 135 and total population is 813<sup>13</sup>. There are around fifty families currently residing in the Pardhi hamlet.

### **Indiranager Slum**

In the Indiranager slum, around 700 families are living in the cluster of their community. There are Pardhis, Kathputalis, Mochi and Muslim communities. There are around 100 families of Pardhi community living in this slum.

### **Methods and Tools for Data Collection**

A combination of in-depth interviews, group discussions, life histories and observation were used for data collection in the field. Semi-structure guide was prepared for interviewing respondents, to collect life histories and to conduct group discussions. Interview schedule was developed to get information of socio-economic demographic indicators from the respondent of Pardhi community. Observations were made based on a checklist prepared for the same. Through in-depths interviews, group discussions and life histories of women and men, information was obtained related to livelihood strategies, welfare measures, impact of price rise, illness among them, healing practices, accessibility, availability and affordability of health services and about criminal stigma. Through in-depths interviews and group discussions with key informants, detailed information was gathered to fulfil the objectives from their perceptions as an outsider and health provider. From secondary literature, data was obtained on marginalisation of denotified tribes, socio-demographic profile of Pardhi tribe, welfare measures and impact of globalization on marginalised communities.

### **Sampling**

In depth interviews were conducted with 20 families out of 50 families from Pardhi hamlet of Sujanpur village of Harda district and 20 out of 100 families of Padhi community of Indiranager slum of Bhopal city. Convenient sampling was used to select household according to availability of the respondents due to high out-migration among them. From these 40 respondents of the Pardhi community interview

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<sup>13</sup><http://www.census2011.co.in/data/village/486758-guthaniya-madhya-pradesh.html>  
Accssed on 5/7/2017



schedules were also filled up to gather information on social, economical and demographic information.

Ten life histories were also collected from both categories. Interviewees were selected on the criteria of sex and age because the life experiences differ according to sex and age. There were 20 men and 20 women respondents from Pardhi tribe. Only those above 18 years old were selected as respondents. However, informal discussion with the children and elders of the community was also done to understand their views on the community issues.

From both the field sites 25 in depth interview have also been conducted with various stakeholders such as community leaders, health services providers, villages, block and district and city level authorities from the department of forest and tribal welfare department. Field diary was maintained for recording all the field notes.

### **Method of Data Analysis**

Data was analysed thematically. The in-depth interviews, life histories and group discussions were transcribed and translated from Hindi to English. Common themes were identified based on the topic and specific objectives. Data was segregated and placed in a framework to analyse the impact of globalization on their lives and livelihoods and consequences of this on their health and health seeking behaviour. Data was tabulated and interpreted. Data was verified and validated in the field and also cross checked with the observations and field notes.

### **Ethical Consideration**

The study was carried out with due ethical considerations. The name of the village, slum and respondents have been changed and given a pseudonym to keep the confidentiality clause. Informed consent of the respondents was sought before collecting the data and anonymity of their identities was maintained after data collection. Before the interview, information of the objective of research was conveyed to the all participants involved in the study. They were also given choice to withdraw from the interview at any stage. Permission was also sought for using tape recorders for interviews and discussions and to take photographs.

### **Limitation of the Study**

Despite communicating in Hindi, Pardhi Tribe has their own dialect and so sometimes, it became a limitation for the researcher, to understand all the internal conversation among them. However, help was taken from the community key respondents to translate, who can understand Hindi well. Another limitation of the study is that it is based on a small sample and thus cannot be generalised to all Pardhi tribe across the state. However, the study tries to understand the process of globalization and its impact of them.

## **Chapter Two**

### **Health, Globalization and Denotified Tribes: A Review**

It is well established that health is determined by social, economical and physical environment (Qadeer, 1985). Denotified tribes are marginalised due to structural discrimination in the society and developmental process. As globalisation has profound impact on the human lives, it has also an influence on the health of denotified tribes. In order to have a comprehensive understanding of the topic of study, review of literature has been done to understand the concept of health, health of marginalised communities, impact of globalization on the health of marginalised communities, the process of marginalisation of denotified tribe and their present condition. This chapter makes an attempt to give a review of existing literature on the above themes. The first section of the chapter discusses the concept of health and health of marginalised communities. The second section deals with the impact of globalisation on health of marginalised communities and in the third section; marginalisation of denotified tribes and their present condition is discussed.

#### **2.1. Concept of Health and Health of Marginalised Communities**

##### ***2.1.1 Health and Social, Economical and Physical environment***

It is very important to understand the concept of health to study the association of globalisation with the health of denotified tribes. World Health Organisation (WHO) defined health as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”<sup>14</sup>. Therefore, health is a very broad concept which is not only linked with biological factors of human being. Although the WHO’s definition of health sounds good, it only focuses on the well-being of individual person. However, it is important to note that health of individual is linked with their social, economical and physical environment (Qadeer, 1985).

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<sup>14</sup>Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948 accessed from <http://www.who.int/suggestions/faq/en/> on 28/03/2017

From historical times several theories such as miasmatic theory and theory of multiple causation of disease have given a theoretical base for linkages of health with germ to poor nutrition, crowding etc. Thus, social status, occupation, wages, education and access to basic services such as water supply, sanitation, housing and health services etc become important when we discussed about health of particular person or a community (Nayar, 1991).

### ***2.1.2 Inequalities among Different Social Groups in India***

Due to structural discrimination, some social groups are marginalised in the society from the historical times. Marginalization of a group or individual means they are denied access to important positions in economic, religious and political power within society (Marshall, 1998). All over the world, social groups are stratified in the name of class, caste, race, gender and religion etc. which is based on inequalities and hierarchies (Gupta, 1991). Therefore, those who are at the bottom of hierarchy are facing marginalisation in the society due to exclusion, discrimination and exploitation and it is reflected in poor social economic status of marginalised communities.

In India, 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, 2001 cited in Baru et.al, 2010). The SC, ST and to some extent OBC have been facing the social exclusion and are considered as socially disadvantaged and marginalized. Many of them live in poor conditions without basic facilities such as electricity, water and sanitation, meagre wages from daily work, lack of education and properties like land (Nayar, 2007). Such living conditions make their life very critical. Table 2.1 shows the gaps between ST, SC and OBC as compared to other communities in economic conditions.

**Table 2.1: Percent Distribution of Social Groups by Wealth Quintiles**

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

**Source:** IIPS & Macro International, 2007, Vol. I (NFHS-3)

Table 2.1 shows that the STs who are in the lowest wealth quintile are around five times more and SCs are three times more impoverished than others. In the highest wealth quintile groups, the STs are around seven times less and SCs are three times less than others. This shows huge disparities in economic status of STs, SCs and others.

Education is one of the indicators of human development. Table 2.2 shows the disparities between marginalised groups and other social group on the status of education.

**Table 2.2: Percent Distribution of Men in Age 15-49 by Number of Years of Education Completed According to Social Groups**

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

**Source:** IIPS & Macro International, 2007, Vol. I (NFHS-3)

Table 2.2 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. Further less than one third ST men and half of SC men have completed 12 or more years of education than others. This indicates low education level of STs and SCs. The above both table shows that economic and education status of the marginalized communities like STs and SCs is very low.

### **2.1.3 Health Status of Marginalised Communities**

Marginalized communities have low access to resources because of the stratification based on inequalities and hierarchies in society (Gupta, 1991). It is also reflected in the poor health of marginalized communities and their access to health services. This is well explained by Imrana Qadeer in her own words

*.....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: 209).*

Table 2.3 clearly shows the wide disparities of health problems among STs and SCs in comparison to other social groups.

**Table 2.3: Percent Distribution of child mortality and under-five mortality according to Social Groups**

<b>Social Group</b>	<b>Child Mortality</b>	<b>Under Five Mortality</b>
<b>SC</b>	25.6	94.7
<b>ST</b>	38.3	99.8
<b>OBC</b>	18.7	78.7
<b>Other</b>	13.3	68.2

**Source:** IIPS & Macro International, 2007, Vol. I (NFHS-3)

The data shows that child mortality and under-five mortality is higher in the SC and ST category than other social groups.

**Table 2.4: Percent Distribution of Prevalence of Anaemia in Women**

<b>Social Group</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Any anemia</b>
<b>SC</b>	39.3	16.8	2.2	58.3
<b>ST</b>	44.8	21.3	2.4	68.5
<b>OBC</b>	38.2	14.5	1.7	54.4
<b>Other</b>	37.0	12.9	1.4	51.3

**Source:** IIPS & Macro International, 2007, Vol. I (NFHS-3)

Table 2.4 on prevalence of anaemia in women also shows that schedule caste and schedule tribe women are more suffering from anaemia.

The above data on health problems shows the inequalities in health and poor health status of marginalised communities. This inequality in health is exacerbated further by intersectionality like caste, class and gender (Doyal, 1995; Mishra et.al, 2008).

#### ***2.1.4 Access, Availability and Affordability of Health Services***

Access, availability and affordability of health services also determine health of population. The healthcare infrastructure is neglected in rural areas and concentrated in urban areas (Mishra, 2006). 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 and tribal populations are facing problems in accessing health care (Mishra, 2006). Imrana Qadeer (1985) analysed the health situations of marginalised groups. To quote:

*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: 209).*

National Sample Survey Organizations (NSSO) data also shows that poor are mainly dependent upon public sector for indoor services (Purohit and Siddiqui, 1994 cited in Qadeer, 1998) but there is unavailability of adequate basic infrastructure and functioning referral system and obstetric and gynecological specialist at community health centers (Qadeer, 1998).

There are huge inequalities in the urban and rural areas, the poor, the lower castes (especially the SCs), the STs and the less developed states and regions of India in 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). After the reforms, (changes due to globalisation) health care cost has grown. There is also an increase in inequity in the access (Sen, Iyer and George, 2002).

## **2.2 Impact of Globalisation on Marginalised Communities**

There are no in-depth studies carried out to understand impact of globalisation on the health of denotified tribes. Therefore, to understand what has been the impact on the denotified tribes and to develop research questions, literature was reviewed to understand the complexity of the term globalisation and its impact on health of marginalised communities.

### ***2.2.1 Globalisation or Imposed Package of Globalisation, Liberalisation and Privatization (LPG)***

Amit Sengupta (2003) explained that the true globalization means unhindered flow of technology, knowledge and resources to those corners of the globe which need it most. It is not a new phenomenon. However, today globalization has come to mean the legitimization of neo-imperialist loot. It perpetuates and increases monopoly control over resources, technology, knowledge and capital using multinational corporations and finance capital, aided by the institutions of globalization - the International Monetary Fund (IMF) and the World Bank (WB) as tools. The World Trade Organizations (WTO) functions as the lawmaker who constantly changes the rules of the game to favor the rich and the powerful countries. So, globalization today is global only in regard to the vastly increased ability of imperialism to interfere in governance and decision-making in sovereign nations and it does not encourage free flow of goods, ideas and people across the globe.

Amiya Kumar Bagchi (1999) also defined globalization in two classic ways. That is the spread of human civilization, artifacts, institutions, patterns of living, information and knowledge to span the planet earth (and the stratosphere surrounding it) and the



other is a policy deliberately aimed at spreading certain institutions, modes of doing business, producing and trading commodities, services and information across all the states of the world.

Further, the draft of NCC and JSA (2006 a) also mentioned that globalization is a complex process in which there is imposition of certain pattern of development over the whole globe, which benefits small sections of the global population, while depriving the vast.

Thus, from the literature, we get a picture that in the name of globalisation, certain policies were imposed by the developed countries and the institutions controlled by them, such as the WB and the IMF which call upon “neo-liberal” policies and Structural Adjustment Program (SAP) designed specifically to undertake reforms (NCC & JSA, 2006 a). SAP specifically formulated based on ideology of “privatization and liberalisation” which advocates a ‘rolling back’ of the state from the sphere of production and productive investment and significant curtailment in the level of social expenditure (Patnaik, 1999). Thus, during the 1980s and 1990s, the WB and IMF promoted privatization through its policy agenda in the industrial and services sectors, including social sectors (Baru, 2003). Therefore, what is going on in favor of globalization is not true globalization but enforced package of globalisation, liberalisation and privatization (LPG).

Anand Teltumbde (2001) also argued that these reforms have essentially a pro-rich bias. Wherever they were implemented, the situation of the poor worsened which he described as follows

*“Its anti-labour, anti-people characteristics are deeply embedded in its architecture that is incapable of anything but perpetuation of poverty, inequality and environmental degradation” (Teltumbde, 2001: 2).*

In India, The process of globalization in its modern form is largely understood to have started with the New Economic Policy ushered in 1991 as a response to the coping mechanism to the debts and the sick industrial units in the public sector. To salvage the crisis, some other African and Latin American countries which were trapped in a debt crisis, Structural Adjustment Program was advised as an alternative by the WB and the IMF (Sengupta, 2003). Its main features were liberal economic and trade

policy, opening up of Indian market for the foreign trade and investment, huge privatization of public sector, and all of which highlighted rapid economic growth (Khan, 2012).

### ***2.2.2 Impact of Globalization on Various Sectors***

Since the 1990s globalisation, liberalisation and privatization process have sped up and this had a strong influence on the development and poverty alleviation program (Moffatt Ken et. al, 2009). This change has directly and indirectly impacted millions living in India. This is reflected in the sectors of agriculture, industry, health, education and even culture (Khan, 2012). Some of the consequences which are associated with denotified tribes are discussed below. Many denotified tribes have tried to settle down in one place and are engaged in farming. Thus, it is important to understand impact of globalization on agricultural sector.

#### **Agricultural Sector**

There is a devastating impact of globalization on the agricultural sector in India. Attempts by multi-national corporations to control farmers' customary use of seeds, pressure to shift to grow intensive crops, combined with the rising costs and unreliable market prices have an impact on agriculture. Therefore, the agrarian economy has been dismantled (Shiva, 2004; Moffatt Ken et. al, 2009). Farmers at times get exposed to the fluctuations and instabilities of global prices thereby leading to reduction in their purchasing power. On the other side, government has reduced expenditure on rural development and withdrawn support to farmers. The prices of seeds, fertilizers and pesticides have gone up. All this has led to increased input cost which subsequently has led farmers into a cycle of indebtedness. It increased impoverishment among them and created the pressure on tribal and small farmers to sell their land. The crisis disrupted the livelihood of farmers and of agricultural labourers resulting in increased migration, hunger, and vulnerability (Moffatt Ken et. al, 2009).

Due to the changes in the agricultural sector, there are suicides among farmers. As pointed out by Palagummi Sainath, the bulk of suicides occurring amongst cash crop farmers and the issues of debt, hyper-commercialization, exploding input costs, water-

use patterns, and severe price shocks and price volatility are the major reasons which are majorly driven by state policies<sup>15</sup>. Between 2001 and 2006, 8900 farmers have committed suicide in India (Suri, 2006 cited in Moffatt Ken et. al, 2009: 3) in the state of Maharashtra, the number of suicides increased from 1083 in 1995 to 4147 in 2004 (Mishra, 2006 cited in Moffatt Ken et. al, 2009: 3).

One more severe impact on the general population due to changes in the agriculture sector is the enormous rise in the food price. Production for export has affected the availability of food. Cuts in food production due to commercial cash crops, reduced fertiliser subsidies and indirect effects of the free market provision have contributed to price rise. It has severe impact on food consumption and overall expenditure of household (Teltumbde, 2001; Shiva, 2004; NCC & JSA, 2006 a).

### **Employment in Public and Private Sector**

Process of privatisation of public sector has had an impact on employment generation. The rate of growth of employment in the organised sector dropped from more than 1.7 per cent per annum in the late 1980s to 1.2 per cent in 1991-92 and to 0.6 per cent in 1992-93 (Teltumbde, 2001:7). In the available employment also there is increasing proportion of workers who are being employed on contract system (Moffatt Ken et. al, 2009). Thus, due to new policies, casual, poorly paid and insecure form of employment has increased (NCC & JSA, 2006 a).

The reform has an adverse impact on small industries as well. According to reform policies, state had to withdraw support to own industries and the government run public sector. So electricity, road, communication were systematically privatised or handed over to multinational corporations (NCC & JSA, 2006 a). There is an increase in the percentage of sick industries, in 1991 there was 1.23 per cent growth in them and it went to 10.69 in 1992 (Teltumbde, 2001: 7). This was attributed to three factors (i) general recession in 1991-92, (ii) reduction in the budgetary support to the public sector and (iii) liberalisation of imports on the capital goods. This has worsened impacts on their production. Due to devaluation of rupee, increasing competition, increasing costs and pressure on prices have made survival difficult for many small

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<sup>15</sup><https://psainath.org/maharashtra-crosses-60000-farm-suicides/> Accessed on 13/05/2017

scale industries. This has had an adverse impact on the new job opportunities. Therefore, unemployment is increasing (Bhattacharya, 1994 cited in Teltumbde, 2001). Due to reduced access to employment, many households are pushed towards the poverty line. According to daily calorie norms of 2,400, 75 per cent of the rural population could be classified as poor in 1999-2000 (NCC & JSA, 2006 a: 32).

## **Social Welfare Sector**

Cut in social security programmes is one of the features of the reform. Central funds are major finances for state to implement social programs, but after the reform there is continuous decline in these funds (Teltumbde, 2001). For example, the health expenditure in the country (already one of the lowest in the world) has declined from 1.3 percent in 1990 to 0.9 percent in 1999 (Sengupta, 2003:72). After independence, India adopted welfare programme for development of all citizens, but now, state is withdrawing its role to ensure people's welfare (Moffatt Ken et. al, 2009). Thus government is spending less on social sectors such as on food security, health and education. These sectors were already underfunded and due to reforms, they fully collapsed (NCC & JSA, 2006 a). The condition of public distribution system and health services is described below.

### ***a. Public Distribution System (PDS)***

The Public Distribution System is one of oldest antipoverty programmes. Previously, every family was beneficiary to receive grains and cooking oil, but now after the reforms due to process of globalisation, it is based on income criteria of family. The qualifying limit is very low, so that many low-income families are excluded from it (Moffatt Ken et al, 2009). This reduction of the food subsidy crippled the public distribution system for food (Shiva, 2004; Pal and Ghosh, 2007).

It has worsened impact on the marginalised groups. According to the study,

*“A lot of women who prepared [food] twice [a day] are now only preparing once [a day] ...in terms of consumption of meat, there is a reduction. Consumption of fruit there is reduction....”* (Moffatt Ken et al, 2009: 8).

This show that due to increased prices of PDS, poor cut their consumption and leading to increased hunger and morbidity levels (NCC & JSA, 2006 a).

### ***b. Impact on Health Services***

The changes that have occurred during the reform period in the delivery of health services are cuts in the budgetary support, introduction of services charges, involvement of private sector and decentralization. Due to implementation of these policies, public health conditions have deteriorated (NCC & JSA, 2006 a). Commercialisation, corporatization and marketization received boost during late 1970s and early 1980 and was accelerated during the 1980s and 1990s. In highly iniquitous countries of south Asia, this increased privatization of health care deteriorated the access to health services of poor population (Baru, 2003).

As mentioned in Rama Baru et.al (2010) that despite India's impressive economic performance after the introduction of economic reforms in the 1990s, progress in advancing the health status of Indians has been slow. Cuts in the expenditure on health programmes as well as reduction in disease-prevention and control programmes, has led to re-emergence of the epidemics of Plague, T.B., Malaria, Jaundice, Influenza, Pneumonia and Dengue (Teltumbde, 2001). The under-five death rate and mortality in the age group five to fourteen has also increased. Starvation deaths, huge load of preventable and communicable diseases remain substantially unchanged. Inequalities in health outcomes have increased. Access to public health facilities, especially of poor, marginalised communities and women has decreased sharply (NCC & JSA, 2006 a).

The non-treatment of illness and discontinuation of treatment is related mainly to increases in drug prices and also possibly due to introduction of user charges. Research has shown that more than 70% of health expenses are out-of-pocket, and of these, over 70% are for drugs (HLEG, 2011 cited in Sen, 2012). Further, due to user fee, poorest population exclude themselves from the use of health care services, despite efforts to ensure that those below the poverty line are exempted from paying user charges (Garg and Karan 2005 cited in Baru et.al, 2010). Medical expenditure has become one of the leading causes of indebtedness. Cost of outpatient and inpatient care has increased sharply and so the proportion of people not availing any type of medical care due to financial reasons has increased (NCC & JSA, 2006 a). In order to bear burden of increased health expenditure poor always cut the consumption level of other members of household (Iyer et. al, 2007 cited in Baru et. al, 2010). In a country,

where a significant portion of the population still lives in poverty, the additional burden of paying for medical care will result only in further impoverishment (Baru, 1998). Thus, poor are pushed in more poverty due to increased cost of health care

### ***2.2.3 Privatization of Natural Resources like Land and Forest and its impact on Indigenous Communities***

The privatization of natural resources that were previously known as collective resources has had a detrimental effect on indigenous people. They are alienated from traditional sources of production (Nathan and Kelkar, 2003 cited in Moffatt Ken et. al, 2009). They face the problem of displacement from the forest, alienation from the land and livelihoods, violation over the forest rights and its resource, which is threatening their existence (Khan, 2012). Further their life is also threatened due to environmental degradation, which has increased due to globalization. Kavita Arora (2013) revealed in her study, the impact of different phases of globalization on tribes of Andaman and Nicobar Islands. The first wave of globalization started the slave trade. Second wave of globalization during the times of British exploited extensive forest resources to fulfill the increasing need of timber and in the third wave of globalization; the tribes became a target of massive tourism promotion. The place is facing multifaceted challenges, which are deforestation, degradation of biodiversity, water scarcity and the extinction of indigenous. Thus their environment, identity, culture, language and survival are under serious threat. The population has declined. Despite the earlier consequences, the Andaman Trunk Road was constructed in violation of tribal protection laws which has led to many unwanted influences on the Jarawa tribes like epidemic of measles, increased tobacco and alcohol consumption, a huge tourist influx and sexual exploitation.

The issue of the marginalized people's land for corporate use has also become more crucial after globalisation. Corporations have taken agricultural land on rates below the prevailing market price to develop a Special Economic Zones, big buildings and malls without ensuring proper rehabilitation of affected people. This is resulting in the displacement and destruction of livelihoods (Moffatt Ken et. al, 2009; Meher, 2009). Over ten million tribals are displaced due to dams, mining, industries, roads, protected areas. The government have more income from the tribal territories, but tribal people are not much benefited from these developmental projects even though they are

systematically pushed out from their homelands (Singh, 2008). The big projects have not only displaced people but it has also had direct impacts on health. For example, radioactivity in the mines and tailing ponds causes congenital deformities and other serious ailments among tribal communities (Das, 2001 cited in Rath, 2006).

More than half of the rural tribal population is dependent on forest produce. Total forest cover of India is estimated to be about 765.21 thousand sq.km and out of that 71 per cent are tribal areas, 416.52 thousand sq. km are as reserved and 223.30 thousand sq. km are protected forests. Further 23 per cent is declared Wild Life Sanctuaries and National Parks, which alone displaced some half a million of tribal people (Singh, 2008:153). The recent report of the United Nations also shows that tribal people, particularly those living in the forest and hills have lost traditional livelihood and food resources due to the creation of Forest Reserves thus extremely marginalised (UN, 2006 cited in Singh, 2008).

Community pastures, forests, wastelands, ponds, rivers, rivulets, their banks and beds are common property resources. Recent studies on common property resources (CPR) suggest that increasing denial of CPRs to the tribal peoples has greatly impacted on the well being of these communities (Singh, 2008). There is a decline in the working tribal population during the years of globalization due to falling of forest and land resources. Tribals are traditionally prone to maintain a wide variety of animals, crops and plants in addition to a limited resource of food such that they shift from one livelihood source to another at the time of food crisis, but even this has gradually declined due to western style of civilization and farming methods (Rath, 2006). Thus, due to multiple challenges, the tribals are faced with poverty, unemployment, malnutrition, anemia, illiteracy, morbidity, bondage and debt (Khan, 2012).

Due to globalization, there has been increase in the levels of poverty and inequality within and between countries, inter-regional, rural-urban, gender and economic class has increased (NCC & JSA, 2006 a). This increased inequality has intensified marginalization of communities who were already marginalized such as women, dalits, tribals, slum dwellers, small and marginal farmers who have been the worst affected by globalization (Moffatt Ken et. al, 2009). Thus, globalization had an adverse impact on marginalized communities.

## **2.3 Marginalization of Denotified Tribes**

Literature suggests that there are different aspects for marginalisation of denotified tribes. Construction of criminal identity has detrimental impacts on the lives of denotified tribes and primary reason for their marginalised status. There is a historical context to their criminal stigma. As Erving Goffman (1963) discussed that those who have different signs or not following defined social norms are stigmatized and then discriminated. Further to defend the declared stigma, there is construction of the stigma theory, an ideology to explain inferiority and account for the danger someone represents. These all processes are sometimes a rationalization of animosity based on other differences such as those of social class. This happened in the case of denotified tribes.

### **2.3.1 Construction of Criminal Stigma**

- ***Historical Context to Criminal Stigma***

There are many nomadic tribes declared as criminal tribes. Nomadic tribes are perceived as threat and thus criminals worldwide (D'Souza, 2001). This perception of looking at them as criminals began after the advent of the concept of private property. Nomads generally did not possess private property due to their nomadic lifestyle and so they were perceived to be a threat to the private property of sedentary communities. Their migrating lifestyle, restlessness, cultural and social norms which are more egalitarian including more freedom to women folk have been also considered a threat. Their migratory nature is considered as an excuse of not wanting to settle in agriculture and don't want to work hard. They were criticised for their practice of polygamy and bride price at the time of marriages, freedom in choosing spouses, easy divorce, widow remarriage and a marked absence of marriage of girls before puberty. Therefore, higher castes and dominant groups felt threatened from these communities. It created the need for the state to control these communities (Radhakrishna, 2000 & D'Souza, 2001).



- ***Indian Context for the Construction of Criminal Identity***

During colonial rule in India, the British faced difficulties to control nomadic and semi nomadic tribes due to their mobile nature. They were perceived as messengers helping the freedom struggle. The capacity of collecting mob of some nomadic communities who were entertaining the public was considered a threat. Together with this, and due to destruction of their traditional livelihood communities who rebelled against British policies such as due to the forest laws were also declared criminal (Radhakrishna, 2000). After the mutiny of 1857, British felt the need to control the communities who were involved in it. So Criminal Tribe Act (CTA) was enacted in 1871 (Dandekar, 2009 a; Bokil, 2002). Thus, British declared some communities as criminals to maintain political stability, suppress India's freedom struggle and grab natural resources (Radhakrishna, 2000).

This concept took firm roots in the society through the notion of “hereditary criminals”. This theory explained criminal behaviour as a set of “bad” genes that are transmitted from generation to generation. According to caste system of India, British thought that crime is a traditional occupation of some communities (Stepan, 1982 cited in Radhakrishna, 2000). So, whole communities were declared criminals for an individual behaviour. In the box 1.1 given the six categories identified by the Criminal Tribes Act, 1871.

- ***Criminal Tribe Act (CTA) an Instrument of Marginalization***

After declaration of the communities as criminals by CTA (1871), they were kept in settlements, which were like open jails or under surveillance of police and village heads. They had to take permission for staying or for even passing through the village. They also had to report to police station twice or more in a day (Devy, 2006). The power by which enterprises and landlords would declare communities as criminals was misused. These people were expropriated by them to work hard and at nominal wages or even free at many times in mills, factories, mines, enterprises and plantation (Radhakrishna, 1989 cited in Radhakrishna, 2000). Thus the CTA was used to suppress poor, vulnerable, low caste and marginalized communities (Radhakrishna, 2001; Heredia, 2007; Singh 2010 a).

### **BOX 1.1: Six Categories Belonging to ‘Criminal Tribes’**

1. Petty traders who used to carry their merchandise on the back of animals and supplied villages with varied items like salt, forest produce, etc.
2. Communities that entertained the public through performing arts. Among these were musicians, dancers, singers, storytellers, acrobats, gymnasts, puppeteers and tightrope walkers.
3. Communities that entertained the public with the help of performing animals such as bears, monkeys, snakes, owls, birds, etc.
4. Pastoral groups and the hunting, gathering, shifting cultivator communities within forests that traded not just in forest produce, but in animals as well. They were also herders, and traded in meat or milk products.
5. Artisan communities that worked with bamboo, iron, clay etc. and made and repaired a variety of useful articles, implements and artefacts. They traded or sold them to settled villagers.
6. Nomadic individuals who subsisted on charity, or were paid in kind for ‘spiritual’ services rendered to traditional Indian society. Such sadhus, fakirs, religious mendicants, fortune tellers, genealogists and traditional faith healers had a low but legitimate place in the social hierarchy of settled people. Some carried medicinal herbs and provided healing services as well.

**Source:** From the recommendation of the National Advisory Council cited in Chakrabarti, 2013: 1622-1623.

- ***Habitual Offenders Act (HOA) Continuation of History***

Criminal Tribe Act was against the fundamental principles of the Indian constitution and thus it was criticised and repealed after 1952. Unfortunately, it was replaced by HOA (1952) by government of India because after independence, a committee was formed to review these communities, which accepted that some individuals from declared criminal communities were habitually criminal. Using this act Police have

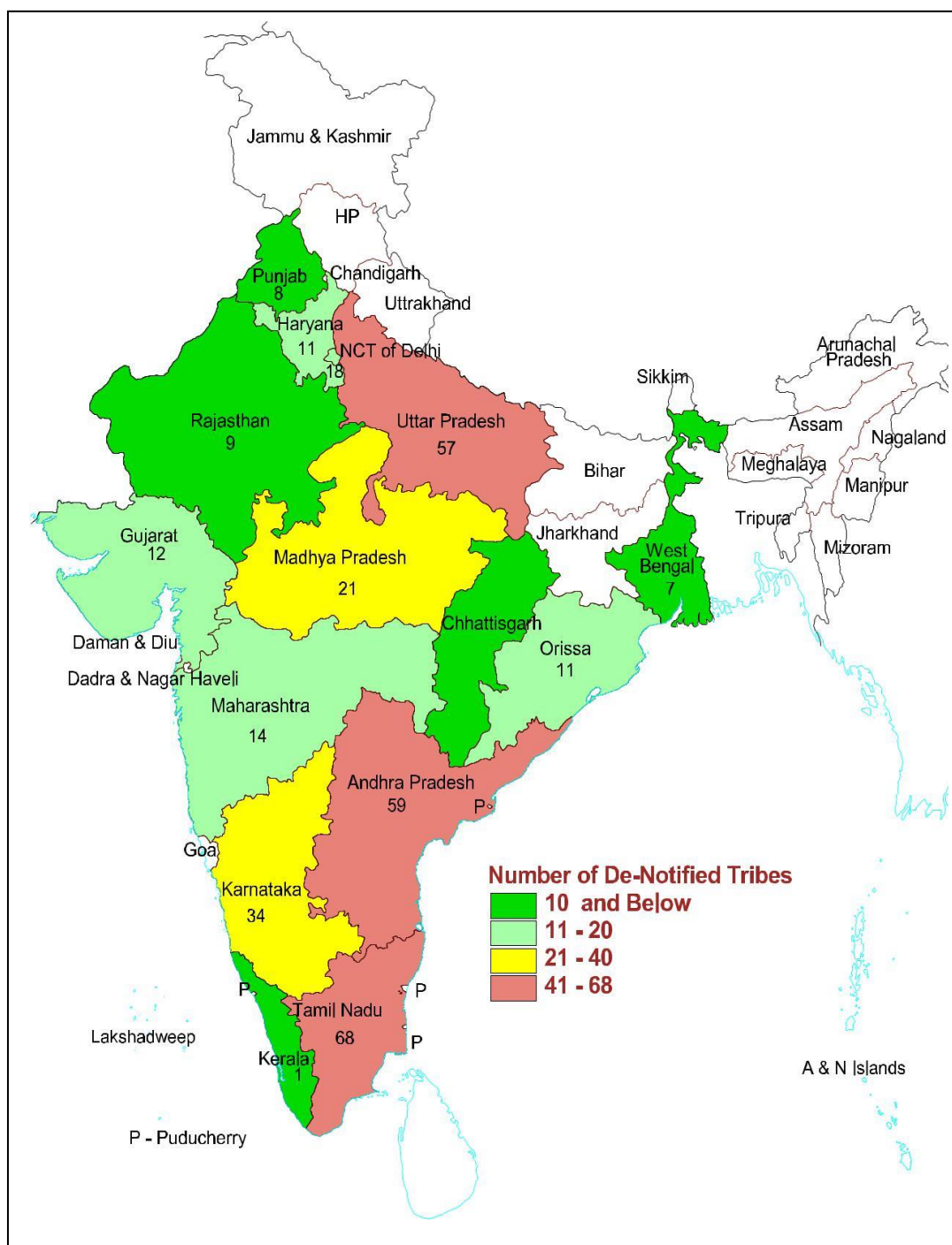
been harassing these communities as suspects of offensive behaviours (Bokil, 2002; Dandekar, 2009 a).

### **2.3.2 Social, Economic and Demographic Profile of Denotified Tribes**

- ***Spread and Population***

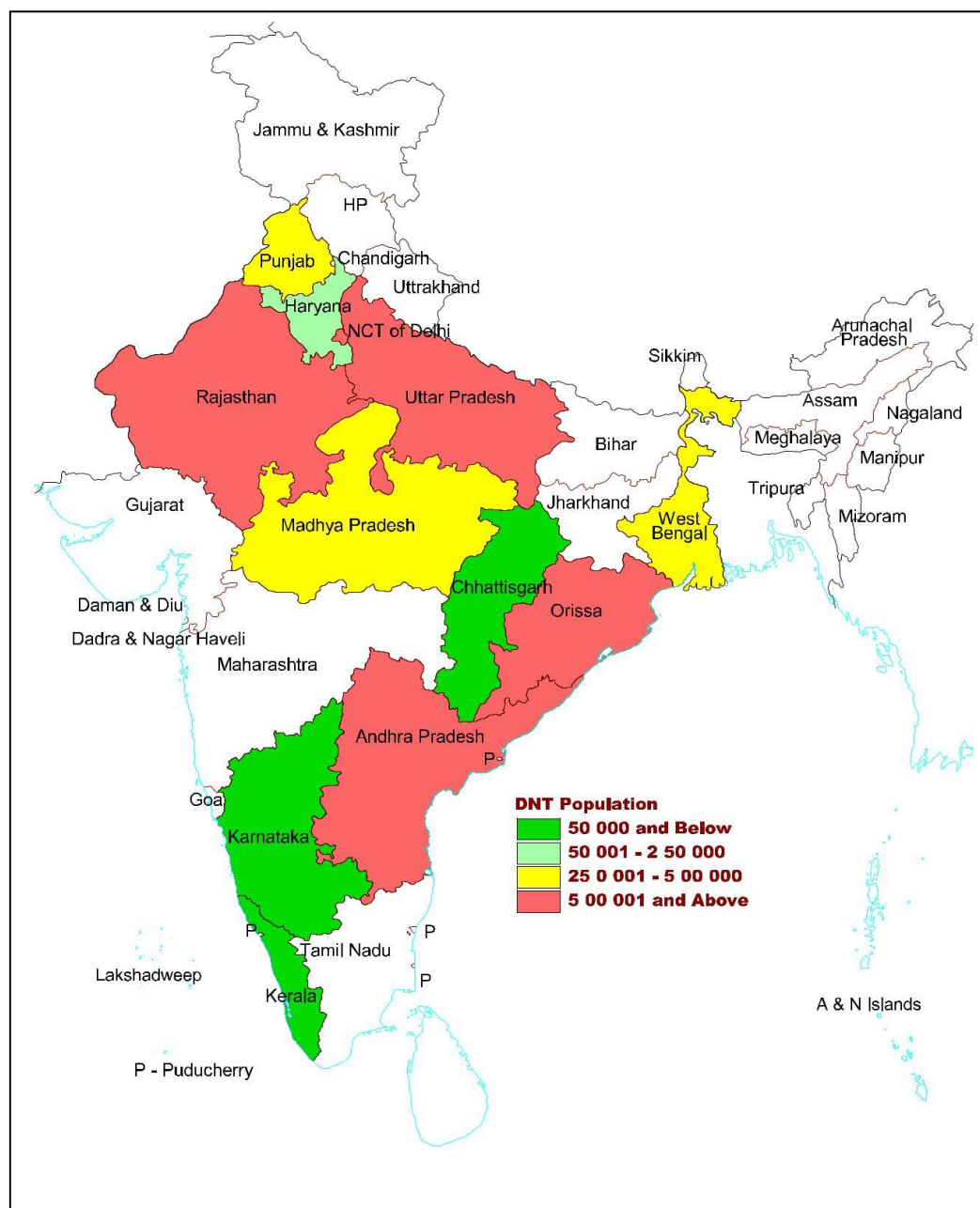
The exact number of population of denotified tribes is not available as there is no caste wise census conducted after 1931 and also census is not properly conducted amongst these communities as many of them are mobile (HIC, 2004). However, In India there are about 334 denotified tribes and according to estimation their total population is 4, 37, and 23,034. Denotified tribes are presently residing in more numbers in the states of Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, Maharashtra, Madhya Pradesh, Gujarat, Chhattisgarh, West Bengal, Orissa, Haryana, Punjab, Delhi, Rajasthan, and Uttar Pradesh (GOI, 2016). According to available data, the following maps show their state wise spread, numbers and population. The Maps 2.1 and 2.2 shows that there are more communities are in denotified category in state of Tamilnadu following Andhra Pradesh and Uttar Pradesh and their population is significant in Andhra Pradesh, Orissa, Rajasthan and Uttar Pradesh.

**Map 2.1: State wise Number of Denotified Tribes in India (Data available for 15 states only)**



**Source:** Figure Copied from Report of “Denotified, Nomadic and Semi-Nomadic Tribes- A Search for New Hope”, Government of India, 2016. P. 10 (Data source: Renke Report cited in GOI, 2016)

**Map No. 2.2: State Wise Denotified Tribal Population (data available for 12 states only)**



**Source:** Figure Copied from Report of “Denotified, Nomadic and Semi-Nomadic Tribes- A Search for New Hope”, Government of India, 2016. P. 11 (Data source: Renke Report cited in GOI, 2016)

### ***Classification and Enumeration***

Several scholars and government reports have described the problems of categorization and enumeration of these tribes. They are not categorized as class under the constitutional schedule like SCs and STs. Some are categorized as SC/ST/OBC in various states, but there is no uniformity and even this differs in some

states in different regions and districts. So there is problem to get authentic data on their population. This inadequacy of information is becoming a hurdle in the formation of proper planning for the development of these tribes (Bokil, 2002; Singh, 2008). After independence, various committees such as Criminal Tribes Inquiry Committee, 1947; Ayyangar Committee, 1949; Kalelkar Commission, 1953; Lokur Committee, 1965; Mandal Commission, 1980 studied their situation and frequently suggested that their problems are culturally and socially different and therefore they need different developmental programmes. These recommendations never got attention in the policy and programmes because of which in comparison with SCs, STs and OBCs, they continued to be low in all indices of human development (Panda, 2008).

The wrong exclusion and inclusion of the deprived communities in the scheduled categories intensified their marginalisation (Dahiwale, 2000). B. P. Singh (2008) reiterated that despite being included among the scheduled caste, the situation of denotified tribes of Punjab, in the last 40 years has deteriorated significantly on the all three levels-economic, social and political. In the report “Status of Depressed Scheduled Castes in Punjab” prepared by Institute for Development and Communication (IDC) in 1996 an attempt was made to study the impact of government's welfare schemes on the depressed castes. Of the different *vimukt jatis* (denotified tribes), included were bangali (a), bauria, bazigar and sansi in the study. According to this study, a community-wise break-up shows that 80 per cent bangali (a), 96.7 per cent bauria, 73.8 per cent bazigar and 92 per cent sansi live below the poverty line. The overall literacy rate of the *vimukt jatis* is abysmally low; that Bangali (a) and bauria have 10 per cent each, bazigar 12.31 per cent and sansi 14 per cent only (IDC, 1996 cited in Singh, 2008)

### ***Livelihood Sources***

The livelihoods of Denotified tribes have been affected by mechanization, industrialization and urbanization processes and due to forest policies and wildlife and conservation acts. Livelihood of pastoral and hunter-gatherers are affected because the grazing land and forests are not accessible for them. Many activities like hunting are declared illegal (Bokil, 2002; Sharma, 2011). Such conditions are forcing them into wage labour in the informal sector, which are non remunerative, insecure and are

subjected due to market fluctuations. Some are engaged in beggary and in illicit brewing and selling of liquor (Bokil, 2002). For similar reasons, some of them are also engaging in small petty thefts and stealing (Desai, 1969). Thus, modern technology, development projects, and unsympathetic policy have driven them away from traditional livelihoods and often into crime and illegal activities (Oxfam Trust, 2008).

Due to lack of high level of literacy and vocational trainings, they find it difficult to get employment. Due to the destruction of livelihood, there is widespread impoverishment among them. Therefore they are trapped in a cycle of deprivation (HIC, 2004). Further traditional livelihood of these tribes is also disturbed by globalization because commodities and services are controlled by 'market' and multinationals. Thus most of these communities have become wage-labours and are pushed to margins by the industrial and market forces (Panda, 2008).

### ***Access to Infrastructure and Basic Requirements***

These communities are finding it difficult to access to basic amenities such as housing, education and health services. Due to lack of private land, many of them live on the road side and waste lands on temporary basis. So they constantly face problems of demolition and eviction. This is a gross violation of human rights (HIC, 2004; GOI, 2008). It is described in the case study (Box 2.2).

With these housing difficulties, they also find problems in access to safe drinking water supply, electricity, drainage, internal roads, etc. They also do not have access to education facilities. Therefore, they are largely illiterate. There is low enrolment and high dropouts among them (HIC, 2004; GOI, 2008).

Health care services also are not accessible to them. In the available facilities, often they face discrimination. The common ailments found in them are malaria, typhoid, gastrointestinal diseases, and water borne diseases, conjunctivitis, cold sores, skin ailments and high percentage of malnourishment. Women face difficulties to get medical facilities during pregnancy and during the delivery period (HIC, 2004). Due to changes in the lifestyle and traditional foods, they face the problems of food scarcity. Many of them have difficulties in getting a square meal every day and hence



hunger is common (Radhakrishana 2009 a). A study carried to understand nutritional status among preschool Bazigar community (Ex-criminal tribe of Punjab) children shows that, 90.5% were affected with various grades of anemic conditions (Sidhu, Kumari, and Uppal, 2007).

### **BOX 2.2: Case of the Eviction**

Sua Bawaria had settled his extended family consisting of nearly thirty adults and children in the outskirts of the village of Virat Nagar. The adults made their livelihoods as agricultural laborers and *chowkidars*, night watchmen, for village farms. Despite being gainfully employed by local landowners, relations with the villagers remained hostile, as they regarded Sua's settlement as a usurpation of village common land.

In the summer of 1999, Sua's hut was set on fire whilst the family was asleep within. The fire took the life of Sua's grandchild, then only six days old. Municipal law enforcement authorities have not launched a formal investigation and the government has not provided compensation or aid for the reconstruction of the home or replacement of destroyed possessions.

In the year 2000, Sua was arrested by the land administration officer of Virat Nagar on the charge of illegal land occupation. He was incarcerated for three months at the Kotputli prison in Jaipur. He claimed that upon arrest, he was not informed about the charge or provided legal representation. His release upon bail was only achieved after his family sought legal advice from a local NGO. His case is still pending today.

**Source:** Copied from Habitat International Coalition: HIC (2004), "Confronting Discrimination: Nomadic Communities in Rajasthan and their Human Rights to Land and Adequate Housing", India: Housing and Land Rights Network, P: 24.

### ***Culture***

These communities practice different beliefs, customs and traditional practices. They have their own dialects. They also belong to different religious groups like Hindu, Muslim, Sikh, Christian and Buddhist etc (HIC, 2004). At present they have been facing caste-based discrimination in society and there are restrictions for inter-dining and inter-marriages. Because of the criminal stigma they face problems in integration (Bokil, 2002). Criminal construction of their identity has an impact on their lifestyle. Many of the communities' itinerant lifestyle has been forcefully transformed into a



settled life. Their social practices were replaced with brahmanical ones. Their egalitarian culture has also changed (Radhakrishna, 2000).

Meena Radhakrishana (2000) has aptly discussed the example of cultural destruction of Yerukula Denotified tribe of Madras presidency. After the settlement, communities were divided into individual family units. Children were kept separate from their parents for giving them moral education. This left the families broken. 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 did was given only to women with other indoor work and tilling and working on the land allotted to men. They trained women on how to dress and walk. The photos of women show the changes in their dressing style. The photos taken after shows the women neatly wearing saris like Hindu women and oiled their hair with flowers and vermilion marks on the forehead. They also changed bride prize system in to dowry.

### ***Problems of Women***

Denotified tribal women are facing more problems due to the inferior conditions of their communities. Despite their involvement in economic activities, they are repressed by the traditional patriarchal structures and institutions inside and outside the community. In some communities, women can be sold, exchanged, mortgaged and even leased out. For the women, there are strict and stringent rules and after breaking them they have to face cruel, inhuman and brutal form of penalties. Women do not have any role in traditional caste councils (Bokil, 2002). Literacy rate and standard of health of women is low. Due to changed bride price system, there is a growing incidence of female foeticide. There are also atrocities on women. They face sexual harassment. But despite these problems, police and administration do not register the cases (HIC, 2004).

### ***Far from Development Opportunities***

These communities do not have enough provisions for their development. Despite some of them having scheduled caste and schedule tribe status, they have not benefited because many of them do not possess domicile proof and caste certificates.

So they are deprived from several schemes of government like scholarships for education, housing, business training and financial support (Bokil, 2002; Singh, 2010 b). Some development programs of government failed, because they are not according to the need of the community such as settling them into agriculture and allied activities (Dogra, 2007). Thus due to various reasons these communities are far from development opportunities. As Dr. Panda described:

*The modern India which is trying its best to break away from the caste system and establish an egalitarian and plural society has not done much to address the 'social discrimination and marginalization of the nomads' (Panda, 2008: 3).*

The National Human Rights Commission also concluded that:

*The continued plight of these groups of communities (denotified tribes).....is an eloquent illustration of the failure of the machinery for planning, financial resources allocation and budgeting and administration in the country to seriously follow the mandate of the Constitution (Bhasha, 2006 cited in Johnston, 2012:132–133).*

Though these denotified and nomadic tribes are eligible for the schemes of special protection under the Constitution of India, there are no special effort to eradicate specific forms of social prejudices like criminal stigma which is the foundation of exploitation, harassment and subjugation (Panda, 2008). The study on the livelihood of Yerukula tribe of Andhra Pradesh also shows that though the progressive inclusive policies and the general developmental policies and programmes during the last four decades have gradually helped these members to overcome the social stigma; it is not completely erased. In present times also they are facing social exclusion on account of stigma. This is further aggravated by low or non-existence of better levels of education, and modern occupational skills. These communities are also facing instances of state violence, along with the widespread denial of these communities' constitutional rights (Johnston, 2012).

Therefore, many have remained disproportionately vulnerable to landlessness, bonded labour, violence, maternal mortality, caste violence, hunger and disease (Johnston, 2012). The most important challenges faced by these tribes are (i) Identity crisis (ii) Social security (iii) Livelihood: challenges in the present scenario (iv) Access to basic services like health, education, water and sanitation (v) Gender issues and concerns

(vi) Political empowerment and constitutional safeguards; and (vii) Legal protection and path forward (Oxfam, 2008).

There is a vicious circle of marginalisation and it has major implications for health of denotified communities. But their health issues are not studied in detail (Bokil, 2002). The literature review reveals that there is impact of development and industrialisation on the denotified tribe but there is an absence of studies which reveal impact of globalisation on them. Social scientific explanation of crime in India linked Indian criminality with the introduction of railways, the new forest policies, repeated famines etc (Radhakrishna, 2001). Development in nineteenth century made regular livelihood of some communities' redundant (Yang, 1985 cited in Singh, 2010 b). Through this study, it will be interested to see how development of twentieth and twenty-first centuries have affected on the lives of these communities particularly with respect to their health issues.

## **Conclusion**

As Health is determined by social, economic, political and environmental factors, health of marginalized communities is poor. Globalization has an influence on the livelihood and basic necessities of population. Due to the process of liberalization and privatization, sectors like agriculture, industry, education and health are affected. Access of these marginalized people to education, health services and employment is low and privatization has profound negative impact on it.

Denotified tribes, who have been facing criminal stigma, remain deprived. They are the victims of the policies that are developed to grab natural resources. In the British period, with keeping them in the open jails and under supervision, their own traditions and egalitarian culture got destroyed in the process of educating them Brahmanical Hindu culture. So, these communities remain marginalized among marginalized. There are several studies carried out to understand their health status, but their health issues are not studied in the context of globalization. It is in this context, the present study makes an attempt to understand the impact of globalization on the health of denotified tribes in the state of Madhya Pradesh.

## Chapter Three

### Profile of Pardhi Tribe in India

In order to study in detail and get more insights on the impact of globalization on the lives of denotified tribes and its implications on their health, Pardhi tribe was specifically chosen for primary investigation. Pardhi tribe is more deprived among the denotified tribes due to the criminal stigma and constant police harassment (Bokil, 2002). This calls for a brief understanding of social life and structure of this tribe. The chapter is based on review of existing literature on Pardhi tribe. It is divided into two sections. In the first section, their demographic and cultural profile is discussed. In other section, their social, economical and political conditions are examined.

#### **3.1 Demographic and Cultural Profile**

##### **3.1.1 Demographic Profile**

###### ***The Alternative Names***

Pardhis are hunters and food gatherers tribes. They are known as Pardhi due to their sporting instinct of hunting and fowling (Kennedy, 1985). The word Pardhi is derived from the Marathi word *Paradh* (Russell, 1969). The translation of Paradh in English is the hunter. They are known by alternative names in various part of the region according to their different methods of hunting and lifestyle such as Baheliya, Bahellia, Karijat Bahellia, Phase Pardhis, Phans Pardhi, Phansi Pardhi, Langoti Pardhis, Langota Pardhi, Chitewale Pardhi, Chita Pardhi, Shishi ke Telwale, Telvechanya Pardhi, Takankar, Takari, Takia, Takunkar Pardhi, Shikari and Bhil Pardhis. With these common names, R. E. Enthoven (1922) has recorded Korchar as sub division of Pardhis. R. V. Russel (1969) mentioned some groups as Pardhis that are Mirkshikar, Moghia, Gayake, Gosain Pardhis, and Bandarwale Pardhi. Michael Kennedy (1985) has provided their alternative names as Vaghari Pardhis, Maywarees, Gay Pardhi, Raj Pardhi, Mahomedan Pardhis, Haranshikaries, Advichancher or Chigribatgirs. K.S.Singh (1994) has mentioned that in some part of Madhya Pradesh

Pardhis are also known as Nahar. They are listed by the National Commission for Backward Classes of Government of India as Gaon Pardhi and Nirshikari too.<sup>16</sup>

The origin of the tribe and their alternative names, geographical spread, traditional and present livelihood and social customs has been traced by some scholars. R. V. Russel (1969) has given details of Pardhis, who resided in the central provinces of India in the colonial period. Some of the features are described by him in the table 3.1.

**Table 3.1: Alternative Name of Pardhis Described By R.V. Russell**

Alternative Name	Description
<b>Shikari and Bhil Pardhis</b>	These both sub-groups are known for the use of firearm while hunting.
<b>Moghia</b>	Moghia word is used for fowler in local term, so they are known as Moghia
<b>Takankar</b>	Takankar is the small offshoot of the Pardhis who travel from village to village and roughen the household grinding-mills when they have worn smooth. The word is derived from the local word <i>takana</i> mean to tap or chisel.
<b>Bahelia</b>	Similar class of people likes Pardhi in North India are called as Bahelia and in the central provinces Baheliya. The Bahelias have a sub-caste known as Karijat, the members of this group only kill birds of a black colour.
<b>Phase Pardhis,</b>	Who hunt with trap and snares
<b>Langoti Pardhis</b>	Who wear only a narrow strip of cloth round the loins
<b>Chitewale</b>	Those who hunts with a tame leopard
<b>Gayake</b>	Includes those who stalks their pray behind the bullock
<b>Gosain Pardhis</b>	These group of Pardhis dress like religious mendicants in ochre-colored clothes and do not kill deers
<b>Shishi ke Telwale</b>	Those who cell crocodile's oil
<b>Bandarwale</b>	These are the groups who go about with performing monkeys

**Source:** Based on the information mentioned in Russell, 1969.

<sup>16</sup>[http://www.ncbc.nic.in/User\\_Panel/CentralListStateView.aspx](http://www.ncbc.nic.in/User_Panel/CentralListStateView.aspx)  
29/04/2016

Michael Kennedy (1985) has provided a rich account of Pardhis, who resided in Bombay Presidency in the colonial period. The details are described in the table 3.2.

**Table 3.2: Alternative Names of Pardhis Described by Michael Kennedy**

Alternative Name	Description
<b>Vaghari Pardhis</b>	The name is derived from Sanskrit word <i>vaghur</i> , meaning a net to entrap hares etc, Pardhis who use nets are called Vaghari Pardhis
<b>Takanakar or Takari</b>	From Vaghari Pardhis most of them now follow the profession of fretting mill-stones. They are also known as Takaris or Takankars.
<b>Phanse Pardhi</b>	Phans means a noose, so Pardhis who catch the pig, deer, etc., with the help of means of a line to which nooses are attached are called Phas Pardhis and some part of India known as Meywarees. Phans Pardhis, also known as Pal and Langoti Pardhis. Langoti Pardhis known for their scanty attire which usually consists of little else but a langoti. As Pal Pardhis because they live in <i>pals</i> (hut of cloth); As Gai Pardhis because they hunt with trained cows. Some Phans Pardhis style themselves as Raj Pardhis. But by whatever name the Phas Pardhi is known in the Bombay presidency, they are apparently quite distinct from the Langoti Pardhi of the Central Provinces. In the Carnatic (mixed part of presents South Indian states), Phanse Pardhis are known as Haranshikaries, Advichancher or Chigribatgirs.
<b>Telvechanya Pardhi</b>	Telvechanya is a vendor of certain oil usually sold in the Deccan by people from Northern India. Oil restores lost vitality.
<b>Mahomedan Pardhis</b>	Who found in Cutch, Khandesh and Dharwar region and those who are probably converts to Islam
<b>Cheetawalla Pardhis</b>	They catch young Panthers and Cheetah cubs which they train and sell to King or exhibit, and for this reason probably, sometimes call themselves Raj Pardhis. Cheetawalla Pardhis with selling cheetah cube snare birds and sell herbal medicine
<b>Bahelias</b>	Some of Cheetawala Pardhis stopped to catch Cheetahs and started to snare deer under cover of a bullock ( <i>Bail</i> ) and therefore they are known as 'Bahelias', an altered word for ' <i>Bailwallas</i> ' (owner of the bullocks).

**Source:** Based on the information mentioned in Kennedy, 1985

Despite the above categories of Pardhis, K.S. Singh (1994) mentioned that there are Pardhis, who are living in some districts of Madhya Pradesh like Bhopal, Raisen and Sehore they are popularly called as Nahar which means hunter.

## *Origin*

R. E. Enthoven (1922) mentioned that the Pardhi tribe claims to have once been Rajput. R. V. Russell (1969) also traced their origin in Rajputana (at the present state of Rajasthan and some part of Madhya Pradesh, Gujarat, and Pakistan). He has mentioned that there is an impression that Pardhi caste emerged from the Bawaria or other Rajput outcastes, Gonds and social derelicts from all sources, because their exogamous groups are nearly all those of Rajput tribes, as Sesodia, Panwar, Solanki, Chauhan, Rathore etc.

Michael Kennedy (1985) also stated that Pardhis are an offshoot of the Bauriah tribe, stock from which a variety of criminal classes have sprung. K.S. Singh (1994) also mentioned that their origin is in Rajputana, where they used to be appointed as watchmen by the Rajput rulers. R. V. Russell (1969) additionally mentioned that perhaps they also belong to Maratha country (some region of the present Western Maharashtra) as many of them settled in this part and many of them talk in Gujarati. During the field work of the present study research, respondents from the Baheliya Pardhi community said that their ancients were part of the army of King Maharana Pratap and they migrated from parts of Rajasthan and Gujarat for hunting.

## *Spread*

According to the colonial accounts, Pardhis have been staying in the areas surrounded by the Vindhyas and the Satpuras hill range (Sangave, 1967). Mainly their spread in India is in the Central, Western and Southern part of the country. They are mostly found in the state of Chhattisgarh, Madhya Pradesh, Gujarat, Maharashtra, Karnataka, Andhra Pradesh and Telangana<sup>17</sup>. Pardhis are in more numbers in the state of Maharashtra. As M. Kennedy (1985) also described that Pardhis are scattered all over the Bombay Presidency, but it is most numerous in Khandesh (Northwestern part of Maharashtra). K. S. Singh (1994) has given details of Pardhi, Phase Pardhi and Takankar Pardhi, who have resided in more numbers in Dhule, Jalgaon region of Maharashtra. Baheliya and Chita Pardhis are largely in some districts of Chhattisgarh

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<sup>17</sup> Census 2011, <https://data.gov.in/catalog/state-and-district-wise-scheduled-caste-and-schedule-tribe-population-each-caste-and-tribe> accessed on 29/04/2011.

and Madhya Pradesh of Central India and in Karnataka Haranshikaries, Advichancher or Chigribatgirs are more in numbers.

Michael Kennedy (1985) described Pardhis, an exception of Takankars, as wanderers with no fixed abodes. They live in grass huts or pals and generally camp where water and grazing are good and plentiful and where they can snare game. He described life of wandering Pardhis that,

Wandering Pardhis move place to place with their families in a gang of varying strength numbering even hundred or more. The men with their snaring nets and nooses and baskets are followed by the women and children carrying the pals and a variety of goods and chattels. Sometimes their paraphernalia are loaded on cows or buffaloes..... During the rain Pardhi gangs collect in the vicinity of town or villages; when the harvest commences they break up into small parties and wander from place to place (Kennedy, 1985:136-137).

R. E. Enthoven (1922) had also given similar description of life of Pardhis resided in the Bombay. However, from all subdivision, Pardhi families have been trying to settle as agriculturist, but more Takankar Pardhis are settled agriculturists and also work as wage laborers (Singh, 1994).

### ***Population***

The separate population of Pardhis based on different subdivision is not available as they are clubbed with other subdivisions residing in that area. However, the exact number of population of Pardhi tribe is also not available. This may be accounted to their migrating nature as they do not settle down throughout the year at one place. There are also difficulties in counting them that they are classified within a state in some district in ST and another district in SC or OBC (Bokil, 2002).

The observation of the studied Phanse Pardhi community in Pune region of Maharashtra also shows that the exact number of houses and their population is not available due to migration among them. However, municipality office and Non-Government Organisations working with Pardhis estimated that in the 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 (Jadhav, 2012).



**Table 3.3: List of Pardhi Subgroups Categorized in Different Social Groups in the Different States by the Government of India<sup>18</sup>**

Name of the State	Scheduled Tribe	Scheduled Caste	Other Backward Caste
<b>Andhra Pradesh</b>			Pardhi (Mirshikari, Nirshikari)
<b>Maharashtra</b>	Pardhi, Bahelia, Bahellia, Chita Pardhi, Langoti Pardhi, Phans Pardhi, Shikari, Takankar, Takia		Pal Pardhi, Raj Pardhi, Gaon Pardhi, Haran Shikari, Nirshikari
<b>Telangana</b>			Nirshikari
<b>Chhattisgarh</b>	Pardhi, Bahelia, Bahellia, Chita Pardhi, Langoti Pardhi, Phans Pardhi, Shikari, Takankar, Takia in selected tahsils and districts.		
<b>Gujarat</b>	Pardhi, Advinchincher, Phanse Pardhi in selected districts		
<b>Karnataka</b>	Pardhi, Advinchincher, Phanse Pardhi, Haranshikari		
<b>Madhya Pradesh</b>	Pardhi, Bahelia, Bahellia, Chita Pardhi, Langoti Pardhi, Phans Pardhi, Shikari, Takankar, Takia in selected tahsils and districts.	Pardhi in selected districts	

**Source:** For list of Other Backward Class

[http://www.ncbc.nic.in/User\\_Panel/CentralListStateView.aspx](http://www.ncbc.nic.in/User_Panel/CentralListStateView.aspx) Accessed on 29/04/2016.

For list of Other Backward Class of Telangana state

<http://leadertimes.org/public/gos/0cef2d7c8412bf842a3f4f94f4a78182.PDF> Accessed on 29/04/2016.

For list of scheduled tribes

<http://tribal.nic.in/content/list%20of%20scheduled%20tribes%20in%20India.aspx> Accessed on 29/04/2016.

For list of scheduled caste

<http://socialjustice.nic.in/sclist.php> Accessed on 29/04/2016

<sup>18</sup> Available data is mentioned.

**Table 3.4: Population of Pardhis of Different States According to Census 2011<sup>19</sup>**

State	Population of ST	Population of SC
Maharashtra	2,23,527	
Madhya Pradesh	26,793	5896
Chhattisgarh	13,476	
Karnataka	10,746	
Gujarat	3,540	

Source: Census 2011, <https://data.gov.in/catalog/state-and-district-wise-scheduled-caste-and-schedule-tribe-population-each-caste-and-tribe> accessed on 29/04/2011.

### 3.2.1 Cultural Profile

#### *Physical Appearance and Dress Pattern*

Michael Kennedy (1985) described the dressing and appearance of the Pardhis, who resided in the Bombay presidency. According to him some women wear the sari like the Maratha woman of the Deccan (region of Maharashtra), others wear a small skimpy petticoat and the *choli* or bodice covering the chest. The men wear dhotar (A long white cloth) and shirt. The dhotar or cloth thrown over the shoulders or the shirt is usually dyed to a shade of brown or originally white has become a dirty brown. Both male and female wear a necklace of colored and onyx beads, which, with tin, copper-brass and brass bangles and earrings and chain. Male wear the headdress varies between an old tattered rag which twisted into a rope barely encircles the head and a well-worn *pagri* through which the crown of the head is visible. Pardhi, who are settled at one place, wears similar type of dress like other caste resided in that area such as women from the Deccan wear sari like Maratha Kunabi women and from Gujarat wear the *lehenga* or *ghagra* or skirt with *odni*.

In dress and appearance, Pardhis are differentiated by their scanty dress and generally unkempt, dirty appearance (Russell, 1969; Kennedy, 1985). However, some Pardhis like Takankar who are more settled show no marked variation in appearance and physical attributes from the ordinary agricultural classes (Kennedy, 1985). Russell described Pardhis in central provinces that their features are, dark and their women do

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<sup>19</sup> Available data is mentioned.

not have their noses pierced and never wear spangles or other marks on the forehead. Macfarlane (1941) also writes about Phanse Pardhis that they are dark skinned and brown eyed people with a high frequency of the O blood group (Macfarlane, 1941 in Singh 1994).

The description of physical appearance and dress pattern described dirty, brown shaded and scanty is linked with the poverty among the tribe. The observation of the study shows that many families from the Phanse Pardhi tribe 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 and wear old used clothes of the people in town (Jadhav, 2012).

### *Dialect*

Pardhis have their own dialect, and it differs according to the region where they have been settled. R. E. Enthoven (1922) stated about the Pardhis who resided in Bombay that they speak Gujarati which indicate their northern origin but in the southern Maratha districts they talk *Kanarese* (Kannada). Michael Kennedy (1985) described that the dialects of Pardhis resided in Bombay Presidency is corrupt guttural mixture of dialects in which Gujarati predominates. This is a strong family likeness to 'Baori-bhasha'. They can also talk *Hindustani* (deriving primarily from the [Khariboli dialect](#) of [Delhi](#), and incorporates a large amount of vocabulary from [Sanskrit](#), [Persian](#), [Arabic](#) and [Chagatai](#)<sup>20</sup>), and corrupt Marathi or Canarese as they live in the Deccan or the Carnatic. R. V. Russell (1969) has mentioned that in the northern Districts, their speech is a mixture of Marwari and Hindi, while they often know Marathi or Urdu as well.

K.S. Singh (1994) stated that the mother tongue of Pardhis in Maharashtra is Gujarati, and they use Marathi for inter-group communication. A group of the Phanse Pardhi community speaks Marathi among themselves and is conversant with Gujarati and Hindi also. Nahar Pardhi of Madhya Pradesh communicates among themselves as well as with others in the Dravidian language, Gondi, and has forgotten their original mother tongue Halbi, an Indo-Aryan language. The mother tongue of Takankar

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<sup>20</sup>Michael Huxley (editor) (1935) and Great Britain, Royal Society of Arts (1948), [https://en.wikipedia.org/wiki/Hindustani\\_language](https://en.wikipedia.org/wiki/Hindustani_language) accessed on 09/05/2016

Pardhis is a dialect of the Indo-Aryan language Marwari, but at present they speak the regional language, Marathi among themselves, as well as with others. A. S. Jadhav (2012) documented that the Phanse Pardhi community in the Pune region of Maharashtra use their own dialect for communication within their own folks and use Marathi while communicating with those outside their community.

### ***Types of Clans***

According to subdivision of Pardhis, there are different clans. They also called it *Kul* in the local language. These are mainly for the purpose of doing marriages in specified clans among themselves. R. E. Enthoven (1922) mentioned that in Pardhis resided in Bombay Dhabhade, Chavan, Powar, Solanki, and Sonavani are five clans existed among them. Pardhis, who reside in central India, has exogamous groups are nearly all those of Rajput tribes, as Sisodia, Pawar, Solanki, Chauhan, Rathore, and so on (Russell, 1969). Pardhi in Maharashtra settled with exogamous sections/ clans like Odham, Sonone, Dabde, Solunki, Pawar, Chavan, Shinde, and Suryavanshi. Bhosale, Pawar, Chavan, Ralay and Scindia are the prominent clans in Phanse Pardhis and Malve, Kavade, Sonane, Pawar, Solank, Chauhan, Khanande, Dhakarde and Khurade in Takankar Pardhis. Suffixing the clan name to the personal name is the recent practice among the Pardhis (Singh, 1994).

The different clans and practices of hierarchy are described by A.S. Jadhav (2012). In the Phanse Pardhi community in Pune region of Maharashtra Bhosale and Kale families live in majority along with a few Pawar 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 Pawars as inferior to them because the latter practice the custom of sacrificing and eating buffalo.

### ***Marriage System and Family Structures***

There is bride price system in all subdivision of Pardhis. R.V. Russell (1969) mentioned the reason of bride price system among them is that girls appear to be somewhat scarce in them, so bride price is usually paid. But now-a-days bride price is being replaced to a great extent by dowry (Singh, 1994). Divorce and marriage of the

widows are freely permitted (Russell, 1969). However, divorce is not encouraged (Singh, 1994). There are decided pairs of a clan to do marriages. Intermarriages among the various subdivisions of the Pardhis are forbidden (Kennedy, 1985).

Polygamy<sup>21</sup> is allowed among them, though its incidence is not high. Both the patrilocal<sup>22</sup> and matriloca<sup>23</sup> residence exists among them, but at present, the patrilocal rule is commonly followed. Consanguineous marriages<sup>24</sup> are in vogue, including those between the maternal uncle and niece. Junior levirate<sup>25</sup> and junior sororate<sup>26</sup> are practiced. They marry at an early age. Marriages are preferably arranged through negotiation; however marriage by service<sup>27</sup> is also prevalent. Extended families were preferred earlier, but those are now breaking up. Thus, nuclear families are more in numbers than extended ones. There are some petty landholders now, but for most of them, their assets are the hunting implements and domestic animals, which are inherited equally by their sons (Singh, 1994). R. E. Enthoven (1922) mentioned that baby and child marriages, marriage with mother's brother or his daughters or sons or father's sister and her daughters and sons, remarriages like customs were prevalent among Pardhis who resided in Bombay.

A. S. Jadhav (2012) also described recent practice of marriage system among the studied Phanse Pardhi community. Among this groups of Pardhis marriages take place

<sup>21</sup> Polygamy means the practice or custom of having more than one wife or husband at the same time. (Source: <https://en.oxforddictionaries.com/definition/polygamy> Accessed on 14/05/2017)

<sup>22</sup> Patrilocal means relating to a pattern of marriage in which the couple settles in the husband's home or community. (Source: <https://en.oxforddictionaries.com/definition/patrilocal> Accessed on 14/05/2017)

<sup>23</sup> Matriloca means of or denoting a custom in marriage whereby the husband goes to live with the wife's community (Source: <https://en.oxforddictionaries.com/definition/matriloca> Accessed on 14/05/2017)

<sup>24</sup> Consanguineous marriages means relating to or denoting people descended from the same ancestor. (Source: <https://en.oxforddictionaries.com/definition/consanguineous> Accessed on 14/05/2017)

<sup>25</sup> Levirate means a custom of the ancient Hebrews and some other peoples by which a man may be obliged to marry his brother's widow. (Source: <https://en.oxforddictionaries.com/definition/levirate> Accessed on 14/05/2017)

<sup>26</sup> **Sororate** means a custom or law decreeing that a widower should, or in rare cases must, marry his deceased wife's sister. The term comes from the Latin word soror, "sister," and was introduced ... (Source: <https://www.britannica.com/search?query=junior+sororate> + Accessed on 14/05/2017)

<sup>27</sup> The ceremony of marriage; the form of words prescribed for the religious ceremony of marriage. Accessed on 18/05/2017.

between close kins. Most of them are arranged marriages. There are marriages between minors. The age of marriage for girls is 13 to 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. Dowry system exists in marriage. Bride price at the time of marriage is persistent among them. Dowry rates range from Rs 5000 to Rs 50000. Most of the marriages are arranged by *Jat Panchayat (Tribal/Caste Council)*. 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 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 in practice. But in Jat Panchayat, 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 Panchayat rules.

### ***Food Practices***

K. S. Singh (1994) described that the staple food of the Pardhis in Maharashtra is millet. Rice is occasionally eaten. They consume milk and milk products like curd. The married women of this community are not allowed to eat meat. The Pardhi men regularly drink *gav*, a local alcoholic beverage. Phanse Pardhis' staple food is bread made of jowar and bajari flour. They are non-vegetarian but do not eat beef. Alcoholic drinks like the country made *gavati* are regularly consumed by the Phanse Pardhis. Takankars Pardhis are non-vegetarians and consume rice, jowar, tuvar, urad, and moong. Nahar Pardhi of Madhya Pradesh is non-vegetarian and eats pork. Rice is their staple food.

Michael Kennedy (1985) has written that all Pardhis are much addicted to drinking and eat all fish and flesh except beef. He also mentioned that in some Pardhi subdivision, there is a prohibition on eating cooked food from other sub sub-divisions

like Takankar Pardhis does not eat food cooked by Phanse Pardhis. There is impact of Hindu religion on them. Thus, they also started to follow the customs of purity and pollution of the religion and prohibited food practices between some clans or stopped eating beef. These changes are also observed in Phanse Pardhi community in Pune region of Maharashtra (Jadhav, 2012). R.V. Russell (1969) described a peculiar custom among Pardhis that usually husband and wife eat food at the same time because there was a story that once a wife of Pardhi person tried to give him poison through the meal so, in the form of precaution there is a custom that they eat together. This custom is also observed among the studied Phanse Pardhi community (Jadhav, 2012).

Due to lack of earning source, many among them are dependent on begged food (Radhakrishna, 2009). In the studied Phanse Pardhi community it was observed that they eat whatever they get in begging. They normally receive *Chapati*, *Bhakari* (bread) prepared from wheat, Jawar and Bajara and rice, vegetables and fruits, and 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 (Jadhav, 2012).

### ***Death Rituals***

The caste commonly buries their dead (Enthoven, 1922; Russell, 1969). Pardhis in Maharashtra usually bury their dead and cremation is also in practice. They observe several death rituals like *kande utharna*, *karana* or *utharkarya dukat* and *varsi*. In Phanse Pardhi, they bury the dead, keep some food on the grave on the second day, and observe a death rite on the twelfth day. Takankar Pardhi followed the period of death pollution. Among them, the dead are cremated (Singh, 1994).

### ***Worships***

R. E. Enthoven (1922) mentioned that Phanse Pardhis of Bombay worship Yellamma, Tulja-Bhavani, and Venkatesh, whose images are kept tied in cloth and are taken out once a year for worship. R.V. Russell (1969) also described that the principal deity is

the *Devi* (Goddess), who is known by different names among Pardhis who resided in central provinces of India. They are following omens and have strong beliefs in them. One of their favorite omens is to take few grains of rice or Juari and count them if an even number comes it considered lucky and odd number unlucky. The bellowing of cows, the mewing of a cat the howling of a jackal and sneezing regarded as unlucky omens.

K. S. Singh (1994) also mentioned that the principal deities of Pardhis in Maharashtra are Kuriarimata and her seven sisters. Every clan has specialist called *gokaria*. Junagarh and Pawangarh of Gujarat are the main religious centres for them. Dussehra is their major festival. They sacrifice animals to their goddesses on festival day. Nahar propitiated their family, and village deities are known as Mata, as well as clan and regional deities like Dateswari. Phanse Pardhis are Hindus by religion and worship Maruti, Khanderao and Jundev as village deities. They worshiped clan specific deities which are Chitar Singh, Bhavani and Shivshakti. Their sacred specialist is known as bhagat. The community deity of Takankar Pardhi is Kalaaka Devi. They belong to the shakta cult, which is evident from their devotion to Kalaaka Devi and Ek Veera Devi.

### **3.2 Social, Economical and Political Conditions**

#### **3.2.1 Economical Status**

The Pardhi people once made a living by hunting of animals, birds and gathering of forest products such as honey, medicinal forest herbs and selling them in village markets (Sangave, 1967). Although, the traditional occupation of Pardhi community is hunting and food gathering there are some more additional traditional occupations, which differ among their subdivisions. They have the knowledge of traditional herbal medicine. It is mentioned that Nahars rarely visit hospitals and make full use of their traditional medicines. Women from Phanse Pardhi also sell indigenous medicine (Singh, 1994). Cheetawalla Pardhis also sell cheetah cubs, snare birds and sell herbal medicine (Kennedy, 1985).

R.V. Russell (1969) had described the rational practice of hunting among Pardhis. They take care of preservation of games, when they catch a number of birds, then free some of them in pairs to breed. They never wear shoes and wear less cloth like



Langoti pardhis do not to make disturbances in hunting. According to their legends the first ancestor of the Pardhis was a Gond, to whom god Mahadeo taught the art of snaring game so that he might avoid the sin of shooting it; and hence, the ordinary Pardhis never use a gun.

Michael Kennedy (1985) also described the way of hunting of Pardhis that

They are expert in catching and netting game and their neat snares 20-40 feet long are most skillfully fashioned. Bamboo legs six inches or so apart holds down the main line on which the running nooses are fixed. Made of the gut, these lines are strong enough to hold even pig and deer. They are skillfully laid and the animals are cleverly driven over them. Hares and Partridges are caught with snares, pigeon with net thrown over the mouth of a well and quail and small birds by being driven into nets cunningly spread to catch the ground game. To attract game Pardhis imitate very naturally the partridge call with the whistle carried round the neck and produced by mouth the calls and cries of peacock, quails, young and old jackals, hares, foxes, etc., to the life (Kennedy, 1985: 137-138).

Wandering Pardhis in Bombay presidency is engaged in begging, snare games, prepare and sell drugs obtained from roots, plants, etc., deal in black and white beads know as '*bajar battoo*' used as charms against the evil eye, and in parts collect and sell forest produce. Though, hunting and poaching, many Takankars Pardhis have engaged in labor work and agricultural work and employed as village watchmen. They also go for making and repairing grinding stones (Kennedy, 1985). R. E. Enthoven (1922) has also given similar occupations like making grinding stones and village watchmen in Pardhis of Bombay.

K. S. Singh (1994) also described that Nahar's primary occupation is Basket making, while agricultural and agricultural labors are their secondary occupations. The traditional occupation of Phanse Pardhi is also the hunting of animals and birds with snares. They sell the surplus game. These nomads leave their base villages in November and return in May. Now their activities have been restricted to bird catching only, due to various legal restrictions. Some of them are the landowning agriculturists, but at the time of drought, they switch over to their traditional occupation. Economically, their habitat offers them little, and many of them have migrated to urban centers in search of menial jobs. The traditional occupation of the Pardhi in Maharashtra is also to collect stone slab, which they often sell to builders. Sometimes they make grinding stones of those slabs and sell them. Some electrically

operated flour mills have been established in their villages replacing the hand driven grinding stones (Singh, 1994).

The traditional livelihood of Pardhis was destructed due to the changes in the forest and animal protection laws and conservation acts and due to mechanization. In India, hunting was curtailed under the Wildlife (Protection) Act, 1972, but an amendment in 1991 banned it entirely. Further, the minor forest produce gathered by hunter and food gathered communities is now severely restricted. Due to establishment of parks and sanctuaries, communities have been evicted from the places where they stayed for generations. Thus, at present these communities have very limited access to hunting, forest produce and fishing within the forest (Radhakrishna, 2009 b).

In present days, many of them are facing problems to get sustainable livelihood sources. Despite hunting animals, birds and gathering of minor forest produce and selling, they are also involved in fishing, farming, cattle grazing, agricultural labor, servicing as guards, begging and illicit production and distribution of liquor (Bokil, 2002). Paankhi Agrawal and Gaurang Sahay (2013) also mentioned that the studied Pardhis in Mumbai city are engaged in construction activities and gutter desiltation work and depended on rag picking (collection of recyclable waste) and begging.

In the studied Phase Pardhi community of the Pune region of Maharashtra, it was observed that after the destruction of livelihood due to the forest policies, their ancestors have been provided with services of ‘guard’ in the villages in exchange for food by villagers, a sort of a barter system. According to this tradition, in present times some of them are collecting leftover food in the town despite giving services as guards. People belonging to other castes consider that Pardhi means those who are begging for food. From last 20 years some of them also started to beg money and for that they are going to pilgrim places such as Jammu, Mumbai, and Shirdi, which are well connected by railway. After further probing reasons were found that after drought, they started to beg money. In this period, neo-liberal policies were implemented in the name of globalisation, which has brought major changes in the policy level. This has had an impact on social and economic conditions of the marginalised communities. So, the conditions of the studied Phase Pardhi community might be worsening by these policies (Jadhav, 2012).

### 3.2.2 Social Status

#### *Status of Women*

Pardhi women from all sub-divisions, participate in economic activities outside the home. The Pardhi women in Maharashtra participate in economic activities like stone dressing in addition to their normal household chores. Phase Pardhi women earn a living by selling indigenous medicines (Singh, 1994). The women participate in social and religious functions also. Although, there are some restrictions on women in the community like they are not allowed to sleep on a soft bed or travel sitting on a soft mattress in a cart. These restrictions are somehow now relaxed. A peculiar customs of these people is that their women are not allowed to keep their clothes inside the house or tent because those are considered as pollutants (Singh, 1994).

Among the Phanse Pardhi, pollution caused by childbirth may continue up to four months, in case the baby is female. The attainment of puberty by a girl also causes pollution, which is terminated by performance of a ritual (Singh, 1994). R.V. Russell (1969) also mentioned practices of pollution that after childbirth women are held to be impure and forbidden to cook for their families for a period varying from six weeks to six months. During their periodical impurity also, women are secluded for four, six or eight days.

However, it is noted that sex ratio is fair among them. Pardhi women enjoy liberty and equality as compared to other communities. This could be attributed to the bride price system (Tulashe, 2010). A.S. Jadhav (2012) also mentioned the status of women in the Phanse Pardhi community in Pune region of Maharashtra. They give equal importance to girls and boys. But despite 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. There is a custom related to childbirth. 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. Till the completion of one month from delivery, they are considered as polluted. There is male dominance in the tribe. 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 husbands before taking decisions. When compared to other women, Pardhi women have more liberty although the final consent of husband is very important for them too. This contradiction is there because some negative changes were observed in them due to the influence of other dominant castes and so their egalitarian culture is affected. It is observed that there is an influence of culture of Maratha caste on them for example, remarriage and divorce are easy among them but some women do not remarry or divorce emulating other caste cultures. The reason for tolerating physical violence by husbands is that they have to live with husbands and endure this for their children.

### ***Status in Social Hierarchy***

Despite their tribal characteristics, they are considered as caste in society. R.V. Russell (1969) mentioned that this caste is usually considered as an impure caste, whose touch is defilement to Hindus. Brahmans do not officiate at their ceremonies. However, Pardhis are depended on them to decide a propitious date and in return, they have to pay for such services in money because as Brahman usually do not accept even uncooked grain from them. K. S. Singh (1994) recorded that Pardhis in Maharashtra come in contact with their neighbors in the course of their daily life and participate with them in religious festivals. They attend each other's marriages ceremonies. Phanse Pardhi considers the Brahman, Rajput, Kunbi, Vani and a few more communities as clean groups and accepts food and water from them. While selling birds and medicines, they accept uncooked food items from all the people they come in contact with.

Milind Bokil (2002) described that although they are considered as low caste they were not full-fledged members of the village milieu and either engaged in nomadism or were settled at the periphery of rural areas in clusters of households. They had economic links with the village society. Pardhis provided specialized services and goods to society, thereby engaging in reciprocity. But, while supplementing the village economy, they remained outside the *balutedari* and *jajmani* systems (barter systems) that sustained self sufficiency of the village and reflected its social order.

A. S. Jadhav (2012) also observed about their religion and caste status that in the studied Phanse Pardhi community, when asked about religion, many 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.

### ***Criminal Stigma***

Paankhi Agrawal and Mayank Sinha (n.d.) mentioned that the prejudiced perception of mainstream caste society and colonial administrators towards Pardhis came to be institutionalized through their notification as criminal tribes under the Criminal Tribes Act (CTA) 1871 and its various amendments in the states of Bombay, Rajasthan, Madhya Pradesh and Bhopal. Under CTA, Pardhis were segregated and forcibly sedentarised in agricultural and industrial settlements in different settlements established across Bombay Presidency for indefinite periods and subjected to rigorous work conditions - at Solapur, Bijapur, Bagalkot, Gadag, Hubli, Khanapur, Belgaum, Baramati, Ambernath, Jalgaon, Dohad, Ahmedabad, Dhulia, etc. In these settlements, which are more or less like prisons they were made available as laborers for spinning and weaving mills, railway workshops and factories as well as in road making, metal breaking, lumbering and cultivation.

After independence, they were denotified, and government removed their label of being termed as criminal tribe, but society still considers them as criminals. This stigmatization has an influence on their social and economic life. They are facing discrimination and becoming marginalised in the society. At present also in the police records, the member from the community is recorded as habitual criminal (Bokil, 2002).

It was observed in the study of Phanse Pardhis that they are not employed in any companies due to the stigma, as some of them joined companies with the help of some activists but fell into the trap of suspected theft and got dismissed. They also face harassment from the police. If some arrest happens people have to spend much money on advocates or middle man to solve the cases. With the criminal stigma there is some

other stereotyped perception observed in the society about Pardhis that they are not hard working and are lazy and 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. The marginalization of the tribes on the basis of these perceptions from historical times continues even today. In contrast to these perceptions, it was found in the study community is working hard and do various kinds of jobs to sustain itself (Jadhav, 2012). Sedentary communities are not able to understand behaviours and lifestyle of nomadic communities so they make such assumptions (Radhakrishana, 2000).

### ***Access to Infrastructural Facilities***

Pardhis are facing discrimination in the society due to their low status. Many of them do not have proper shelter and basic facilities. As the study on Phanse Pardhi conducted in the Pune region of Maharashtra, the slum in which they resided had no proper water supply and electricity facilities. Sanitation was poor; there were plastic, remains of food, human as well animal excreta and garbage all around. Some buy and sell animals and keep them in front of their houses and thus animal excreta are found everywhere. There is foul smell emitting from everywhere in the slum and the place is completely dirty. Around their houses, there are kaccha pathways, so there is a lot of mud around the houses. The air is dusty which causes problems in breathing. The slums do not have sewage and toilet facilities. They live in very poor conditions which are unthinkable to others (Jadhav, 2012). Paankhi Agrawal and Mayank Sinha (n.d.) who studied the status of Pardhis in Mumbai city described the similar situations.

Many of them do not have any asset like land and house. In studied town the settlement pattern clearly shows that they have been living in the forest. At present, also, they are settled on foothills, and the lands of forest department. However, now municipal authorities fail to recognize the Pardhi's rights over the forest lands. Instead, the former accuses the latter of living on government lands 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" (Jadhav, 2012). Many Pardhi families are living on footpaths.

The study carried out in status of Pardhis in Mumbai city shows that more than 50 percent Pardhis are living on footpaths (Agrawal and Sinha, n.d.).

### ***Educational Status***

Educational status among the community is very poor. Its reasons are routed in social ostracization, discrimination, language barrier, migration and child labour (Tulashe, 2010; Jadhav, 2012). The study carried out among the Pardhis in the Slums of Mumbai city shows that the adult literacy rate is only 13.95% (Agrawal and Sahay, 2013). Agrawal and Sinha (n.d.) also mentioned that in most Pardhis enclaves in Mumbai, it is difficult to find even a single literate person (one who can read and write coherently).

### ***Health Status***

Their poor social and economic condition had an adverse impact on their health status. The case in Box No. 3.1 explains the reasons of prevalence of hunger in Pardhi community.

#### **Box No. 3.1 Case which Explains the Reasons of Prevalence of Hunger in Pardhi Community**

##### **Case Study:**

....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 on begging food for subsistence from the nearby middle class neighborhood, 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 (Radhakrishana, 2009:3).

**Source:** Radhakrishana, M., (2009 a), "Hunger among PTG and Non-PTG Nomadic Communities", *MUKT-SAAD*, Vol. No. 3, pp. 1-8.

The study carried out to understand health of Pardhi women in Pune region of Maharashtra clearly shows the heavy burden of health problems. Their nutritional status, living and working conditions are not good. This is compounded by early age marriages and repeated pregnancies. Some cultural practices related to childbirth affects the maternal health like delivering by her own as no one touches her after childbirth. Despite their heavy burden of illness, their access to health services is very low and only in critical conditions. The behavioural aspects, ill treatment, and neglect at the government health service centres force them to go to private hospitals. It is also found that there is also a vicious circle of depravity such as due to poor conditions they suffer from illness, for the expenses on the illness they have to borrow money and to return, many of them resort to begging (Jadhav, 2012).

### **3.2.3 Political Status**

#### ***Traditional Council***

The tribal council is a system of parallel governance in them. However, these days it is working only in some places. R. V. Russell described that Pardhis held their community meetings for expedition and community disputes. The penalty for social offences is fine of specified quantity of liquor and the punishment for adultery is cutting off a piece of the left ear with a razor. In them there are various ordeals to prove that they are not guilty like picking up a coin from boiling oil or put *pipal* leaf on the hand and red-hot axe lay over it in both cases if hand is burnt would lead to they are guilty (Russell, 1969). The traditional Council of Nahar is known as *batka*, which is headed by a *naik*, and assisted by a *paik*. Community council of Phanse Pardhis operates at three levels. A *mukya* (leader) is the head of a nomadic band of three to five families. The *naik* is the head of the base village, and *pudari* is the head of the community for the whole region (Singh, 1994).

A.S Jadhav (2012) observed the practice of tribal council in Phanse Pardhi community in recent years that the council 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 council. They called it *Jat*



*Panchayat*. It is called at emergency situations. They are called for when there are disputes among the community. The expense of the Jat Panchayat is met by the complainants. 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. Due to these penalties, they have to do work hard, borrow money or go for begging. At present they go to the Indian judiciary system but most of them still approach the tribal council because they fear the police and do not want their names to go into the police records.

### ***Political Organization***

The members of the Pardhi community in Maharashtra have been trying to form a regional association from the early 1980s. Some of them are statutory village panchayats members. Among Phanse Pardhis by organizing a peaceful movement, one *pudari* (leader) has succeeded in establishing a Phanse Pardhi village with ownership of agricultural land. Some members of them are a member of a regional association of nomadic communities. A few of them are leaders of the village level statutory council (Singh, 1994). A. S. Jadhav (2012) also observed that in the Pune region of Maharashtra, they formed state level organization “Adivasi Phanse Pardhi Samaj Sanghtana” through which they are raising their voice for their rights. This organization is working for education, distribution of ration cards, voter identity cards and against police harassments. To some extent this organization has changed the life of Pardhi people in positive directions.

### ***Status of State Intervention Policies and Changes among the Community***

After the repeal of the Criminal Trine Act, Pardhis came to be recognized as one of the most depressed sections of society requiring special constitutional safeguards. Thus, in the states of Chhattisgarh (select districts), Madhya Pradesh (select districts), Gujarat, Maharashtra and Karnataka, Pardhis have been recognized as a scheduled tribe (ST). In some districts of Madhya Pradesh, Pardhis are included in the scheduled caste (SC) list. In Andhra Pradesh and Maharashtra, some of the Pardhi sub-groups are categorized as Other Backward Classes (OBCs). The government also devised targeted programmes for economic rehabilitation of Pardhis such as provision of education and skills training and alternative employment opportunities. But these

policies failed to generate desirable outcomes (Agrawal and Sinha, n.d.). Thus, in 1975-76, Pardhis were included in the list of “primitive tribal groups” representing the “poorest of poor amongst the STs” (Radhakrishna, 2009 b).

However, there are some social and economic changes among the Pardhis. K. S. Singh (1994) mentioned that Pardhis in Maharashtra are mainly engaged in agricultural jobs. Some of them are employed as teachers or are engaged in other salaried jobs. Their interest in formal education has increased since Independence. The younger generation of the community prefers a small family and control the family size. Communication and transport facilities helped them migrate to urban centres in search of a job. Some members of Phanse Pardhis have also favorably responded to formal education. A few have been assisted through governmental schemes to purchase animals or to initiate some other economic ventures. However, they seldom send their children to school beyond the primary level, and the reason is their poverty (Singh, 1994).

A. S. Jadhav (2012) also observed that among Phanse Pardhi community of Pune region there are some civil society organizations working for social change and reform. Due to the initiation of these Non-Government Organizations they get the permission to live in the slum in an unauthorized way. Many of community members admitted that exploitation and harassment are comparatively less with the arrival of these groups. However, there is not much improvement in the social, economic and political status of the studied community.

There are several schemes for the development of Pardhis as they are having scheduled tribe status in Maharashtra. There is special plan for their rehabilitation 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 (GOI, 2008).

It is observed that many studied Pardhi families are not benefited by 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 certificates, 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 (Jadhav, 2012). The lack of document is a severe problem of Pardhi tribe to not avail government schemes. As study carried to understand status of Pardhis in Mumbai city shows that only 22 percent have birth certificates and 11 percent have caste certificates (Agrawal and Sinha, n.d.)

## **Conclusion**

Pardhi tribe is basically hunter and food gatherer community. They are nomadic tribes. Literature shows that they were living in good environment when they engaged in hunting and food gathering practices. They practiced hunting and food gathering in a sustainable way with less harm to forest ecology. They are an important part of village economy as they exchange their goods and knowledge with the society. But other side the misconception of sedentary communities towards nomadic tribes makes them vulnerable from historical times. The facilities for development have been not accessible to them like education and other infrastructural facilities and they have been neglected by the state authorities in this regard. Thus, they remained marginalized and have been facing exclusion in the society.

Due to forest policies, conservation acts and process of industrialization, their livelihood has been destructed. Due to exclusion and marginalisation, some of them engaged in anti social activities like stealing. At present they are facing a number of issues like destruction of their livelihood and culture, lack of education, poor living and working conditions and lack of political pressure. These have an impact on their health, and therefore, they suffer from numerous health problems. It in this context, the present study makes an attempt to understand the impact of globalisation on the health issues of the Pardhi tribe in the state of Madhya Pradesh.

## **Chapter Four**

### **Impact of Globalization on the Livelihood and Basic Necessities of Pardhi Denotified Tribe**

The impact of globalization on the livelihoods and status of basic necessities among Pardhi denotified tribe is studied in this chapter. This chapter discusses the findings of the investigation. There are three sections in this chapter. In the first section, information of their settlement, housing, education, food etc. are discussed. Their livelihood related issues have been examined in the second section and in the third section, the impact of globalization on the livelihood and basic necessities are discussed.

#### **4.1 Status of Pardhi Families in the Selected Area**

##### ***4.1.1 Settlement Pattern***

##### **Pardhi Hamlet of Sujanpur Village**

Pardhis of rural areas settled in Pardhi dhana (hamlet) of the village Sujanpur of Harada District, which is situated on the border of the forests and falls within the Satpura hill range. It is two kms away from the main village. The total population of the village is 980. There are around fifty families currently residing in the Pardhi dhana. A large section of the village consists of Gond tribal families, other tribe that is found there is Korku and there are few families from Kurmi other backward caste. Its distance to the district head quarter is 40 km. In the dhana they have primary school from first to fourth standard. They have to go for weekly market to another village, which is five kilo meter away. Their panchayat office is also in another village, which is three kilo meter away from their village. The picture 4.1 shows the Pardhi hamlet and their huts.

The Pardhi families have been residing in the village for the past 40 years. Earlier they used to migrate from village to village with the *dera* (A group of people along with their pets and poultry). They used to come with the dera to this forest land. Forty years ago, older people from few families and one crippled person who found it

difficult to walk started a settlement in the forest. Slowly, the number of families started increasing after the government, put a ban on hunting as shared by a Pardhi woman, Bharmanabai 50 years old:

We live here for the past 40 years. Our in-laws set up this village. My father-in-law is crippled and ill so was not able to move anywhere. They stayed in one place, made hut. They also died here. Others families settled here after the ban on hunting.

Pardhis occupied forest land and cleaned it for agriculture. They are struggling to get the land registered in their names. Shramik Adivasi Sanghatan a voluntary organization supporting tribal communities for their rights in the districts of Harda, Khandwa and Betul of Madhya Pradesh helped them in registering the land in the past. Recently, they were successful in getting the house registered in their names. But, the land of agriculture is still not in their name.

#### **Picture 4.1: Pardhi Hamlet and their Huts**



**Source:** Picture was taken by the researcher during fieldwork in the month of December 2014.

#### **Indiranagar Slum of Bhopal City**

In the urban area Pardhis are settled in the slum “Indiranagar” of Bhopal city. In the slum, around 700 families are living in the cluster of their community. There are

Pardhis, Kathputalis, Mochi and Muslim communities. Kathputalies are a nomadic community and they are living in more numbers in the slum. The second large families residing in the slum are from Pardhi community. Mochies are scheduled caste community and there are few families of them. Muslim comes under other backward class.

All these communities have settled in the slum 40 years ago. Earlier they lived at various places of old Bhopal city from there they were evicted for various reasons, such as for expansion of the old city, construction of the new colonies and after the Bhopal gas tragedy in 1984. They were allowed to settle here after eviction. Most of the families have migrated from surrounding districts of Bhopal, from the district of Sihor, Bairasiya, Harda and Sager. From the Mochi and the Muslim community women go to clean utensils and grains in the shops at the wholesale market. Men work as drivers or sell fruit or other items on the handcart and do painting work. Few of them hold government jobs at municipality office, collector's office or in the public water distribution department. In Kathputali community (who perform dance or stories with the dolls) the women do craft work like making cloth horses at their home. They also do public programmes of dance and stories with dolls at various places.

There are around 100 families of Pardhi community living in the slum. These families have come to the slum at different points in time. Most of them came before 40 years. They got government registered houses (*patta*) in their name. They were given patta to live here for 30 years and as of now 20 years have already passed. Few families came afterwards and thus, they do not have registration of house. Some of them first lived at the railway station in tents, when they migrated into the city; from there they were evicted and shifted to Jawahar chowk. Jawahar chowk, Bairagarh and Karond was affected by the Bhopal gas tragedy. After that they were shifted to the present slum, which was not inhabited before these people came here. There were big pot holes on the land which were filled with mud so that the place could be used for living. Earlier there was a dense forest. As Dhokhabai 50 year old woman shared her experience about the process of migration,

In the village we have rocky-dry land. So what could we do there? We came to the city. First we lived at Jawahar chauk. Then the gas tragedy happened. So we

came here. We got patta to live here for 30 years from the government. Now almost 20 years have been completed. From the time we came here, we started to do waste picking. Earlier we caught titars (A bird) and rabbits. We had good earning options that time but police started to arrest us and after that we stopped it.

Earlier generations, at present who are above 40 years, of Pardhi community were engaged in catching titars and rabbits. They had good option of earning that time, but after ban on hunting they were not allowed to continue. They were arrested and jailed for doing that, so they left it. After that they have focused on agriculture in their occupied government land and agricultural labour works on others land. Their land is rocky land, there was no water facility. Thus, they did not get sufficient earnings around the year.

The push factor, lack of enough livelihood sources made them to migrate to the city. They migrated to Bhopal, which is the biggest city around. Pardhi families mainly migrated from Sihor and Bairasiya districts. Relatives of some families settled here many years ago and after the ban, they started to collect recyclable waste. So when families migrated from villages they also started to collect waste. At present there is a discussion that this slum is going to be evicted under urban renewal mission. So, these people are living under the threat of eviction.

#### ***4.1.2 Housing Facilities***

In the village and the slum, all the families live in *kuccha* houses (made from mud, grass, sticks and tin). In the village, some houses are made from mud and bricks while some huts are made of wood and sticks. The roofs of the houses are made from grass and sticks and the floor is made of mud. Houses of the Pardhis who resided in the slum are built of mud and bricks with a roof of tin. Almost all of them live in broken houses in which half of the wall is broken or somewhere roof has a hole.

The poor housing condition makes life difficult for them, because it is prone to rodents like rats. In the rainy season the water enters the house, due to that they have to put plastic sheet on the roof or some time spread plastic sheets even on the floor. There is a water stream at one side of the hamlet of Pardhis who resided in village and at times the water from the stream also enters the houses. They face a lot of problems as the area around the houses also becomes muddy and dirty. In the slum also, some



families have built their house over the *nala* (big sewer line) and surrounded by it so at the time of rain, water of the nala comes inside the house. Due to this, there are more illnesses during this time. Mostly all families are nuclear and the joint family is in the village. In the rural and urban areas, when the families migrate for work or hunting they live in plastic tents. Picture 4.2, 4.3 and 4.4 shows the living and housing condition of the Pardhis.

**Picture 4.2: Living in Broken Houses**



**Source:** Picture was taken by the researcher during fieldwork in the month of December 2014.



**Picture 4.3: Living Condition of the Families in the Slum**



**Source:** Picture has taken by researcher during fieldwork in the Month of February 2015

**Picture 4.4 Living in Plastic Tent at the Time of Migration**



**Source:** Picture was taken by the researcher during fieldwork in the month of December 2014.

#### **4.1.3 Availability of Food**

The Pardhis are the most impoverished community (Bokil, 2002). To survive they have to even beg and eat in temples. The food eaten by the Pardhi community is rather frugal. It mostly consists of a very thin gravy and *roti* of wheat. They eat both vegetarian and non-vegetarian food. They eat all kinds of vegetables, rotis of wheat and rice on a regular basis. Non-vegetarian food is eaten once or twice a week. Pardhis who reside in the slum eat some selected part of the goat and chicken, which is leftover at the shop as they get to buy it with less money. They cook twice a day. Some Pardhi families from the slum, cook only once in a day in the evening.

They use hearth for cooking. Families said that they find gas stove option expensive and beyond their means. In the slum, few families use gas stove as well as a hearth. Slum women collect wood when they return from collection of recyclable waste. Sometimes they buy wood. They own small iron made hearth which can be moved everywhere. Women in the village bring wood from their farms or from forest and they have to travel or walk at least five kilometers to another village to obtain grocery and grind wheat.

It is observed that many Pardhi families are also dependent on the food obtained through begging. Some women from the slum said that they get food from the colonies, where they go daily as they receive leftover food from the well-off families. In the morning children get food from two *anganwadis* (Creche) from the slum, from the government and Muskaan's anganwadi. Then on some selected days, children and elders go to temples where they get free food in the form of prasad. Some elders go house to house or in market place to beg and bring dry flour or other food items.

Sometimes women and children from the Pardhi families of village go to villages nearby to clean the cattle shelter in exchange for buttermilk. They also collect waste grains from the nearby farms after harvesting has taken place. The elders of the family also go from village to village begging for wheat flour or go to nearby town to find some means to support their families. There is also a belief among the people that the Pardhi community has the knowledge of the spirits that will prevent hail stones during the rainy season and protect the crops. This belief helps to support some families, where the villages are generous and give grains. According to this custom, some

families receive two- three sacks of grains from the particular village once in a year. This is known as *adava ka gaon*.

Among forty respondents, eight of them said that they do not have ration card to avail facilities of Public Distribution System (PDS). Among those have rations card, one respondent said they have above poverty line ration card and other all families have below poverty line card and they get grains at the rate of one rupee per kilogram. All the respondents also shared that they do not get clean grain. It is of poor quality with lot of wastages. Mostly, the grains contain lot of mud and they need to be washed and dried. Also in that process at least one to two kgs is wasted. The process of cleaning takes time. Picture 4.4 shows the quality of grains.

They get rice, wheat, sugar and kerosene. They receive five kilos grains for one person. Many families reported that all the family members' names are not registered in the card, even after they have given an application for it. Thus, they receive fewer amounts of grains, which is insufficient for the whole family. Many respondents from the village said that the grain they get is also not regular. Sometimes they get the grain only once in one and half or two months. The families have to travel a distance of three kilometres by foot to another village to access the PDS and have to carry back the grains on their head. As Vanitabai a 37 year old women said:

We have one rupee kilo card. How is it enough for a month for a family like us? We get only 18 or 20 kg. My two daughter- in- law's and three grand children's names are not on the card. Many times it is a mixture of mud, so we have to clean so much. We have to bring it from another village by carrying on the head. We do not have a vehicle.

Dhokabai, another woman of 40 year old from the slum also mentioned:

We have a ration card but our children's name is not there because we do not have their birth certificates. The grains are not clean. In the wheat there are glass pieces, stones etc. There is so much mud in it. In total we receive 10 kg in that one kilo is mud. It is consumed in 7-8 days. After that we have to buy it on a high price.

Some respondents from the village shared that they have to give money to panchayats members to get ration card as Om 25 years old man said:

We do not have ration card. We have applied for it one year ago. Person, who gives money, will get early, but we cannot give money so they are not giving us the ration card.

**Picture 4.5 Quality of Grains of Public Distribution Scheme**



**Source:** Picture has taken by researcher during fieldwork in the Month of February 2015

#### ***4.1.4 Water Facility***

In the village, they use water from hand pump and well for drinking purpose. They go to wash cloths to the nearby river. There are three hand pumps in the slum, but two of them were not functioning at the time of the study. Employer from the department, who comes to repair hand pumps takes long time to come and repair it. Thus, at present all hamlets depend on one hand pump. Some respondents said that they have to walk long distances to bring water from hand pump. Some said that they bring water from well in the farm and the children follow their mothers to collect water and there is a constant fear that they will fall into the well. In the summer, they face water crisis as they do not get water from hand pump during that time. Thus they have to depend on the private wells during summers. This also means that they have to face anger of the well owners.

In the slum, there are three water taps and one hand pump in their cluster. They use water for drinking from common water taps and use the water from hand pump for other purposes. As many families depend on it, it becomes crowded which results in people spending more time in bringing water. Respondents also shared that drinking water and sewer lines are nearby, so sometimes they get dirty water. Dirty water also mixes with ground water so they get dirty water from hand pumps as well.

#### ***4.1.5 Clothing Pattern***

People of the community do not have the means to buy clothes for themselves. They rely on old cloths given by other communities for their daily use and mostly they buy new cloths at the time of worship of *matamay*, their goddess which they do at the time of Holi festival or on special occasions like marriage. Women from the slum collect old clothes at the time of waste collection and they use them for daily wear purpose in the family. The traditional dress of women is *lehenga* or *ghagra* (skirt) with *odni* (long scarf) but now many women were a sari. Old men are wearing shirt and dhoti and young men are wearing shirt and pants. The picture 4.6 shows woman in traditional dress.

#### ***4.1.6 Electricity Facility***

In the village, earlier the families had electric meter for electricity but bills were unaffordable and they did not pay, because of which the electric post nearby them is not working. All the families use electricity by drawing it from the electric post situated at a distance. They use only one or two bulbs in the night. Few families have television. At the time of the study, electric post close to their homes was not working, so families contributed money and repaired it. Because the government department would take lot of time to repair it.

All families investigated from the slum except one have their own electric meters but no one pays the bill. They do not get monthly bill and receive it in three and six months or once in a year. So they find the amount huge and most of the times they are unable to pay it. Some people also shared that they do not use the electricity much but still they receive hefty bills by their standards.



**Picture 4.6: Woman in Traditional Dress**



**Source:** Picture was taken by the researcher during fieldwork in the month of December 2014.

Respondents in the slum area share that councilor from their area are supporting them by allowing to use electricity without any cost. However, in the recent election they elected another political leader in that area, so previous leader become angry on them and there is frequent cutting of electricity in the slum. At the time of study, in the month of March 2015, electric department cut electric supply of the slum, so they were gathered together with other communities in the slum and went to talk responsible authorities from Municipal Corporation and councilor of their area, that how they will pay hefty bills? They have to get concessions in the electricity bills. Sanitos, 55 year old man discussed that,

For last two years we have electricity meter installed but have not paid bills from that time. Since we get hefty bill around 10,000-15000 rupees for one year, we are not in a position to pay that much. We do not have money for food so how would we pay electricity bill. Do we fill our children's stomach or do we pay bill?

#### ***4.1.7 Toilet, Bathroom and Sanitation Facility***

The families had very poor sanitation facilities. Among the Pardhis residing in the village, none of the respondents had the facility of toilets. They practiced open defecation near the forest side. The families have received some support to construct toilets and in that, they only put seat of toilet, but no one was using that. They made the corner of old sari to take bath outside the house. There are no sewerage lines for the used water to be drowned. Picture 4.7 shows the unconstructed toilet and facility to take bath.

**Picture 4.7: Corner to Take Bath and Unconstructed Toilet**



**Source:** Picture was taken by the researcher during fieldwork in the month of December 2014.

In the slum, more than half families have toilet facility. Some families have a tank made for toilets and some have pipeline in nala which goes by the side of slum. There is government toilet complex in the nearby slum so others use that. They have to pay for complex which is not clean and at night it is close. Thus, in the night they have to relieve themselves in an open space. Because the open spaces are not allowed to be

accessed for such purposes, some time they are harassed by police. As Irma, 25 year old women shared their problem that,

We do not have toilet facility. In the night after nine, complex is closed and at six in the morning it opens. It is not so clean. In the night we go to the open ground beside the road. When we go to relieve ourselves at open areas, some time the police on patrol in their vehicle use bad words for us.

To take bath, some have made small corner inside the house with the support of half wall. Some have made temporary washrooms outside the house, using old clothes. Others have a bathroom attached with toilet with tin door or polythene curtain. The condition overall is unhygienic. There isn't a proper drainage system in the slum. There are small open sewer lines where the waste water goes. They do not have deep and underground sewer drains. So, dirty water leaks everywhere on small roads in and around the slum. Respondents from both areas said that in their area no one comes for cleaning work. As Druprani, 50 years woman shared about the sanitation facilities in the slum,

There isn't a sewer line constructed here. They promise at the time of seeking votes, that they will make sewer lines and more water taps but after that nothing has been done. Here no one comes for cleaning work as well.

#### ***4.1.8 Status of Education***

Among all respondents from the rural areas, only one woman had received education up to third standard. Among urban respondents, only one man has procured education from government school and other four respondents, three men and one woman said that they learnt to read and write from social worker of Muskaan, non government organization. Thus, out of total 40 respondents, only six have some form of education. Among that only one has second higher education other all have primary level education. Thus, the status of education is poor among the tribe. The reason given, for not having enough education, is migration of their parents for hunting from village to village. As one of respondent Pradeep, 30 years old man discussed about his education that,

I am uneducated. I did not go to school because my mother and father moved from village to village. They did not settle at one place at that time. But I learned to read and write from *didi*(Teacher) of Muskaan. I do not have any mark sheet or a certificate.



Young people from the village and slum told that the school was far off in other tribal village. Many respondent from rural and urban areas shared that, they faced discrimination in the schools. They also said that other students teased them and that is the reason, they dropped out of school. They would always be targeted wrongly by the teachers and thus, were discouraged to continue their education. They would be punished for someone else's wrong doings. They also shared that they did not receive good environment to accommodate themselves with the children of mainstream community. Nakul, 19 years old man from the slum said that,

I went to nearby Kamala Nehru government school. Once someone else made mistake and I got punishment. Madam and sir beat me so much, that I also slapped the madam and ran away home. Then the teacher called my parents and cut my name from the school. After that I stopped going to school. Then I went to school at Muskaan.

Older respondents from rural areas told that at the time of settlement they struggled to occupy forest land as other citizens in the surrounding villages did not want them to settle there. The respondents also mentioned that many times the villagers around the forest land created severe situations so that the Pardhis will leave the place. They did not allow children to sit in schools at their village. So, children from Pardhi community did not have access to schools. For some years they had started voluntary school in the hamlet and then government started separate primary schools from class one to class four in their hamlet. Now it is not a vibrant issue like earlier, so their children are going to take further education in other villages. As Taras 50 years old man shared:

None of my children have education except one son, because earlier we were constantly on the move. He was educated till 5<sup>th</sup> standard. That time we had no schools in our area. He wanted to go to school in Gond's village, but their children would beat our children. That's why he had to leave school. My daughter-in-law also could not go to school, because of Gond and Korku children. They were fighting with our children. Gond- Korku did not want us to settle here. So they also used to harass our children.

From the rural Pardhi families, there are twenty three children from the age group of six to fourteen. Among them twelve are girls and eleven are boys. Twenty one children among them are presently going school. Two had enrolled in the school, but are accompanying their parents to work and two children are not going to school. Children go to school in their hamlet and after that many of them go to school in

nearby village. However, many children accompany parents, when they migrate to another place in search of work and they miss school during that period. There are seventeen children in the age group of fifteen to seventeen years, among them twelve are boys and five are girls. Only three boys out of them are going to school. No girls after the age of fourteen are going to school and three of the girls are already married. Children who do not attend school are engaged in agricultural work in their own farm or doing labor work in other's farm. Some of them are engaged in construction work. Doharilal 35 year man discussed how his children miss school,

My son is in the 5<sup>th</sup> standard. He comes with us, when we go to work to outside. For educating our children one person needs to stay back to feed and take care of him back home. But we cannot afford to do that and when we all go out to work, we take children with us and for that period they miss school.

Teacher of primary school of Pardhi dhana also shared similar concern,

Children are not coming regularly to school. Parents take children to work. Many of them have received no education and few have got education till sixth or seventh standard. Now-a-days few children are going to another village for further education.

Among the urban Pardhi families, there were thirty nine children between the age group of six to fourteen. In that, only twenty six are going to school. Thus, thirteen do not go to school. Among those thirteen, four are dropouts from third class. Children below the age of nine, all are going to school only one girl has dropped out due to illness. There are total twenty two children in the age group of nine to fourteen. Out of twenty two, fourteen are boys and eight are girls. Among them ten go to school. Among the school going, eight boys go to school and among girls only two girls age of nine are going to school and above ten, none go to school. Among the twenty two, twelve children who do not go to school are engaged in earning activities. It suggests that more children are doing child labour. Except one is doing catering work and other eleven are engaged in collection of recyclable waste. The number of children from age fifteen to seventeen is ten. In that only two are going to school and eight are engaged in earning activities, that is collection of recyclable waste, catering and construction work and in that two are girls.

The main reason for not going to school and dropout is that the families depend on children's earning. For them every day is a struggle to survive, thereby finding food

every day is a basic need before education. Due to chronic poverty, they involve children in income earning activities. In the city, collection of recyclable waste is main earning source of families and men do not go for collection due to fear of police arrest. Police harass the community due to the criminal stigma; they arrest men, women and children on the suspicion of being thieves. They are more harassing men thus women and children collect the waste. So, many children rather than going to school go for earning. As Prajasanabai, 35 years old woman shared that,

Children are not going to school because they come with me for waste picking. They have to come with me otherwise how will the earning be sufficient for household?

Druparani, 30 years old woman also told that why her girl drop out from school,

My elder daughter is 12 years old. She went to school of Muskaan for two and half years. Later we started facing problems in earning because in our house I was the sole earner. So, she had to leave the school since her labour contributed Rs. 50 per day to our income.

Teacher of Muskaan also discussed that how children discontinued from the school,

Children wanted to take more education but they were pushed to earn because many families have loans to repay. Fathers do not have sustainable earning source, so children also have to go to collect waste with their mothers. Most of the children studied till fifth here. When I think about it, I get disturbed. Why can't these children study ahead at least till the eighth grade? As soon as a child starts to know letters of Hindi, English and learns to do maths, they give up their education and engage in the collection of waste. After growing up they have to earn for family.

Thus, due to earning responsibility, many left school after age of nine or ten. Girls were at the forefront in taking education first few years from the Muskaan, but now a days parent do not allow grown up girls to go to school. As from the interviewed families, none of the girls go to school after the age of ten. Many families shared that, they do not want to send their girls to school. There is perception that if girls go to school they become friends with other caste boys and they will do inter caste marriage, which is prohibited in the community. There are a few cases from the slum that secured education and did inter caste marriage. Social worker from Muskaan also discussed how girls are restricted to attend schools due to their parent's restrictions.

Girls are facing difficulties to come here because parents do not want to educate them. They believe that after having education girls run from home, elope with other caste boys and marry them. If the girls are small it is not a problem but once they are grown up, they are not allowed to continue the school. Parents start to think about their marriage. They have to sit at home. They can go to work, but after that have to come home. Some girls have taken the decision. They have chosen their partners and have got married. They had inter-caste marriage. Very few from the community support the children in this case and many do not accept.

As Pratap, 40 years old man expressed his reservations about not sending her daughter to school,

I have a ten year old daughter. She does not go to school. For some days she went to Muskaan School. We do not believe in getting our girls educated. What will a girl do after getting educated? She behaves badly after being educated. That's why in our community no one sends girls to school.

There are several reasons for children not going to government school. In this study, it was also found that in the urban area age of nine to fourteen years, there are total twenty six school going children, eighteen go to school at Muskaan and only eight go to government school. Isolation in the school, unfriendly behavior of teacher, and lack of documents like birth and caste certificates are the reasons for not going to government school. Respondents shared that they have to spend big amount of money to make documents. Language also becomes a barrier for these children, because in early age they face problems in learning Hindi. They know Pardhi; because that is the dialect their parents use to communicate. As Irma, 25 year old woman gave the reason about why her child did not go to a government school. She says:

My son is going to Muskaan School. We did not send him to government school because we do not have his birth certificate. Here, madam from Anganwadi (Integrated Child Development Service Center) demands money to make a birth certificate. We have to give 700-800 rupees for that. We have two children so we need 1400-1600 rupees. Then, we also have to spend more money to make caste certificates. My husband does not get work daily thus; our house runs on my earning only. It is difficult to manage that much of money, how will we get that much of money? That's the reason why we did not make it. Otherwise I want to send him to government school.

Due to illiteracy, they do not know the process to make documents like birth certificate and caste certificate that makes them vulnerable to pay bribe to the authorities. And, at the end due to lack of money, they are not getting certificates and not able to avail benefits of government facilities. Furthermore, who are going to

government school their experience is not good. They face harassment and discrimination at school. They also find that the quality of education of government school is not good. As Druprani aged 30 years woman mentioned:

My children do not go to government school. We had enrolled them there but they went only for two to three days. They said that the teacher beat them and due to that fear they don't want to go there. Also, other children tease them by calling Pardhi. They also said that their teachers did not teach them well. So we put them in Muskaan.

The teacher of Muskaan also mentioned that the children of Pardhi tribe need special environment, where there is an understanding of their community problems. Due to lack of this understanding in the government school, children not prefer to go there and prefer to come to Muskaan School. In Muskaan School, they give special attention to these children, use different method of teaching to make interest of children to get education and give equal opportunity to all children from various backgrounds. They also use community dialects in explaining children, wherever they face difficulties due to language barriers. The following narration of school teacher of Muskaan shows that that why children do not prefer to go to government school and come to Muskaan School,

There are a few children who go to government school because teachers beat them and other children do not behave properly with them. These children are independent because they are earning, they do not bear the teachers anger and beating. Such hostile behavior on the part of teachers is unacceptable to them so they leave school after such incidences. Children are very angry because they look everywhere in the community that people were beating each other. Nobody pays attention to each other. All are working. Alcohol is a problem among the community. Men sit at home and want alcohol in the morning and at night. So at Muskaan we behave with them in very good manner and create a conducive environment. We want that they feel a sense of acceptance and kindness here and come here for schooling.

#### **4.2 Status of Livelihood**

The traditional livelihood of the studied Pardhis is hunting and food gathering. Many respondents shared that they stopped hunting 20 years back. Respondent above the age of 40 years shared that they did hunting. Their life was different from what it is today. They migrate from village to village and go through forests. Group of 15-20 families used to go together. They call it *dera* (A group of people along with their pets and poultry). They used bullocks to carry their luggage. Men would catch birds and

animals and women used to sell it with other items such as bangles and plant medicines. In a whole day they would catch 20-25 titars, rabbits or baters. They used to earn money, from hunting and it was sufficient for their daily needs. After the implementation of Animal Protection Law (1972), which has put restrictions on hunting, they have stopped it and started to do wage work and cultivate occupied land. However, few of them still catch titar, pigeons and rabbits in the revenue villages, though, not going into the forest.

Respondent from city shared that they liked their earlier life, where they could breathe fresh air and lived in open spaces. Now in the city they have to live in one room at very filthy place. They would earn enough in hunting but now they face difficulties in earning. As Dhokhabai 50 years old woman told about their traditional source of earning and their earlier life,

We used to catch rabbits, pigeons and titars. We used to sell it in the villages with some material like lace of waist, bangles and medicines such as to save from evils and for cough and cold. We would bring that medicine from the forests. Titars, rabbits were caught by men and women who would go for selling these items. We used to roam from village to village and live in Dera. We took our luggage on bullocks. Some time there were 10 families some time 4-5 families. After ban on hunting, my mother and father-in-law did farming. For some years, we continued hunting by hiding but, when we were caught once in one of the forest after that we stopped. Slowly we sold bullocks and goats due to crisis in earning and came to Bhopal, when our relative called us.

This shows how a hunter and food gatherer communities lose their livelihood due to Wildlife Protection Act, 1972 and pushed in poverty. As observed in the study, the Pardhis in search of another option of livelihood, migrated to the city and become a part of urban slum dwellers to live life in vulnerable conditions.

#### ***4.2.1 Livelihood Resources among Rural Pardhis***

Most of the Pardhi families in the rural areas have small piece of occupied land by their fore-fathers, which they share with their brothers. They work in their own farms but it is not enough to sustain the family needs and so they do agricultural labour work in other's farms in their hamlet and go to other villages on the border of Maharashtra and Madhya Pradesh, such as in the district of Khandva, Amravati and Nagpur. Some families also go to Mumbai for construction work. Some members of the family keep moving along with Dera. In the revenue village, they hunt for titars

and rabbits and sell it to villagers or in the town on market day. Along with this they also sell chicken and goats. These are the main sources of income of Pardhi families. All migrated family members return during rainy season. No one has government jobs or private jobs. During the rainy season, they do not get work, so they have to earn for those days in another season. After working in their own farms, many of them migrate to pluck chilies and agriculture related work on the farms of other people. This they mainly do after the festival of Dipavali. Then at the time of Holi they come back to their homes. They again go after fifteen days or one month to work at the construction sites and return during the rainy season.

- **Agricultural Work**

As mentioned earlier, many of them have small pieces of occupied land, on which they do farming, but the area largely consists of dry and rocky land and farming is dependent on rain. They grow toor, grams, wheat and corn in their fields. Some families take land on rent and do the farming. Only two families have wells in their farms, others are buying water for the crops. They have to spend money for bullocks or tractors to plough land. Many said that they have to spend more money on seeds and pesticides, but they get less earnings from the land. From last few years, due to extreme weather conditions, such as heavy rains or drought like conditions they have to bear heavy agricultural losses. As Niharsing 40 year old man shared:

We have small piece of land and in that, we have to do a lot of investment for example we have to spend money for purchase of bullocks or tractor, seeds and pesticides. We need more money than earlier. Since two to four years, we are not getting anything. Last 2-4 years, there is not enough rain so we do not have good crops. Many plants dry up after plough. Prices are increasing day by day. We have to invest more than before in the farms.

Thus, at present, due to high investment, the practice of agriculture has become very hard and on other hand, they face insecurity due to extreme weather conditions. There is water scarcity because of lack of enough rain. Further, due to increased family size, the land occupied by their forefather is insufficient to fulfill requirement of all family members. Thereby agriculture becomes an unsustainable option for them. This is also discussed by Harmanabai 50 year old woman,



We do not have enough land. Our mother-father had 3-4 acres of land which was to be shared between three brothers. We do not even have well. Past one year, there has been no water, so we did not plough anything. To water the crop, once we have to give 1500 rupees. Some crops need water at least thrice, so we have to spend Rs. 4500 for only water. Other than that we have to spend on seeds, pesticides and bullocks.

Furthermore, there is plan to construct canal to go through their land and hence in the coming days they will lose their land. Land is not in their names so they will not get rehabilitation package for it. As Durga 30 year old woman said:

Now discussion is going on that in this government land canal will come. If we get patta we will get reimbursement, but we do not have patta of it.

Thus, they are living under threat of loss of land for the development project. Due to this, with their daily struggle for food, they also have to struggle for land to get it in their names and after that to get reimbursement for the land. So, despite easy benefits, planned development projects increase struggle in the life of Pardhi community.

- **Agricultural Labour Work**

Many of them do agricultural labour work. In the village, in their hamlet, they get work in other's farm for some days. Then they migrate to villages on the border of Madhya Pradesh and Maharashtra to find work. It's only since last 4-5 years that they have started to go there. They go every year so they have contacts with land owners. They also have relatives residing at these places. They are engaged in plucking chilies, cotton and oranges in the farms. Other work includes cleaning of grass and cutting crops. Many of the respondents said that they started to migrate, because now they are not getting enough earnings from their land. In the hamlet, the land owners have started to use harvester to cut crops and started spraying medicine for grass, so the community members are not getting work of cutting crops and cleaning grass. Thus, mechanization has further effected the employment of the marginalized labour population. As 36 years old woman Zubelabai mentioned the reason of migration among them,

We have dry land in our own village. We have a big family and we do not get enough earnings, so we have to go outside to work. There also, sometimes we have to wait for seven-eight days, without work. We have to spend money on



travelling. In the train some times, we have to go without ticket as well. Here we are not getting work because of medicine for grass, harvester and there is also machine for digging. Here since last 2-3 years, there are not enough crops, so we started to pluck chilies.

At the place of migration also, there is no surety that they will get regular employment. In the hamlet they get Rs 80/- or Rs100/- per day. Sometimes, they get contract to water crops, in that they get 6-7 sacks of grains. They get fewer wages in the hamlet as compared to the farms they migrate to, so people prefer seasonal migration. Children get fewer wages because they are left back and even if they work, they do less labor than adults. To pluck chilies they get 3-4 rupees per kilo. For cotton also they get the same rate. One person can pluck 40-50 kilos in one day so they get Rs.100-150 for a day. Due to heavy work load, they suffer from pain in hands, legs and waist. After critical pain, to get a treatment, they are dependent on private doctors, where they have to spend by their own. It increased their financial burden. As shared by Doharilal 35 years old man,

I suffer from body pain. I have had pain in one hand for the past one year, then I went to the doctor, he gave me some lotion, but it is not effective. At the time of winter, we use an iron sickle, in the farms, so that may be the cause of this pain. We have to cut crops. If we get ill we have to spend on treatment.

At migrated places they live in tents, in open field or under the tree. So they have to live in precarious living condition. In one field they get work for 4-5 days, and then they have to go to another field. They do not get holiday if they get ill they have to lose wages for that day. At the work place, they do not get facilities like health insurance or crèche for their children. Women have to carry their babies to work and the toddlers roam around the work area. As discussed by 36 years old Zubelabai,

We do not have holidays; we only get paid for the days we work. In one field, we get four to five days work, after that we have to go to another field. We live in the farm and in the tents, at the place of our work. There we don't get a tent and we have to carry with us. Some time we have to live under the trees.

Thus, lack of facilities at working place increased their vulnerability. Sometimes women cannot go to work, due to small children, so they have to lose one person's earning for that period.

- **Construction Work**

Due to unavailability of work, some families go for construction work to Mumbai and its surrounding areas. They get 500 rupees for two people per day. They live at construction sites. In this profession too, they do not have any provision for paid holidays or health facility. They work in the sand and cement at the construction site, where they have to lift sacks and bricks. They have to go up and down the stairs. Respondent said that due to this work, they suffer from waist pain, back pain, pain in the legs and skin diseases.

- **Liquor Brewing**

Some families have trees of Mahua in their fields. In the season, they sell its flower in the market for 25 or 35 rupees per kilogram. They get these flowers for only 15-20 days. They also store the dried flowers. Some of them brew liquor from it and sell it in the community. They give it at 50 rupees for one litter of bottle. They have started to make alcohol after their settlement at this place by seeing other surrounding tribal population. Due to this, addiction of alcohol has increased among them. As Niharsing 40 years old man who is a community leader said:

Our community is left behind because of alcohol. They make it from the Mahua at home. Earlier they did not make any, but now being settled at one place and by seeing other tribes, like Gond and Korku they learn from them to make alcohol. Earlier they drank less, now they have started drinking a lot. How much can I make them understand? Earlier they had to buy, so they drank less. They bring Mahua from their field. It is available only in the season, after the Holi for a month. They dry it and make it into alcohol. From earlier years we have improved, but because of alcohol we are left behind. I feel that it needs to be banned.

- **Rearing Goats**

Few respondents said that they take goats to graze, from families who have migrated. They get 50 rupees for one goat for one month. They go daily in the morning with goats to the forest side and open land and return in the evening.

- **Going with Dera**

Some families go in the group to the familiar villages, such as villages near to their aadava village. There they take their cattle and chicken for rearing and sell it to villagers or go to the village markets. They go mainly after cutting crops in the villages, so they can live in the open fields. Field owner get benefited from the fertilizer of cow dung. They live in one village for 10-15 days and then shift to another village, when the grass for cattle gets over. They live in plastic tent during this period of migration.

Some stakeholders of the study shared this information and it was also observed during the field work, that they catch titars, rabbits and batters and provide to the villagers or they sell it in the market. They catch it from the open field. Reduction of common property resources and increase in private land is also a major reason for their migration. As they are facing difficulties in feeding their cattle at their own village side they have to migrate for it to other areas. As Om 25 years old man shared,

My father went to raise cattle in aadava village in the dera. People who go with cattle live in a tent. There people get fertilizer for their land, so they allow us to live in their fields. Two to three months, they live there. Here, in the summer, we are not getting grass. Now forest area is reducing. It comes under private property. So we have to go to other areas.

#### ***4.2.2 Livelihood Resources among Urban Pardhis***

Families are engaged in different livelihood resources round the year depending upon seasonal work. However, all family's main earning source is recyclable waste collection. At the time of season, some go to sell bangles, rings, neck lace and lamp, statues of god and goddesses in fairs at various places. They called it *Manihari*. Young males go for catering work at the marriage season. Some go for grass cutting, construction labour work and coolie work or as tempo drivers, if they get it. Some do farming at the time of rain at village side.

- **Collection of Recyclable Waste**

Women and children are engaged in collection of recyclable waste. They get waste around the year but in the rainy season, they do not find much waste because it

becomes wet. Some families have been doing this for forty years. As soon as families migrated to the city, they started to do this job. They get 100-150 rupees per day. Their daily food expenses depend on it so they have to go for daily wages. They go early in the morning at six then come back till eleven and twelve in the afternoon, sell their collected items in scrap shop, then take bath, do some house hold work, take lunch and go back again at two or three o'clock. They come back at five or six in the evening and do house hold work again. As Andishana 19 year old woman shared about her work and how her parents are engaged in the collection of recyclable waste. She said:

We go in the morning at six and at twelve go to the shop. Then come home and again go after finishing house hold work. We have to go daily and if one day we do not go we face problems in getting food. My father-in-law used to catch titar and rabbits and my mother-in-law also used to go with him for selling. But since the police made arrests of people who indulged in hunting they have stopped it. My mother-in-law started to go for waste picking after that. Now she is not able to continue because of her age so she has stopped. Basically now, our house is running on my waste picking work.

The above narration also shows that due to wild life protection and forest laws they have to engage in filthy work like collection of recyclable waste. It changed their life. This change has an impact on their health also.

### ***Occupational Hazards***

At the time of waste picking, they incur injuries from the glass pieces and iron wires. To collect waste they have to walk faraway places. In a day, they walk ten to fifteen kilometers. They have to lift sacks of heavy weight because of which they feel exhausted. They do not find places to take rest, when they feel tired. They have to sit anywhere. They do not find washroom facilities at the time of work. In the early morning, they go to collect waste, so are not able to take proper breakfast. Many times they only eat *samosa* or *kachori* as snacks in the morning after that get lunch at home or some times, do not eat anything and get only dinner at night. As Sushila 30 year old woman, shared about the problems she faced due to the work, she said:

From my childhood, I have been doing this work. We have to walk for long distances. Sometimes, I get injures on palm and legs during collection of waste. Sometimes, I feel very weak and unable to do work. Once I went and fainted

there. The shop owner where we sell our scrap had known me, so he took an auto and sent me home. We don't find proper place for rest.

### ***Sexual Harassment during Waste Collection***

Women said that they face sexual harassment, when they go for waste collection. Thus, they always go in groups. They cannot complain against it to the police because police harass them on the suspicion of theft. This shows their vulnerability. Suma, 24 years old woman said:

Some men look at us lecherously when we go for waste picking. We do not feel good and at times we react and beat them with our slippers. If we talk in strong voice then they get scared. We go in groups. If someone teases us, we use slangs or throw stones. We do not complain to police, because they are worse than the eve-teaser. If they see us anywhere they ask us, 'what are you lifting. Where do you do steal? You should not be seen in this area again. Go from here'. Without any reason, they shout? They say we are thieves.

### ***Burden of Work and Maternal and Child Health Issues***

Irrespective of their condition, women have to go for work. They work till the due date of pregnancy and soon after delivery also. After five days of delivery, they go to collect waste. Lactating mothers come back after every two- three hours. Thus, they get less money than others. Fathers take care of the children, while the mother's are out. Due to this, they start to give outside milk at very early age. As Irma 25 years old woman said that she goes leaving two month old child behind,

I have a two month old baby. When I go for waste picking that time my husband takes care of the baby. I come back in two and half hours. I get 100-150 rupees if I go for a day but due to the child, now I get only 50-60 rupees.

### ***Gender Issues and Criminal Stigma***

Men help in segregation of the waste in the slum. If men go for the waste collections police arrests them, as it is easy to target men than women due to the criminal stigma attached with the community. So they do not go. As Pradip 30 year old man shared about how he stopped to go for collection of waste,

In my childhood I did waste picking. When I grew up, police would harass us frequently and that is why I stopped to go.

### ***Earning Out of Waste Picking***

Now days, many respondents expressed that the rate of waste has decreased so they get less money. They also get less waste than earlier. They used to get this waste from open areas or from the garbage bins. Now municipality workers are employed to get waste from door to door from the colonies so workers sell recyclable waste on their own. Due to this, they get less amount of waste. They earn half than earlier years. Ridya 40 years old woman, discussed how there earning reduced compared to the earlier years,

Now a days, we do not get enough waste. There is a person with a whistle who takes garbage from people. There is a three wheeler cycle which takes garbage from door to door. They segregate waste and sell dry waste. We do not get waste due to this change. Scrap shop owners also give us less money. He says that the rate is reduced. So we get hardly 100 rupees. Previously we used to get 200-250 rupees.

### ***Caste Hierarchy and Status of Work***

There was chance for them to get involved in collection of garbage instead of other workers, but there is a belief that they are higher caste than schedule caste so their caste panchayats do not allow them to do low grade work. As Municipality wants to employ them to collect door to door waste from colonies, their caste panchayat does not allow them to do that work. Due to this, they do not get enough waste and face problems in earning. As Irma 25 years old woman shared that,

We are not collecting garbage from door to door, because it is not our work. It is Mehatar's (one of lower caste) work. In our caste it is not allowed to do low grade work. We can get punished for it.

This shows controversy in the society that however, Pardhi tribe believes that they are in higher status in social hierarchy, the lower caste like Mehatar are in better of condition due to chance to get of permanent work in sanitation field.

- **Agricultural Work**

Some families have land in the village. They have three to five acres land, which they share with their brothers. They had occupied government land. They are not provided land by the government despite the destruction of their livelihood. The entire

respondent said that their land is rocky. They take soyabin, jawar, peanuts, wheats and grams in it. They do not get enough crops so they migrated from the village. From last few years, they have to invest more but get back less. They have to spend more on seeds and pesticides. As Trimbaiya 50 year old man shared how they do farming and what problems do they face,

We learned farming by watching others. We have to work four months in the field. We captured government land. Total we have five acre land. If we invested 20-25 thousand in the field, we used to get back 50,000 rupees. But, now we do not have farming like earlier years. Earlier we were not using pesticide. Now we have to spend so much on it. This year all crops have dried. We have to invest more now. This year we had so much loss.

- **Manihari**

Some members of the family or at times the whole family goes to do Manihari after the end of the agricultural season. In the Manihari they sell bangles, rings, neck lace and lamp, statues of god and goddesses and various other items. Some also sell traditional medicine along with that. For the last 15 years, they started to go to various fairs. Few families set shops at Bhopal's new market. Their parents used to sell similar items mainly women, when they used to go village to village for hunting. That time men used to do hunting and women sold these items.

It is mainly in the summer, when they go for it. Group of families together go to the various fairs and markets to all surrounding districts and to the cities of various states such as Hoshangabad, Salkanpur and Indore and to other states like Gujarat, Rajasthan, Punjab, Haryana, Delhi and Uttaranchal. Men and women both are engaged in this. Sometimes husbands sit in the shop and some time wives. In the market, they have to sit the whole day. They live there in tents. They go for two-three months. There they face problems, because they have to live in temporary shelters, moving from one place to another. In the tents, they have to live with small children. They do not get facility of safe drinking water. Sometimes, they suffer illnesses like cold, cough and fever. They suffer from mosquito bites. As Rohan 40 year old man said that,

I used to go for Manihari from 13-15 years. We buy items from Indore and Hardwar. We sell it by migrating from place to place at market places. I have gone to the fairs in Hoshangabad, Udaypur, Jaipur, and all over India. We get



200-300 rupee for a day. Previously, I had a shop in the new market but it is taken by our other relatives. In the morning after nine we sit at the market ground till ten in the night. We need two people for the shop. We leave our children back home. Our elder son looks after them. We only take very small children with us. There we stay in tents.

Some families migrate to one place for three to four months. From there they go to nearby markets of village and towns. Picture 4.8 shows the shop of one family.

**Picture 4.8: Shop of Manihari of One Family in the Market of Bhopal**



**Source:** Picture has taken by researcher during fieldwork in the Month of February 2015

- **Other Livelihood Sources**

Some men also go to work at construction sites as labourers if they get work. They get 200 rupees for a day. Then, if they get work at the marriage for catering they do that as well. In catering also, they get 200-250 per day. Then, they do grass cutting work in the colonies or in the government departments, if they get an opportunity. Earlier, they also used to get contract to feel coolers, in the summer, in nearest government offices but after installation of air conditioner it is stopped. Thus, new technological inventions also have an impact on their livelihood options. However, whatever work they get they do and that all comes under unorganized sector, where they do not get



any facility, they do not get holidays and have to work more than eight hours and get less remuneration. As Pradeep, 30 years old man shared:

I am working as construction worker. We do not get regular work. I go for catering at marriage sites as well. We have to work for twelve hours during the wedding season. We go at eight in the night and return at eight in the morning. We get 200 rupees per day for that. Before 2-3 years, we used to go for grass cutting and fill coolers in summer. Now there is Air Conditioning, so that work also stopped. During the season we go every day. We do not get any formal holidays. If we do not go then we do not earn for that day. We often have body aches and pains due to the strenuous and continue work for the whole night.

Two families brought a tempo on loan and male members of the family drive it. They use it to move goods, whenever they get orders. They get 500-800 per day, but they do not get orders frequently. Some members of the families are involved in various activities, one works as security guard, one has government job and one goes to buy recyclable waste with handcart from the colonies. They try to find sustainable livelihood of source, which gives them assurance of earning around the year, but as soon as they start they get trapped in the stigma of criminal identity. As Druprani, 30 years old woman said:

My husband started to run small shop of food snacks but it was evicted by police. We spend 15000-20000 rupees for that. Someone made a complaint that he is engaged in stealing. Police came to arrest him and took all the material. We had to incur so much loss in that. *Business chaupat ho gaya.*

They also face problems in getting permanent jobs, due to the stigma of criminal identity attached to them. It is perceived by other community that they are criminals so they are not employed anywhere. Their life is disrupted due to the ban on hunting. After that they did not receive any sustainable alternative livelihood option so they are facing trouble now. Some of respondents feel that their earlier life was good. They used to get their necessities free of cost but now they have to pay for everything. As Trimbaya 50 years old man said:

Our life was better in earlier years, when we used to do hunting. We wandered in the forest. We did not feel the need to see faces of any one or the need to watch television or use electricity. Our house was run properly without all these. Now we have to pay electricity bill, water bill and house tax. How will we pay? Earlier we would live in the forest; today it is like one day at one place and tomorrow at another. Earlier, we need not buy anything, no tomatoes no chilies, because we lived in the forest, anywhere we went, that land was ours. We used

to take from anywhere and no one would say anything. We used to sell our rabbits and titars.

Thus, their simple life is changed and they have to struggle for survival. At one side, they have to struggle due to wild life protection act and forest laws, which banned hunting and other side; they are also affected due to new liberal policies under the name of globalization. Process of globalization influenced the availability of livelihood options and their access to basic amenities.

#### **4.3 Impact of Globalization on the Livelihood and Basic Necessities**

Globalization has an impact on livelihood of Pardhi community. In the rural areas, Pardhi community mainly relies on agricultural activities. But as respondent said that from last few years, they are not getting sufficient earning from it, due to variation in rains, so they lose in crops. They also find it difficult to get work in other's farms. They have to invest more in the farm for seeds, pesticide and for water, so if they get good money in labour work or from their fields they will invest again. But due to losses, they are not able to plough in their fields, as one of the respondent said, that they have not ploughed their land for the past two years. Some time, they have to take loan for seeds and pesticides or for daily expenses and treatment for illness, if they are not able to pay it, they give land on rent. So, again they are not able to do farming, because the agreements are for one or two years. There is an impact of climate change through forest degradation on their livelihood and food. As teacher of primary school discussed:

Ban on hunting has influenced their life. Earlier their main earning source was hunting, but now due to climate change, there is nothing in the forest and there is not much waste land like earlier. It influences rain flow. They are not getting good yield last 2-3 years. At times, there is drought like conditions and other times there are heavy rains which destroy crops. What we say about globalization, that the groups, which are already deprived, are most affected. *Kamjor hi adhik pisata hai.* (Those who are weak, becomes more vulnerable).

There is also impact of privatization of common property resources on them. Due to reduction in common property resources, they have to migrate in other villages to feed their cattle. Furthermore, they are also facing threat of losing of their land for development project (canal).

Respondents from the Pardhi community residing in the urban part also shared that their earnings decreased from earlier years. They are impacted by the up and down in prices of recyclable waste on their earning. They also suffer due to the programs of government like clean city, urban renewal mission. They get less amount of waste because now municipality has appointed staff to collect waste from door to door and removing dustbins.

Now days, people have less earnings and it has impacted on their consumption of food. The prices are increasing. Thus, their earning is not sufficient to fulfill their needs, but they have to spend for essential needs like on food and on critical illness. Due to less earning and high price rise they cook less than earlier or go hungry. However, they cannot see their children in hunger. Thus, they have to take loan or take money on credit to meet daily needs. To repay the loan and credit, they have to work more to earn more, so workload increases. Women and children face the brunt of the increasing work load because; they are engaged in waste picking. Even when they are ill, then also they have to go for work. As Ridya, 40 years old woman from the slum discussed:

There is no account of how much money we spend. Now the prices of commodities like *aata* and oil and other food items has increased but what we are selling from waste, the price of those items has decreased. The owner of shop says that from the prices have decreased at all levels. Other side we are getting less money now because the workers come to take garbage from house to house. *Pahale paise dekhe kharidate the abhi udhar lena padata hai. Rojka kharcha bhi nahi nikalta.* (Earlier, we bought items on money now we have started to take on credit. Now we cannot even make daily household expenses). We take money from others if we do not have money. At the time of rain we have to take money from others more. Prices are very high and we also get less money but we have to spend on food and for treatment if we get ill. Due to the price rise, we cook less food. Earlier we would cook food thrice but now we cook twice or once in a day. Some time if we do not have money we go hungry. Some people go for begging for one time. Earlier we opened an account of 250 rupees for saving. Now we are not able to save even 50 rupees.

Prakash 35 year old man from the rural area also said:

Earlier, we never took loan from anyone. *Abhi Ghar me kothi nahi hai aur bahar kheti nahi hai.* (Now we do not have food in the house and outside, we do not have any source of income). On the market days, we do not have money to buy items. From earlier, we have to spend more on expenses. Prices have highly increased. Now we have to pay more and get fewer items than earlier. Due to price increase, sometime we get oil, some time not. If we do not have money,

we do not go to market for two weeks or three weeks. Some days, we eat only dry chili powder without oil with roti. If we have money then we eat otherwise face crisis. Now even if we have to pass a day, for that we have to take loan and return it with interest.

Taras 50 years old man also shared:

Because of the price rise, we face numerous difficulties. How can we raise our children and take care of them. There is price rises in the bus fare, if we do not have that much of money how we will go? Here from village to Harda is 45 rupees by bus, earlier it was only 5 or 10 rupees. We do not have ration card, so we have to buy all the groceries. If we do not have money, we end up sleeping hungry. Sometimes, I feel weak due to tension. I am living under pressure, that if I will not earn then, how I will feed my family tomorrow?

The contrast between high prices and less earning also was emphasized by the social worker of Muskaan organization,

They get less waste than earlier. There is up and down in price of waste. Thus, they get less, almost half from their earlier earning. There is impact of globalization on recycling industry that has a direct impact on the person who collects waste on the street. But the prices of essential goods are rising. Due to the price increase they are not able to save. All the money has to be spent on the daily needs.

Due to crisis in earning, the migration among them has increased as compared to earlier years. Lack of livelihood source at their village forces them to migrate. Rural Pardhis families migrate to the cities to engage in construction or go to other distant villages for agricultural labor work. Now from some years Pardhi from the urban area are migrating from the city as well to set a shop in fairs of different cities of state and other states mainly Delhi, Punjab, Haryana, Uttaranchal and Jammu-Kashmir for manihari, some also settle at another city for 3-4 months and move to another area. They have to always migrate for such activities and for agriculture they have to live at village for some days then they go to fairs to do manihari. As social activist Madhya Pradesh Mahila Manch said that,

Constantly they are migrating. They had migrated from rural areas and from the city also they are migrating at other places. Like for 2-3 months they go in fairs, then 3-4 months they go to the village to do farming. They have to depend on urban resources so they have to live in more inhuman conditions and in poor sanitation. Their nomadic life style has changed. The earlier practice of living a sustainable life has changed with time. They have to buy and eat. If they do not have money they cannot eat for that day because they do not have any savings.

Due to continuous destruction in their livelihood resources, some respondents shared that they are sending their children and elders for begging. Consumption of alcohol has also increased among them. Stakeholders from outside the community shared that due to crisis of money; some of them from the rural Pardhis are engaged in theft like some youngsters are lifting mobile from the trains. The social worker and Ex-Mayor of district indirectly hints on the crises in life and involvement in thefts, said:

Their lives have been impacted due to globalization and development in their life. On one side, they do not get enough earnings and on the other side, they have to spend more on food and other necessities due to high price rise. Because of this, what they do not want to do, they have to do to fulfill their basic needs, so some of them involve in small petty thefts.

Even few of urban Pardhis have started to do pick pocketing when they go to fairs. Mainly male member do it collectively. As Nakul 19 years old man shared that how he would do various kinds of jobs and also how he is engaged in pick pocketing,

For last 2-3 years, I worked in forest management department to fill coolers. But now there is AC so it has stopped. We go to set shop in Jammu, Faridabad, Ambala, Sonipat and Panipat. *Mai kabhi kabhi jeb katane ka kam karata hu.* (I do pick pocketing some time). We do pick pocketing collectively. We go in the two- two team in nearby cities at the time of market. We take a *zola* (cradle of cloth) and then behind it cut pockets. If we are caught we are beaten. Few people do this from last 15-20 years. I am doing this from last four years.

They do not like to do pick pocketing because they find it risky. If they get caught by police they get beaten badly. Then they have to spend a lot of money for release. They feel that this way of earning money is not good. It goes on court cases, illness and on caste panchayat. As Nakul shared:

Now we have decided to stop this. I will learn to drive auto. Now it is enough. We don't like it. Also now the surveillance of the police has increased. If we get caught by the police, they beat us so much. If they take us to the police station then it becomes a case. So it becomes difficult. We have to go many times to the court for hearing, wherever, Delhi and Mumbai. So, it is a lot expensive for us. I have two cases. On one case we have to spend 30000-35000 thousand. Now I am thinking to end it, because this money does not give so much profit. We have to spend it on expenses. We are not able to save it. It goes on food, doctor, on panchayats or on police case.

Social worker from Muskaan organization also discussed, how due to lack of earning options some youth engaged in pick pocketing,

They do not have sustainable livelihood options. Forest, land and water is under control of the government. They depend on waste but from that also now they do not get enough earning. So, some are engaged in small criminal activities like pick pocketing. If they had security of livelihood they would not do it. Youth do not find work on a regular basis. Some youth are engaged in theft at the crowded places. No one wants to do this work, because they know this is very risky. If they are caught, they are badly beaten. But they are saying that they do not have education or skill and they are forced to do such activities because they need money. They have to earn and eat.

For the similar reasons, it is shocking that some of them are forced to send their children and older members to begging. In rural areas, some of the family elders, above 50 years old, are going for begging for wheat flour from surrounding villages or to the nearer towns. They live there for fifteen days or one month, then collect wheat flour by begging and return to the village. They live at the bus stand or at other open spaces. As Zubelabai 36 year old woman said:

My mother in law goes to collect wheat flour then we eat for some days because we do not have enough earning. How will we feed the children? We have to spend a lot, on food. Oil, chilly, pulses everything is expensive. If we get regular earnings, then we will not send her for begging. Now for the past 4-5 years, she is going with other people to beg.

Family member like elders and children from the urban Pardhis are going for begging at the shop side. They go to temples on the day when people come in more number and give money or food such as in Shani temple on Saturday or Saibaba temple on Thursday. As Dhokhabai 50 year old woman share that,

I am going to temple to beg on specific day like on Tuesday, or on Thursday at Saibaba temple. I use to get 50 rupees and get some food items of prasad. From 2-3 years, I am doing this. Earlier I used to go with shop of Manihari at fairs. Now I am not able to do any work, so I go for begging. My leg is not good and I have so much pain. I hurt my leg, when I slipped at the sulabh complex at the time of rain.

Thus, the families are depending on elders and children for food too. This shows the contradiction of their vulnerability, where normally elders need rest and children have to receive education.

## **Conclusion**

The observations made in the life of Pardhi community in rural and urban areas shows that as they were hunting and food gathering community, they had enough earning at the time, when they were dependent on hunting and catching birds and animals, mainly small which they sold for eating purposes like pigeons, rabbits, titars and baters. They migrated to catch this small animal and bird from village to village or sometime crossed cities and states as well. Migration during this early period was need of the hour and they moved in groups known as dera mainly in forest. Some of them were engaged in catching bigger animals such as tigers.

Their traditional livelihood was destroyed due to the ban on hunting and implementation of Animal Protection Laws. Community did not get any alternative options of livelihood in place of it. They occupied government land but did not find sustainable source as it was rocky land. Pardhi families in rural areas are settled on forest land 40 years ago after the ban on hunting. Now also few are engaged in small or big hunting illegally. Small catch they used to sell for eating purpose, which also has demand from citizens of other communities.

So, few of them even now go with dera in other surrounding areas and citizens are also allowed to live in their open fields, because they get fertilizer for their fields from the cattle of Pardhis. But this is not their main earning source. After ban on hunting, community faced crisis, then they settle on a forest land and make land cultivable. After they started farming, there has been some financial support to the families. Many of them have settled at one place and stop moving. But after globalization from last 20-30 years, they are facing problem in cultivating land as they have to invest more in the fields.

Then, due to forest degradation and climate change, there has been negative impact on rainfall. Their cultivation mainly depends on rain water and due to irregular rains; they do not get enough earning from the fields. They have rocky land so it does not provide earning source for twelve months. Earlier they supported it with doing agricultural labour work. But due to harvester and medicine for grass they are not getting agricultural labours work in their area. Thus, from last few years they started to migrate to do agricultural labours work and construction work in nearby areas. In



the migrated areas also it is not assured that they will get work or not; it all depends on availability of rain and good crops. In the last year, due to rain, everywhere crops have been destroyed. So they get work for few days. Some started to migrate to do construction work which is also seasonal work.

In the case of urban Pardhis, they migrated from villages to the city, forty years ago due to the crisis in earnings. They settled in the city where they also get house patta for living in the slum. They started to do collection of recyclable waste and also were involved in agriculture at their villages. These both sources of earnings were enough to sustain their life, but from last twenty years due to process of globalization both these livelihood sources have been influenced. They started to get less income from the recyclable waste. And on the other hand due to prices of seeds, pesticide they have to invest more in the agriculture. They also had losses due to lack of rain or heavy rain which is the impact of climate change. So, both of these main earning sources have started to deplete.

Therefore, from 20 years they started to do manihari and for it they have to go various fairs and market places. Thus, they started to migrate from city to other cities of their state or cities and towns of other states. They do not take well to this kind of migration. They have to live in the tents and even for basic necessities like food and water they have to struggle there. They have to live far from their homes and relatives. They also get involved in other seasonal work like working as caterer or in construction work. But they do not get it on the regular basis. Due to criminal stigma, lack of education and lack of skills they are not able to secure other livelihood options.

Since the prices of essential items are increasing day by day, their burden of earning has increased. Now-a-days, they face more crises in earnings. Many respondents from both rural and urban areas discussed problem that on one side their earnings are reduced and on the other side prices are increasing, so they are facing problem to even get basic facilities. They have to cut their food intake and delay their medical treatment in case of illness.

Due to this crisis from the last twenty years begging has increased among them. In the rural areas they started to beg for wheat flour on a regular basis and elders and women



go for it, in the surrounding villages or towns. There they have to reside at bus stops and other supporting corner, so they live in very vulnerable conditions. In the urban areas also, elder and children are going to beg to the temples and at market places. For the similar reasons some of the member of the community are depending on the stealing. From the rural Pardhis, some youngsters do mobile lifting from the trains and from urban areas they do pick pocketing at market place. Thus, the process of globalization has worsened the lives of Pardhi families through shrinking availability of livelihood and other basic necessities.

## **Chapter Five**

### **Health Problems among Pardhi Denotified Tribe and their Experiences in Availing Health Services**

Globalization has impacted on the lives of the Pardhi Tribes in multiple ways. Due to shrinking livelihood opportunities at their native places, migration has increased among them. Their living and working condition has become more precarious. They faced difficulties in accessing housing, water, electricity and sanitation facilities. Their food consumption has also got decreased. Due to globalization, privatization and liberalization, health sector reforms were introduced. All these factors are definitely influencing the health of Pardhi tribe.

Furthermore, the criminal stigma associated with their identity and their culture also has an influence on their life and thus on their health. It is in this context, that the health issues among the tribe are examined in this chapter. The issues related to livelihood and access to basic amenities was discussed in the last chapter. This chapter is divided into four sections. In the first section issues related to criminal stigma is discussed. The second section discusses the cultural issues of the Pardhi tribe and the third section discusses about the prevailing health problems among the community, their healing practices and their experiences in availing health services. Finally, in the fourth section, respondent's perception about their health problems, suggestions to improve their health and effort of civil society organization for their social changes are described.

#### **5.1 Consequences of Attached Criminal Stigma**

##### ***5.1.1 Harassment due to Historical Perceptions***

Pardhis have been the victims of the historical perception, where nomadic communities are perceived as threat by the settled dominant class and caste communities to their property and culture. Due to the perception, they become victims of the suspicions in the society. When the nomadic communities started settling in one place, there was opposition from settled communities in order to force the nomadic communities not to settle near them. Dominant social groups always want to grab

common resources for their own profit. So, they were not happy when nomadic communities started to occupy or received land by state. Thus, dominant groups from settled communities threatened nomadic communities (Radhakrishna, 2000).

The Pardhi community in the study area also had similar experiences as respondents said that people of surrounding villages felt jealous of them; because they have occupied forest land and that is why they were defamed and were called as thieves. The respondents also shared the contradiction that if they had a lot of money as accusers believe, they preferred to live in good living condition despite their present poor conditions. As Zotesing 40 year old man discussed:

Other community people like Gond and Korku feel jealous of us, so they accused us as thieves. The area around us consists of five tribal villages. We had this land so the people in the surrounding area fought with us. That's why they spread rumors about us that we steal. *Bhagana chahte the* (They want to get rid of us). So, we had a fight with them as well. We decided not to leave and filed a case against them. If we are thieves and had lot of money then why would we live in huts, rather we would be living in a good house and with good facilities?

The experiences of the respondents show that how social hierarchy plays an important role in suppressing the victims. Furthermore, it also shows contradiction among the suppressed social groups as well. As everywhere tribal communities were suppressed, but in this tribal dominated area, dominant groups amongst the tribal communities have been suppressing this nomadic Pardhi community. It reflected that how being a nomadic community Pardhis are even more suppressed than scheduled tribe communities. Similar experiences were also discussed by Social Worker and ex- Mayor of the district:

We went to their place for some days. They live in very poor conditions. They live in nearby tribal village. But people formed opinion and judged them and also stereotyped not as good people. They were declared criminal tribes before and thus the stigma still continues.

### ***5.1.2 Stereotypes against Pardhis being Nomadic Community***

There are perceptions in the dominant group from settled communities that nomadic communities do not want to do hard work. They are lazy. They are only depend on stealing (Radhakrishana, 2000). Pardhi community is the victim of this perception.

Among the stake holders interviewed, some have these prejudices towards them. They believe that Pardhis cannot change. Many respondents from the Pardhi community share that they are not engaged in theft but few stakeholders reported that some people from the community, mainly youth are engaged in stealing mobiles from the trains and engaged in pickpocketing at crowded places. Police officer said that they engaged in breaking into houses as well. They do engage in criminal activity not in their place of residence, but in the outside areas. Police said that, they never find proof against them. In very few cases police arrested Pardhis. As senior police inspector from Kamalanger *Thana* (Station) of Bhopal city shared his view that,

They commit thefts, otherwise, how would they fill their stomach. They do not know hard work. Crime is in their blood. Almost 90 percent are engaged in theft, but they are not accepting it. They set their dera at one place; they do not commit theft in the area of residence but do it in the surrounding districts. They do crime in other settlements, so police cannot hold them responsible. They are lifting mobile. We find it difficult to catch them. If we arrest them, they do not accept crime, even after so much of beating as well. They do some black magic. They throw some necklace on people. Due to this people cannot awake from sleep. They do not leave any proof, so we cannot arrest them. But once in a while they do get caught in some crime.

Anganwadi worker from the village also said:

They do not do any hard work, only work in their agricultural field. They go to hunt titars and rabbits and grow Mahua in their farms. They sell alcohol as well. Even children aged ten to eleven years also drink. They also steal. They say that they go outside to work. Here, we have never seen them go for daily wage work. So from where do they get earnings? Thus they have to do theft. They snatch mobiles from trains. They are very lazy people, their children are cooking food. They all consume alcohol, even women do. So, how will they make food?

Opposite to these views, it is observed that in the community, they have routine day to day schedule. In the village, women are seen cooking in the morning till 10 or 11 am, they take meal and all of them go for work in the farms or some go to raise goats. In the city women get up in the early morning at five or six, and go for collection of recyclable waste then come back at ten or eleven, do household work and cooking then again go after two or three in the afternoon and come back at five or six in the evening and do household chores.

Many other stakeholders, who work among them for their development shared that Pardhis are harassed by police on the account of their criminal stigma. A Professor of Hamidiya college highlighted the problem of police harassment and his experience with the Pardhis:

In the police records they are mentioned as a criminal tribe. If they were big criminals their economic status would be high but as we see them they are living in the huts. They do not have facilities to live a good life. The job they used to do earlier like catching titar have come under criminal activity. They are hard workers. Police always doubts them. In one incident before some years at my village side, we found dead tiger in our area. That time all the Pardhis from surrounding area left their residential places in the fear that police will arrest them. If something happens, police and forest officers put their eyes on Pardhis because police and forest officer collect money from them in the form of bribe.

### ***5.1.3 Harassment by the Police Authorities***

The Pardhis become victims of suspicion for any theft in the area due to criminal stigma. Even at the place of work, if there is something missing, they come under suspicion. Under such circumstances, sometime they are forced to run away from the village. Even, police arrest them under the suspicion of crime. Respondents said that the police arrest them and take money from them in the form of bribes. They face problems after the arrest because they have to spend more money as bribes or for presenting case at the court. They also face physical and mental harassment by the police after arrest. As Bharmanabai 50 year old woman shared her experience that how they become the victims under suspicion of crime in the society,

Police comes under suspicions and records our names forcefully without any cause. There was a theft and the police forcefully arrested my son, this summer. They took bribe from us to release him. We do not engage in stealing, but people still suspect and scold us. They say the reason that you Pardhis live in this area, so you can steal. We have to give 1000 or 2000 rupees, as a form of bribe, when the police catch us. My son was beaten and roughed by the police.

Thus, if any crime happens around them, they were arrested by the police. After arrest, it becomes difficult for them, as they have to spend more money for their release. Due to this, they have to cut their household expenditure. Thus, they face crisis. Niharsing 40 year old man described these problems in his own words. He said:

Our ancestors led a nomadic life. Pardhis have always been perceived as bad, because of our nomadic lifestyle. If someone gets caught then the bad name is for all Pardhis. In all communities some person are thieves but we are defamed. If something happens then our people are caught. Most of us do not have a house patta, thus we face difficulties in getting them out of the custody, whenever, we get arrested and we have to give money. Due to this, we always face problems in feeding our children and fulfilling the basic needs of the family.

Pardhis from the city are more prone to police harassment because of their engagement in collection of recyclable waste. Police and other residents of colonies suspect them for every crime in the locality. Many respondents shared that police arrest them anytime, when they go for collection of waste or at the time of manihari. So they live in constant fear of police harassment. After arrest they have to pay money for the release. If they are put in jail and they have to go to the court they have to spend additional money on advocate and transport of every hearing. As Sushila 30 year old woman said:

Police harass us many times. I return from jail after a month. I was at Vidisha jail. I was with my brother-in-law for waste picking. In the area somewhere a theft happened and they arrested us. Now also a case is going on. We have spent money on travelling and on lawyers. They tortured us very badly in the police station. They beat us and gave electric shocks. Police takes around Rs. 1000-2000-5000 or sometime Rs. 10000 to release us. People commit theft and we are blamed and charged. Day before yesterday, one girl was arrested. Someone saw her and she felt afraid and ran. We were a group of 3-4 women out for waste picking. At that time, we did not know about this incident. Police came and started to ask us about theft. One police man came towards me and started to beat with his belt and asked me... where are you living? That time I had a shawl that I wore in the morning for cold which was kept aside. He asked me about the shawl? Whose shawl is this? Did you steal it?

Due to the police arrests they have to take loan to secure release and spend in the courts. They have to spend their savings and their jewelry. Sometimes police makes false cases to earn money from them. As Social Worker from Muskaan shared that,

Police arrest anyone randomly if robbery or stealing happens somewhere. A major portion of their earning is spent on police to release the accused person. Sometime they have to take loan. But they do not have a regular earning source, which can help them raise such amount of money. Police arrest them mostly at the time of Holi and Diwali festivals. Because that time Pardhis also get more money from the waste and from the shops.

Police arrest some person for the theft and force them to accept it or to tell other person's name. They can arrest a person from anywhere so the people live under immense pressure. Sometimes police do not follow the rules, they put people in the jail without taking them to court or by not sending children to juvenile home, or women to jail for women. Rohan 40 year old man shared that how their community lives under pressure of police harassment,

Last year one boy of 15-16 years old was arrested. He was beaten so much that he was forced to take names of other people from the community and police arrested them. Police made 5-6 thefts on his name. Police kept him eight days in custody without presenting his case at the court. Police beat him very badly and did not give him food. Sometimes police even arrested people, when they go to toilet. For us this life is burdensome and we live under threat always. If someone is seen eating at the temple, police even picks him from there.

But now compared to earlier times, police harassment has decreased after the one suicide of a girl due to humiliation in the police custody. The community has gained awareness, on false practices of police due to the effort of Muskaan organization. Organization created awareness in the community about how they need not give money to the police illegally. Police cannot put person in Jail for long days without presenting them in court. Children have to be sent to juvenile homes and women to jails for women. So now community raises its voice collectively when police indulge in false practices.

#### ***5.1.4 Lack of Earnings and Involvement in Petty Thefts***

Some stake holders said that some of them are engaged in small thefts, because of lack of earning sources which we would find in all communities. As an advocate and social worker discussed:

They involve in criminal activities due to economic crisis. In Harda city Pardhis are collecting waste so often they lift other's goods. Pardhis who go to outskirts they also do small petty thefts, but they are not engaged in looting. Others are not giving work to them so one can guess how much they will earn from waste picking? Some time, we found one or two cases from Pardhi tribe in big loot. If they do not get work or jobs and do not receive anything to eat what will they do? They do theft. We heard about mobile lifting but have not seen any cases here. Earlier they were engaged in catching titars and rabbits but that is banned now. So they are doing theft.

The headmen of Pardhi community share that how the whole tribe is defamed due to some person, which could be found in any community. Due to this stigma they face discrimination in the society. They are not getting work in their surrounding areas, due to stigma of being criminals, the headman said:

There are few people engaged in stealing. What will they do in crisis? Is there a community where there are no thieves? Then why are only we called a criminal? Here many people are unemployed. There are many people from other community who are thieves and dacoits, then why is only our community pointed out? In the school also our children are teased by saying you are Pardhi, you are thieves. In the Chambal, there are various dacoits from upper caste people. But why our whole caste is defamed by calling it a thief's caste.

Therefore the stigma associated with nomadic tribe pin pointed for their little crimes and discriminated and marginalized in the society. However, we can see the larger reasons behind it which is misconception about their life style and culture. Thus, discrimination at every level affects their life and marginalize further. Some respondents discussed that lack of employment is a major reason behind the criminal activities. As discussed in the last chapter due to globalization there are less employment options available thus there is a possibility that crime have increase in the society. Due to criminal stigma attached, they are poor and due to poverty some of them are engaged in criminal activities. These become a vicious cycle and they are trapped in it. The process of globalization not helped them to break this cycle.

## **5.2 Customary Laws of Pardhis**

### ***5.2.1 Clans among Pardhis***

There are different clans in Pardhis. There are two clans of Pardhis living in village Kajle and Singare. They have endogamy that is marriage within the clans. They do marriage among families in the hamlet or in the surrounding villages or with the relatives from border villages of Madhya Pradesh and Maharashtra. Among the Pardhis living in city have clan like Sisodiya, Chavan, Pawar, Solanki and Nimad. Nimad, Chauvan and Sisodiya are at higher level, below them are Pawar and Solanki and below them are Chavan, then at the lowest rung, there is Nimad. They celebrate Holi, Diwali and all Hindu festivals. But worshipping the goddess Matamay is more



significant for them. They go to village for celebration in the month of March at the time of Holi. The much of earning is spent on this festival. They believe that they are higher status community. They do not eat food from lower scheduled castes.

### ***5.2.2 Existence of Caste Panchayat***

The community has a strong hold of caste panchayat and customary law, who have their own rules to maintain social order. It is headed by men and puts more pressure on women and youngsters. They try to solve their disputes through it. As police are harassing them so they do not approach the police station frequently and hence they follow rules and customs of panchayat. If someone goes against the rules, then there are extended punishments in the form of money, beating or they could be outcast from the community also. Inter caste marriages is prohibited. If someone does inter caste marriage no other community members eat food cooked by women. The person, who is outcaste by the panchayat, they are not allowed to touch anything from the house of any person in the community. They cannot participate in worship of their Goddess.

In the community, marriage is arranged by elders in the caste panchayats and it is forced on children. Age of marriage for girl is 14 or 15 and for boy 17 or 18 years. Sometimes marriages are fixed after birth immediately like when it is decided by elders, 'take my daughter for your son and give your daughter for my son'. Thus, marriage happens within the same family. They called it *aatta-satta*. There are some cases observed and told by various stake holders, that when their children grow up, sometimes they do not like each other and like others, and establishes extra marital affairs. After that, they have to give penalties in the panchayat. They have to return money spent for the marriage. So without any immediate help they have to gather big amount due to which, they face financial burden. The other consequence of relation in *aatta-satta* is if in one family problem started between husband and wife or daughter-in-law harassed by in-laws then it affects the other family as well. There are no restrictions on remarriage for both women and men and they can do it easily.

In order to pay penalty to the panchayats, the families have to spend more money and have to take loan on their land. In one of the case, where a married boy and another married girl ran away for one month, the father and mother of the boy was captured by the girl's family and they had to stay with family of girl for one month in her

village, after they found they were released. So, they had to incur a loss of earning for one month. As Sanju 43 years old woman discussed:

Our son did not want to keep his wife and brought another girl. So for that the panchayat asked us for 2 lakh rupees. From where could we bring this money? We gave our land to be plucked by others for two years. Our son ran away with another girl. That girl was also married earlier, but she did not liked her husband and our son did not like his wife. So they eloped together. Now our son left her, so he had to be punished. Girl's parents kept us in their custody for one month.

Nakul 19 year old man also shared how much money his family spent on panchayat,

We have a loan of 1.5 lakh because of expenses of caste panchayat. In the case of elder sister we spent one lack rupees because her husband would fight with her. From last three years he did not come, so we asked her, if she would like to marry another man. She said yes. Then we took 50,000 from them. So we gave that money to repay loan. She did not live with her new husband and went back to her ex-husband. So, for her panchayats we spent one lakh. Then I also had a fight with my wife. She went to her family and her parents kept her for 5 months. So in that case too, we had to spend on the panchayat. I brought her again. I have given her parents 24, 500 rupees. So in this way we lost our money.

Thus, the families have to spend big amount of money on caste panchayat in case of breaking any rules. They take loan for it. It increases their financial burden.

### ***5.2.3 Rules for Women***

The observation of the study shows that at present women have many restrictions in this community too. In the community women have to put their cloth in one side. They are not allowed to sit on bed. Only women's family can eat food cooked by her. Other men do not eat. Property of family goes to sons. Girls do not have any right on the property of the parents. Like in other communities, the household chores like cooking, washing, bringing water is the responsibility of women. Despite earning they cannot spend it for themselves. Women and girls have so much pressure of following rules and earning. They follow custom of bride price where at the time of marriage, husband's family need to give money to the girl's family. After marriage, women have to earn money for the husband's family. Women face domestic violence too. As Suma 24 year old woman said:

Here all the girls are very unhappy with their parents. Girls are not allowed to go anywhere. They only go outside for waste picking. In our community, in-laws need to give money to girls' parents, so after marriage they take it back from girls. They have to go daily for waste picking. We are main earners in the family, but we cannot spend money on ourselves. If we buy one dress for us they beat us. If we get less money then also they beat us. Husbands ask money for drinking and gambling.

In the community, they follow concept of purity and pollution. Women have to do delivery by themselves. Someone can give pressure on stomach before the delivery, but after delivery, the woman herself has to cut cord and give bath to child. After the delivery, no one touches the woman for three to five months. She has to sit separately. She is not allowed to cook food. After the menstruation circle also, they have to sit separate for 4- 5 days and not allowed to cook food.

Women have to face violence at home from their husband, in-laws and in caste panchayat and they also have to face violence in public places from police and other community members. One of the respondent said that in the community around six girls had committed suicide due to such pressure. As social worker of Muskaan also discussed the problem:

They have to face violence from outside but inside the community also they have so much violence and pressure. They have to follow rules of caste panchayat. They have aata-sata relation so their marriages are decided before birth. If someone does not want to marry after 10 years to the decided partner so? If someone wants to take drastic step in life he/she has to run or end their life.

There was one female respondent who ran away from home and started living with man belonging to other caste. Her mother and father had died when she was young. Her uncle did her marriage. She face harassment from husband thus did not want to live with him. So, she came back and after that eloped with other caste boy. They both run away and are living together. At present, she is not having any contact with her community. She faces fear to go to visit because she not had presented her case in the panchayat. After a year, her partner had married another girl due to his family pressure but he has relation with her also. Her husband is staying with his family and occasionally visits her. She is living in rented home. At the time of study she was pregnant. She was facing loneliness because her partner was not living with her. She did not have support from any family member. In the

neighborhood, she was not revealing her identity as Pardhi because of the fear of harassment, so she was not mingled with them. So, after taking the drastic step she is facing these problems.

There was another case in that also girl has eloped with other caste boy. They had marriage and living in another slum. They had two kids and their life going good. But the girl has to face isolation when she visits the slum. She has to follow community rules. In her case also she had not revealed her identity as Pardhi in her neighborhood due to fear of harassment. It is observed that, both girls have taken education from Muskaan organization. They are the first who have received education till the tenth in the community.

Both girls are facing problems due to drastic step taken by them but despite it they do not want to return to their old community life where they found harassment and backwardness. They want to change the situation of their community. The progressive changes among them happen due to awareness of Muskaan organization thorough providing education facilities. But at another side, after these incidents community member not allowed their grown up girl to take education. At present no girls after age of ten in the slum is taking education. This shows the rigidity of the community.

Literature shows that in the Pardhi tribe, women have more freedom but presence of contradiction they are facing more problems in the community and outside the community. The reason of it given by the women activist of Madhya Pradesh Mahila Manch, that the community is facing violence, harassment and exploitation in the society. This increased isolation of the community. Increased external violence becomes a cause to increase violence in their community. Thus, this made the male member's to suppress who are weak in their own community thus; women and children become more victims of this. The observation also shows the contradiction that in the age of globalization, the community like Pardhi is becoming more isolated and following rigid rules of caste panchayat. Thus, in these contexts their health issues are examined.

### **5.3 Health Problems, Healing Practices and Experience in Availing Health Services**

It was found that, Pardhi community have heavy burden of health problems. Women suffer more due to general health problems along with reproductive health problems. So to make an understanding, their health problems are divided into two parts. In the first part, general health problems among the community are discussed and in the second part, reproductive health problems among the women are examined.

#### ***5.3.1 General Health Problems***

Due to the poor living and working condition and poor nutrition, community suffers from many illnesses. Further, women suffer more due to heavy work load of the household chores, child rearing and outside work. Due to unhygienic conditions of living, contaminated water and due to chemicals used for plants in agricultural and cement in construction work, they suffer from skin diseases like itching, blisters on their body, eczema etc. They also suffer from musculoskeletal disorders due to heavy work load. They suffer from perpetual pain in waist, leg, hand and knees and back aches and also joint pains. As Niharsing 40 year old man discussed:

Some time, I suffer from pain in the hands, legs and waist. I get joint aches. Sometimes, I used to have itching on my hand and legs. As we go to pluck chillies, our eyes and whole body gets burned.

As collection of recyclable waste is the main livelihood resource of urban Pardhis, they constantly come in contact with dirt. Since, women and children are mainly involved in the waste collection; they suffer from more illnesses than men. Due to contact with filth and poor nutrition they suffer from infectious diseases, like tuberculosis. As Aandishana 17 year old woman shared about her experience of treatment and the reason for not going to government hospital,

I have TB. My treatment is going on. Now I feel better. I was very weak before. That time also, I went for waste picking. I am taking treatment from private clinic. In the government hospital, I have to spend a lot of time so I did not go there.

Women and children have to walk for long distance in search of waste with heavy load. At the time of collection of waste due to broken glass or iron they get cuts on the palm and legs, thus they suffer from injuries which lead to septic and gangrene. Some

time they suffer from dog bites, who wander around the garbage. They suffer from skin diseases like itching, eczema and blisters on their body. As Druprani 30 year old woman shared:

Sometime we have cuts, injuries from pins, glass or iron on the palm and legs. Sometimes we have itching. Now, also I have itching on the palm and I brought an ointment for that from medical shop. We become ill in the winter or in the rainy season more because we go early in the morning. Recently, I had fever. Sometimes, I feel weakness and have body ache and stomach pain. Once, I was bitten by a dog.

Many respondents reported that they suffer from weakness and feel exhausted at the time of work as they face trouble in breathing and feel dizziness. These symptoms suggest that there are cases of anemia and malnutrition among them. As Suma 24 years mentioned that,

I have weakness and feel exhausted at the time of walking. I went to take treatment and the doctor said that you have less blood, so you have weakness.

Social worker of Aranya organisation also discussed the malnutrition problem among them,

Nutrition level is very low among them. Many women and children are protein deficient. We can find symptoms of it. Like hair colour of children and eyes of children.

Due to unhygienic food, unhygienic water and poor sanitation, they suffer from stomach problems like stomach ache, vomiting, worm infection, dysentery, bloated stomach. They also suffer from kidney stone and piles. In the city, at the time of waste collection, many times women and children eat food from the waste, when they are hungry or they eat leftover food given by residents. As 30 year old woman Sushila said:

We get ill because we do not clean our hand to eat food because we are so hungry. In the godown of garbage/ at dustbin if we get food we eat that. We feel so hungry. Sometime, we eat stale food given by the resident of colonies.

Due to unhygienic condition and low immunity, they also suffer from measles, swine-flu like communicable diseases. They also suffer from malaria and other vector borne diseases. These problems are more acute in slum areas. In the slum, there is big sewer

line due to which the residents suffer from many illnesses. As Sanju 43 years old man shared in group discussion:

Here we have problem of a big sewer line. Drinking water pipe goes adjacent to it. Water pipes are also leaking. So water is contaminated. There are small sewer lines near the hand pump also. Thus, we get sometime dirty water, which has bad smell. And when it settles we can see a layer of dirt at the bottom. Here we have lot of mosquitoes. That's why we suffer from different types of infections. The bites turn into some kind of blisters. *Ankhoki roshanipar asar pad raha hai* (I also feel that the eye sight is also become weaker day by day).

Community reels under the pressure of day to day earning, tension of expenditure on essentials needs, future of the children and police harassment. Thus, there are patients with irregular blood pressure. For similar reasons, they face psychological disorders like loss of appetite and sleep deprivation. There are suicidal tendencies among them and there are some cases who committed suicides, for various reasons. Member of Mahila Manch mentioned how suicide is acute problem among them,

I think between 2007 and 2011, total 7 girls committed suicide. Girls of 15-16 years old are facing burden due to police harassment, pressure of marriage, pressure of earning and type of livelihood source which is waste picking and love affairs. There are issues of external and internal violence. There are also suicide cases in the men as well.

For similar reasons there is addiction of alcohol and tobacco. Due to these addictions there are cases of liver damage, kidney failure, tuberculosis and cancer. Saraslal 35 year old man shared:

In tension, people drink alcohol. I lost one brother in an accident and the other brother ran away from home. One died due to swelling of liver. Last year, I had stomach ache and vomited blood; it came 2-3 times. Doctor said there is ulcer in my stomach. It was because of ganja and alcohol. After that, I started to consume less.

Social worker of Muskaan also shared:

They have to spend daily on alcohol. Many people died due to it. The medicines don't help them in such conditions. They eat gutakha as well. Some women also drink daily. Some lactating mothers also drink. From last few years, there is an increase in the cases of TB.

There are problems of eye and ear infections. Elder people suffer from cataracts. Due to marriages between close relations, there are cases of congenital disorders also. There are person with eye disorders and handicap person. There are also injuries and deaths due to accidents as they have to travel frequently. They also suffer from more illness when they migrate for work. They have to live in tents. They suffer more from cold, cough and fever. Due to contaminated water, they get typhoid and jaundice. In the open space, they face more mosquito bites and then have malaria and are prone to snake and scorpion bites. As Nakul 19 year old man shared the difficulties they face when they migrate,

In living outside we have to face difficulties. We have to drink whatever water is available nearby and village to village water change. In the heat also, we have to work for the whole day. We suffer from mosquito bites. At place of migration, we get more ill. We suffer from cough and cold. Sometime we suffer from jaundice, typhoid and malaria like big diseases.

Nowadays, they immunize their children but if they are out of town for work, some time they miss it. There are sudden deaths among the children as Suma 24 year old woman told about death of her two children:

I had four children. One died due to typhoid. We did treatment in government hospital near Jawahar Chouk, but she was not cured. She was four years old. Second one had stomach pain, we do not know what illness it was but he screamed whole night and died before we reached the hospital.

There is an impact of adulterated food items and use of chemicals on the food items on their health. Due to this, many respondents shared that, in the present day, they have more health problems, unlike in earlier times. As Dhokhabai 50 years old woman told:

Earlier there were not many cases of illness, because there was good food. Now everything is adulterated. Now coriander, chilly and everything has mixtures. In soybean oil they are mixing mahuas oil. It creates problems. We bring unpacked oil that gives bad smell. There taste is also not good. Earlier there was good material and was cheap also. Now farmers are using chemicals on food grains. Thus, how can people have good health?

The government destroyed traditional food of the community and makes them dependable on subsidized food which is full of chemical. This shows the implementation of wrong policies by the government. Professor of Hamidiya College discussed that,



Pardhis traditional food has disappeared and they have to eat food that has chemicals. The government has got ownership on forest products now and one rupee kilo grains which are full of chemicals are given to them. So this is not good for their health.

The changes in the livelihood and life style of Pardhi community have an influence on their health status. The data reveals that Pardhi families have heavy burden of general illness and diseases like malnutrition, viral illness, various infections, communicable diseases, vector born diseases, skin diseases, musculoskeletal disorders, congenital disorders and psychological disorders.

### ***5.3.2 Reproductive Health Problems***

Women suffer from sexual and reproductive transmitted diseases due to poor sanitation and lack of bathroom and toilet facilities in the living place and at work place. Due to early marriages, there are early pregnancies and early deliveries among women. Many women are not aware about family planning methods so there are number of pregnancies and fewer gaps between two children. Many of them do not go for antenatal and postnatal checkups (ANC and PNC). They are afraid of eating tablets, as they feel like vomiting after having it. They also have fear of going for blood test and urine test. Due to this, the delivery cases are mostly high risk. There are more numbers of home deliveries among them. As Saibai 35 year old woman discussed the process of childbirth among them,

At the time of any pregnancy, I have not taken medicine or injection. Because of medicine we feel burning sensation. At the home, my sister-in-law helped me at the time of delivery. After delivery, we only manage the post partum care. Wash cloths, cut umbilical cord. No one touch woman after her delivery. I had all my childbirths at home.

Women shared that at home they get more emotional support at the time of pain but in the hospital they feel pressure from nurse staff. They also said that in the hospital good care is not taken. They are beaten and shouted at. So, they do not like to go to hospital. Women also share that nurses and *aayas* (helpers) in the hospital demand money from them. As Suma 24 year old woman shared her experience of the of delivery at home and why they do not go to the hospital for each delivery,

In our community, we do delivery at home. In the government hospital, nurse becomes angry and uses bad words if we shout loudly because of pain.

Madams are beating us. She beats women in pain and threatens them. In the government hospital also they demand money. They demand 500-600 rupees for delivery, for not having any trouble. If we do not pay, they beat us so much and become angry. They ask us to leave. So we are afraid to go there and do not prefer to go there. After birth, we cut the cord when all material comes outside, after half an hour. If baby does not cry or is not able to inhale oxygen, we press the cord. It is not done by the nurse. In the hospital, they do not allow to press stomach. So we do not go there. I have childbirth at home.

Delivery at home is more risky because no one touches the woman or the child after the childbirth and the mother has to cut the cord by herself. They have to clean child by themselves. It is believed that if someone touches them, they have to sit with the woman for five days. At critical time, in both areas rural and urban, they call doctor home or go to government or private hospital. But, in that case also, many of them do not stay for twenty four hours after delivery which is necessary. Women face complications at the time of delivery like prolonged labor, high blood pressure or low hemoglobin. If delivery does not happen early, doctor gives injections to increase pain. But, now-a-days, in the city doctor does not come for first delivery because there was case in slum where a child and mother faced more complications. As Chandra 20 year old woman shared about her complicated process of childbirth and how private hospital denied treatment to her,

My first delivery was in Khandva. I had so much of cough and had blood in it, before one month of delivery. So, here nurse madam checked me, and told me to go to Harda at district hospital so I went there. From Harda, they referred us Khandva, in another district hospital. They said that yours is complicated case because you are very weak. So, my mother-in-law took me to Khandva for delivery. They took me first to a private hospital. Then, from there, I was taken to a government hospital. Private hospital denied treating me. They said go to government as it is very serious condition. So, we went to government facility and had delivery there.

Balwadi (Children Center) worker of Muskaan shared one case of complication and expenses of it,

There was a case, where at the time of the delivery, dirty water went into the child's mouth, so his stomach was swollen. They went to a private hospital and had to spend around twenty to thirty thousand rupees.

Women also suffer from miscarriages and abortions due to heavy workload, lifting weight and stress. Due to extreme poverty and being main earner of the family, women have to work till the time of delivery. Thus, they face more complications in

the pregnancy, at the time of childbirth and after it. As Saibai 35 year old woman said:

I had two abortions within 2-3 months of getting pregnant. Due to hard work and I was also ill at the time of abortion. I had high fever, which was diagnosed later as malaria. I went to the private doctor at that time. It went on for one month. And second time, I slipped my leg and fell down, when I went to collect water.

Sushila 30 years old woman also shared her experience of abortion,

My three babies did not survive. I had abortion twice and one died 12 days after birth. We have to earn and eat. My husband does not have a constant job. I worked till the date of delivery. One time I was at work and I had some cramps then someone asked me to go home, because I was about to have a baby.

Social worker of Muskaan also shared that due to early marriages and heavy workload, women have abortion and miscarriages,

There are early marriages among them and girls as young as fifteen years old have children. After menstruation starts, they feel that girls are grown up, so they get them married. Early marriages lead to early children. They have much load of work. Many women go for waste picking till their due date of pregnancy. Thus, there are abortions and miscarriages among them.

Women in her reproductive age undergo number of pregnancies and childbirth. Pardhi families prefer to have both boys and girl so, if they had girl they wait for baby boy and vice versa. They are not using any family planning method to maintain distance between two children. They decide marriage mostly in aata-sata which works by exchanging daughters and sons. They give daughter and bring daughter-in-law from the same family, so they need equal number of sons and daughters. Young generation has started to go for family planning operation after four to five children. Some women reported that they had waist pain and pain in abdomen due to family planning operation. They do not find clean washroom and toilet facility at their own place and at the work place so they suffer from reproductive and sexual tract infections, like white discharge and itching over vagina. As Vanitabai 37 year old woman shared her pain,

I have itching while urination. Many times I have taken treatment from Harda town, while taking medicine it cured then again it started after some

time. Then also, I have white discharge and also suffer from stomach pain at that time.

Some women face problems related to menstruation such as heavy bleeding, excessive pain and irregular menstruation so they are not able to do any work at that time. As Rubelabai 36 year old woman reported:

My menstruation is not regular. Sometimes, I have menstruation twice in a month. At the time of menstruation, I have so much pain, that time I was not able to do much work. I am facing this problem only recently. Because of shyness, I did not go to the doctor.

Some women also face trouble in conceiving, but they are not able to take full treatment for it. They are mainly using private health services, where they find treatment expensive, they also have to travel many times, so they cannot undergo full course of treatment. Among the Pardhis also, if wife was not able to conceive, husband go for a second marriage. Women face trouble, if they do not conceive and produce children. Sarnabai 32 year old woman share her pain,

I do not have any children, but have regular menstruation cycle. Due to this my husband did second marriage. We all are living together. He gives more attention towards younger wife. They both harass me so much. I am taking care of his children but children curse me. My husband beat me. They keep fighting with me. I feel like dying. I gave birth to one daughter, she died. After that I could not conceive again. I was married in childhood. My uterus was cleaned when my child died; I think because of that I do not have any more children. I showed once in a private hospital. They said that they will do treatment for nine months. But we need money for that. That's why I did not get treatment. My husband says, what will we do with your children, we already have.

This shows the helplessness of women because they are not able to conceive. They cannot take benefits of modern medicine and technology due to lack of money. Because they are not able to produce children, they have to bear humiliation in the family. This again shows the contradiction of being nomadic women where status of women is high. This shows the changed status of women in these communities too.

It is found that due to lack of sanitation facilities, malnutrition, early age pregnancies and deliveries, heavy workload and lack of awareness women have heavy burden of reproductive and sexual health problems. Women suffer from

RTI, STI, and complication in the menstruation cycle, pregnancy and delivery. And, at the end, the lower status of the women in this community too, makes them more vulnerable.

### ***5.3.3 Availability of Government Health Services and Experiences in Availing Health Services***

Availability of government health services is important to avail low cost health services. So, availability of government health service and experiences of the respondent in availing health services are observed in the study area. Availability of government health services in both rural and urban areas are discussed in the first part of the section and experiences of the respondent in availing health services are discussed in the second part.

#### **Availability of Government Health Services in Rural Area**

The Accredited Social Health Activist (ASHA), Sub-Centre, Community Health Centre or Rural Hospital is important government health facilities for rural part. In the urban part, Urban Social Health Activist (USHA), Health Post, Dispensary is providing government health services. Anganwadi centre or ICDS centre are playing major role in providing services related to child and mother health and district hospital are important to provide multi specialty services in both areas. So, all these health services provider and facilities are observed in the study area.

- **Accredited Social Health Activist (ASHA)**

ASHA is working in the community from 2013. She is from the main village, from Gond tribal community. She helps women to go to health center for prenatal and postnatal care and for childbirth. Her responsibility is to take care of them and give information of health services. She visits Pardhi hamlet if there is some work. ASHA is facing problem to convince Pardhi women to have institutional delivery. Pardhi women do not feel comfortable in government health facilities due to hostile behaviour of the health workers. Due to lack of awareness, many Pardhi women not go for antenatal and postnatal checkups. Very few women contacts ASHA in critical condition at the time of delivery and have institutional delivery. Due to lack of

documents such as domicile proof and absence of bank accounts they are not able to take the benefit from the schemes like Janani Surksha Yojna (JSY) which is providing cash assistance to women for safe childbirth and Ladali Laxmi Yojna for the development of first girl child as part of save the girl child campaign.

- **Anganwadi Worker**

Anganwadi is in the main village which is two kilometre from the Pardhi hamlet. There are total 120 children enrolled. Anganwadi worker said that she provided information on health education to the community like sanitation, hygiene, family planning and education. From Pardhi dhana, there are 50-60 children, but they do not go daily because it is far. Some Pardhi children used to go in the anganwadi on Tuesday. On that day children get special food. Due to similar reasons few pregnant and lactating women from Pardhi community go to take supplement food from there.

- **Sub-Centre (SC), Primary Health Center(PHC) and Community Health Center (CHC)**

Sujanpur village comes under SC, Radpa. Under the SC there are six villages. It is affiliated to the PHC, Danaicala and it comes under CHC, Mandia. They refer patient to the Harda district hospital, because PHC and CHC are far from this village. Auxiliary Nurse Midwife (ANM) is working in the sub-centre and doctor visit once in a week. ANM visits village once in a week. ANM is not residing at the sub centre because she is from neighboring village. ANM faces difficulties in immunization of Pardhi children due to migration among the families. Pardhis are not going to Sub-Centre because it is far from the Pardhi dhana. It is at the distance of about 3 kilometers and no transportation facility is available to go there.

- **Harda District Hospital**

The hospital has Out Patient Services (OPD) and Inpatient Services (IPD). It also has lab services and there are 46 types of tests, which they do. Ultrasound and X-ray services are available. With public private partnership they provide CT scan facility. It is a 100 bedded hospital. They do not have blood bank facility. They also do not have specialists, such as neurologist, orthopedics. Intensive Care Unit (ICU) facility is also

not available, so the high risk patients are sent to Indore or Bhopal. At the time of critical condition, many Pardhi families go to district hospital for the treatment.

### **Availability of Health Services in Urban Area**

- **Anganwadi**

There is Anganwadi in the slum from past 20 years. Around seventy-eighty children of age group three to six years are enrolled. But daily 30-40 children are going. All eligible Pardhi children are going because they get food there. They sit for some time. Pregnant and lactating mothers also receive food items. ANC and PNC checkups are done in anganwadi. ANM visits for this purpose once in a month.

- **Urban Social Health Activist (USHA)**

From one year, an USHA worker has been appointed in the slum. She is responsible for a population of 1,365, which is around 250-300 families. Her main responsibility is ANC, PNC and she takes women to the hospital for delivery. She takes women to Kailashnath Katju dispensary (KATJU). In very critical case from there they are referred to district hospital or Sultaniya hospital. She faces difficulties to convince Pardhi women for institutional delivery, for ANC and PNC.

The USHA worker also gives medicine to TB patient, but she was not aware about the TB patients from the Pardhi community. At the time of study, two respondents said that they are seeking treatment from the private clinic, because they do not want to spend so much time in the government facility. USHA does not have a regular pay and gets case based money like 200 for ANC and for delivery 200 but has to work hard. And also she has to spend more time, because they have to go the hospital frequently and also for meetings. For some meetings they get money for transport but for all other activities they have to spend on their own.

- **Health Post**

This is the nearest government health facility from the slum. It is at the distance of one and half kilometer. In this health post, patients get out door services, ANC and PNC checkups and immunization once in a month. From this health post, ANM visit the community once in a month for immunization activities. There is a lab, but it does

not have many services yet. All the instruments for test are not available there. Only malaria and urine test is done here. All ANC related tests happen in KATJU dispensary. USHA worker takes patients there. For delivery, they refer patients to the KATJU dispensary. Doctor visits the health post for three alternate days in a week. There is a fulltime residential post of a doctor but it is vacant from one year. Dispensary opens at eight in the morning to one in the afternoon and in the evening from five to six.

- **Dr. Kailashnath Katju (KATJU) Dispensary**

This hospital has facility of 30 beds and it mostly deals with the cases of delivery. In the hospital, they also have facilities for Caesarean section. OPD time is from morning eight to one and in the afternoon at two to five. This hospital is open round the clock. So emergency services are available, but they do not have male ward for hospitalization. If there is a more serious case, they refer them to the Jai Prakash Hospital, Hamidia or Sultania hospital.

- **Jay Prakash Hospital, Hamidiya and Sultaniya Zanana Hospital: Tertiary and Multispecialty Services**

Jay Prakash Hospital is also known as *baraso pachas*. This is a district hospital. This hospital has 330 beds and the services available are OPD, IPD, Blood and specialist. Hamidiya is associated with medical college and Sultaniya Zanana hospital is famous for treatment for delivery care services. Both of these are multispecialty hospitals. For critical illness patients are referred here.

#### ***5.3.4 Healing Practices and Experience of Availing Health Services***

During illness, some of them, first do some home remedy in which they use their traditional medicine using flora and fauna. Many families have some stock with them. So for cough, cold, fever, pneumonia, jaundice and for some sexual and reproductive tract infections, they take these medicines. As Irma 25 years old woman shared that,

We do not go to the clinic frequently. There are some forest medicine herbs of our father in law. So we take that. He collected that from forest. In earlier days he used to sell that.



Social Worker from Muskaan also share that,

Some of them know some herbs and other forest based medicine. But it is a dying knowledge. At the time of delivery if there is delay in childbirth they use some old medicine. If baby is struck, like in one case I heard that traditional birth attendant made a cut and on injury, they put some medicine's paste. If there is a pain but not in progress in that case also they have some medicine. In some diseases like jaundice they take only home medicine and benefit from that. For white discharge also they use some wild herbs. For not having children also they are taking some medicine.

Nowadays, these healing practices are also changing, since they do not get plants or animals that they used for healing. Nowadays if they can afford, they prefer allopathic medicine. Young generation started to believe that it is superior medicine which is more easily available than finding herbs. At the time of migration, they keep some medicine for cold, cough and fever with them, which they brought from medical. In the village also, Pardhi families keep some medicine with them as medicals are at distant places.

In the critical condition, some of them go to private hospitals and some go to government hospitals. In the urban areas, there are private clinic nearby slum. Government health post is on the distance of two km, dispensary is on five km and district hospital and other multispecialty government hospitals are at less than ten km. In rural area, they go to private clinic, which is nearby a village, Sagarda at a distance of five kilo meter. If from that treatment, illness is not cured, then they go to government hospital or private hospital at district place or nearby town to the CHC at the distance of 20 to 40 kilometer, Sirali, Khirkiya, Rehetgaon or Harda. Many of them, if they can manage money, prefer to go to private facilities. For multispecialty services, they go to Bhopal, Indore or Jalgaon which are around at 200 km of distance. For jaundice and snake bite they do not go to hospital, they go to traditional healers in the area. For the pain, they give stain by fire stick with the oil of some plant they called it *Dagna* to get relief from it. Picture 5.1 shows that how it looks like. As Babalabai 50 year old woman told:

After illness, we have to go to Harda or Sagarda for treatment. Most of the time, we go to private hospital. Harda is far, so we go to Sagrada. For critical conditions, we go to Harda. I have severe knee and leg pain. I took medicine and bring oil from the medical shop for massage then also I did not get well. We stain it by fire stick with the oil of one plant and I felt better.

**Picture No. 5.1: Spots from Hot Iron to Get Relief from Knee Pain**



**Source:** Picture was taken by researcher during fieldwork in the month of December 2014

They spend lot of money to cure illnesses. They have to take loan or have to rent their land. In the private clinic, they have to spend 100 rupees and above according to the situation and need of injections and saline bottles. For critical illness they have to pay Rs. 10,000 and above and with that they have to lose their earning. At the time of severe illness, they have to sell their cattle and have to rent land or have to take money on credit. As Taras 50 years old Man shared:

My daughter, who is 14 years old, was not well. We admitted her in Bhopal. She has problem of convulsions. We started her treatment 2-3 months back. We have spent so much of money. We took loan and have to return it. We also sold our goats. Nearly Rs 10,000-12,000 we have already spent. We took her to Hamidia hospital, Bhopal. In the government hospital, we do not need to spend money, but before that we have to spend. Her eyes are weak. She has this problem by birth. One son also has this problem. Before that we go to dargah and to different *vaid* (traditional healers).

Many of respondent said that they do not prefer to go to government hospital. They have to wait in long queues because it is always crowded. They do not find effective treatment and good care there. They find procedure in the government hospital very

difficult. They have to run here and there. Some respondent said that in government hospital also, they have to take medicine from outside. As Bharmanabai 50 year old woman said:

In the government hospital, we are asked to buy medicine from outside. Also they are not giving information to the patients. No one takes care of poor person. We did not get time to go to government hospital to Harda. We have small children and there is a well in the premises. Children run over there and we fear that the children will fall in the well in our absence. Then, the road is also near, so children also run on that and are prone to accidents. Harda is far, so we prefer to go to private hospital in Sagarda. We spend 200 or 250 rupees.

Sushila 30 year old woman also mentioned the reason for not going government hospital that,

We do not go to the government hospital because they do not give proper treatment and do not check well. There we have to stay in the line. If our children or we have high fever or diarrhoea, how do we wait in the line? Once, my child had diarrhoea for that only we spent 10,000 rupees in private hospital.

Government community health worker USHA also shared that,

Sometime in the hospital they behave irresponsibly. If we send patient at night for delivery they refuse to admit or refer them. In this case person becomes reluctant to take treatment. Or sometime they force them for family planning operation so patient does not want to go to the hospital.

They also face discrimination in the government hospital due to their dressing and language which is reflection of poverty. As social worker of Muskaan organization shared her observation about using public services by Pardhis,

People from the community feel that anywhere they go in the public section, in the hospital or school, they have very bad experiences. *Dhutkara jata hai.* (They have to face discrimination). That's why they do not want to go. Who has access to such places? Only people who dress up well and have money. They go in directly and get good treatment. Others have to remain in line. So, what advantage they have there? They take money on credit and go to private hospitals where also they are exploited by charging more money.

Many women also shared that they are not able to get benefits from government schemes like Janani Surksha Yojna (JSY) because of lack of documents like residential proof and bank account and due to lack of knowledge of the scheme. As Chandra 20 year old woman shared,

We are not receiving money from ASHA. For that we need lot of documents. We have to open an account at the bank. My sister-in-law also did not get money after delivery, as she was not able to open an account in the bank.

As Pratap, 40 year old man also said that,

My wife had an operation at the time of elder child. We faced problems in procuring money after our child was born since my wife did not have an account in the bank and did not have any residential proof at that time. It took one year to open the account. After that we did not receive money and now it is too late to take that benefit.

They are excluded from health services and education services. ANM and Primary teacher of adjacent village said that, they do not register names of Pardhis, because they do not live here round the year, if some officer comes then they have to face problem. As ANM of sub- centre said:

Pardhis are not settled at one place, we are only able to meet them on and off. We are facing difficulties, due to them because many officers come to visit and ask about them. They immunize their children, but if they are out of the area, they miss it. We do not register some families name, because they are not living here all the time, if we take their name we face difficulties. If the officer come, we cannot find particular woman if she is not here. Among them, home deliveries are common. One or two women only come to the hospital.

In the rural areas, they do not have transport facilities, so in critical time they face trouble to take patients to the hospital. There was one case in recent times that one girl died on the way to hospital. As Babalabai 50 year old woman said:

Here we do not have bus service frequently. There is a bus in the morning at 8 am to go and to return, it is by 8 pm in the night. There is not much transportation available so at critical times we have to call auto from village at five kilometers. For single person he takes 50 rupees to the nearby big village for one side. One 12 years old daughter of mine died. She suffered from jaundice. We left for work. She was with our old mother-in-law. They did not able to manage vehicle for long hours. On the way, she died.

Many respondents shared that at their living place no one comes to do sanitation work and to spray mosquito repellent. Druparani 30 year old woman from the slum shared their helplessness and trouble to get sanitation facilities from municipality worker,

Here we have problem of big sewer line. It is not clean. That's why this area is dirty. In the slum no one come to do fumigation for mosquitoes or not

spreading medicine for it. Here no one comes to clean the roads. We made complaint to municipal councilor in our area but nothing happened. They only come at the time of election and give promises to us that I will do this and that. After complaining, staff used to come and clean frontier site only. After that officer also inspects only the front side and no one comes inside. If we give bribe of 100-200 rupees to the staff then only they come inside and clean. Otherwise, they do not come. They take salary from the government at one side and ask for money from us as well.

This shows that to avail public facilities they have to pay bribe. They have to spend money on which they are eligible to get free of cost. Thus, due to destruction of their indigenous healing practices, lack of good quality of government health services, hostile behaviors of health providers and lack of transport facility, many Pardhi families are depended on private health services. At the end, due to lack of money, they face difficulties to avail health facilities and trapped in to cycle of poverty.

#### **5.4 Health Problems among Pardhi tribe and Suggestions for improvement: Perceptions of the Respondents**

Many respondents shared that the health of the tribe is linked with their living and working condition, social, economical and political status. Their main problem is that they have not received any sustainable earning source after the ban on hunting. As social worker and primary teacher shared her experience of work with the Pardhis and district administration authorities,

They are neglected. Their population is very less. Government does not do anything. Earlier, they used to come here to sell titar and rabbits in large numbers. And it was very cheap. So we felt that due to this, titar and rabbits will reduce. So we tried to ban it. But after some days we noticed that we are doing wrong because these people were dependant for their earning on that. Then, we talked with district administration and forest department that they have to give alternate earning source or have to help in that. They had to stop hunting. Their primary livelihood source is hunting they do not know other alternatives. When we talked with administration, their perception was that these people will not do any serious work. So they have not been provided with any livelihood source to them.

Thus, many stakeholders showed concern about lack of earning source among the community because of which they are engaged in crime and begging. Due to which there is threat to their existence as police officer discussed,

Their main problem is unemployment thus they sometime beg and sometime engage in theft. They do not have education. They live in dire poverty. They face accidents by the train. Some time arrested in the crime. *Ye vilupt horahi jati hai*(There is a threat to their survival).

Nowadays, in the village, Pardhi families have started to enroll to get benefits of development programs like National Rural Employment Guarantee Act (NREGA) and Indira Avas Yojna (IAY). But, the implementation of the programs is not good. They have to give some money as bribe to become beneficiary of the scheme to the Sarpanch (head of the village panchayats) and other member of panchayats. However, Pardhis have positive view that earlier they are not receiving any benefit now at least they are getting some. But, some stakeholder like Primary teacher of the village and other citizens said that Sarpanch is making money by enrolling Pardhis to availing of the government benefit programs.

In the village, Pardhis got employment opportunity once through the National Rural Employment Guarantee Act (NREGA) but they do not get full payment of it. Thus, many of them do not avail the benefits of the scheme. As Sarvaslal 35 year old man shared:

For road construction which was given by village panchayat, we did not receive money. So we do not want to do that type of work.

Some families got support of chicken, bullocks and motor engine for wells. Some families got money for house construction under Indira Avas Yojna (IAY). But many respondents shared that Sarpanch and member of village panchayat are making more money from it. For getting benefit of schemes first they have to give some money to these people. So, the benefits they get are not sufficient to fulfill its purpose. Thus, they got money for house and toilets construction, but construction never got completed, because the money they got is insufficient. As Bharmanabai 50 year old woman share her experience in availing benefits to construct the house under the Indira Aavas Yojna ,

We have not plastered the house yet. We do not have enough money, so what would we do? This bricks also, have brought on credit. We got Rs.45, 000 from the panchayat in that we spent Rs.30, 000 on the bricks only and spent similar amount to get it. Sarpanch and Sachiv are withdrawing money on our name.

Many respondents shared that some older people have enrolled for pension, but they are not getting it on regular basis. They also shared that pension comes in their bank account but their pass books of the bank are kept with the authority and they get only half money from. As Dhyansunabai 50 year old woman shares:

I am getting pension, but they keep half of it and I only receive half. I have bank account in Magarda and they keep my passbook with them.

Some respondent from the city said that they received benefit from the government scheme that is Rs. 400 for school uniform for children, which is not sufficient if they have to go to buy new clothes and shoes. In the community, some elders and handicapped person get pension from the government due to the efforts of Muskaan organization, but it is also not regular. They got house patta in the slum and they have land which their forefathers had occupied in the village and now they share it with brothers so they get very less income from it. As Irma 25 years old woman shared her anger toward inefficiency of government schemes,

What benefit are we getting? That's why we become angry. We have to give vote but, we are not getting benefits. Many schemes are there but we do not know about. If we are educated, why should we live in dirty places? We receive only 400 rupees for the school and for children's uniform and shoes. With that money we can't even buy good shoes and cloths. We brought old uniform for children. From where we buy high priced new uniform? If we go to buy new, it will take 1000 rupees. So, how much we need for five children 5000-6000 rupees?

Many families also said that due to lack of caste certificates or birth certificates, they are not able to get benefit of government schemes. It is also observed that there were not any special efforts by the government to improve education among them or implementation of any skill development programs to improve their condition. Due to prejudices of the state, they are neglected and marginalized in the society. Even, now a day, these communities are started to become politically aware, there is not much effect of it on their development. As social activist of Madhya Pradesh Mahila Manch shared that,

Pardhi community is most deprived. Children cannot seek education. We have not seen any special efforts from government to promote them to go to school. They are not getting any services, because they do not have caste certificates and birth certificates. So, the services that they could get free of cost, they do not have the means to get it. There isn't a program to develop



their other vocational skills. Once we thought that person who is old and differently able, their pension cards should be made. So, there was camp and 7-8 people are getting benefits now. That is also not much. Through the welfare office from last 4-5 years, no services have been offered. And people also do not have information of such offices, so they cannot approach. Government is not paying attention towards them. State is looking towards them as a community that makes the society unstable and has less welfare attitude. Other people still perceive them similarly. That's why they are not connecting with facilities of education and health. Their living condition, their livelihood has not improved. There are some political platforms from denotified tribes, who assure that they will do something, but they are only giving promises.

However, many stake holders said that at one point, from earlier, their life is better. The big achievement is that they settled at one place and got house patta. Some got money to construct house. There is school in the hamlet so their children started to receive education. But there is need for more development among them for that they need support. As Niharsing 40 year old man who is a member of Panchayat said:

We take so much effort to improve our community. Nowadays we got this house patta and we settle at one place. We got this house patta after so many struggles. We got it only 2-3 months back. Now, there will be 10-15 houses, which will get benefit under Indira Aavas Yojna. Here Sarpanch is helping us. Some families got engine and bullocks.

Ex-mayor and Social Worker also shared his experience with the Pardhi community,

Nowadays, some positive changes have come among them. I feel good that girls of their community want to take education and they are studying. Their understanding is developed. Now their children are going to school. Their children were harassed, before in the school in tribal village itself, *upekshit kiya jata tha* (They are discriminated). Then, they appointed one paid teacher and made a shade for the class, 15 years ago. They used to collect 20 rupees from each household for that. Now they have government school in their hamlet. They place more demands now. So, it's good to see that change. There is an improvement in their lives with changing times. But they need support. They were depended on forest. Their livelihood is destructed day by day. So, Pardhis earning source, catching titar and rabbits and selling is also reduced, so it is very difficult for them. They know all that, they have to change, they want to live at one place, but they need to get facilities to live at one place. So they live nomadic life.

#### **5.4.3 Suggestions to Improve Health Status**

Many respondents shared that they need sustainable livelihood resources, housing and educational facilities. As Trimbaiya 50 year old man said,



To improve our condition we need good places to live and have some skilful job. We need to get support to set up business or shop. Our children have to get education. We need special schools for our children.

The other stakeholders have also given important suggestions to improve health status of Pardhi community.

- **Availability of Sustainable Livelihood Sources**

The community needs sustainable earning source, which they are able to do like many stake holders suggest that Pardhi have skill to rear animal and birds, so they should get support to set up poultry farm to rear chickens and titars. It will solve the livelihood problems of them and also help them to stop begging and theft. At present the wildlife and protection laws have given more focus on to protect the bird and animals and the communities depended on the forest are neglected. By providing livelihood opportunities, they will stop hunting and it will help to protect animals and birds. As ex-mayor and social worker suggested,

Local administration has to promote them in poultry farms. There is demand for chicken. They know this work. So, if they get some support, they will setup business at their own level. This work is not done by anyone. So, if they get some work which they are able to do, they will change their practice of theft and begging. It will also benefit to the wild life, because here some of them do small hunting but in some areas they hunt big animals. Now we are saving birds and animals but not doing anything for Pardhis. There is need to do intervention at the administration level. They are very clever, their women are also advanced. Their knowledge can be used in other areas. If they get facilities they will develop.

Thus, there is a need of an appropriate government schemes for them, which are based on communities needs so, that they can benefit from it. In the urban areas, where many women and children are cheated by the recyclable waste shop owner there is need to make cooperative society of women waste picker. As social worker of Muskaan organization discussed,

Women have to be given support to start their own shop for recycling waste because shopkeepers are cheating them. Poverty among them has to be eliminated. There is need to improve their economic status. In denotified tribes, the economic status of some has improved they are developed in terms of education and honour. To improve Pardhis there is need to create awareness among them about the schemes of government and what documents they need for that. There is also a need to make proper scheme from the government.

- **Distribution of Essential Citizenship Documents**

Government has to increase the reach of their programs among this community. There is need of special camps to provide caste and birth certificate. Pardhis of the studied area are come under the other backward class category but these people want scheduled tribe status so they are struggling for that. They do not have land in their names (patta) so they are facing difficulties to get benefits, like loans for crops. As Dhotesing 40 year old man said:

We do not have patta of land. We are demanding it from government, but they are not giving. Now nearly 10-15 years have gone by, if we get patta we can get loans on it for constructing well and other works.

- **Availability of Basic Facilities**

They also need some basic facilities like more hand pumps in the area; they want functioning government health facility nearby them. They need more grains on ration cards and they have to receive them on time. The older people have to get enough pensions. From the rural areas, many respondents said that they need anganwadi in their hamlet because children, pregnant and lactating mother are not able to go to main village because of the long distance. Women also said that they need crèche, so their children will stay safe there and they go for work without worrying about the children. As Chandra 20 year old woman mentioned:

Here we need anganwadi, where our children can go. During pregnancy, we get food from aganwadi of main village but we are not going there because it is far off. We also need crèche to take care of children so that we can go to work without tension.

- **Control on Price Rises of Essential Items**

Many respondents and stakeholders shared that there is need to control price rise of essential items because due to high price rise, they are not able to fulfill their needs and they end up living in vulnerable condition in the slum. They consume less food, which pushes them to low nutritional status and more illness. As Ridya 40 year old woman discussed the problems of price rise that,

In this high price, family cannot live in good condition with 4-5 children. If a person is earning 100 rupees a day then what will they eat? How will they

build house and how will they manage at the time of illness? If we have money then we eat otherwise we have to stay hungry. So government has to think and has to control these high prices.

- **Availability of Adequate Education Facilities**

The education of the children is important to improve their condition so many stakeholders shared that they have to provide work in their hamlet so they will not have to migrate to other areas or have to start hostel for their children so children can stay for twelve month and take education. As the forest officer said:

They have to provide work in their village and have to see that they do not have to go outside. For their children need to open hostel. And have to provide food and all facilities so their next generation will improve.

- **Implementation of Health Education Programs**

There is need of counseling and health education to decrease addiction and increase hygiene among them. As doctor of district hospital suggested:

There is need to change their habits like they have to stop alcoholism and tobacco consumption. They are not conscious about cleanliness. For that they need counseling and health education and awareness program.

- **Improvement in the Quality of Government Health and Education Services**

Some stake holders said that there is a need to work at community level and with the help of the person from their community to improve their education and health. With this, there is also need to improve the delivery of health and education services by the state so the community can benefit of it and they do not have to depend on private services. As social worker from Aranya NGO shared that,

Community level work needs to be done to improve their health and education status. There is a need to give health education to adolescent girls and boys and after that they can aware their parents. This growing age group is proper and one needs to work with them to improve community health. There is a good infrastructure and facilities in health and education sector but there is a need to improve delivery of services so that these people do not get exploited by private sectors.

- **Increase Integration with the Society**

Some key persons also gave importance to their integration with other community so that they do not feel isolated. Along with the education and employment there is a need to integrate them and they will also get respect in the society. They need good policy and programs for it. There is also a need to change some traditional rules and customs of the community, which harms their growth. As social worker and teacher discussed:

For their improvement at first they have to get employment. Then they have to get facility of education. These are most important things. In the process of change, education plays an important role. We get knowledge from education anything to receive or reject. But they do not have it. They have to get good quality education. It is not like, only go to anganwadi then have milk and come home. Policies need to implement in a right way. For Pardhi community also, there is a need to change their traditional rules and cultures which harms their growth. For this, integration with other communities is also important. By seeing other communities they will feel the need to change themselves.

Some key person also mentioned that perceptions of other communities have to be changed that these people are criminals. As Social Worker of Muskaan discussed:

The perceptions of the other communities have to change; they believe all the people from this community are criminals. The change in perception will help the community get respect in the society and also get respectful jobs. The youth of this community will participate in social change, because they also feel that they should not have taken birth in this community. They also have negative perception towards their own community. That's why there is need of constant communication with them.

- **Requirement of Research and Documentation**

To make proper schemes and development programs for them some stakeholder said that there is need of more research and documentation on their problems and to know the culture of Pardhi community. As social activist of Madhya Pradesh Mahila Manch said:

There is need of documentation of their culture. They are not aware but they have very rich cultural traditions. There is need to develop pride for their culture because unless they have self respect no developmental work is going to help them. There is need to ask them what they want for their development. To understand their needs there is need to study their livelihood problems. To improve their health there is a need to look into mortality, illness and their healing practices. Their cultural practices have to be studied like childbirth practices and status of women. There are mental health problems and violence, so there is a need to study reasons of that.

Thus, to improve health of the Pardhi community sustainable livelihood options, facility of education, availability of other basic necessities like water, electricity, anganwadi centre and crèche for children, availability of government health services and integration with other society is important. For this, they need good policies and development program for their development, despite of neoliberal policies which are destroying their livelihood options and shrinking availability of basic necessities.

#### ***5.5.4 Efforts by Civil Society Organization to Improve the Pardhis***

In the study area, there are few non government organization working for the development of Pardhi community but they are not exclusive organization for only Pardhis. There are some improvements in the community due to these organizations. However, there is need to do more work among the community for their development.

- **Muskaan Organization**

Since 1998, Muskaan has been working in the Bhopal slums on the issues of education, identity, violence, health and nutrition and to enhance livelihood and saving through microcredit. They have been working with Pardhi children who are not able to attend school. They saw that these children often encounter police. In first two-three years they did not know about history of this community or did not know that they are ex-criminal tribe or de-notified tribe. They knew from police that these people are engaged in pick pocketing and theft. After this, they started to read about them and understood their history. Now they are working with them almost for ten years.

Muskaan is running a program to teach children. It has also opened a school so that the children from slum come to study. Muskaan teachers visit the slum once in a week to understand community's problems and try to bring children back, who discontinued their education or dropped out in order to help their families in doing work. Once in a month there is meeting with parents. They call parents to the school to sing songs and to tell stories of their own. Parents can come, whenever they have time and see the progress of their children. Muskaan's vehicle goes to slum daily to bring and drop them. Muskaan has school till 5<sup>th</sup> standard. If children do not want to go to another

school after 5<sup>th</sup>, they help children to prepare and give exam in open school learning. So Pardhi children are also going to this school.

They have a centre in the slum to teach children who cannot go to school because they have entire responsibility of their home. They give them basic education and children come for one hour or two hours, in the afternoon or whenever they get time. Through Muskaan, Balwadi is running in the slum for the past 10 years. Children between the age group of 3-6 years come for classes. Sometime the older children bring their younger siblings with them, as there is no one to care for them at home. They are served snacks in anganwadi such as peanuts, fruits or eggs.

They gather youth under the program of Jivan Shiksha Pahal, above 16 years and up to 25 years. The purpose is to continue their education without a break. They can fill the form from outside for exams and does preparation at Muskaan. They encourage the Pardhi children to work on problems of the community. Muskaan also runs a savings program and has made self help groups in the slum. They help people to save, whatever money they want to save.

They are also trying to create linkages with ICDS and Health department with community. Now there is some communication between anganwadi worker and the community. Anganwadi worker goes in the community to give them information of services. Thus, women started to use nutrition supplements from there. Some women are now ready to do institutional delivery. Now, there is change in the perception and they think that they do not want seven or eight children and it is enough to have four children. Government constructed common toilets, cemented roads in the slum and gave hand pump. In the earlier years when they started to work in the slum these people were living in very dirty environment. After discussing with them many times about hygiene, now there is some change in the community.

In the community they also discuss with women on health issues like, nutritious food consumption, about spacing between two children, family planning methods and sanitation. If there is any under-nourished child, they take them through Anganwadi to Nutrition Rehabilitation Centers (NRC) or help them to take treatment for other illness like TB. They go with patients to the hospital if the patient feels insecure to go alone. They also discuss with community about issue of violence and men and women equality. They make them aware in the community about early marriage and

importance of education. They also make awareness in the community about legal procedure for the arrest.

- **Aranya Organization**

This organization is working since 2000. It has been working on forestry. The agenda of this organization is conservation of non-renewable natural resources. They have been working in Ratapani sanctuary, where they work with all the communities. In 1990 there were many incidents of hunting animals like leopards and the perception that it was done by the Pardhis. So the organization started to work with Pardhis respecting their wild life knowledge as they feel that they will help in conservation. Organization also realized that the literacy rate in the community is close to negligible so they wanted to start providing education as well. So they run many government bridge school programs. But as soon the children are enrolled in the main school, they drop out. Once they organized a big seminar in the museum of man, Bhopal. Discussing the issue with the community, certain demands were agreed upon. In it the Pardhi headmen asked for exclusive education separated for their children only. They also demanded for hostel, because they cannot teach them from home. So, organization has started a shelter for them to stay and study.

Organization helps them to make caste certificates for them. They tried to work on livelihood issues but found it difficult to work because these people are not staying at one place. There are many police cases pending against them. They have enrolled 30 children at present at Muskaan School. As use of children for begging is persistent in the community, the organization takes young children because they live longer and are not used for begging by their parents after education. They face challenges and a pressure from parents, who wants to take their children for work. So, they lose many children from the school, when they become 11-12 years old and are able to work. They have children from Raisen, Vidisha, Sihore, Guna and Agra district. This organization feels that there is need to work for their constitutional rights. They emphasis is on is need to organizing Pardhis. They tried to convince government authorities to use these people for conservation programs, but they are not ready, due to lack of trust. This perception need to be changed.

## **Conclusion**

It becomes clear from the study that Pardhi families suffer from number of health problems because of their poor living and working conditions. Globalisation has worsened their condition. Due to frequent migration, their working and living conditions are more unhygienic. As prices of essential goods and services have highly increased, their food intake has decreased. Due to poor nutrition, they suffer from more illness. At another side, financial crisis has led them towards increased begging and stealing which makes their life more vulnerable. At another side the criminal stigma attached with community and their some cultural practices makes their problems more complicated. These all have an impact on their health status.

They suffer from malnutrition, viral illness, various infections, communicable diseases, vector borne diseases, skin diseases, musculoskeletal disorders, congenital disorders and psychological disorders. Due to triple burden of class, caste, and gender, women have more burdens of general and reproductive health problems. Due to lack of sanitation facilities, malnutrition, early age pregnancies and deliveries, heavy workload, and lack of awareness, women suffer from RTI, STI, and complication in the menstruation cycle, pregnancy, and delivery.

Despite of burden of more health problems, Pardhis have low access to health services. Health facilities are not available nearby them. In the available health facilities, due to lack of doctors, lack of adequate facilities, hostile behaviour of hospital staff and lack of transportation facilities, they are reluctant to go to avail health services. Many of them prefer to go to private health facilities at the critical times, which increased their financial burden. They know use of flora and fauna to cure illness, but destruction of forest and restriction on hunting prohibit them to go in to forest. They are also influenced by the perception that allopathic medicine is superior medicine, so at present day they prefer highly priced allopathic medicine. And at the end, due to unaffordable health services, they find difficulties in the access to health services.



## **Chapter Six**

### **Impact of Globalization on the Health of Pardhi Denotified Tribe: Summary and Discussion**

#### **6.1 Introduction**

The true meaning of globalization is unhindered flow of technology, knowledge and resources to those corners of the globe which need it most. But, contrary to it, in the name of globalization, policies of privatization and liberalizations are imposed on developing countries through certain institutions like WB and IMF to increase monopoly and control over resources, technology and knowledge. This process favors the interest of multinational companies and has greater concentration of wealth and knowledge in the hands of few countries and powerful individuals (Sengupta, 2003).

As health is beyond biomedicine and determined by social, economical, political and environmental factors, globalization is a significant factor in influencing health of population. With the globalization, health of marginalized communities has worsened in various ways. Due to the process of liberalization and privatization, sectors like agriculture, industry, education and health are affected. This has an impact on livelihood and access to basic necessities among the marginalized communities (NCC & JSA, 2006).

Denotified tribes are the most marginalized social groups in the society due to exploitation, discrimination and criminal stigma attached with their identity. There are very few studies carried out on their health status (Bokil, 2002; GOI, 2008). Globalization certainly has an influence on the health of denotified tribes, but this is also not documented yet. Therefore, this study was planned to understand their health issues in the context of globalization. In order to study in detail and get more insights, Pardhi denotified tribe was chosen for primary investigation. The tribe is more deprived among the denotified tribes (Bokil, 2002).

#### **6.2 Profile of Pardhi Denotified Tribe**

Pardhis are hunters and food gatherers. They are known by alternative names in various part of the region according to their different method of hunting and lifestyle like Pardhi, Baheliya, Phans Pardhi, Langoti Pardhis, Chita Pardhi, Telvechanya Pardhi, Takankar Pardhi, Bhil Pardhis, Shikari, Gay Pardhi, Gaon Pardhi, Raj Pardhi,

Haranshikaries and Advichancher or Chigribatgirs. Pardhis have been staying in the areas surrounded by the Vindhyas and the Satpuras hill range (Sangave, 1967).

Mainly, their spread in India is in the central, western and southern parts of the country. They are found in the state of Chhattisgarh, Madhya Pradesh, Gujarat, Maharashtra, Karnataka, Andhra Pradesh and Telangana (Census, 2011). The exact number of population of Pardhi tribe is not available. This may be accounted to their migrating nature as they do not settle down throughout the year at one place. There are also difficulties in counting them as they are classified within a state in some district in ST and another district in SC or OBC or in some district they are neither in SC, ST nor in OBC (Bokil, 2002).

Pardhis have their own dialect, and it differs according to the region, where they have been settled. Bride price system is prevalent among Pardhis, but nowadays, it is being replaced to a great extent by dowry. Polygamy is allowed among them, though its incidence is not high. Both the patrilocal and matrilocal residence exists among them, but at present, the patrilocal rule is commonly followed. Consanguineous marriages are in vogue, including those between the maternal uncle and niece. They marry at an early age. Pardhi women participate in economic activities outside the home. Sex ratio is fair among them. Pardhi women enjoy liberty and equality as compared to other communities. This could be attributed to the bride price system. The tribal council is a system of parallel governance in them. However, these days it is working only in some places (Singh, 1994).

The society considers them as the criminal community. This stigmatization has an influence on their social and economic life. They are facing discrimination and becoming marginalized in the society. Pardhis once made a living by hunting of animals, birds and foraging of forest products such as honey, medicinal herbs and selling them in village markets. Their livelihood was destructed due to the changes in the forest and animal protection laws and conservation acts (Sangave, 1967).

In present days, many of them are facing problems to get sustainable livelihood sources. However, they are also involved in fishing, farming, cattle grazing, agricultural labor, servicing as guards, begging, brewing and selling homemade liquor. Some of them are involved in hunting animals, birds and gathering of minor

forest produce. Many of them have migrated to urban centers in search of menial jobs (Bokil, 2002).

Pardhis are facing discrimination in the society due to their low status. Many of them do not have proper shelter and basic facilities. They live in unhygienic conditions. Majority of them do not have any assets such as land and house. Even though, they are included in the scheduled tribe and scheduled caste, they are not able to avail schemes, as they do not have certificates. Educational status among the community is very poor. Their poor social and economic condition had an impact on their health (Bokil, 2002).

### **6.3 Research Design of the Study**

The purpose of the present study is to understand association between globalization, and livelihood and health of Pardhi tribe as case of denotified tribes. The specific objectives of the study are to understand the association of globalization and changing pattern of livelihood of the Pardhi Tribe, to examine their access to basic amenities, to study the reported morbidities among them and document their healing practices and experiences in availing health services.

This is a retrospective study. Qualitative research methods have been used to carry out the study, because the subject needs a deeper understanding of the social, economic, political and cultural factors influencing the health of denotified tribes and also to understand the experiences and perceptions of the respondents. Primary data were collected from the field study area from Pardhi community and various stake holders such as academic, activist, community leaders, and from health services providers who have engaged in issues of denotified tribes and health services planning. Secondary data were collected from various government reports, micro level studies, published articles, archival data and related literature.

The field study was carried out in the selected districts of state of Madhya Pradesh to see the implication of globalization on health of denotified tribes in one of least developed states. In Madhya Pradesh, there are 21 denotified tribes. Pardhi is one of them. However, in some districts they are notified as ST or SC (Census, 2011).

Pilot study was carried out before finalizing the tools and methods of data collection at Harda and Bhopal districts with the help of non government organizations working

in these areas. It is observed that in the Harda district, this tribal population mainly resides in rural areas and as Bhopal's 80 percent population is urban, this tribe resides mainly in the slums of Bhopal, a capital city of Madhya Pradesh. So, Harda and Bhopal both districts were selected to study rural and urban factors. At present, Harda is one of among the less developed districts in the state. It is located in the south western part of Madhya Pradesh.

Through in-depths interviews, group discussions and life histories, information was obtained related to livelihood strategies, welfare measures, impact of price rise, illness and healing practices, accessibility, availability and affordability of health services and about stigmatization and criminalization. From secondary literature, data was obtained on marginalization of denotified tribes, social-demographic profile of Pardhi tribe, welfare measures and impact of globalization on marginalized communities. The study was carried out with due ethical considerations. Consent of the respondents was sought before collecting the data and confidentiality of their identities were maintained after data collection.

#### **6.4 Major Findings of the Study**

The study has focused on the sub group Bahelias among the Pardhi tribe. They were mainly dependent on hunting and catching birds and animals like rabbits and pigeons, which they sell in the local market. They also collect wild vegetables, plants and herbs for medicinal purpose to use and to sell. They used to migrate in a group of 15-20 families which is called dera. Men used to catch birds and animals and women used to sell along with herbal medicines. Their livelihood practices were destroyed after the implementation of animal protection laws and conservations acts. The community did not get any alternative options from the government after ban on hunting, so they occupied government land and started farming and settled at one place.

- ***Settlement Pattern***

The Pardhi families have been residing in the Sujapur village of Harda District for the past 40 years. They settled on the forest land. They have been struggling to get the land registered in their names. Shramik Adivasi Sanghatan a voluntary organization has been supporting tribal communities and organizing them for their rights. Recently, they were successful in getting the housing plot registered in their names. But the agricultural land is still not in their name. The Pardhi dhana is two kilometers

away from the main villages. All basic facilities are far from their hamlet except primary school which was started recently in their hamlet. Public transportation system is not available to go to SC, PHC, CHC and villages where Panchayat office and PDS shop are situated. Only one bus goes from the village in the morning and comes in the night which connects market place and district place.

In the urban area, Pardhis are settled in the slum of “Indiranagar” in the Bhopal city. Earlier they lived at various places of old Bhopal city from there they were evicted for various reasons, such as for expansion of the old city, construction of the new colonies and after the Bhopal gas tragedy in 1984. After eviction, they were shifted to the present slum, which was a barren land not inhabited by the people then. There were big pot holes on the land which were filled with mud so that the place could be used for living. These families have come to the city at different points in time. Most of them came before 40 years. They got government housing plot in their name. Few families came afterwards and thus, they do not have registration of housing plot. At present there is a discussion that this slum is going to be evicted under urban renewal mission. So these people are living under the threat of eviction.

- ***Housing Facilities***

All the families live in kuccha houses. In the village, some houses are made of mud and bricks, while some huts are made of wood and sticks. Houses of the Pardhis who reside in slums are built of mud and bricks with a roof of tin. Almost, all of them live in broken houses in which half of the wall is broken or somewhere roof has a hole. The poor housing condition makes life difficult for them, because it is prone to rodents like rats. In the rainy season, the water enters into the house.

- ***Availability of Food***

The food eaten by the Pardhi community is rather frugal. It mostly consists of a very thin gravy and roti of wheat. They cook once or twice a day. They use hearth for cooking. They own small iron made hearth which can be moved everywhere. Families said that they find gas stove option expensive and beyond their means. In the slum, few families use gas stove. Women from the village bring wood from their farms or from common land. They have to travel or walk at least five kilometers to another village to obtain grocery and to grind wheat. Slum women collect wood when they return from collection of recyclable waste. Sometimes they buy wood.

It is observed that many Pardhi families are also dependent on begged food. Some women from the slum said that they get food from the colonies, where they go daily as they receive leftover food from the well-off families. For it, they do some cleaning work like clean courtyard and throw garbage. On some selected days, children and elders go to temples, where they get free food in the form of prasad. Some elders go house to house or in the market place to beg and bring dry flour or other food items.

Sometimes, women and children from the Pardhi families of village go to villages nearby to clean the cattle shelter in exchange for buttermilk. They also collect waste grains from the nearby farms after harvesting has taken place. The elders of the family also go from village to village or go to nearby town begging for wheatflour. Further, there is a belief in the society that the Pardhi community has the knowledge of the spirits that will prevent hail stones during the rainy season and protect the crops. This belief helps to support some families, where the villages are generous and give two-three sacks of grains from the particular village once a year.

- ***PDS Facility***

All the respondents also shared that they do not get clean grain on PDS. Mostly the grains contain dust and dirt and they need to be processed, washed and dried. In this process at least one to two kg wastage is removed from it. The process of cleaning takes time. They receive five kilos for one person. Many families reported that all the family members' names are not registered in the ration card. Thus, they receive fewer amounts of grains, which is insufficient for the whole family.

- ***Availability of Water Facilities***

In the village, they use water from hand pump and well for drinking purpose. They go to wash clothes to the nearby river. Some respondents said that they have to walk long distances to bring water from hand pump. Some said that they bring water from well in the farm. In the summer, they face water crisis as they do not get water from hand pump during that time. In the slum, there are three water taps and one hand pump in their cluster. They use water for drinking from common water taps and use the water from hand pump for other purposes. As many families depend on it, it becomes crowded which results in people spending more time in bringing water. Respondent also shared that drinking water and sewer lines are nearby, so sometimes they get

dirty water. Dirty water also mixes with ground water so they get dirty water from hand pumps as well.

- ***Availability of Clothes***

People of the community do not have the means to buy clothes for themselves. They rely on old clothes given by other communities for their daily use and mostly buy new clothes at the time of worship of Matamay, their goddess or on special occasions like marriages. Women from the slum collect old clothes at the time of waste collection and they use them for daily wear purpose.

- ***Facilities of Electricity***

In the village, earlier, the families had electric meter for electricity, but bills were unaffordable and they did not pay it. Thus, the department had cut their connections. At present, all the families use electricity by drawing it from the electric post situated at a distance. All families investigated from the slum also except one have their own electric meters, no one pays the bill. They find the amount huge and they are unable to pay it. Respondents share that councilors from their area are supporting them by allowing use of electricity without any cost. However, in the recent election they elected another political leader in that area, so previous leader became angry and resorted to frequently cutting electricity in the slum. At the time of study, electricity department had cut their supply so they were trying collectively to get concession in the bills.

- ***Sanitation Facilities***

The families lived in an environment where there are very poor sanitation facilities. In the slum, more than half of the families have toilet facility. But among the Pardhis resided in the village, none of the respondents have the facility of toilets. They go to the nearby forest side for open defecation. The families have received some support to construct the toilets and in that, they have just put the seat of the toilet, but no one was using that because of the absence of water supply. Most of the families from urban and rural both made a cubicle with the help of an old sari to take a bath outside the house. There are no sewerage lines for the used water to be disposed off properly. Respondents said that in their area no one comes for cleaning work.

- *Status of Education*

Among all respondents from the rural areas, only one woman had received education up to third standard. Among urban respondents, only one man has procured education from government school and other four respondents, three men and one woman said that they learnt to read and write from social worker of Muskaan, non government organization. Thus, the status of education is poor among the tribe. The reason given, for not having enough education is migration of their parents for hunting from village to village. Young people and children from the village told that the school was far in other tribal village. Many respondents from rural and urban areas shared that, they faced discrimination in the schools. At present also many children accompany parents, when they migrate to another place in search of work and they miss school during that period. Many children above the age of ten are engaged in earning activities like agricultural work, construction work and collection of recyclable waste due to dire poverty among them. There is gender discrimination against the girl child so from the slum no one girl after the age of ten is going to school.

- *Status of Livelihood*

The observation of study of rural and urban life of Pardhi community shows that community had enough earning at the time, when they were dependent on hunting and catching bird. Now also few are engaged in small or big catch illegally. Small catch they used to sell for eating purpose which also has demand from citizens of other communities. So, few of them now also go with dera in other surrounding areas and citizen also allowed them to live in their open fields, because they get fertilizer for their fields from the cattle of Pardhis. But this is not their main earning source.

Respondent from rural areas said that they have been involved in farming when they settled at one place after ban on hunting. After they started farming, there is some financial support to the families. But after 1990s when globalization and neoliberal policies were introduced, they are facing problem in cultivating land as they have to invest more in the fields. Their cultivation mainly depends on rain water and due to irregular rain; they do not get enough earning from the fields.



They have rocky land so it does not provide earning source for twelve months. Earlier they supported it with doing agricultural labour work. But now they are not getting agricultural labour work in their area. Thus, from last few years families from the rural areas started to migrate to do agricultural labour work and construction work. Furthermore, there is plan to construct canal to go through their land so in coming days they will lose their land. Land is not on their names so they will not get rehabilitation package for it. So, nowadays they are struggling to get land registered in their names.

In the case of urban Pardhis, they migrated from villages to the city, forty years ago due to the crisis in earnings. They settled in the city where they also got house patta for living in the slum. They started to do collection of recyclable waste and also were involved in agriculture in their villages. These both sources of earnings were enough to sustain their life, but from last twenty years due to process of globalization both these livelihood sources have been influenced. They started to get less earning from recyclable waste due to ups and downs in waste prices. At present they also find difficulties to collect waste due to urban renewal mission schemes. On the other hand due to prices of seeds, pesticides, they have to invest more in the agriculture.

Therefore, since the past 20 years they started to do manihari and for it they have to go various fairs and market places to sell bangles, necklace and various other items. Thus, they started to migrate from city to other cities or out of state. They also get involved in other seasonal work like working as caterer or in construction work. But they do not get it on regular basis. Due to stigma, lack of education and lack of skills they are not able to secure other livelihood options.

- **Health Problems among them**

Due to frequent migration, they have to live in poor working and living conditions. Thus, due to poor nutrition and poor working and living conditions they suffer from more illnesses. The Pardhi families who were studied as a part of this study suffer from numerous health problems. They suffer from malnutrition, viral illness, various infections, communicable diseases, vector born diseases, skin diseases, musculoskeletal disorders, congenital disorders and psychological disorders. Due to triple burden of class, caste, and gender, women have more burdens of general and

reproductive health problems. Due to lack of sanitation facilities, malnutrition, early age pregnancies and deliveries, heavy workload, and lack of awareness, women suffer from RTI, STI, and complication in the menstruation cycle, pregnancy, and delivery.

- **Availability of Health Services**

Despite the burden of more health problems, Pardhis have low access to health services. Health facilities are not available nearby them. In the available health facilities, due to lack of doctors, lack adequate facilities, hostile behavior of hospital staff and lack of transportation facilities, they are reluctant to go to avail health services. Many of them prefer to go to private health facilities at the critical times, where they are exploited by private health practitioners and have to spend more money. Due to their poor conditions, which is worsening day by day they have more chances of illness and if they suffer from any critical illness they get pushed in more debt crisis.

They know use of flora and fauna to cure illness, but destruction of forest and restriction on hunting prohibit them to use forest resources. Nowadays, they are also inclined by the public perception that allopathic medicine is superior medicine, so at present day they prefer highly priced allopathic medicine. And in the end, due to unaffordable health services, they find difficulties in the access to health services.

- **Status of Income and Expenditure**

Since the prices of essential items are increasing day by day, their burden of earning has increased. Many respondents from both rural and urban areas discussed problems that on one side, their earnings are reduced and on the other side, prices are increasing, so they are facing problems to even get basic facilities. They have to cut their food intake. Due to criminal stigma there is always threat from the police. If the police arrest them, even then they have to spend more money. They have an alternate judicial system of their community and have to follow their rules. If they break the rules then also they have to spend more money on their tribal panchayat. So they face more problems of money in present days. Due to this crisis, from the last twenty years begging has increased among them.

In the rural part, they started to beg for wheat flour on a regular basis and elders and women are going for it, in the surrounding villages or towns. There they have to live at bus stands and other supporting corners, so they live in very vulnerable conditions.

In the urban area also, elders and children are going to beg to the temples and at market places. For similar reasons some of the members of the community are depending on stealing. From the rural Pardhis, some youngsters do mobile lifting from the trains and from urban part do pick pocketing at market place. Thus, their lives have worsened after process of globalization began.

## **6.5 Discussion**

### ***6.5.1 Destruction of Livelihood Sources***

After the globalization, privatization and nationalization of natural resource has increased rapidly and it has a detrimental effect on indigenous people. They are alienated from traditional sources of production. They face the problem of displacement from the forest, alienation from the land and livelihoods, violation over the forest rights and its resource, which is threatening their existence. Further, their life is also threatened due to environmental degradation (Moffatt Ken et. al, 2009; Khan, 2012; Arora, 2013).

The present study also shows that due to state control over forest in the name of conservation and animal protections, the traditional livelihood of this tribal community is disturbed. They are not allowed to go into forest for hunting and food gathering activities. Community has knowledge of conservation of forest and they are doing their hunting and food gathering practices according to that. But, state has adopted wrong policies of conservation and due to it communities have been facing problems of destruction of their livelihood. They have been displaced from the forest. Despite being illegal, some are engaged in hunting and food gathering, but, due to environmental degradation they are not getting much from forest. Earlier, they were depended on the forest for their essential needs and not need to spend money but now; they are more dependent on cash economy.

After ban on hunting, community has been involved in the agricultural activities. Globalization has devastated impact on agricultural sector and it has destroyed rural economy. The prices of seeds, fertilizers and pesticides have gone up. All this has led to increased input cost which subsequently has led farmers into a cycle of indebtedness. It has increased impoverishment among them and created the pressure on tribal and small farmers to sell their land (Shiva, 2004; Moffatt Ken et.al; 2009; Sainath, 2014). The observation of the present study also shows that the respondents

are facing difficulties in cultivating their fields due to high cost of seeds and fertilizers. They are affected by environmental degradation as well. Due to irregular rain, they are not getting sufficient income back from their investment.

#### ***6.5.2 Migration has Increased***

The literature shows that the globalization induced crisis in agriculture economy disrupted the livelihood of farmers and of agricultural labourers that led to increased migration, hunger, and vulnerability (Shiva, 2004; Moffatt Ken et.al; 2009, Sainath; 2014). The present study also shows that due to destruction in agriculture and related activities, migration has increased among the Pardhi tribe as well. From the rural area, respondents have migrated to the other areas for agricultural labor work, construction work and collection of recyclable waste. From the urban areas, already they have migrated from their village to do collection of recyclable waste and again from the town as they become peddler they are migrating to other towns because they are not getting enough earning from the recyclable waste.

#### ***6.5.3 Working Condition Worsened***

After globalization, due to new policies in the private and public sector, growth of employment generation has decreased and in the available jobs also casual, poorly paid and insecure form of employment has increased (Teltumbde, 2001; NCC & JSA, 2006 a). Thus, after destruction of livelihood studied tribal community had little chance to get employment in the organized sector. With this and due to lack of skills and poor education, majority of the respondent are engaged in unorganized sector and working as agricultural labour, construction worker or become waste pickers. In these unorganized sectors, they have been facing lots of problems. Their working time is uncertain. So is their daily earning. They are not getting weekly off or other holidays. They do not getting health facilities. This shows that there working condition has worsened.

#### ***6.5.4 Living Condition Worsened***

Due to migration, they do not have pakka houses because they are not living at one place for long time. They are getting at least some facilities at their permanent place but at migrated place they do not get clean water or sanitation facilities. They have to live in the open tents. They are facing difficulty to access public education and health

services due to migration. Due to development process, they are living under threat of eviction as there is plan to demolish their slum under urban renewal mission scheme. In the village also, there is canal project planned on their agricultural land. So, they will face displacement again. The land is not in their names so they will not get rehabilitation package. Thus, after globalization their living condition has worsened.

#### ***6.5.5 Facing Crisis in Availability of Food***

A review of literature shows that after globalization due to changes in the agricultural economy, there are enormous price rise in food and it has had severe impact on food consumption and overall expenditure of household of the general population. Cut in subsidies in social sectors such as on food security has had an adverse impact on the marginalized sections. Many poor families cut their consumption due to changes in Public Distribution System (PDS) and this has led to starvation deaths (Teltumbde, 2001; Moffatt Ken et al, 2009). The present study also shows that due to lack of livelihood resources and high price rises respondent have to cut their food intake. Many respondents said that they are not getting sufficient grains on the PDS. Due to food crisis many of them are dependent of begged food.

#### ***6.5.6 Burden of Illness Increased***

After globalization, due to changes in the delivery of health services, starvation deaths, huge load of preventable and communicable diseases remain substantially unchanged and access to public health facilities, especially of poor, marginalized communities and women has decreased sharply. Medical expenditure has become one of the leading causes of indebtedness (NCC & JSA, 2006 a). Present study also shows that due to lack of nutritious food, poor living and working condition burden of illness have increased among population. Further, due to increased privatization, expenditure on illness has been increased. And at the end their access to health care decreased due to unaffordable prices.

#### ***6.5.7 Financial Burden has Increased***

One more severe impact on the general population due to changes in the agriculture sector is the enormous price rise in food. Production for export affected on the availability of food. Cuts in food production due to commercial cash crops, reduced fertilizer subsidies and indirect effects of the free market provision contributed to

price rise (Teltumbde, 2001; Shiva, 2004; NCC & JSA, 2006 a). In the present study observed that one side respondents are facing high price rises and while other side, due to shrinking livelihood opportunities, income of the respondents is decreased. This increased their financial burden. Due to less income, they have to engage more in earning activities. So, their work load has increased. Due to criminal stigma, men have less livelihood option than women and children. Thus, work load of women and children have increased. And to manage the crisis, many of them depending on begging and some are depending on stealing.

#### ***6.5.8 Marginalization has Increased***

Due to globalization, there is rise in levels of poverty and inequality and this increased inequality intensified marginalization of communities like women, dalits, tribals, slum dwellers, small and marginal farmers who have been the most negatively affected by globalization (NCC & JSA, 2006 a; Moffatt Ken et. al, 2009). Thus, the globalization had an adverse impact on marginalized communities. Being a denotified tribe, Pardhi tribe is already facing discrimination, marginalization and social exclusion in the society (D'Souza, 2001; Bokil; 2002). The observation of the study shows that due to globalization, their livelihood options are shrunken, burden of health problem are increased, access to health care decreased, financial burden has increased, begging has increased and they have to depend on stealing. Thus, the process of globalization has increased their marginalization.

#### **6.6 Conclusion**

The main limitation of the study is it is based on a small sample and thus cannot be generalized to all Pardhi tribes across the state. However, it tries to understand the process of globalization and its impact on them. The study indicated that the process of globalization and imposition of neoliberal policies has a detrimental effect in their livelihood options and on basic necessities. The perceptions of the respondent to improve the health of Pardhi tribe were also collected. It suggests that there is need to provide more positive discrimination measures by the state.

The community needs sustainable earning source, which they are able to do like many stake holders suggest that Pardhi have skill to rear animal and birds, so they have to support to set up poultry farm to rear chickens, batters and titars. It will solve the livelihood problems of them and also help them to stop begging and stealing. By

providing livelihood opportunities, they will stop hunting and it will help to protect animals and birds. Thus, there is a need of an appropriate government schemes for them, which are based on communities needs so, that they can benefit from it. In the urban areas, where many women and children are cheated by the recyclable waste shop owner there is need to make cooperative society of women waste pickers.

The government should reach to this community with the development programs. There is need of special camps to provide caste and birth certificate as they are facing difficulties to get essential documents. Pardhis of the studied area come under the other backward class category, but these people want scheduled tribe status so they are struggling for that. Government have to solve their problem of identification as in some district they are in ST and other districts they are in SC or OBC and have to provide equal status to them.

They do not have land in their names (patta) so they are facing difficulties to get benefits, like loans for crops. They also need some basic facilities like more hand pumps in the area; they want functioning government health facility nearby them. They need more grains on ration cards and they have to receive them on time. Their older people need enough pensions. From the rural areas, many respondents said that they need anganwadi in their hamlet because children, pregnant and lactating mother are not able to go to main village because of long distance. Women also said that they need crèche, so there children will stay safe there and they go to work without worrying about the children.

Further, many respondents shared that there is need to control price rise of essential items because due to high price rise, they are not able to fulfill their needs and they end up living in vulnerable condition. They consume less food, which pushes them to low nutritional status and more illness. The education of the children is important to improve their condition so many stakeholders shared that they have to provide work in their hamlet so they will not have to migrate to other areas or have to start hostel for their children so children can stay there and take education.

There is need of counseling and health education to decrease addictions and increase hygiene among them. Some stake holders said that there is a need to work at community level and with the help of the person from their community to improve their education and health. With this, there is also need to improve the delivery of

health and education services by the state so the community can benefit of it and they do not have to depend on private services.

There is also a need to change some traditional rules and customs of the community, which harms their growth. Further, some key persons also mentioned that perceptions of other communities have to be changed that these people are criminals and also gave importance to their integration with other community so that they do not feel isolated and get respect in the society. To make proper schemes and development programs for them there is need of more research and documentation on their problems and to know the culture of Pardhi community.

Thus, to improve the health of the Pardhi community sustainable livelihood options, facility of education, availability of other basic necessities like water, electricity, anganwadi centre and crèche for children, availability of government health services and integration with other society is important. These suggest that there is a need for good policies and development program for the development of Pardhi tribe despite of neoliberal policies, which have been destroying their livelihood options and shrinking availability of basic necessities.



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## Format for Social, Economic and Demographic Information

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

Sr. No	Name	Sex M/ F	Age	Education	Relationship	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. House 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. Have you receiving or received benefits from the government welfare scheme,  
If yes what?

## **Semi Structure Interview Guide for individuals from Pardhi Family**

### **Details of Livelihood**

1. Nature of work for economic purpose-
  - Work done throughout the year and its duration
  - Working hours
  - Distance of the workplace from home
  - Facility of transport if there is a need
  - Nature of wages- daily/ weekly/ monthly
2. Facilities at work site
  - Health facilities (medicines, first aid, health insurance)
  - Leaves
  - Safe drinking water, toilet, crèche; break for rest and a place for it
3. Difficulties due to nature of work
  - Any illness
  - Other problems
  - Any difficulties at work being women
  - Experiences of discrimination, harassment and sexual exploitation
4. Traditional livelihood of family
  - Any type of change in the traditional livelihood at present, if yes nature of changes and reasons thereof
5. Any type of difficulties in getting work, if yes, reasons of it, such as due to unavailability of work or due to criminal stigma

### **Basic Amenities**

1. Benefits from ration card, if not have, the reasons thereof,
  - Views on cost
  - Views on quantity and quality of goods
2. Views on prices rise, the impact of price rise in daily life; if yes nature of it (like cooking less)
3. User charges of water, electricity, transport and impact of it on the use
4. Benefits of educational and other schemes of government if yes details of experiences in availing it

### **Diseases and Experiences in Availing Health Services**

1. Diseases in the family in the last one year
2. Kind of treatment- Home remedies/ traditional healer/ government facility/ private facility/ others
3. If not gone in government hospital, reason thereof
4. If had not sought treatment, reason thereof
5. How much money spent on different aspects of treatment (fee of healer, medicine, transport, etc), How many days have taken rest or abstained from work and is someone accompanied and lost wages too?
6. How managed the expenditure of illness, Have borrowed money from somewhere?

7. Whether the illness is cured or not?
8. Have you satisfied of the treatment? If not, why?
9. Experience of discrimination or rude treatment by the health care provider, if there are

#### **About Other General Problems**

- The experience of harassment or discrimination by police and dominant groups- the nature of harassment, reason of it
- The experience of sexual harassment by police or other community member if there are (Specifically for women)

#### **Suggestions**

- Suggestions to improve the health conditions of the community

### **Key Points for Life Histories**

#### **Childhood**

- Living place, the way of living
- Education- educated or not, If not reasons thereof, reasons of discontinuation
- Livelihood resources of parents
- Uses of basic necessities and benefits from government schemes

#### **Marriage**

- Age at the time marriage
- Decision of marriage
- Selection of the partner
- Expenditure on marriage, dowry etc.
- Living place after marriage

#### **Children**

- Age at the time of first pregnancy
- Numbers of children
- Place of childbirth
- Process of childbirth
- Education of children
- Dreams about the future of the children- about education and career- challenges faced to achieve or will face

#### **Livelihood Resources**

- Nature of traditional livelihood resources, at present nature of it, impact of national animal protection and forest conservation laws
- Nature of present livelihood resources, challenges in it
- About migration-nature of work during migration, living conditions in the migrated place



**Impact of Globalization (Liberalization, Privatization and Globalization)**

- Impact of prices rises on availability of food, water, electricity, transport, health services, education facilities etc.
- Availability of the livelihood resources

**Illness and Healing practices**

- Illness at the living place
- Illness due to working condition
- Healing practices
- Uses of Health Services

**Criminal Stigma**

- Perceptions of other people
- Impact of it on availability of livelihood resources
- Experiences of discrimination and harassment

**Key Points for Interview with Key Persons**

**Name:**

**Address:**

**Profession:**

**Duration of Profession:**

1. Health problems among Pardhi tribe in this area and reasons thereof
2. Health seeking behaviour of Pardhis
3. Experience in dealing with Pardhis
4. Perceptions about criminal stigma
5. Implications of globalization on livelihood and access to basic amenities of Pardhis
6. General problems of Pardhis
7. Suggestions to improve their health status

## **Key Points for Group Discussion**

1. Livelihood pattern of the community over the years
2. Changes in the lifestyle, from earlier, such as – changes in livelihood strategies, rules and customs
3. Marriage system and other customs
4. Identity of denotified tribes and experiences of discrimination
5. Effect of globalization on livelihood and access to basic amenities
6. Problems
7. Illness
8. Treatment seeking behaviour
9. Suggestions to improve the health status of the community

## **Observation Checklist**

1. Housing conditions
2. Availability of facilities such as water supply, toilet facility, anganwadi, school, PDS shop, Sub-Center, Primary Health Center, Community Health Center, transport facility etc.
3. Sanitation in houses and surrounding areas
4. Diet practices
5. Healing practices
6. Communication of women with men and elders
7. Communication of them with other caste members
8. Communication with health providers- traditional/government /private

## **Village Profile Observation Checklist**

1. Geographical boundaries
2. Location of primary school, secondary school, childcare centres and other schools
3. Availability of health services
4. Sources of water
5. Waste and garbage disposal sites
6. Sources of electric lighting
7. Public telephones
8. Main streets/roads
9. Principal means of transportation
10. Markets, shops, and other commercial establishments
11. Places of worship
12. Cultural and recreational areas
13. Irrigation systems
14. How many years has this village been in existence
15. Number of communities of various caste and religion
16. Main leaders in the village

## **Guideline to Probe on Illness**

### **Symptoms and Signs of Malnutrition**

- Weakness and exhaustion
- Loss of appetite
- Diarrhoea and dysentery
- Headache
- Bleeding from the 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, Reproductive Health Problems of Men such as swelling on penis, infertility

### **About Child Birth and Reproductive Health (for women)**

- Age at marriage
- Age at the time of first pregnancy
- Total pregnancies and childbirth
- 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 (for women)**

- 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 (for women)**

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



**INSTITUTIONAL ETHICS REVIEW BOARD**  
**Jawaharlal Nehru University**  
**New Delhi-110067**

Name of the Ethics Committee: IERB-JNU

IERB Ref. No.2015/Student/70

Title of the Project Proposal: "Denotified Tribes, Globalisation and Health: A study of Pardhi Tribe of selected District of Madhya Pradesh"

Principal Investigator: Ms. Ashwini Sopanrao Jadhav c/o Dr. Sunita Reddy (Supervisor and PI)  
) CSM&CH/SSS/JNU

Telephone:

Sponser: NA

Email: aswini158@gmail.com

Collaborators' Name:

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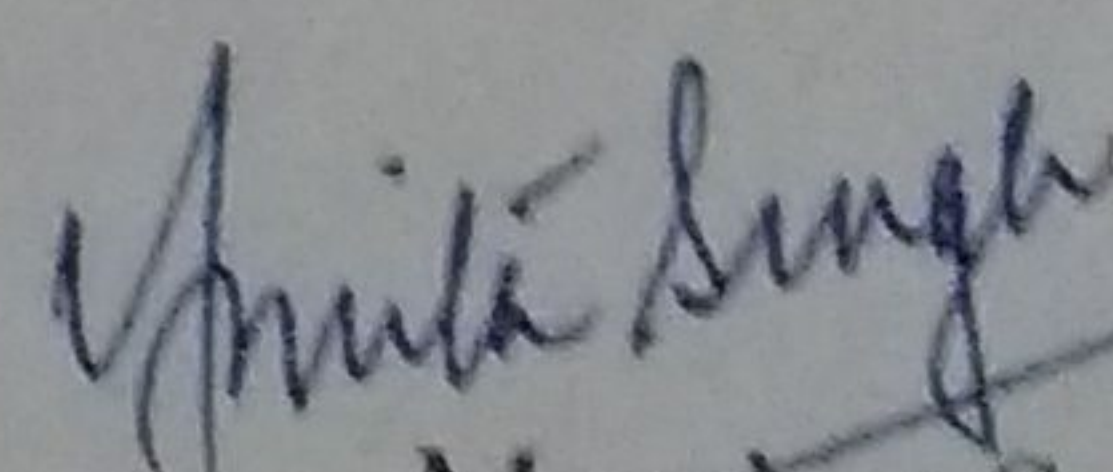
The proposal was reviewed in a meeting held on 17<sup>th</sup> March, 2015 at 4:00 PM.  
The following members were present:

1. Professor Shiv K. Sarin, Chairperson
2. Professor Kusum Chopra, Member
3. Professor Vijay Kumar, Member
4. Dr. Tripti Khanna, Member
5. Advocate Rukhsana Chaoudhary, Member
6. Prof. Ashwini Pareek, Member
7. Professor Babu Thaliath, Member
8. Professor Sangeeta Bansal, Member
9. Professor Pradip Kumar Das, Member
10. Dr. Sushil Kumar Jha, Member
11. Dr. Madhav Govind, Member
12. Dr. Abha Yadav, Member
13. Professor Vaishna Narang, Member
14. Professor Amita Singh, Member Secretary

**The committee resolved to**

- [ ] Approve - indicating that the proposal is approved as submitted;
- [ ] Approve – after clarifications – indicating that the proposal is approved if the clarifications Requested are provided to the satisfaction of designated committee members;
- [ ☒ ] Approve after amendment/s – indicating that the proposal is approved subject to the incorporation of the specified amendments verified by designated committee members;
- [ ] Defer – indicating that the proposal is not approved as submitted but it can be reassessed after revision to address the specified reason/s for deferment;
- [ ] Disapprove – indicating that the proposal is not approved for the reason specified.

**Comments:**

  
Member Secretary  
IERB, Ethics Committee

Date of Approval: 16.05.2015

\*(1st part to be filled in by PI and presented at the time of Review (Periodic, Continuing, Interim)).