

Socio-Economic Status of Sahariya Tribe and their perspective on Health: A Study of Lalitpur District, Uttar Pradesh

Anjana Singh Rajpoot
Doctor of Philosophy
Centre for the Study of Social Exclusion and Inclusive Policy,
Jawaharlal Nehru University, New Delhi
India, 110067

Abstract

The Sahariya tribe of Bundelkhand region is one of the most backward, side-lined and vulnerable tribes in the country. They live a life of penury and neglect and owing to this they are classified as PVTGs. This paper investigates the Socio-Economic factors such as income, education, employment and others and elaborate their impact on health of Sahariya tribe. Simultaneously defined the contribution of women in different economic activities in terms of their health. The study is based on primary data, using quasi-participant method, collected from randomly selected villages of Lalitpur district with 180 Sahariya women participants of all ages. The major findings state that the Sahariya tribe are economically backward and they do not practice the habit of saving This behaviour affecting their health significantly. Also, women play an important role in the financial activity and they also perform their duty from farming to household chores also they make bidis from tendu leaves. Sahariya women are more active than the Sahariya man. Due to poor economic condition Sahariya tribe prefer not to go to the private hospitals and they also do not have proper transportation. Economic conditions of Sahariya tribe stops them from education and proper health treatment.

Keywords: Sahariya women, Health, Economic activities

Introduction

Socio-economic define as a social science that studies how economic activities affects and it shaped by social processes. Socio-economic factors including education, income, employment, and social support are significantly affects our day to day live, and frame our way of living. They also determine our health behaviour that how well and how long we live. The differences of social class can be seen in all ages with lower socio-economic groups

having greater incidence of premature and low birthweight babies, heart disease, stroke, and some cancers in adults. The most affected and vulnerable socio-economic groups include tribes of India. They are at the verge of financial instability and employment crisis. More than two third of the tribal population is working in the primary sector (as against 43% of the non-tribal population), and heavily dependent on agriculture either as cultivators or as agricultural labourers. According to the Report of the expert committee on tribal health, Overall, 40.6% ST population lived below poverty line as against 20.5% of the non-tribal population in the country. Three out of every four tribal people (74.7%) continue to defecate in the open. Use of clean cooking fuels among non-ST is more than three times compared to STs. (Report of the expert committee on tribal health, Tribal health in India, Bridging the gap and a roadmap for the future, Executive summary and recommendations) Ministry of Health and family welfare, Ministry of Tribal affairs.

Despite of having rich culture, religious empowerees and abundance of natural resources, Lalitpur district of Bundelkhand region is also famously known for its drought and poverty. Every year many cases come into light on farmer suicide due to the burden of debt and economic crisis. According to a news reported on 1st February 2021 in Amar Ujala newspaper, A farmer name Narayan Sahariya from Gadanpur village of Lalitpur district committed suicide. His son 'Ajeet' told the police that his father was constantly in stressed for past few weeks¹. This type of incident occurred every year in this region. Moreover, unemployment makes the situation worse for the people who already faced the economic burden crisis. Sahariya tribe considered as a socio-economically weaker population with lower level of literacy and primitive form of agricultural practices. Though traditionally, they practiced shifting cultivation, hunting and gathering etc. but due to lack of agricultural land and availability of resources, most of them have become daily wage earners. They usually work in mines and other's land as a labourer. This negatively affect their health and causes several serious health problems. This paper investigates the Socio-Economic factors such as income, education, employment and others and elaborate their impact on health of Sahariya tribe.

Methodology

The study is based on both qualitative and quantitative using primary data. The method used for the study would be the Quasi-Participant method. It is a mixture of Participant and Non-

¹ <https://www.amarujala.com/uttar-pradesh/lalitpur/farmer-suicide-in-gadanpur-lalitpur-news-jhs187411635>

participant observation. This method would be used to understand them through an insider as well as an outsider's point of view

Area of the Study

The research will be carried out in two different villages of Lalitpur district where the Sahariya population lives in subsequent numbers. Unit of the study is ever-married women in one household.

Sample Size

The research area comprises two villages with a population of 2000-3000, of which this research includes 80 households for the study. Sample sizes 180 have been taken using the Purposive sampling technique, which is stratified in different Sahariya inhabited villages according to the proportion of the Sahariya people.

Results and Discussion

Housing arrangement of Sahariya Tribes due to unavailability of Economic Resources

Traditionally Sahariya tribe live in a cluster on a hillock. Although, due to multi-ethnic settlements, an appropriate number of Sahariya have settled in the plains and live amongst the other caste people in a separate hamlet also known as sahrana. Typically speaking A Sahariya village set against the background of hills and jungles with a stream nearby.. Generally, the house of the Sahariya tribe is divided in to two parts. One part is used for storage and the other part is used for cooking, sleeping and grinding purposes. The livestock for instance goat, sheep, cow, buffalo, etc. are kept at the backside of the house or in one corner of the house. In most of the house a small open space available known as courtyard. Due to influenced by the other caste people, Sahariya women keeps their house decorated with various designs. At the same time most of the Sahariya families with 7-8 members in the house live in a single room which used for cooking and sleeping. Findings shows that 53.3 percent of the respondents' house type are Kuccha and 41.7 percent are having houses made with khaprel and only 5 percent Sahariya people have paccha house. In spite of having Indira Awas Yojna and the other schemes of government, majority of Sahariya people have kaacha

and khaprel type of house. This shows the big lacune in the system which needs to be consider.

Open defecation/Latrine facility among the Sahariya tribes

The fight against open defecation has been a long- standing one especially in rural India. To eliminate the basic sanitary problems Government of India launched a mission on 2 october 2014 named Swachch Bharat mission. The objective of this mission is to eliminate defecation through the construction of household owned and community owned toilets also establishing an accountable mechanism of monitoring toilet use. The main aim of this mission to achieve an Open defecation free (ODF) India by 2 October 2019, the 150th anniversary of the birth of Mahatma Gandhi with constructing 12 million toilets in rural India at a Projected cost 1.96lakh crore. To seek ground reality of this project a survey has been conducted by the team of Khabar Lahariya in Uttar Pradesh- one of the India's most populous and largest states where the implementation of the SBM has been no small feat by any measure. According to the SBM website 70 percent of the state has been declared ODF by the government. And in Lalitpur district government statistics claim that almost all the required number of toilets have been constructed and over 80 percent of the district has been declared ODF².

But the ground reality says the opposite of the statistics. Jayanti, a mother of four, lives in Lalitpur, Uttar Pradesh shared her story with the NDTV "I was pregnant and went to relieve myself up the hill as we had no toilets at our home. Suddenly, I realised a sharp pain in my abdomen and feel that my baby was already halfway out. I was in great pain and alone on the hill. I was there for over an hour before help finally arrived. But it was too late. I had lost my child and there was nothing I could do about it."³

The field data is no different from the above said stories, majority 96.7 percent of the women from Sahariya tribe said that there is no facility of toilets in their house. Some said they do not have proper water tank system. The officers just build a room to click the pictures and maintain the record. But they have no use of the toilet facility. Ultimately, they have to convert that room to store house for their graze and woods.

Women plays an important role in financial stability of Sahariya tribe

² <https://www.firstpost.com/india/70-of-up-has-been-declared-open-defecation-free-but-the-residents-of-these-village-tell-a-different-story-5299311.html> Accessed on 29 August 2021

³ <https://www.ndtv.com/opinion/on-world-toilet-day-some-worries-1244929> Accessed on 29 August 2021

Women is considered the backbone of any society. Status of women in society is often describes in terms of their level of income, education, health, employment and fertility as well as their role within the family and community. Women has been significantly contributing in the economic sector directly as well as indirectly. They have always engaged in work either paid or unpaid. According to the census 2011 the total number of female workers in India is 149.8 million and female workers in rural and urban areas are respectively 121.8 and 28.0 million. Out of 149.8 million female workers, 35.9 million females are working as cultivators and other 61.5 million are agricultural labourer, of the remaining female workers, 8.5 million are in Household (HH) Industry and 43.7 million are classified as other workers (Census, 2011). However, women from disadvantaged groups such as Scheduled Castes, Scheduled Tribes and minorities in particular face discrimination, exploitation and limited employment opportunities. In tribal societies, women are more important than any other society. Because tribal women are hardworking and equally participated in the various economic activities with their male counterpart. They also actively engaged in the Household chores and agricultural activities, moreover the take care of their children and livestock too. because of so many engagements, women of tribal communities often forgot to take care of their own health and often suffered with malnutrition and several health diseases. They also have high infant mortality rate, higher fertility and mortality rate compare to other social groups. They have a very little knowledge or awareness towards health care and disease, hygiene and drinking water provisions.

Sahariya tribe women from the field area is no different from any other tribal group. Though they have significantly influenced with the Hindu groups culture and religious activities. Sahariya women involved in several economic activities including farming to Household chores and taking care and socialisation of their children. Sahariya women's role as wives, mothers, organisers and basic foundation of the other dimensions of social life is significantly important among the Sahariya tribe. Men of Sahariya community often go for pastoral duties then the socialisation of children and others Household responsibilities automatically becomes mother's business. From childbirth to funerals, fairs and festivals activities, the role of Sahariya women is significantly important. In the traditional societies everyday living is usually carried on gender division of labour. In the study area, the division of labour mainly between agriculture and labour work. Household activities are solely handled by Sahariya women. all other task including house building, vegetable plantation, livestock, making of alcohol and bidi etc. have divided between men and women.

Socio-Economic factor affecting health of Sahariya tribe

Employment/occupation and health

Findings reveals that 91.1 percent of Sahariya tribe engage in the labour work activities where they earn on daily basis. They do not have permanent or secure jobs like any other community. Their behaviour does not include to work hard in educational field or job-related field rather they prefer to be a part of daily wage earner. Sahariya men are generally work in mines or agricultural labour in others farm or daily wage workers. Women are also helping men in the terms of taking care of Household chores and children and also work as a labour or agricultural farm to help their men.

Working in Mines and Tuberculosis

Research works have indicated several key factors, e.g., vitamins, residing conditions, migration, access to healthcare and substance abuse and many others. That is probably contributing to high TB occurrence in this organization. In addition, different factors, e.g., literacy, socio-financial status, socio-cultural/mythological notion on health, roles of conventional healers in the network and so on. Circuitously affect health final results in widespread, and TB contamination and transmission, in particular. Several social/non-public behaviours which the network frequently practices, e.g., open-spitting, sharing of country made cigarette moist with saliva, wetting the fingers by means of saliva for distributing gambling cards, and so on. Can contribute to effective transmission of tuberculosis inside the network. Furthermore, living and dozing inside a poorly-ventilated single-room house offers conducive conditions for transmission of TB bacterium amongst family participants, and livestock populations as nicely (Das, 2021).

Income and health

The health of Sahariya tribe is moreover depend on income and financial situation of the family. Majority (87.8) of Sahariya people earn less than 100/- on average in a day. If they are not capable or well aware of the disease or situation of the ill person in the house, they do not take them to the hospitals. Sahariya tribe are not serious for small problems for example

cold and fever is seasonal and cure by itself. For these illnesses, they do not prefer to go to health centres rather they have traditional cure for most of the illnesses which describe in the chapter four. Women's health is most neglected in the whole family. If women are sick, she can not rest until caught to bed. She has more endurance than men. Generally, the tendency of men is that they are not spend money for female treatment but at the same time they can drink alcohol with same money. Another situation is, their behaviour of not saving money. Sahariya men are not in favour of saving money. They earn and spend in the same day. In case of medical or other kind of emergencies, they have to take debt from the money holder in the village. And when they cannot return the payment, Sahariya people become the bondage labour.

Education and health

Sahariya tribe have very negative behaviour towards education. They don't want to educate their children. The majority of the respondents are (64.4%) illiterate while 29.5 percent had completed primary education. According to the people of Sahariya tribe, education is a waste of time and money, rather they prefer to engage their children in the labour work or married them in an early age and put responsibilities. Though they live very stylish life full of show off but they do not want to educate their children. The awareness of education is directly linked to the awareness of health. Sahariya tribe specially women have the lowest ratio of education. In the field majority of women (64.4%) are illiterate, and the category belongs to above 25 age group categories. These women have the highest case of infant mortality at the time of the birth of the baby. There are some women who do not educated but they want their children to educate and make them independent. But the ratio of these women is very low amongst the community.

Nutrition and Poverty

Oscar Lewis in his theory of the "Culture of Poverty" shows that poverty is the result of people's values or cultural norms. In a manner, it shows that people who are poor have different cultural values than mainstream society. Basically, the concept indicates that we study positive norms while we grow up in a circle of relatives who's poor, and this shapes our lifestyles choices and possibilities. We internalize the values we grow up with, which

explains why people who develop up terrible often continue to be bad. Sahariya tribe is one of the most vulnerable tribal groups and coming into such category. From a long time span they have been living in such conditions and don't want to desperately uplift themselves. Which causes them the remain in the arena of poverty. Poverty and lack of economic resources reflect their eating pattern. Due to constantly engaged in the work activities the risk factor including lack of breast feeding, physical inactivity, smoking, alcoholism, obesity, hypertension and poor diet have increased among the Sahariya women. Sahariya tribe hardly get two times meal in a day. Their nutrition or diet include green vegetables (which they grow in their own field), chapati and rice which provide cheap energy. In rare cases, they consume low energy product such as meat, full cream milk, potatoes, preserves and cereals but has little intake of vegetables, fruits and wholewheat bread. Though this type of diet also is lower in essential nutrients such as iron, calcium, magnesium, folate and vitamin C compare to higher socio-economic groups.

Employment under MGNAREGA

Accordingly, MANREGA (Mahatma Gandhi National Rural Employment Guarantee Act) have been introduced in 2005 which earlier known as National Rural Employment Guarantee Act. Government of India rename the NREGA as MANREGA on 2nd October 2009. This programme ensured 100 days wage of employment in a financial year to every rural Household. To work under this scheme, people have to register themselves under Gram panchayat, within 15 days job card containing photographs are issued to all the applicants. The nature of MANREGA work is unskilled manual work targeted to enhance livelihood security providing guaranteed wage employment. The work includes irrigation, rural connectivity, flood protection, water and soil conservation etc. women and men can equally register themselves under this scheme. The wages are same for both men and women workers. Sahariya women in the study area not to facilitated by such type of facilities after having 33 percent reservation of employment sector (Hirway, 2003).

Conclusion

Sahariya tribe of Lalitpur district has been always trapped by poverty and hunger, these factors further pulled them to lowest level of society. Lalitpur district is part of Bundelkhand

region which already has a long-standing history of droughts and famines. Living conditions are harsh especially for the rural poor such as Sahariya and other tribe who depend mainly on agricultural incomes for sustenance, and are therefore highly vulnerable to drought and failure in cropping systems and loss of employment and incomes. Apart from this most of the adult Sahariya tribe people works at mines where they get exposure to harmful dust and gases. Continues exposure of dust affect their respiratory system and cause many diseases, out of many most common symptoms seen of Tuberculosis (TB) disease. Even during the pregnancy period to support their family Sahariya tribe women works at their homes as well as goes to labour work, which leads them in heavy pain end of the day. So sometimes they consume alcohol to get rid of tiredness and pain. which further effect the infant and their health. Almost all the occupation of Sahariya consist health risk most common is labour work majority of them spend their whole life working labour, some of them depends on forest products like Mahua flowers, fruits, medicinal plants, roots, seeds, Tendu leaves and firewood are a major source of livelihood for Sahariya people.

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