Research Title:

About life in exclusion. Health and Social Welfare of De-notified and Nomadic Tribes in India.

Om livet utanför samhället. Hälsa och social välfärd i ej registrerade nomadiska stammar i Indien

Professor in social Work Elinor Brunnberg, Mälardalen University, Box 325, 631 05 Eskilstuna, Sweden. E.mail: elinor.brunnberg@mdh.se

PhD Mukesh Kanaskar, Director- International with All India Institute of Local Self-Government (AIILSG) and Director of International Centre of Equity & Inclusion for Transformation, Maharashtra State. India E-mail: mukesh_kanaskar@yahoo.co.in

Associate professor Usha Varghese, Bharati Vidyapeeth, University,Social Sciences Centre, Pune, India. E-mail: varghese.usha@gmail.com

Ms. Shweta Gupta, Assistant Director, International Center of EQUI-T and Head, International Center for Women-in-Deprivation of All India Institute of Local Self Government (AIILSG), India E-mail: shweta.equit@gmail.com

Purpose and Aim:

To study the health and social welfare concerns of Denotified and Nomadic Tribes (DNT) in India with specific focus reproductive health of women and girls from DNT communities. Exclusion and empowerment.

The specific objectives of the research are:

- Enhance the understanding of the health and reproductive health concerns of the Denotified and Nomadic Tribes, specifically of DNT women and girls.
- To gain insight into the multi-faceted deprivations of the DNT population and the cause-effect dynamics that impacts their health and welfare
- Study the status of access to healthcare and social welfare services to DNTs.
- Identify the challenges and barriers faced by DNTs in accessing the health and social welfare services.
- Identify empowering interventions
- To provide recommendations and suggestions vis-à-vis improving their health status and potential opportunities for expanding their access to basic health and social welfare services.

Background

Denotified and Nomadic Tribes (DNTs) are amongst the most disadvantaged communities today in India. In the traditional societal hierarchy, they occupied lowermost positions. The estimated population of DNTs in India is about 110 million, which is even more than the
population of the Germany (82 mn), the largest European country. This population in extreme deprivation is not on radar of mainstream development and policy making. Despite being among the most deprived communities, there have been hardly any developmental initiatives undertaken for them, in India as well as in the state of Maharashtra. The struggle is even at the fundamental levels of getting a formal proof of existence such as Voter ID Card. Most of them neither have a Public Distribution System (Ration) Card or a Below Poverty Line Card despite being eligible to avail these benefits.

‘Patriarchy among DNTs is more severe than sedentary, agricultural communities. Child marriages are common among DNTs while in some of the DNTs women are sold, mortgaged and even leased out. There is an increasing proportion of DNT women and girls becoming victims of large scale trafficking due to loss of livelihoods. Moreover, DNT women are subjected to inhuman penalties for behavior ‘perceived to be beyond the norms’. E.g. a common test in most of the DNTs a tainted woman has to undertake to prove her innocence is to pick up a coin from a pot of boiling oil. The barbaric penalties on women also include social boycott and ostracism, forcing to walk through fire, balding the head, forcing to carry human or animal excreta, and even branding the tip of the tongue with hot iron’. (Bokil, 2002, De-notified and Nomadic Tribes: A Perspective, Economic and Political Weekly, January 12, 2002).

There is an acute lack of comprehensive knowledge vis-à-vis access of healthcare and social welfare services to DNTs’ population in general and for women and girls in particular. This PhD research study probably would be a global innovation and will shed insight into this hitherto neglected aspect concerning health issues of women from DNT communities, who are among the most vulnerable and deprived sections in the world.

The literature review and secondary research indicates that there is hardly any comprehensive work done on this issue concerning health and social welfare of the denotified and nomadic tribes. Though there are few mentions about the health issues of DNT population in general, there have been hardly any scientific studies which are sufficiently broad based to draw conclusions from. Considering the extreme all-around deprivation, the health status is certainly impoverished. The scarce references available paint an extremely grim picture of 90% DNT women and children being anemic and live in unhygienic conditions which is confirmed by the field functionaries engaged in the development of the DNT community. This is confirmed by the Technical Advisory Group\(^1\) (TAG, 2006), as ‘Additional supplementary nutrition is an also must for the women who are normally highly anemic and suffering from a number of female ailments’. The incidence of gastro-intestinal diseases caused due to eating unclean meat (especially pork) has been very high (Mane, 1997).

\(^1\) The Ministry of Social Justice and Empowerment, Govt of India constituted Technical Advisory Group in 2006 to provide recommendations for the development of Denotified, Nomadic and Semi-Nomadic Tribes in India.
DNTs are denied a range of entitlements (which are crucial for improving the quality of life and are available to settled communities) such as Integrated Child Development Services, health care, public distribution system, MGNREGA job cards, pensions, schooling, etc. (National Advisory Committee, 2011). As these communities are not connected with the mainstream of social life they are totally unaware about health awareness and medical facilities. They are so poor that they cannot afford/go to the qualified Doctors or Specialists. They even depend on the quacks as a result of which most of them are sick and suffer from TB, AIDS, Cancer and other diseases. Their women and children are most vulnerable to contamination of various diseases due to malnutrition (TAG, 2006; 14).

The field realities indicate that the government provisions and community resources are highly inaccessible to the DNT women and girls. Accessibility towards the key services of water and sanitation greatly influence the overall health status. The initial round of exploratory study made by the applicant to the field location helped in gaining insight into the real issues.

The key observations vis-à-vis the health status of women from nomadic tribes are - high incidence of anemia among women and girls, poor nutrition and high undernourishment/malnutrition in children, early/child marriages are common among DNTs, majority of deliveries occur at home (less proportion of institutional deliveries), early child bearing is affecting women’s health e.g. high rate of abortions, high incidence of reproductive tract infections, low awareness about family planning/contraception measures among women, little know how about immunization and other hygiene practices but very poor access to health and social welfare services. Moreover amongst nomadic tribes the social structures are very rigid with their separate ‘Jaat Panchayat’ system, it is a male dominated and highly patriarchal society which is more severe than sedentary, agricultural communities, where women face many atrocities including domestic violence and exploitation. The other findings reveal that the overall literacy levels are low, increasing proportion of DNT women and girls becoming victims of large scale trafficking due to loss of traditional livelihoods, most of them are not under mainstream development as they neither have a Public Distribution System Card or a Below Poverty Line Card despite being eligible to avail these benefits.

Project Description

The research study will generate a scientific body of knowledge on neglected aspects concerning health, social welfare and educational challenges faced by DNTs, especially by women and Girls from the DNT communities. The research learnings will contribute to the knowledge base of the professions and will support development in the area of health and
welfare vis-à-vis expanding access of the health and welfare services to the most vulnerable populations.

**Primary Research:** The on-field study, documentation and consultations will form the primary research. The field study will be based in Maharashtra state. The state has 42 DNT tribes of which 28 are nomadic and 14 are De-notified. The estimated population of DNTs in the state was about 6.5 mn in 1991 which was 7% of state’s population at that time. A high proportion - about 10% of the DNTs in India stays in Maharashtra. We will start with making a Literature Study and Review of public information and figures about living conditions, vulnerability and the differences of visibility/invisibility of notified and De-notified tribes (see Ramesh, 2011; Barge, 2013).
<table>
<thead>
<tr>
<th>S.No.</th>
<th>Research Design</th>
<th>Research Methodology</th>
<th>Meeting</th>
<th>Time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Background study on health concerns of Denotified and Nomadic Tribes in India, with focus on Maharashtra.</td>
<td>Literature Study, Desk Review.</td>
<td>Meeting twice a year in RGr(^2) Field work Writing review article</td>
<td>2016</td>
</tr>
<tr>
<td>2</td>
<td>Enhance the understanding of the health and reproductive health concerns of the Denotified and Nomadic Tribes, specifically of DNT women and girls.</td>
<td>Primary Research: On field study in India FGDs with the DNT community, gender segregated FGDs, in depth interviews with key persons, Consultations with NGOs, representatives from Government machinery including officials from Health Department.</td>
<td>Meeting twice in RGr 2017 with representatives for the communities Giving seminars and information in media Writing scientific articles</td>
<td>2016/2017</td>
</tr>
<tr>
<td>3</td>
<td>To gain insight into the multi-faceted deprivations of the DNT population and the causative factors/cause-effect dynamics that impacts their health.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Study the status of access to healthcare and social welfare services to DNTs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Identify the challenges and barriers faced in accessing the health and social welfare services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Recommendations and suggestions for actions vis-à-vis improving their health status and potential opportunities for expanding their access to health and social welfare services.</td>
<td>***</td>
<td>Meeting twice a year in RGr Giving seminars and information in media Writing scientific articles</td>
<td>2018</td>
</tr>
<tr>
<td>7</td>
<td>Finalizing Research Report</td>
<td>***</td>
<td></td>
<td>2018</td>
</tr>
<tr>
<td>8</td>
<td>Writing 4 research papers based on the study</td>
<td>***</td>
<td>Seminars Conclusion of the project</td>
<td>2016-2018</td>
</tr>
</tbody>
</table>

---

\(^2\) RGr ResearchGroup
Research Methodology for Primary Research: The research methodology will be a judicious blend of quantitative and qualitative research tools – mixed methods (Creswell, 2015). The qualitative research methodology will have vital significance in this research study with DNT communities as they can capture the entire socio-cultural dynamics that affects their core health issues. The participatory research tools and methodologies will be adopted for engaging the community (Silverman, 2013; Ager, 2008, Brunnberg & Cedersund, 2013). These will be in the form of gender segregated focus group discussions (MONOGR SOC RES CHILD DEV, 2012; Brunnberg, 2013), in depth interviews with key persons, interactive community exercises for prioritizing problems and recommending solutions, and gender segregated analysis. The multi-stakeholder approach envisaged will include conducting consultations with other stakeholders, especially from NGOs active for upliftment of the DNTs and government representatives, including those from health department.

Project organization: The most central in the launch of the project, except to investigate what knowledge is already known about DNTs and tribes in India, is to be known and establish trust within the tribes. In the project descriptions and deeper examination of the living conditions and lifestyles in 2-3 DNTs will be described. A more comprehensive picture will be concluded for the larger group of DNTs who lives in Maharashtra State, India. Initially, it is essential to develop a trust among the women and children in the DNTs to do the study and give it a qualitatively enhanced content. There also need to be a trust in the community. Confidence means that all project staff must be known by the DNTs especially in the tribes where qualitative deepening of our knowledge will be made, but also by representatives of the organizers DNTs and a larger group. In DNTs only about 1% have read and writing skills so participatory and interactive research with ethnographic elements will be crucial (see Ager, 2008). It means trips for the Swedish researcher to India to meet the research group but also the tribes will be a central to meet. There also need to be meetings in Sweden to get special research input and to make presentations outside India. We will regularly organize workshops and seminars when also media are invited. It is important to spread the knowledge we attain in India but also globally. We will write scientific articles. The project organization consists of three Indian employees and one Swedish. Of Indian employees are two from one association AILSG. The researchers come from a Swedish and an Indian University. The Swedish researcher is experienced in working with interactive and participatory research methods with children / young people in vulnerable situations or with special communication needs. Indian employees have professional experience in working with women and children in extreme poverty. There are between the two universities cooperation and Linneus Palme projects in terms of teaching and reciprocal student
exchange. One of the Indian scientists will in May 2015 spend a month as a visiting guest at Mälardalen University, Sweden. This is to strengthen research knowledge in health and welfare sector about participation and in terms of gender aspects. Collaboration and co-production will strongly provide a reciprocal value and synergy effect for the current project.

**Ethical Considerations:**

The research will be conducted as a scientific research with complete adherence to the ethical aspects in Indian research (see LeCompte & Schensul, 2015).

**Significance**

This research has vital significance for a large mass of an extremely deprived section of Indian population. The inputs generated from the study can have implications on the lives of 110 mn DNT population and has an immense value and relevance in the Indian context as well as potential for replication in other developing countries facing similar challenges. There is an acute lack of comprehensive health and reproductive health related studies vis-à-vis Denotified and Nomadic Tribes (DNT), women and girls in particular. This study probably would be a global innovation and will shed insight into the life of the most vulnerable and deprived sections in the world.

**Preliminary results**

We still do not have any preliminary results presented in reports or scientific articles but we have started the project with creating trustful relationships between researchers and women in tribes. Researcher both from Sweden and India together visited two of the tribes and made focus groups in the communities. We will later this year write an article.

**References**

- Balkrishna Sidram Renke, The chairperson of National Commission on De-notified, Nomadic and Semi-Nomadic Tribe, Government of India


Information for the consideration of the committee on the elimination of racial discrimination in reviewing India’s fifteenth to nineteenth periodic reports, February 2007


Recommendations regarding Denotified, Nomadic and Semi-Nomadic Tribes, National Advisory Council (NAC), Government of India; 2011
