

Changes in Occupational Patterns and Its impact on Health Seeking Behaviour of Denotified Tribal Women

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Abstract

India is always known for its diverse culture and unity in diversity. It is characterised by plurality in religions, castes, sub-castes, races and diverse societies and cultures. People belonging to such diverse groups represent difference in cultures and practices. In this diversified society, there are many communities which are living in inhuman conditions. Such communities, which include tribals, are not only neglected, but are even not considered as citizens of this country. They are settled in many regions of the world and majority of them are poorest of the poor. According to 2011 Census, the population of tribes in the country constitutes 8.06 per cent of the total population while their habitats form 20% of the total geographical landmass of the country. In spite of the protection given to the tribal population by the Constitution of India, tribal's still remain the most backward ethnic group in India. Their living conditions are generally very dismal on the three most important indicators of development - health, education and income. Tribes have their own social and cultural practices to treat different kind of illness. These communities possess a unique knowledge about health practices and stay away from the modern/English medicine. In order to examine the health seeking behaviour of denitrified tribal women the researchers used quantitative method and collected data from 200 respondents with the help of survey method. The findings of the study highlighted two points, firstly, are there any change in the socio-economic status of women in de-notified tribal communities? If yes, what is its impact on health seeking behaviour among these communities?. The findings of the study suggests, it is very difficult to address the health care problems of these communities without improving their socio-economic conditions.

Keywords: De-notified tribes, Women, Health seeking behaviour, Poverty

I. Introduction

The word 'tribe' is generally used for a "socially cohesive unit, associated with a territory, the number of which regards them as politically autonomous". Tribal people are always known for their distinct and unique religious beliefs and, diverse cultural practices. Within these communities, there are many categories and differences by region, religion, and administrative definitions by the Indian government. Similarly, as quoted in Encyclopaedia

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of Social Science, it was clear that anthropologists define the term “tribe” as a people at the earliest stage of evaluation of society.

The term ‘De-notified Tribes’ is meant for to all those communities who were notified by the British under the Criminal Tribal Act in 1871 and were de-notified by the repeal of this Act after Independence of India. The De-notified tribe is a unique social group in India which covers a population of around six corers. Some of these communities are included in the list of Scheduled castes, some others in Scheduled Tribes and quite a few in the category of Other Backward Classes. But there are some of these communities which are listed in none of the mentioned categories (Devy, 2004). What is common to all of these communities is the fate of being branded as ‘born criminals’.

Nomads are known as a group of communities who travel from place to place for their livelihood. Some are salt traders, fortune tellers, conjurers, Ayurveda healers, jugglers, acrobats, story tellers, snake charmers, animal doctors, tattooists, grindstone makers, or basket makers. All told, anthropologists have identified about 500 nomadic groups in India, numbering perhaps 80 million people—around 7 present of the country's billion-plus population.

The nomadic communities in India can be broadly divided into three group’s hunter gatherers, pastoralists and the peripatetic or non-food producing groups. Among these, peripatetic nomads are the most neglected and discriminated social group in India. They have lost their livelihood niche because of drastic changes in transport, industries, and production, entertainment and distribution systems. Though very poor and deprived they are still not facilitated with any constitutional safeguard and concern. Statistics show that governments are applying development policies which are basically intended for scheduled tribes or scheduled castes. The government of India in early 2006 has set up a commission for the development of these communities.

De-notified & Nomadic Tribes in India

The Nomadic Tribes and De-notified Tribes consist of about 60 million in India. In Gujarat the population of Nomadic and De-notified tribes is more than 4 million. In ancient times the tribes were well respected for their skills and services. Some of them were engaged in entertainment while some of them provided iron tools/implements required by farmers in farming. When communities use to leave the village after a week or two, the villagers used to offer donations tin cash or kind for their services. During the rule of kings, these communities were given shelter by the rulers. Old documents cite examples of Village Panchayat allotting land for these communities.

A majority of the Nomadic and De-notified tribes exhibit the primitive traits even today. They still live in remote villages migrating from place to place in caravans in search of livelihood. They perform various practices, such as worship of nature in different forms. Animal sacrifices during religious celebrations are only a few of them to demonstrate this fact. Their social life is still governed by Jat Panchayats, a primitive form of social organisation. But despite the enactment of various Acts, and safeguards enshrined in the Constitution of India, these communities are still treated as criminals and subjected to harassment and persecution at the hands of the police and the state machinery. The situation of these communities after independence and their inability to access their legitimate Fundamental Rights need to be studied in depth. This paper seeks to address this issue.

The Acts and Commissions

In order to protect the rights of these communities various acts and commissions were passed and amended. Since labelling or branding colonial and post-independence acts have gone through various amendments. The Criminal Tribes Act, 1871 was amended in 1897, 1911, 1923, 1924, and 1947. A number of committees and commission were established to review the Act from time to time. These Acts were the processes of criminalising the de-notified tribal communities through power of state and legislature. This section presents the major amendments in the Acts and Commissions related to de-notified tribes

The Criminal Tribes Act, 1871: During the pre-independence era, De-notified communities were engaged by the 'kingdom' to create nuisance, and unrest in the neighbouring states. In 1871, British rulers declared 200 such communities as 'notified criminals'. A special act, named **Criminal Tribes Act 1871**, was framed by the British. Under this Act, around 28 tribes were listed as criminals. This was the first Act enacted by the British. This Act empowered the local government to label or brand a tribe as criminal with the permission of the Governor General in Council. The total population of these 28 tribes then was around 11, 75,459.

According to this Act, even newly born baby in notified criminal communities were considered as 'criminal by birth'. Every adult member of these communities was compelled to give her/his attendance in the nearest police station. In some places, they were even imprisoned. Thus, these communities were slowly were detached from the society. They had to face cruelty and injustice from the police, administration and rulers. So much so that, India was independent in 1947, and Criminal tribes Act was abolished in 1952. The police watch from their settlements was removed. Communities were then termed as "De-notified".

The Bombay Habitual Offenders Act (HOA) 1959: Finally the Criminal Tribal Act was repealed in on 31st August 1952. Soon after Independence, the communities notified as criminal tribes were de-notified by the Government of India. This notification was followed by substitution of a series of Acts, of which the 'Habitual Offenders Act' (HOA) 1952 was the prime one. As a matter of fact the HOA preserved most of the provisions of the former CTA, except the premise implicit in it that an entire community can be 'born' criminal. Apparently, the de-notification and the passing of the HOA should have ended the misery of the CTA communities, but it never happened. The police, as well as the people in general, continued to perceive persons belonging to the 'Criminal Tribes' as born criminals. The result is that every time there is a petty theft in a locality, the erstwhile CTs are the first suspects. Thus they are victimized.

The ratio between the arrests and the convictions of the DNTs needs detailed analysed and research to see the extent of physical harassment and mental torture caused by the police to these most vulnerable and weakest sections of the society. The land possessed by these tribes was already alienated during the colonial rule through unfamiliar legal promulgations of land and forest acts. After independence, various state governments very ineffective to restore their land to them. Schemes for economic uplift do not seem to have benefited them. The illiteracy rate among the DNTs is high, malnutrition is more frequent and provision for education and health care is almost negligible. Above all, there is no end to the atrocities that the DNTs have to face.

Being illiterate and ignorant of the law, the DNTs know very little about the police procedures, and so often get into difficult situations. The onus of proving their innocence rests with them. Many of these people are scared to wear new clothes for the fear of being arrested and therefore spoil them before using them. Mob-lynched, hounded from village to village, denied of all civic amenities, deprived of the means of livelihood and gripped by the fear of police persecution, the DNTs always seem to be on the run. Freedom has still not reached them. Today India has

completed 65 years of its independence; still these communities did not get residence proof, ration cards, voter ID cards, benefit of Public distribution system, Indira Awas housing scheme, admission in the school. The list of deprivations is almost endless.

De-notified & Nomadic Tribes in the State of Gujarat

The tribal people of Gujarat are religious and are animistic in religion. They worship various animals like Snakes, Tigers and Crocodiles. They also worship some plant gods as well as a hill god which is popularly known as Thumbi Devi. Today the tribal groups are generally engaged either in the agricultural activities or as farm workers. Very few of them are holding land of even a few acres. In Gujarat, most of the Scheduled Tribes population is spread over eastern portion of 12 districts viz. Banaskantha, Sabarkantha, Panchmahal, Dahod, Vadodara, Bharuch, Narmada, Surat, Tapi, Navsari, Valsad and Dangs. As per 2001 census the tribal population in Gujarat was 74.81 lakhs which is 14.76% of the total population of State. Most of the above tribal population is distributed over 43 talukas, 15 pockets and 4 clusters of twelve districts. Most of the tribal areas are characterised by hilly terrain, rocky sub strata and presence of forest on large chunks which makes the problems of supplying safe drinking water difficult. The communities still resides in settlements, very far from the revenue village boundaries. For generations, communities never demanded for permanent space to get settle down. They used to migrate from village to village. Thus traditionally this large part of the population never had any entitlements on any piece of land. These communities mostly depend on common properties like wasteland, village side land, grazing land etc. Thus today they do not have any place where they can even make their make-shifts house or a mud houses.

De-notified tribes and their issues

In India, these communities were labelled as criminals by the British. Even in post-independence India, we do not see any changes in living conditions, prejudices against them and freedom to de-notified tribes. According to Simhadri (1991), the tribes in India are of two types, such as Criminal and Non-criminal tribe. Criminal tribes as been seen are made up of these people who traditionally follow criminal activities as their profession. This category of people is also called “De-notified tribes or ex-criminal tribes”.

These criminal tribes were de-notified in 1952 after India’s independence. However, the stigma of the criminal label still follows them till today. Many Acts and regulations in various states restrict these communities of people from travelling; others must still register at police stations in the districts they pass through. This close association with polices makes these communities liable to suspicion wherever crimes takes place. According to the Renake Commission (2008) the population of de-notified tribes is said roughly 10 – 12 cores. According to Renake commission report 2008 the de-notified tribal population can be categorised in three different classes.

1. De-notified Tribes who are listed as SC’s and ST’s in various states i.e. De-Notified (SCs / STs) since the last 50 years.
2. Nomadic and Semi-Nomadic tribes who have been included in the list of SC’s and ST’s i.e. Nomadic (SCs / STs)
3. Nomadic tribes, which have been, included in the list of OBC’s from time to time, i.e. Nomadic (OBC).

The study by Milind Bokil (2002) presented the features of these communities which make understanding about them very clear and distinguishes them for their unique qualities. This study indicates that, like any other caste

groups, de-notified tribes community is an endogamous in nature. Though they are termed as tribes, most of their activities are as similar as those of castes in the traditional rural society. Similarly, restrictions on marriages prevailed. Even though they were not treated as untouchables, many of them occupied lower positions in social hierarchy. The de-notified tribes are mainly patriarchal communities. The status of women in these communities has been very low and very often brutal sanctions have been imposed on them. In addition, they have a very strong tribal council like any other caste in India. This council plays an important role in their domestic, social life and practical activities.

The Nomadic and De-notified communities have no assured means of production and livelihood. This is mainly due to the fact that these people have to move from place to place in the form of a caravan. Consequently, their children are not able to continue education in the regular school system. They are deprived of education due to this unstable life style. As a result, they are not able to overcome their poverty, superstitions, and ignorance. Therefore, these communities still remained backward socially as well as economically. In addition, these people are not eligible for having constitutional safeguards, which are enjoyed by the Scheduled Tribes. For development of these communities, these people need to settle at one place or another in addition to be able to avail of education and employment opportunities. Otherwise these communities will never be in a position to integrate themselves in the society and avail of the benefits of modern civil life.

On the other hand, the De-notified tribes have a rich heritage of cultural practices including their dress, dialect, and folklore, customs which is very unique and distinct from that of other social groups. From generation to generation, these tribes led nomadic lives and have hardly been integrated in the society. In fact, the society has always looked at them with suspicions and mistrust due to the stigma of 'branded criminal' or criminality attached with them. Even though several times Criminal Tribal Acts were amended, the stigma of criminality is still attached with these communities. Consequently, they are the victims of persecution and torture at the hand of the British and the state machinery (Bhandalkar, 2011). Whenever wherever any theft or robbery takes place, police arrests these people and gives various forms of torture without proving who actually did that crime. Consequently, these communities are excluded from the constitutional provisions. This exclusion had numerous implications. The government of India passed (Prevention of Atrocities) Act 1989, for the Scheduled Castes and Scheduled Tribes under which prohibits violation of the civil and political rights of enumerated castes and tribes. But this Act does not apply to the de-notified tribal communities and violation of human rights cannot be addressed under its provisions. Further, they are not even eligible for reservations and concessions in jobs, education and other public bodies. This contributes to the lack of representation in government and exclusion from employment opportunities. Majority of the population are away from education and continue their traditional occupations, or are settled as marginal farmers, or wage earners.

The study of health issues needs special attention in the context of the De-notified communities in India. From the review of above studies, it is very clear that, most of these communities are very backward with little social and material development. Most of them live in isolated or remote areas where cannot have access to basic resources including medical facilities.

For instance, J. K (1998) study findings shows that the mortality and morbidity rates are much higher among the tribal communities as compared with the rates of the general population of the country. Further, healing rituals and supernatural beliefs occupy a prominent place in the treatment of diseases like successive abortions, chest

pain, measles, epilepsy etc., which are supposed to have originated from the supernatural cases. Bhowmik (1982) study found that many of the tribal communities suffer from communicable diseases mainly due to the fact that lack of proper sanitation facilities, pure drinking water, good air pollution etc.

Further, study conducted by Vidyarthi and Rai (1977) study found that the belief among tribes such as Ho, Jainta, Korwa, Maler and Oraon in malevolent spirits and powers which can cause infertility, famines, death and many other diseases. Interestingly, the findings also show that these tribal's believe that there are some spirits who protect these people from diseases, calamities and other misfortunes. Similarly, Dasgupta (1984) study gives the impression that the tribal communities are using both indigenous herbal medicines and modern/English medicines for the treatment of various diseases. Further, it was also observed that the influence of Christian missions and access to education among these communities minimised the belief in spirits as the causative agents of diseases.

Similarly, Sahu (1986) study on Oraons of Orissa suggests that many of these tribal communities are aware of the health services available in various government hospitals and some of them are making special efforts to avail these facilities when they confronted with serious diseases. However, there is lack of much research in this area. Therefore, Gujarat National Law University conducted study on changes in occupational patterns and its impact on health seeking behaviour among De-notified tribal women.

Problem of the study

Before the British period, the de-notified tribes were well respected and recognized for their skills and services. Majority of them were engaged in entertainment like Bhawaiyya, Nat, Bhand, Bharathari, and Turi. These communities were welcomed by the kings and villages were always welcomed by the villages, and were given place in the village temple for their residence. But today, same communities are living in miserable condition. For instance, *Vaadi-Madaari* communities were prohibited from using snakes for their performances due to new legal provisions imposed by the State. Even though they won't kill and do any harm to snakes, they were forced to leave their occupations with no alternative livelihood options. As a result, these communities are still not settled, even they are considered as part of main stream society and thus their children are also left without education.

On the other hand, the review of studies also reveals that, as these communities keep moving from one place to another place, they didn't get any benefits introduced by both Central and State governments. This is mainly due to the fact that, they didn't have any rations cards, address proof of settlements in particular state, no benefit of public distribution system, no voter ID cards, and no admission in schools and many other programmes/schemes introduced by various state governments etc. further, many people from these communities entered into flesh trade with no other options for their livelihood. For instance, *Vadiya* village of *Banaskantha* district is known for flesh trade. Majority of women and even young girls from the *Vadiya* village are in flesh trade. Many of these women and young girls are suffering with severe health issues and not able to come out vicious circle of poverty and exploitation.

Objectives of the study

- 1) To study the socio-economic conditions of de-notified tribal women.
- 2) To examine the occupational patterns of these communities, and its impact on the health seeking behaviour of these women.

3) Identifying the areas of development interventions, strategies for improving the living conditions of these women.

Hypothesis

- 1) The passage of time has brought change in occupational pattern of de-notified communities.
- 2) The change in occupational pattern has brought changes in health seeking behaviour and status of women.

Significance and scope of study

This is a very significant area of study and not much research has previously been done on this topic. The scope is very narrow. It is thus very significant in the field of social work as it reveals the problems faced by de-notified tribal women and their socio- economic status. It will also add to the limited existing knowledge base in this area. In addition, the findings of the study can be of help for the organisations which are working with these communities to plan their future intervention. In addition, this information can provide greater insight into the position of tribal women in a smaller inaccessible region of Gujarat and can be used by policy-makers to frame their policies and review the existing ones.

II. Research Methodology

This study was aimed to explore the social, education and economic conditions, other details such as health-seeking behaviour and perceptions on violence among de-notified tribal women. Therefore it was an exploratory study. Thus this study was focused on the changes that are happening in traditional occupation of these communities and its influence on health-seeking behaviour and status of women among the de-notified tribal women. So it was descriptive as well.

Universe of the Study

For this study, *Tharad* taluka, from *Banaskantha* districts of North Gujarat, have been chosen as the universe of the study, considering that there is a significant presence of de-notified tribal population in these villages.

Banaskantha District

The total population of the district is 2,504,244, out of which the tribal population is 205,904, i.e. approximately eight per cent³. It is third largest district of Gujarat and is located in north eastern region of the State. The area of the district is 10,757 sq. Km. The district has contributed significantly to agricultural production of the State and ranks No. 1 in the production of potatoes in India. There are twelve talukas in the district with 1,249 villages. *Tharad* taluka from the district has been taken as the universe of the study.

Data Source and Methods

For this study, data was collected from both the primary and secondary data sources. The primary data was obtained by using quantitative technique such as survey method with the help of structured interview schedule.

³ Varsha Ganguly, 2009. Situation of Tribal Migrant Laborers of Sabarkantha and Banasakantha districts of North Gujarat, St. Xavier's college, Ahmedabad

Quantitative data is any data that is presented in numerical form such as frequencies, percentages, etc. The *first section* of the tool focused on socio-economic, educational level and occupational status of these communities. The *second section* focused on changes in occupational patterns and its influence on their health-seeking behaviour, including kind of treatment and medicines they received and also status de-notified tribal women. For secondary data, there is a lack of statistical data pertaining to the respective study and because insufficient available authentic e-resources or research studies conducted on these communities, but the researcher has tried maximum to substantiate and complete the study.

Sampling design

For conducting the survey and to select the tribal villages, the researchers used *purposive sampling*. The criteria for selecting the villages were based on inclusion and exclusion criterion. The following Table 1.1 gives a clear picture of selected respondents from the five villages of *Tharad* taluka.

Table 1 Details of selected respondents

Name of the Village	Frequency
Suigaon	39 (19)
Vav	48 (24)
Shivnagar	41 (21)
Nathvad	38 (19)
Setlevista	34 (17)
Total	200 (100)

For this study, five villages from *Tharad* taluka, of *Banasakatha* District of North Gujarat was selected based by using purposive sampling; the major criteria's were: village with higher number of nomadic tribes; a village where the organisation called Vicharta Samuday Samarthan Manch (nomadic communities support forum) is active. This organisation, started by Mittal Patel, aims at bringing these communities into the mainstream. Further, by using random sampling 200 interviews were conducted in five villages with the help of a structured interview schedule.

III. Data collection

Data was gathered through survey guided by the research objectives. The researchers collected data from five villages based on the above-mentioned sampling strategy. Two hundred interviews were conducted from five villages in Tharad taluka of Banaskantha district of North Gujarat. The interviews with tribal women normally lasted for half to one hour. Most of the interviews were conducted at respondents' homes. Initially, respondents' interpreted the purpose of the survey in a negative sense and believed the researchers to be Government officials. Therefore, before each interview, the purpose of the study was explained to the prospective respondent. It was also made clear to all respondents that they could withdraw if they were not comfortable. The interviews were conducted mostly in Hindi with a few in Gujarati depending on the understanding level of the respondents. All the interviews were later translated into English by the researcher. Utmost care was taken to make the entire process as transparent and open as possible for all the respondents in this study.

IV. Data analysis

Data analysis is the process of making a proper meaning and interpretation of what the respondents have said and what the researcher has seen and heard (Green, Caracelli and Graham, 1989). In this study, the quantitative data were analysed with MS Excel. Frequencies, percentages were computed as appropriate. The analysis procedure involved: familiarisation with the data, coding, preparing tables, cross tables and charts of the data which facilitates easy reading across the whole dataset.

Limitations of the study

- Insecurity as far as answering personal questions went, limiting access to the target population
- Language barrier as most of the interviewees knew only their native language i.e. Gujarati.
- Problem of other people answering on behalf of the woman instead of allowing her to voice her opinion which is why some responses were compromised and omitted during the data analysis.

V. Research findings

Analysis of research findings of the study is presented in two sections. First section (3 chapter) deals with the respondent's demographic profile and socio-economic background. The second (i.e., Chapter 4) examines the changes in occupational patterns and its influence on health-seeking behaviour and status of de-notified tribal women. The findings in each section are presented in the form of tables and diagrams. For analysing the data simple frequencies and cross tabulations were used.

Socio-economic profile of De-notified tribal women in Banasakantha district

Socio-economic profile is an important determinant of nature of tribal development. This section deals with age, education, caste, family information, and annual income.

Age wise distribution of de-notified women

Age is an important factor that influences the nature and extent of participation in social and economic activities. The table 2 shows that the range of respondents in this study is divided into four categories.

Table 2 Age wise distribution of de-notified women

Age	Frequency
Below 21 years	23 (11)
21 – 40 years	116 (58)
41 – 60 years	48 (24)
61 and above	13 (7)
Total	200 (100)

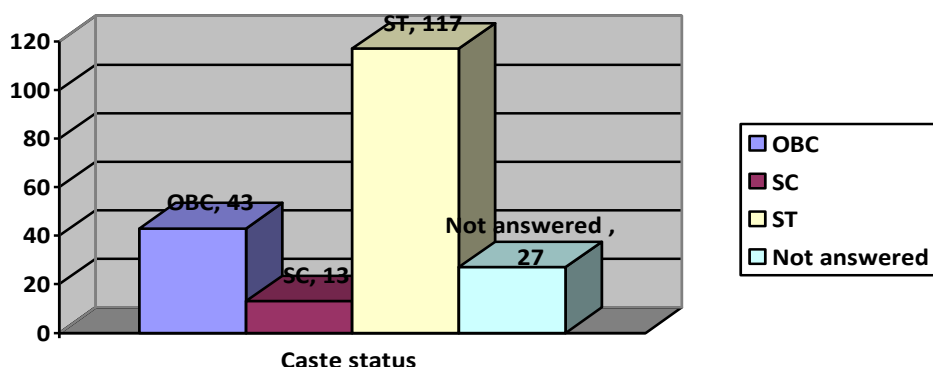
The table shows that more than three-fourth of them were between the ages of 21 and 60 and very less number (7%) were belong to 61 years and above of age group. Out of these, a huge percentage was in the 21 to 40 category. This was probably because of the researchers interviewed them with a view to find out about their socio-economic status, and this is primarily the population that are engaged in working and earning activities. This age group are earning group in the family. As a result other family members also depend upon this age group.

Caste Status of Respondents

Caste status is an ascribed status. It accords high status and power to a particular set of communities and denies the same to others on the basis of hierarchical relations between the purity and impurity of the occupation practiced by different caste groups. In this study, caste categorisation was done on the basis of the women's response on position of his/her caste in the social hierarchy. The respondents included in the current study were asked to indicate to which of the caste groups they belonged in terms of General, BC, SC and ST.

Since our study was to learn about the de-notified tribes, all those who were interviewed, belonged to backward classes. Data also shows that, 58.5 percent of them belonged to Scheduled Tribes, followed by 21.5 percent were from other backward classes (OBCs), 6.5 percent, to Scheduled Castes, and the remaining fell into different categories, or were unaware about which categories they fell into. In this study most predominant tribes like, Nathbaba, Devipyati and Nathvadi were among those who were interviewed. Some of the other tribes were Bhangi, Bharatri, Chamar, Chouhan, Lohar, Muda, Nath Bawa, and Salat-Gera. Figure 1 presents the caste status of the respondents.

Figure 1: Caste status of the respondents



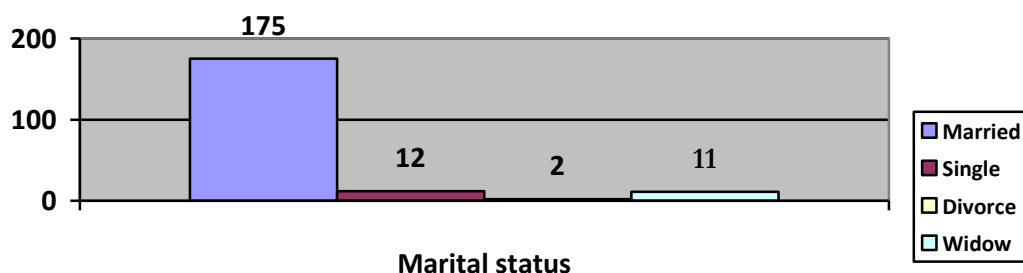
Religion

Gujarat is known to be primarily a State with close to 90 percent of its population being Hindu. The instant study is a direct proof of this; with 187 out of the 200 respondents were Hindu. There were 5 Muslims, while the rest either followed other religions, or did not have any particular religious preference.

Marital status of the respondents

Respondents selected for the study were all married women keeping in mind the fact those economic factors, such as dowry is an integral part of marriage and hence their opinions are very significant. The marital status included those who were currently married at the time of data collection, divorced, widowed and single. Figure 2 shows the marital status of the respondents.

Figure 2 Marital status of the respondents



A majority of proportion of de-notified tribal women (87.5 %) were married and they were living with their spouses at the time of the study. Eleven of them (all of them fairly elderly) were widowed. This was because these women were elderly. The divorce rate was seen to be very low, with only two having been divorced. From what most of them said, families lived in a peaceful, harmonious manner, with hardly any disputes, or cases of extreme violence. Thus, it enables them to take active part in running the family and engage in some of type of occupation which enables them to manage their household expenses.

Number of children’s

Table 3 provides a brief description of the number of children of the respondents.

Table 3 Number of children's

No. Of children's	No of respondents
Single	17 (9)
Two	33 (16)
More than two	126 (63)
More than five	09 (04)
None	15 (08)
Total	200 (100)

When questioned about their families, it emerged that most of the families were large. More than 63 per cent of the respondents had more than 2 children. In some exceptional cases, it was seen that the number of children crossed 5, and touched up to 9 in some cases. A small number (8 per cent) of them said they did not have children, but these were either those who were unmarried or those who were newly married. The primary reason for having such large families can be easily derived by seeing the large percentage of illiterate persons.

Another significant factor was that most of them had more male children. A close look at the detailed break-up of their children shows that most of them have more male children. Interestingly, in some villages some of the respondents opined that both genders were equal to them and they did not have any preferences. However, most of them preferred male children, as they could work and add more to the family income and improve their living conditions. Further, some of the respondents, specifically, preferred female children, as they take good care of their parents in their old age, and help with household work.

Mother tongue of the respondents

The De-notified tribes in India do not belong to a single tribe. They are from different tribal communities. Each tribe has its own dialect. Thus, there is no single common language for the tribal's. However, these people will maintain their linguistic identity wherever they go. However, when they move from one place to another, they learn the local and regional languages to facilitate better communication. Therefore, the student researchers asked the respondents their mother tongue and number of language they know.

Table 4 Mother tongue of the respondents

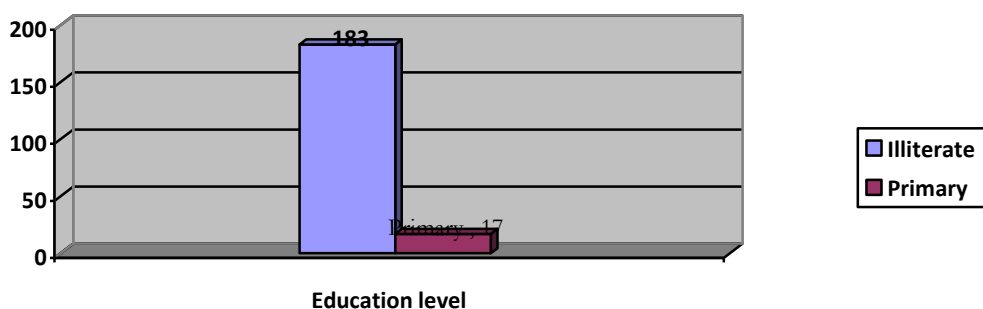
Mother tongue	No of respondents
Gujarati	179 (89)
Marwari	7 (4)
Luhari	2 (1)
Rajasthani	12 (6)
Total	200 (100)

An overwhelming majority (89%) said that their mother tongue was Gujarati. A fair number spoke Rajasthani and Marwari. Since these tribes consisted mainly of those who hail originally from Gujarat, this was expected. Those who spoke Marwari are those who came the south, from Rajasthan. Most of these people speak only their mother tongue, with slightly less than 25 percent being able to speak more than one language. It was seen that in this minority, the most common were Gujarati speakers who were able to converse in Marwari as well. One cause for this could be their close-knit social fabric. Surprisingly, a large number of them said they could speak Hindi as well. Again, we can see that it is due to the illiteracy that such a large population does not speak more than one language, but can only communicate in their mother tongue.

Educational level of respondents

Education is an important tool for the socio-economic development of any individual. It empowers one with the capacity to take rational decisions and analyse what is good and bad in a more realistic and pragmatic manner other than opening up a wider range of employment and livelihood opportunities. Especially, in India, education status of de-notified tribal people is very less and they have been denied even elementary education. This situation is more critical for women among these communities. Tribal women generally spends most of their times as labourers or in looking after the households. Moreover, in our rural areas, expenditure on educating women tends to be considered a dead investment. A girl child from very small child age gets involved in the management of household works, rearing younger children and therefore denied the fruits of education. Figure 3 shows the education level of the respondents in this study.

Figure 3 Education level of respondents



Out of the 200 persons interviewed, 183 (91.5%) of them were illiterate. This figure is not surprising, as these communities do not believe in educating their children. Family members are usually labourers, or do other small jobs which fetch enough money to sustain the entire family. Their way of life is such that education is not considered a necessity. In some cases, it was seen that the males, who were the household heads, had some education. This too, was very rare. A fair number had studied till the eighth standard but not able to complete secondary education. The women, though, were almost completely illiterate, with only a handful having had primary education. In some cases, we saw that the children were being educated. This too, was seen predominantly in the male children. Educating the girl child is almost unheard of.

Economic Characteristics

This constituted occupation, annual income of the respondents at the time of field study. These are discussed separately below. Like education, occupation is considered as having a modernising influence on attitudes and as an agent of empowerment. It has been found that respondents have different socio-economic conditions.

Table 5 Occupation of the respondents

Occupation of the respondents	Frequency
Agriculture	09 (05)
Manual labours	129 (64)
Petty business	31 (16)
Blacksmith	07 (04)
Begging	18

	(09)
Robbery	06 (03)
Total	200 (100)

The above table shows that occupation of the selected respondents. Among the 200 tribal women, 64% were doing manual labour works, followed by 16% of them doing petty business, and 9% begging. This table also shows that very less number of people is dependent on agriculture and a very negligible portion of respondents are involved in robbery activities. We can conclude that all the respondents are involved in economic activities in one form or the other but their occupation level is extremely low. This is perhaps due to lack of proper education, and staying in remote places.

Annual income of the respondents

In this study, the income of the households was also taken into account with all types of earning received by the households collectively. Table 6 presents the annual income of the respondents in this study.

Table 6 Annual incomes of the respondents

Annual income	Frequency
Below Rs. 15000	109 (55)
Rs. 15001-25000	64 (32)
More than Rs. 25000	27 (13)
Total	200 (100)

This table shows that the annual income of the respondents can be segregated in different categories. 109 of the respondents (55%) have an annual family income below Rs. 15,000, 64 of respondents (32 %) have income between 15,000 to 25,000 and 27 of respondents (13%) have an annual family income of Rs. 25000 and above. Thus, it is very clear that annual income of the majority of de-notified tribal women is rather low.

Home expenditure

Home expenses generally depend on the annual income of the respondents, number of family members and their needs. Figure 4 gives the description of home expenses managed by the respondents of the study.

Figure 4 Home expenditure of the respondents

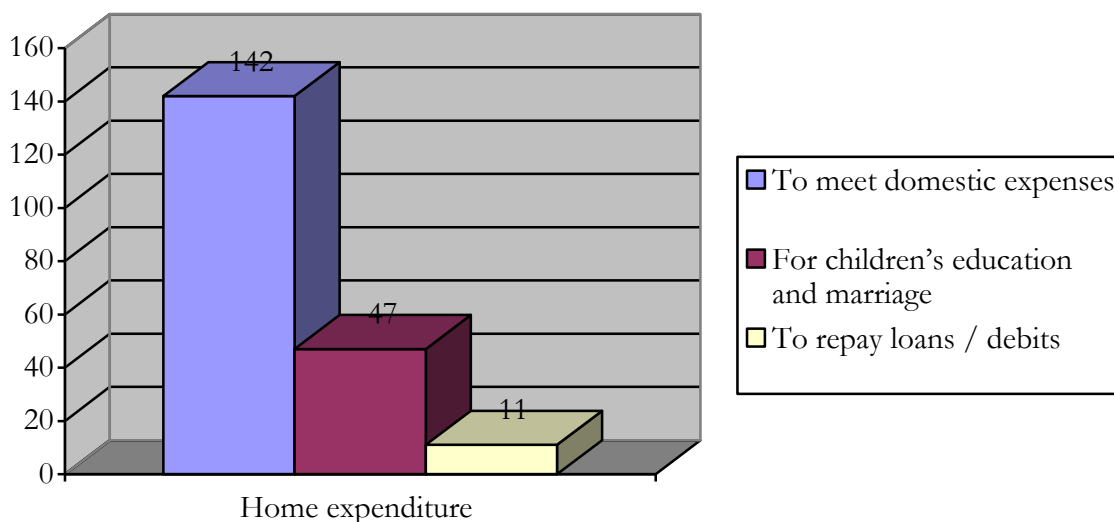


Figure 4 clearly indicates that 142 respondents were able to meet their domestic expenses from their annual income, followed by about 50 respondents able to manage their income for their children's education and marriage, while 11 respondents stated that they are managing to repay their loans from their annual income. Some of those who couldn't live within their means resorted to borrowing from others. Usually, they borrowed money from close family members and neighbours. They also stated that they reduced their expenses while a few used the twin methods of reducing their expenses and borrowing from others. Taking bank loans is still not an easy option for most of these people in the study. They were probably sure that they would be denied a loan because of their economic status or they were wary about the banks and their policies. A small fraction of women also said that in order to make ends meet, they often made other members of the family, - especially the older children, go out for work.

Another important finding of the study is almost all of these people owned ration cards, and a very large percentage owned voters cards. Some also had BPL (below poverty line) cards hardly any of them owned APL (above poverty line) cards, as most of them were below the poverty line. The VSSM organisation played an important role in provision of cards to the respondents.

Occupational patterns and its influence on Health-seeking behaviour and status of de-notified tribal women

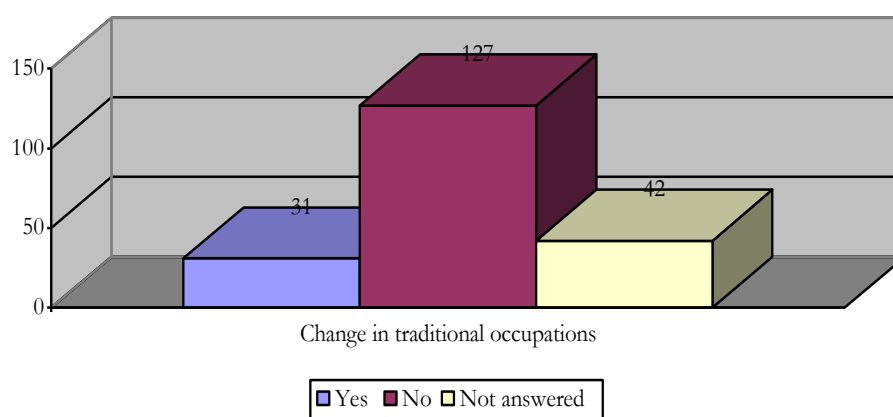
The study of occupational structure and change occupies a significant position in the field of population geography. The social and economic development of any country / region depends not only on the number of persons who are economically active, but also on the quality and regularity of their work. In the previous section, we already discussed the occupation patterns of the respondents. In this section, by applying occupation variable in the

analysis, it might reveal whether change in occupation does have any influence on these women’s perceptions with regard to health seeking behaviour and their status.

Change in traditional occupations

Here, the student researchers were interested in examining whether is there any changes in their traditional occupational practise. Figure 5 shows that 127 respondents (64%) of them reported that they did not change their traditional occupation, while only 31 (15%) of them changes and rest of them could not answer this question. It would seem then that these communities are not very open to changing their occupation. Thus, they are continuing their traditional occupations from generations to generations. Figure 5 depicts the change in tradition occupations of the respondents.

Figure-5 Change in traditional occupations



Reasons for change in traditional occupations

In general, people have unlimited wants or needs, and there are minimum resources for fulfilling the needs. In order to fulfil their basic needs many people change their traditional occupations. Changes in occupational patterns due to rapid urbanisation spread of education, influence of media, among other things (Thomas, V., 2000). Further, these changes leads to changes in their cultural practices such as mode of dressing, practices of rituals and ceremonies, food habits and practice of medical treatment. However, the all tribal communities are not able to change their culture because there is no much change in tribal communities. Table 7 gives a description of reasons for change in tradition occupations of the respondents.

Table 7 Reasons for change in traditional occupations

Reasons for change	Frequency
For additional income	12 (39)
Started small business	14 (45)

Purchased agricultural land	3 (10)
Got jobs	2 (06)
Total	31 (100)

As shown in the earlier figure, 31 respondents (15%) changed their occupations. Out of 31 respondents 14 (45%) respondents changed their occupation since they opened a new business, followed by 12 (39%) changed their occupation to earn additional income, 3 (10%) and 2 (6%) of respondents changed their occupation because they purchased agriculture land or got employment respectively. These findings indicates that majority of the respondents those who changed their occupation just because to improve their living conditions and moreover they are not liking their traditional occupation. From their narrative analysis it was clear that even though many of the respondents interested to come out their traditional occupations but they don't have any occupations sources, since they don't have any basic skills, education or economic resources.

Health-seeking behaviour

Health seeking behaviour is a reflection of the prevailing conditions, which interact synergistically to produce a pattern of care seeking but which remains fluid and as a result amenable to change (Olenja, 2003). Health seeking behaviour is an important factor in health management, but this is often not accessible to de-notified tribal communities due to their nomadic life style. So much of research has been done to document the health seeking behaviour of the tribal's in India. Especially study by Sawain (1994) indicates that the cultural and the life style practices of the tribes vary and it influences their health seeking behaviour. In the current study, an attempt has been made to document the health seeking behaviour of tribal communities based on change in their occupations. For better understanding of the findings, the student researchers divided the respondents in to two categories, such as, no change in occupation and change in occupation.

Illness faced by the respondents at the time of study

From the review of literature chapter, it is very clear that, most of these communities are very backward with little social and material development. As a result they don't have access to basic resources including medical facilities. Further, Boban, J. K (1998) study findings shows that the mortality and morbidity rates are much higher among the tribal communities as compared with the rates of the general population of the country. Further, healing rituals and supernatural beliefs occupy a prominent place in the treatment of diseases like successive abortions, chest pain, measles, epilepsy etc., which are supposed to have originated from the supernatural cases. Bhowmik and Bachi (1987) study found that many of the tribal communities suffer from communicable diseases mainly due to the fact that lack of proper sanitation facilities, pure drinking water, good air pollution etc.

Therefore, in the current study, research team interested to know what kind of illness faced by the selected respondents. These findings are presented in the below Table 8.

Table 8 Illness faced by the respondents at the time of study (N = 47)

Illness faced by the respondents	Frequency
Malaria	4 (09)
Respiratory diseases	7 (15)
Skin diseases	24 (51)
Water borne disease	12 (25)
Total	47 (100)

As it can be seen in the Table, about 50 respondents are suffering with various types of diseases. Out 47 respondents, 50 per cent of them suffering from skin diseases, followed by 25 per cent water borne diseases, 15 per cent respiratory diseases and, 9 per cent Malaria.

Kinds of treatment by change in occupation

We cannot expect the tribal's to spend a lot of money for getting good treatment and medicines from the private hospitals. As economic conditions of these communities are very poor, as shown in the above table, most of them cannot afford this treatment. So they depend mostly on ethno-medicine, traditional medical practice, which is available for free of cost (Boban, J. K., 1998). The medicine man do not charge money from these communities and most of these medicines are available from nature. Table 9 depicts the kinds of treatment by change in occupation.

Table 9 Kinds of treatment by change in occupation (N = 158)

Change in occupation	Kind of treatment				Total (158)
	Visitin g Govt hospitals (55)	Priv ate hospitals (9)	Trad itional practices (53)	Not taking any treatment (41)	

No change in occupation	38 (30)	4 (3)	46 (36)	39 (31)	127 (100)
Change in occupation	17 (55)	5 (16)	7 (23)	2 (6)	31 (100)

As we already discussed earlier out of 200 respondents, 158 answered about change in their occupation. Table 9 shows that 127 respondents did not change their occupation, while 31 of them changed. Similarly, when the kinds of treatment was compared with change in occupation, it was found that there were more number of denotified tribal women, who changed their occupation, visiting government and private hospitals as compared with those who did not change their traditional occupations. On the other hand, it is also seen that those who did not change their occupations mostly depended on traditional medical practices or are not taking any kind of treatment. Further, it was observed that, in about fifty per cent of the cases, deliveries took place at home, followed by 30 per cent delivery done by traditional practitioners, while the rest 20 per cent took place at hospitals. In summary, those who changed their occupations are getting better treatment than those who did not change their occupations.

Satisfaction with the treatment

Further, the research team asked whether the respondents, those who visited government and private hospitals, were satisfied with the treatment by the doctors. The Table 10 shows that majority of them were satisfied with the treatment they received from the hospital they visited, while rest of them were reported they did not proper treatment.

Table 10 Satisfaction with the treatment

Satisfaction with the treatment	Frequency
Yes	46 (72)
No	18 (28)
Total	64 (100)

A few of them opined that treatment depends on the amount they spend for medical expenses. As a result, those who are able to spend more money receive better treatment. Therefore, the student researchers attempted to examine the type of medicines taken by the respondents and their usage by change in occupation.

Taking medicines by change in occupation

As observed in reviews of studies, some of the tribal communities are using both indigenous herbal medicines and modern/English medicines for the treatment of various diseases. Further, it was also observed that the urbanisation, influence of Christian missions and access to education among these communities minimised the belief in spirits as the causative agents of diseases (Dasgupta, 1984). Table 11 gives a description of taking medicines by change in tradition occupations of selected respondents.

Table 11 Taking sufficient medicines by change in occupation (No = 158)

Change in occupation	Did you buy medicine		Total (158)	Did you take medicine regularly?		Total (158)
	Yes	No		Yes	No	
No change in occupation	69 (54)	58 (46)	127 (100)	48 (38)	79 (62)	127 (100)
Change in occupation	21 (68)	10 (32)	31 (100)	14 (45)	17 (55)	31 (100)

Table shows that those who changed occupation are able to buy medicine as compared with those who did not change their occupations. Therefore, we can conclude that there is a significant relation between taking medicines and change in occupation. On the other hand, this table also shows that there is no much difference between taking medicine regularly and those who changed or not changed their occupation. From their narrative analysis during the interviews, it was understood that majority of them use to get confused which one they have to take, some them did not like to take medicine, whereas few of them stated they use to forget to take medicines. From the respondent's narratives, it was very clear that they are least bothered about consulting doctor in hospitals and taking advice like taking medicines, rest and avoiding hard work, smoking and begging jobs. They will take medicine only when their condition is very critical.

Status of de-notified tribal women

A study conducted by AWID (2002) reveals that, women around the world were actively involved in taking responsibilities of family and work. But still more number of women needs to come out of their four walls. But most of the time, women have always engaged in less formal types of work, such as taking on unpaid work in a family, or working in the unorganised sector or attending to various types of household economic activities. They also take more active part in different occupations as equal to men. But women are not getting enough status at home, especially men always dominates them. The student researchers sought to know the status of the selected respondents in the study. So all respondents in the survey were asked about their status at home, violence and decision making power.

Table 12 Status of respondents by change in occupation (N =158)

Change in occupation	Status			Total (158)	Decision making		Total (158)	Violence		Total (158)
	Equal (78)	Lower (68)	Higher (12)		Yes (43)	No (115)		Yes (31)	No (127)	
No change in occupation	61 (48)	59 (46)	7 (06)	127 (100)	36 (28)	91 (72)	127 (100)	25 (20)	102 (80)	127 (100)
Change in occupation	17 (55)	9 (29)	5 (16)	31 (100)	18 (58)	13 (42)	31 (100)	06 (19)	25 (81)	31 (100)

Table 12 shows that about 78 per cent women said that their position in the house was equal to that of the men. This was observed mostly in nuclear families where the couple was young. Not surprisingly, 68 women said that their status was significantly lower and they lived in houses with a typical patriarchal attitude. Similarly, when we compare the status of women with regard to change in occupation, it shows that there was no much difference in status of women in their family. This shows that in these areas women continue to exist in a male-dominated society. A very small fraction of women said that they had a superior position in the household and this was observed usually in those houses where the woman was widowed with young children. There were also a small percentage of women who were unsure about their position in the family.

Further, Table also shows that majority of them stated that they do not have the power to take decisions and it was noticed that it was the husband who took the decisions. In cases where there was husband had died or not present at the moment, the women said it was either the sons, or the sons-in-law who took the decisions. In some cases, even brothers and brothers-in-law took the decisions. In very few cases, it was seen that women took the household decisions. But in most of the cases where women took the decisions, it was due to absence of any male elder in the family, or the families consisted of only women. Similarly, it was also found that there was significant relation between change of occupation and decision making power.

As far as physical violence is concerned, most women asserted that there was no physical violence in their homes or in their neighbourhood. A small number (31 per cent) said that physical violence was usually in the form of slapping, kicking, punching and wrongful confinement. This was largely limited to domestic disputes. As Gujarat is a dry state, the leading cause of domestic violence, i.e., drunkenness was significantly missing which is why only few people complained of violence. The inference that alcohol is a contributor in domestic violence can be drawn from this. Another reason attributed to this phenomenon is that the girls are married to the boys only after he agrees to reside with the girl's family for a considerable amount of time, preferably 5 to 10 years. The girl's family in the meanwhile observes the begging skills of the boy and he is subjected to a life of subordination which ultimately inculcates a sense of honour and respect towards women. The end result is a man of low self-esteem and utter docility who never resorts to violence or intoxication.

In order to see what suggestions these women had to offer so that their socio-economic status would improve, most said that the government should help by formulating special policies. A small group of women said that even by merely implementing the existing legislation, a lot could be achieved. A very small percentage of women said that they just wanted to be accepted by society and large and consequently, their position would improve significantly.

VI. Discussion and Conclusion

After discussing almost all the demographic and socio economic aspects of the de-notified tribes/communities in such an extent with the help of extensive statistical data, we are now in a position to conclude that much has been done by the government for the improvement and betterment of downtrodden and poor communities. But still there are lot more to be done in the field of education, health, poverty. The tribal population should be provided with basic and compulsory education so that they become aware of their rights. It is strange to find during the data collection time, although they had voter ID cards, almost no one had ever exercised their universal adult franchise powers nor participated in the local level politics. It is incumbent on the State as well as other NGOs to make them aware of the importance of active political participation and its influence on their overall development.

Surprisingly, not a single woman complained of domestic violence. The main factor that we observed for this tendency is that they hoped that the researchers visited their villages in order to recommend some benefits for them to the Government and they did not want to become ineligible by disclosing acts of violence and intoxication. Most the population relies upon traditional knowledge and practice for treatment of any kind of illness. The NGO too keep providing medical camps and free medicines which is one of the major reasons of the good health that prevails in these communities.

It is not bad to boast about once achievement but government should never forget that all the sides of coins are not same. Considering the diverging classes and community in our society, it is incumbent upon to uplift the condition of these nomadic communities and bring them in the mainstream of the society. It is the high time, especially when we practice reservation polices in this nation, to bring the de-notified tribal people in the mainstream of the society. We are duty bound to improve the living conditions of the real slum dwellers which is possible only when the government joins hand with non-governmental agencies and other influential citizens of Gujarat as well as India at large. This can be done initially by providing honourable jobs to these people so that they are not forced into criminal practices, beggary, etc. Basic amenities and health facilities should be more readily available and that too at nominal subsidised rates.

From this research, we understand that development cannot happen, by the sense of the word, unless it encompasses all strata of society. The need to create awareness among the women about their rights was felt. Because of the patriarchal society in which they live, they accept all the injustices inflicted upon them like marriage at an early age, violence by the male members of the family and denial of education. The laws for women, though seemingly beneficial on paper are ineffective because the women themselves were unaware about what they are entitled to and thus implementation of existing laws is also unsuccessful. Even if the woman was not harassed in the strict sense, she was neither treated with respect nor does she have a say in matters which affect her primarily. Most

women did not even answer the questions posed to them as they were extremely wary and instead preferred to let the male members respond on their behalf. Such instances made it easy to infer their inferior position. Most women emphatically denied the existence of any sort of violence but the researchers believe that it was because they were afraid to admit it. Others, who were honest about it, also did so with great reluctance. It was observed that the health seeking behaviour of the tribal women was also dismal. They were unable to afford treatment in private hospitals and were not very satisfied with the treatment in the Government hospitals and hence indigenous practices of treatment are still followed, unless there was a serious health issue. Finally, we conclude that change in occupation had brought changes in health-seeking behaviour of respondents but is not influenced or has not improved decision making power or status of de-notified tribal women. Therefore, there is urgent need to improve the skills of these communities in various means of life related to health prevention and protection, livelihood, agriculture, etc. But due to lack of awareness and risk taking capacity these people are not able to come out of vicious circle of poverty.

VII. Recommendations

Based on findings of the study, the research team has arrived at the various recommendations which were presented in the report. These recommendations are very important and needs to be addressed in the broader context of promoting collaboration with other stakeholders in the academicians, policy makers, media and civil society organizations in India.

1. There is urgent need to improve the skills of these communities through various means like schemes and polices to improve their health, education, economic and political status, living standards as well as their source of earnings.

2. The proposed legislation should address all problems of these communities. These communities are mostly affected with various forms of abuse, including, physical, mental and sexual. Therefore, the local government should monitor the reporting mechanisms and delivery of justice.

3. In order to improve the standard health facilities at grass root level there is a need to develop standard protocols on de-notified tribe family health protection mechanism at State, district, block and village levels. Every member should be responsible for their roles and responsibilities.

4. Similarly, an effective community based monitoring mechanism needs to be put in place to ensure accountability at various levels. Such monitoring mechanism should be based on indicators of performances like quality of treatment and health services provided to these communities and level of satisfaction by the community.

5. National and International media must play greater role in health and living conditions of these communities.

Based on the findings of the study, the research team strongly suggests that there is urgent need to conduct various research studies in order to understand and strengthen their health status.

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