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## AN INTENSE BLIND SPOT OF GENDER AND HEALTH IN INDIA THREE TIMES THE SIZE OF NORDIC COUNTRIES: HEALTH & REPRODUCTIVE HEALTH CONCERNS OF DENOTIFIED AND NOMADIC TRIBE WOMEN & GIRLS

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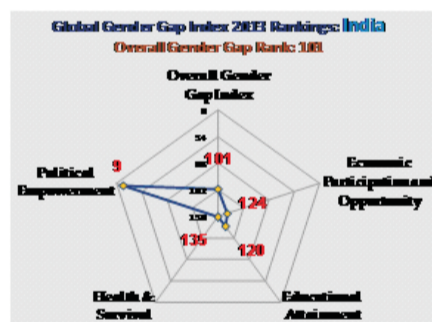
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**Abstract:-** The total population of Nordic Countries together is about 20 mn. One of the most deprived population on his earth this paper refers to is Denotified and Nomadic Tribes (DNT) in India whose total population is more than 110 mn and that of women & girls is more than 55 mn. Though this population of DNT is about 3 times the total size of Nordic countries, their health and reproductive health concerns are hardly addressed. They are at extreme periphery of health and social welfare policy and action.

**Keywords:** Health , Denotified and Nomadic , Intense Blind Spot .

### INTRODUCTION



The Nordic Countries are known for their high Gender parity also reflected in their rankings in the Global Gender Gap



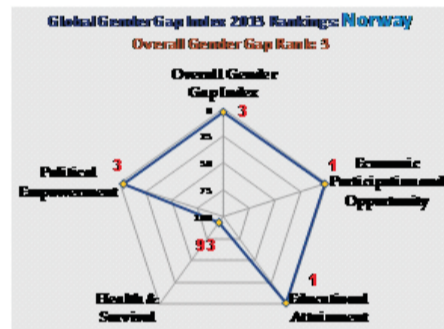
Shweta Gupta<sup>1</sup>, Mukesh Kanaskar<sup>2</sup> and V.V. Kulkarni<sup>3</sup>, "AN INTENSE BLIND SPOT OF GENDER AND HEALTH IN INDIA THREE TIMES THE SIZE OF NORDIC COUNTRIES: HEALTH & REPRODUCTIVE HEALTH CONCERNS OF DENOTIFIED AND NOMADIC TRIBE WOMEN & GIRLS " Indian Streams Research Journal | Volume 4 | Issue 2 | March 2014 | Online & Print

**'An Intense Blind Spot Of Gender And Health In India Three Times The Size Of Nordic .....**

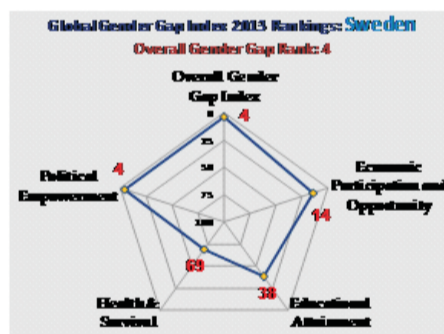
report by World Economic Forum, which is in sharp contrast with India. There exist a intense blind spot vis-à-vis health and equity aspects of women belonging to Denotified and Nomadic Tribes, in India, having a population that dwarfs the population of Nordic countries by three folds.



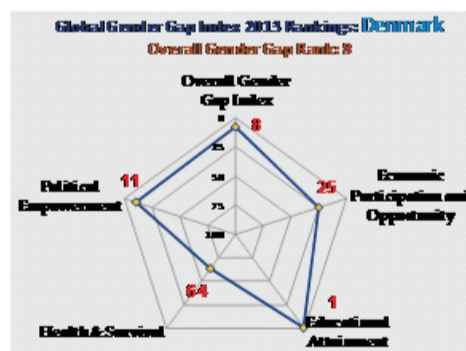
Gender Inequality and gender divisions in India are very stark also highlighted in 'The Global Gender Gap Report 2013' by World Economic Forum. The report pegs India's rank at 101 on 'Gender Gap Index' of total 136 countries analysed.



This Gender Gap also gets reflected in the poor health of women. India ranks 135 in women's 'Health and Survival' holding second last place in the world. India fares very poorly vis-à-vis health status of

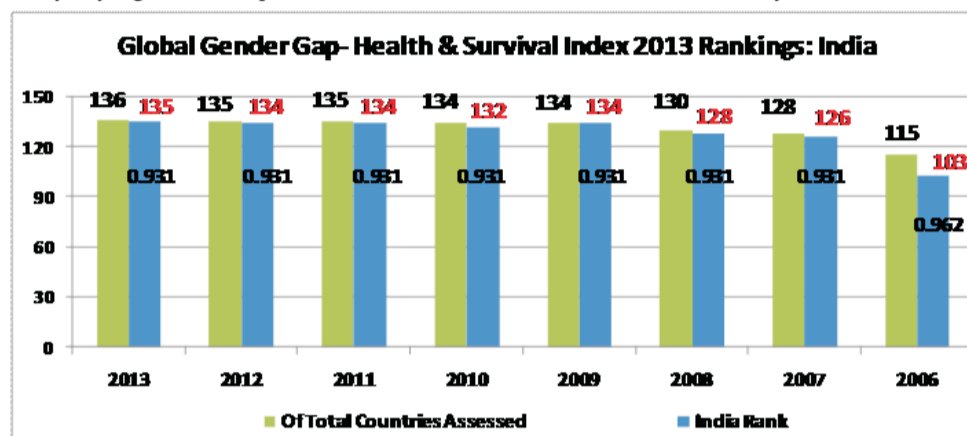


women. It stands much lower on women's overall development and well being, even unmatched by many low income countries in sub-Saharan Africa.



The consistently low ranks and score (0.931) on the indicator of 'Health & Survival' of India over last 8 years highlights that

there has been hardly any significant improvement in health status of women in the country.



These ranks on key development indicators reflect the situation at country level which is an average out rank including privileged, non-poor population while the situation is expected to be extremely precarious for women-in-deprivation. The reasons attributed for low 'health and survival' rates of women in India is lack of access to healthcare, insufficient nutrition and inadequate access to basic services i.e. safe water and sanitation that are essential for their overall health and well being.

This paper reflects on the plight of women from one such marginalized community – Denotified and Nomadic Tribes (DNTs) in India which is estimated to be 55 million. The DNTs have remained excluded from the mainstream development and policy making. Despite being among the most deprived communities, there have been hardly any developmental initiatives undertaken for them in India. The community is by and large deprived of social welfare services and have impoverished access to basic services essential for a human survival of dignity.

#### De-notified and Nomadic Tribes: Amongst the most Marginalised Population

Denotified and Nomadic Tribes (DNTs) are amongst the most disadvantaged communities today in India. In the traditional societal hierarchy, they occupied lowermost positions. There are 313 Nomadic Tribes and 198 De-notified Tribes in the country. The DNTs are not categorized as a class under the constitutional schedules like the Scheduled Castes (SCs) and Scheduled Tribes (STs). Though in some states they have been included in the SC category, ST category or OBC category but there inclusion in these categories varies considerably from state to state.

There is no authentic data available on the DNTs. Though no exact estimate of the population is available, the rough estimates peg them to about 110 million at the country level. This is more than the entire population of the Germany (82.3 mn), the largest European country. This implies that our current elucidation vis-à-vis health and reproductive health of DNT women and girls refers to about 55 million women and girls, a huge number in itself.

The lack of data and the need for conducting nationwide survey on DNTs has also been highlighted in the 12th Five Year Plan (2012- 2017) as - 'There is no authentic data on DNTs and no Census enumeration was conducted for them, though they are found in almost all the States. A number of States have not prepared lists of the De-notified or Nomadic communities and the status of such people is unknown. A nation-wide survey of DNT settlements needs to be conducted urgently'.

#### Status of the De-notified and Nomadic Tribes (DNT) Women:

DNTs constitute a social context unique to the community's existence as marginalised people outside the purview of the hierarchical caste system and sedentary people. Amongst nomadic tribes the social strictures are very rigid with their separate 'Jaat Panchayat' system; the patriarchy among DNTs is more severe than sedentary, agricultural communities. Moreover it is a male dominated society where women face many atrocities including domestic violence and exploitation. 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).

Given the social strictures, ingrained cultural attitudes and male biasness, the gender inequality is very high amongst DNTs. However, DNT women are economically active and are frequently the only bread winners for the entire family. The DNT women are involved in the range of activities of processing, manufacturing as well as selling and marketing too. Being almost without any house, these women face the outside world bravely. However, within houses it a stark contrast whereby

they have to succumb to male dominance completely.

The field insights indicate that owing to a very low educational status (exact extent of which- including literacy- is not fully known, but the rate of illiteracy is certainly much higher than the national average) and lack of opportunities to gain skills in tune with the changing demands of the market, the painstaking hard work of the DNT women yields into very low returns and surplus. Thus, their livelihoods have very low economic productivity. Further the labour intensive and drudgery prone work perpetuates their poor health further signified by the high proportion of anemia amongst DNT women.

These DNT women live in extreme deprivation and hardly have any access to clean filtered drinking water, safe sanitation, shelter, electricity, adequate lighting, ventilation, livelihoods opportunities etc. These women tend to be resource poor, illiterate, unskilled and have low to no control over economic resources.

Another extremely disturbing feature of a DNT woman's life is atrocities inflicted by police on them. Though the exploitation of the DNT women by police is reported quite frequently and registered, the conviction rate is extremely low. The continuation of 'criminal' tag implies that the DNT men folk are many times in police lock up or are absconding. This makes the DNT women soft targets.

This induced a very specific recommendation by the the Technical Advisory Group (TAG), 2006 as 'Women of DNTs and NTs are especially vulnerable as it is noticed that men of other communities, especially those of the police force, try to sexually harass them. In case DNT men try to protect their women against such harassment, their DNT status is constantly used to get them beaten, jailed, or even killed in retaliation. A Special Cell in the proposed Vimukta Janajati Commission should be established, so that women of the DNTs and NTs come forward and complain cases of sexual harassment'.

Moreover, the other aspects of grave concern are illiteracy/ low literacy levels, chronic underdevelopment, gender biasness and exploitation of women & girls as they become victims of large scale trafficking due to loss of traditional livelihoods. This has prompted the National Advisory Council to advise the State Commissions on Women to focus on DNT women and girls. It also suggests that alternative employment should be provided to such women to make them less vulnerable to trafficking.

The Technical Advisory Group (TAG), 2006 very specifically mentions that 'Gender injustice has been an issue of central importance with relation to the Denotified, Nomadic and Semi-nomadic Communities. Any and every welfare scheme prepared for these communities must keep gender equity as a goal within its framework'.

#### **Health and Reproductive Health Concerns of DNT Populations: An Undermined Aspect**

In recent years the atrocities and challenges faced by the DNTs have come to fore. Their struggle is even for the basic services essential for their survival and well being. This is also reflected in the current Twelfth Five Year Plan that recognizes DNTs as a 'vulnerable sub-groups'. The current 12th Five Year Plan place due emphasis on creating enabling environment for welfare and development of DNTs. It illustrates on provision of basic services including shelter, education, skills training, livelihoods/ employment and financial assistance for this population in extreme deprivation. Hitherto one of the most neglected aspects which is yet to find a dedicated focus in development interventions targeted towards them is their 'health and reproductive health concerns'.

The concern towards DNTs health becomes more aggravated by the fact that there are no reliable statistics is available on the health status of the DNT population. 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 is also recognized by the Technical Advisory Group (on DNTs) set up by the Ministry of Social Justice and Empowerment, Government of India (TAG, 2006; 67) through its 'Specific Recommendations' as 'Surveys and studies should be conducted about their (DNTs)' health practices, delivery system and special health problems'.

The scarce evidence references paints an extremely grim picture of 90% DNT women and children being anemic which is confirmed by the field functionaries engaged in the development of the DNT community. The TAG, 2006; 18 states that '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).

The worst sufferers of this neglect are DNT women and Girls as the lack of access to healthcare services have an adverse impact of their overall health and reproductive health. Accessibility towards the key services of safe water and sanitation greatly influence the overall health status. The severe lack of these services incite higher incidence of ailments like Reproductive Tract Infections, prolapsed uterus, piles etc.

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).

For improving the health status of the DNT community, the notable mentions in the National Advisory Council (NAC) of Govt. of India, 2011 document are:

8. State governments should consider introduction of mobile dispensaries to provide health services to nomadic communities.
9. Balwadis, Anganwadis and crèches should be provided on a priority basis for DNT communities.
12. ....Special attention should be paid by the Ministry of Women and Child Development (MoWCD) to health, education and protection of the girl child.

However, 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. To quote the TAG, 2006 ad verbatim: 'Developmental programmes, fulfilling the basic immediate needs of these communities in getting water, health and sanitation etc. would have to be undertaken. There is no dearth of resources but apparently these go to the existing settlements of the 'normal' communities more often than not the DNT living in the outer fringe in the villages because of their unique social ostracization and very often they have encroached land because no one allots them land for the fear of their 'criminality tag'. State administrations therefore attempt to evict them in collaboration with the 'normal' societies. In these situations, no effort is made to provide them a regular source of drinking water as well and in populated areas no medical facilities are provided through visits of para- medical staff, out of fear that this would perpetuate their 'illegal settlements'. Surely, the DNT cannot be expected to vanish from the face of the earth!'

The key observations by the field functionaries vis-à-vis the health status of DNT women in Maharashtra 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.

This warrants to accord high priority to health aspects of DNT populace. Further it is crucial to unearth the health and reproductive challenges faced by the DNT women and girls. Conducting periodic health surveys in DNT settlements will provide a beginning in this regard. Also designing tailor made health interventions e.g. regular health camps in DNT settlements, increasing outreach health services, introducing mobile health clinics are some of the measures that will go long way in addressing health challenges faced by DNT population. Emancipation of DNT women from the exploitation and the drudgery will be critical to have a positive impact on their overall health and well being. The need is for the holistic and concerted efforts aimed towards the upliftment and empowerment of DNT population, in particular DNT women and girls.

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