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IMPACT OF STATE HEALTH POLICIES ON THREATENED TRIBAL GROUPS: A CASE OF HUMAN RIGHTS VIOLATION AMONG ST KOLAM TRIBE IN YAVATMAL DISTRICT

Prof. Shriniwas M. Patel

Department of Sociology
Shri Sai Baba Art & Science College, Nagpur
smpatel1989@gmail.com

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I. INTRODUCTION

It is a recognized fact that there are glaring disparities and contrasts in the picture of health amongst the privileged and the non-privileged society of India. 80% people of the country and 70% people of Maharashtra don't have access to health services of any kind'. The health services favor a few privileged and elite urban classes. The cost of health care is rising without much improvement in the quality.

Against this backdrop India adopted the policy of health for all by the year 2000 in the early 80's. A new revolutionary concept of "primary health care was ushered, Primary health care was supposed to integrate all the factors required for improving the Health status of the population at the community level. It's supposed to be an essential health care that is universally accessible to all individuals at every stage of their development.

Health For All by 2000, UNDP Note :

Goal four is to reduce mortality of children under five-years-old by two thirds and the fifth one is to reduce matemal mortality rates by three quarters by the year 2015. Late nineties and the early period of the first decade of the 21" century have seen a generous increase in the integrated development approach whereby poverty could be reduced, Infant mortality rates and maternal mortality could be addressed.

All along there has been a common structure and common approach of implementing the health policies throughout India without taking into consideration the geographical variations, the socio-economic and cultural variations, the awareness and literacy variations.
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The same policy is implemented in the plains as it is in the hilly regions, similar approach with the upper urban class, the rural masses, the tribal communities, the nomads or the particularly vulnerable tribal communities (PTGs). In this paper the focus shall be on the impact of these policies on the particularly vulnerable tribal communities.

Who are PTGs?

Out of the 698 Scheduled Tribes 75 tribes have been identified as Primitive Tribal Groups by Planning Commission of India considering they are more backward than Scheduled Tribes. The criteria for this classification were as follows: numerically very small in a range of few hundreds to few thousands restricted in a small defined geographical region on-literates as their literacy rate is tending towards zero. a population which is stagnant or declining. threatened as their infant & maternal mortality rate is very high. in the pre agriculture stage of technology.in the earlier stage of economic evolution like that of hunters, food gatherers and shifting cultivators economically worse off as compared to the general tribal population. The 25 lakhs PTG population constitutes nearly 3.6 per cent of the tribal population and 0.3 per cent of the country's population. Maharashtra has 3 PTG communities, namely Katkari, Kolam and Madia Gond. Katakari tribe is found in the western region of Maharashtra, mostly in Thane district: Kolams mainly in the south-eastern parts of Maharashtra in Yavatmal district.

II. SITUATION OF KOLAM IN YAVATMAL DISTRICT OF MAHARASHTRA AND HISTORICAL BACKGROUND

Historically. Gond king of Chanda Kingdom had ruled this region. Kolam, a shy and submissive tribe served as priest along with other communities namely Andh, and Pardhan. Later on this region was unstable and frequently raided and governed by Nizams and Marathas who robed their subjects. Kolam being at the lowest rug of the ladder was at the receiving end occupied the position of a sincere and hard working farm Labour. Always at the mercy of the rulers they were the first to bear the burnt of successive invaders and it forced them to further move deeper inside the forest.

Social Status:

It is usually accepted that the Kolam represent the oldest stratum of population in the are. In spite of that the Kolam has maintained there own identity.They live by themselves separated from other ethnic groups. Thus where Andh, Gond, Pradhan, Kunbi, Gowari, etc. live within the same village, the Kolam tend to stay away from them, living in hamlets dominated by their own people. These hamlets are locally called Kolam-pod. These pod are situated at a distance of 1 to 5Km from the main revenue

village. In former days Kolam were hunter, gatherers, they were dependent on shifting cultivation practiced on hill-slopes, which they have given up lately. At present all the Kolam, living in Maharashtra, have adopted agriculture as their main occupation However, the lands at the disposal of Kolam are sloppy and infertile where the crop productivity is very low. Besides agriculture, their earnings are supplement by selling of minor forest produce, which includes mainly Mahua flowers, seeds, Gum, Palas leaves and Lakh, Tendu leaves, Honey, Char nut etc. The socio-economic condition of the Kolam is very miserable.

III. TRADITIONAL BELIEFS AND PRACTICES IN HEALTH CARE:

The beliefs, knowledge and practices regarding mother and new-born health care too are almost in the rudimentary stage. Though the pregnant women prefers to deliver her first baby parents home she carry's on with her regular physical work in the farms and at home till the last moment of pregnancy. A number of vegetables especially beans, eggs, fish and meat, milk and other dairy products are thought to be harmful for consumption by a pregnant women.

In most of the cases the pregnant women herself carries out her own delive"? cuts the cord, ties the cord, disposes the placenta without much help from her family, members nor the TBA. After disposal of placenta and taking bath the mother takes charge of the baby. Till then the baby remains on the floor- cold and shivering. But surprise ugly in this community the mothers' breast feed the baby immediately after it is cleaned. Another healthy practice in Kolam is that the placenta is disposed out across the hamlet boundary, the mother goes across the hamlet boundary for toilet as well as for bathing

Neither the baby nor the mother is touched by any person until the cord fals off. New clothes are put only after the baby is one and a half month old. Till then the baby is kept wrapped in a piece of cloth; similar is the case with the mother who remains wrapped in a bed sheet or blanket.

The sick neonates are usually not taken to the hospital and some local remedies are tried out. They strongly believe that it's up to the God to save life, so human beings need not meddle in H decisions.

IV.GOVERNMENT HEALTH CARE SERVICES:

Government Health system follow the national pattern, as is true else where in Maharashtra. The population norms in the five tribal blocks of Yavatmal are as applicable to the tribal areas. The villages where SRUJAN is working fall under jurisdiction of two Primary Health Centres (PHC). Only one village has a sub-centre but it is not functional, as there is no staff assigned for that. Matharjun village also has a sub centre.

Cottage hospital is at Pandharkawada which is 40 km from the intervention villages. The Integrated Child Development Scheme (ICDS) has centre in all the revenue villages. The ICDS worker, popularly known as Anganwadi Sevikas, is in charge of providing supplementary nutrition to children, pregnant and lactating women.

Facts and Figures

98% of the deliveries amongst Kolam are home deliveries. 94% of the women above 25 years of age have undergone family planning.

Operation

80% of the visits of the ANM to the Kolam hamlets are to forcibly convince theprobable 'case for target completion 25% of the pregnancies are unwanted pregnancies. 1 to 2% of the women have any knowledge regarding contraceptives for child 55% of the women in the area are anemic. 0% children receive any immunization dose except for polio. The birth rate per 1000 population has come down from 25 in 2000 to 21 in 2005. The still birth rate is 12.10. The neonatal mortality rate per 1000 live births is 61 22. The infant mortality rate per 1000 live births is 89.80 The child mortality rate is 110.20.

Violation of Human Rights

1. Inaccessibility to primary health care services - lack of availability of primary health care services at appropriate places such as hamlets, leading to high dean rates andlow life expectancy

2. Though there are a number of heath care schemes for tribal, but conditions so prevail year after year that the tribal finds it impossible to avail such schemes. This resus in ineffectivity of welfare schemes pushing the tribe like Kolam in furtherthreatened condition.

3. Imposition of two child norm on the PTGs, without the assurance of life of these children, when in fact their population has stabilised or is declining is sheer violation of human rights.

V. CONCLUSION

The region as well as the Kolam community has a unique character and pattern of responses to any of the studies and development program me undertaken so far. Our studies have concluded that the usual temptation of generalizing the issues of all the communities as one has led to further marginalization of small tribal communities such as Kolam. Thus there is a need to consider the requirement of such specific tribes and modify any development intervention accordingly to achieve maximum results for ensuring the existence of the tribe itself.

Coming back to from where we began the million dollar question is for whose progress are the MDGs for? A report on the status of MDGs in different countries by UNDP 2004 states that with only a decade left to achieve the MDGs India not even half way through the set goals as far as reduction of infant and maternal

mortality rates are concerned. Human Development Report 2005 too reasserts India's health state. And according to a recent study report in Lancet the MDG's would be achieved even if the indigenous population was left where it was on the development scale. So do the governments really care for the most marginalized and threatened communities?

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