

## Migration and Neglected Health of Bhili Women

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### Abstract

*Although migration has become the essentiality for many of us, the tribals /Bhilli people of Jhabua have been migrating for generations. The region of Jhabua, in western Madhya Pradesh is yet to have industries and the agriculture is depended on monsoons. The custom of bride price and heavy expenses during wedding ceremonies have compelled people to borrow money at high interest rates. To pay the money, entire families migrate to Gujarat and Rajasthan. This has resulted in causing negative impact on the reproductive health of tribal women.*

### Introduction

Women in the Jhabua district have right to choose their future husbands and that too without paying dowry. As in Jhabua, Bride price is prevalent. Therefore even the sex ratio of Jhabua is one of the best-990. They can decide their partners but not the fate. These women end up working as migrant labourers to pay back to their in-laws, what they have paid for her. Thus, the burden shifts on her shoulder indirectly. In such scenario her health and diet remains the most neglected part of the story. Married at 15, children at 16 these women are often

ignorant and dependent. The paper explores the impact of migration on the reproductive health of these women.

### Research question

With more than half population migrating to nearby state in search of work, maternal health of women in Jhabua is extremely poor. The research intends to answer the problem of –why people are forced to migrate? What is the impact of migration on women and their reproductive health?

### Rationale for the study

The research related to seeking link between migration and overall maternal health is one of the aspects of larger study which was initiated to study the functioning of maternity assistance scheme in Jhabua district. In the process, health service providers and respondents replied that this district has large scale migration. Almost every family member of Bhil tribes residing in Jhabua district had at some point of time worked as a migrant labourer and still continues to work. Thus the paper explores

the impact of large scale migration on maternal health of women.

### Methodology

The research was majorly based on qualitative data. The respondents were questioned in their local language and the semi-structured questionnaires were filled. Also with some respondents indepth interviews were conducted. Non-participative observation method is also used for better understanding.

### Data Collection

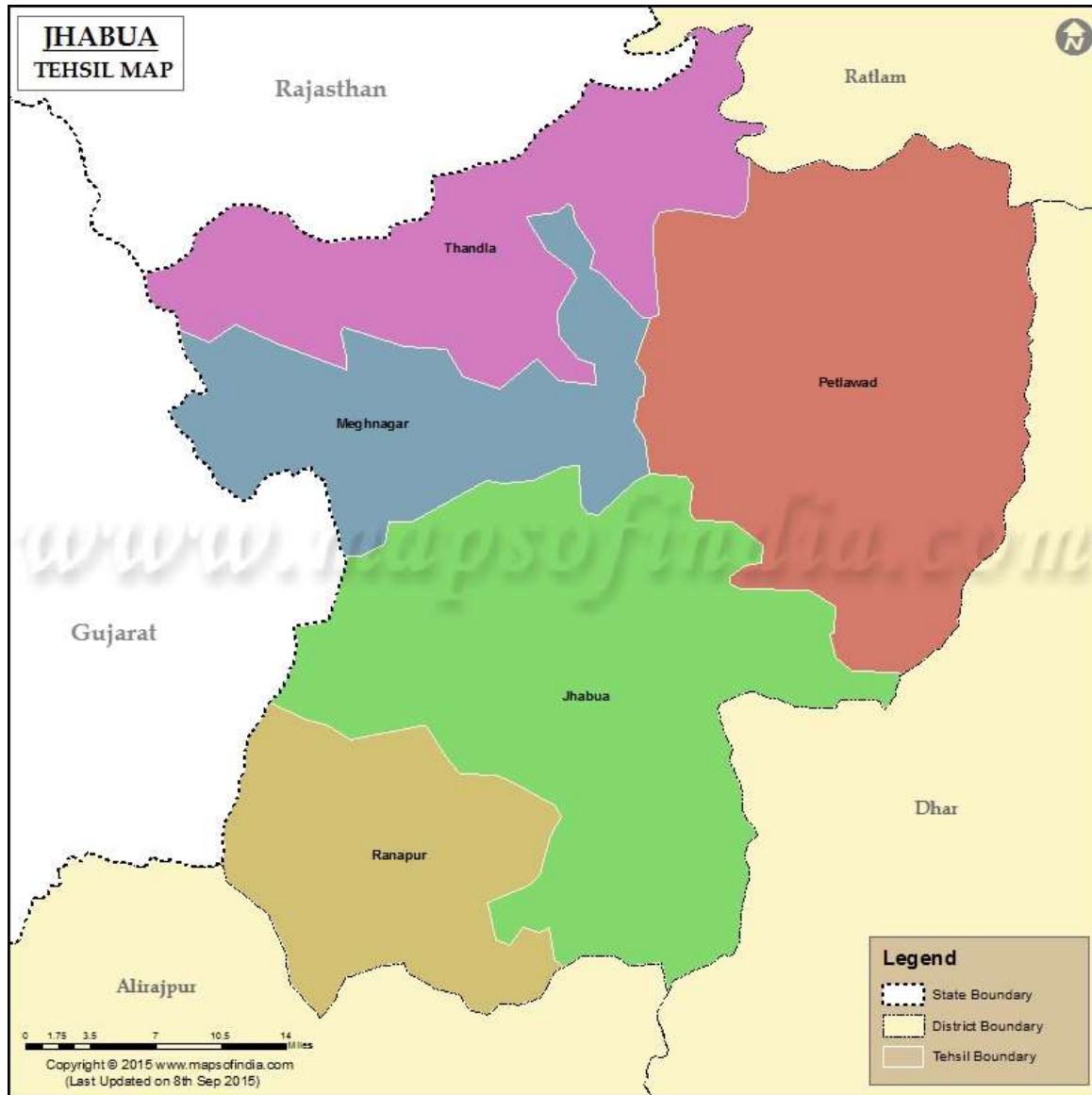
Jhabua district was purposefully chosen as it is majorly tribal district with 87% tribal population. It ranks second after Alirajpur in the state of MP in terms of tribal population. Out of these tribes, there are three different tribes-Bhil in majority and Bhilala and Pateliya in minority. All the respondents interviewed belonged to the Bhil tribe. The qualitative interviews with the women (married and who were working as migrant labourers or who had worked in past) were conducted. Often their family members were also interviewed. As an

interpreter help of a male person was taken who could understand Bhili as well as hindi language.

Data collection was done in two phases –one during the month of July as it was monsoon, many labourers had already migrated outside Jhabua and in phase two in October, when many returned for Navratra and Dusshera festival.

For tracking respondents convenience sampling approach was opted. After consulting local ASHA worker, women who were available at home were interviewed. Often women worked in fields as this was also the season of harvesting. Approximately 50 respondents were interviewed between the age group of 15-40.

Location of district- Jhabua is located in western Madhya Pradesh and shares borders with Rajasthan and Gujarat. Thus people find it easier to migrate to the cities of Gujarat such as Surat, Valsad, Vadodara to work in factories or in Brick Kilns or even at construction sites. There is other branch of migrants who venture to Kota Rajasthan in search of work.



## Case study

In Ranapur health centre 15-16 years old Durga had given birth to a baby merely few hours ago. Durga lives in nearby village, had studied upto class 5<sup>th</sup> and has forgotten how to read and write. She couldn't get bed in

maternity ward, therefore she was lying on the floor of the hospital near staircase post delivery. There were many others trying to cope up with the situation. When Durga was questioned whether she took iron tablets, she responded that she went on palayan and

could not take from ASHA worker. Right after getting married the newly wedded brides go in palayan i.e migrate to earn their livelihood. They lose touch of ASHA worker or any other health care facility. Their staple food is roti made from corn flour and chana daal/red and green chilies chutney. They eat twice or sometimes thrice. As vegetables and meat products as well as fruits are beyond their budget, often they do not consume it.

Within two three months, Durga will migrate back with her husband and baby to Surat, where she works at construction site. She will resume her work, the baby would be taken to the construction site, where a hammock of cloth is made –for baby to rest. At such places the infants are often at risk due to dust, heat, temperature and very crucially face dehydration along with undernourishment as they are not looked after properly.

Again women like Durga gets pregnant very soon as they have no access (and are often unaware) to contraceptives. Thus already anaemic, breastfeeding mother gets pregnant for the second time. Thus the cycle continues, often risking the life and health of young mother. Neither Durga or her husband

wants to opt for temporary contraceptives. They are looking forward for atleast two male children, who according to them would support them in their old age.

Around 10kms, from Jhabua district lies sanjwani village. On the side of the road, a group of 5-6 children are playing. One is a toddler and the other is 3 months old. From morning to evening, they play near the roadside and their mothers work in field, harvesting corn. Just a month back the toddler was attacked by a dog, who bit him on the face. The nearby sub-centre is often closed and district hospital is unapproachable for them. Thus, they applied some turmeric and that was all. Also, these unattended children are often prone to snakebites or insect bites. The mother of that toddler is Rekha Bhuria, mother of three children. When asked why she had not undergone tubectomy, she responds at one, “Sarkari haspatal wale dyan nahi dete. Bohot buri tereh se baat kerte h. Hume waha jane se dar lagta hai. Aur pure din intejar kerna padta h.. dihani bhi chali jati hai.”

When asked about private hospitals, “Private haspatal me 4-5 hazar rupaye kharch ho jate hain. Ab itne pese keha se layenge?” [The government hospital staff is quite insensitive

and she like many others is afraid that might not treat her well. Often they have to wait for couple of hours before meeting the doctor. On other hand fee of private hospital is as high as 4-5 thousand for tubectomy, which they cannot afford.]

Almost all respondents knew through acquaintance that they were entitled to get 1400rs on delivering in government hospitals. However, no one was aware about the documents required and their entitlements related to pre and post natal checkups, iron tablets, vaccination of the baby etc. The other serious problem is that these women are often underage. Thus, for them it is impossible to get their identity cards issued. They lack necessary documents and thus opening a bank account is a big hurdle. No bank account means they cannot avail any cash benefit of government schemes. This is to explain why only 40% people have benefitted from Janani Suraksha Yojana in the district of Jhabua.

## Results and Discussions

It was assumed initially that the migration in the district happens due to scarcity of employment opportunities. There are hardly

any industries in Jhabua, the agriculture is rain-fed and sufficient irrigation facilities do not exist. MNREGA offers 100-150 Rs that too for few days of the year. When people migrate to the neighbouring states they earn as much as 400-500 rs per day. It explains the migration scenario.

However, nonetheless due to strict laws related to sale of tribal land, each tribal family has a piece of land, where they grow at least a single crop. What forces them to migrate is –the loans taken on interest from the informal sources. Unlike, in the rest of the country, in Bhil community they do not take dowry, but they give bride price. Often the bride price ranges from 2 lakh-10 lakh. And the wedding expenses are equally high as alcohol and meat is must in the celebration. The bride is also to be gifted with silver jewellery upto 5kgs. The biggest occasion to take loan is son's wedding.

Often it is the Marwari or non-tribals who provide loans, however the interest rate is as high as 10-15% per month. And depending on the urgency of requirement, 'dedha or dodha' is what the borrower ends up paying. *Dedha* is the principal amount and 50% more, usually within six months for borrowing and *Dodha* is double the amount

approximately after a year to be paid. Since land cannot be sold to the non-tribals, the moneylenders snatch the cattle, or the entire crop at the end of the season, if the money is not paid back. Thus every family sends their children of more than 12-13 years to work as labourers. These children send their entire money to the head of the family, who pays back to the moneylender. Thus inspite of earning 500rs per day, they are left with nothing in the end.

Adding to the misery, it is a part of their day to day custom to drink alcohol often made from mahua. Often women and children too drink. Huge expenditure on alcohol is sufficient to make tribals financially weak, who already lack habit of saving money. Thus they migrate, work hard and earn to pay the loans, keeping a meager fraction with them for food and day today needs. For women rest is a luxury. Bhilli women do not consume any special diet or even opt for rest during or after pregnancies. Literally, never. Working in the kitchens, their own farms and as labourer and of course nurturing children is what they are born for as per the attitude of the community.

Due to the low level of education, they are unable to decide whether to delay a birth of

their baby or not. And even if a woman decides to opt for temporary contraceptives, the accessibility to health facilities, affording it in new place (place of migration) is quite tough. Here no emotional support of family members or proper guidance by ASHA didi is impossible.

(The ASHA workers usually neglect the care of migrants as the migrants end up delivering in their own home town and ASHA fails to get the incentive amount of the delivery. Whereas in their own villages, they can easily approach, interact and seek guidance from the ASHA, who also provides them with emergency pills, condoms or oral contraceptives.

When working at this new place in a factory or brick kilns, they live in make-shift tents i.e. jhuggis. Availability of water at such places is a luxury and even the hygiene is compromised. Thus the well settled Bhil tribe of Jhabua is forced to venture out as nomads even in 21<sup>st</sup> century, thanks to the regional underdevelopment.

### Way out

Against all odds, Rameshawari Devi proved a ray of hope in the bleak situation. With the help of National Rural Livelihood Mission,

of several Self help groups were formed in Para block of Jhabua. Rameshwari heads these SHG's. After tremendous hard work and struggle people in Para block avails loan through SHG's at 1-2%. They have started organic farming and are experimenting with the crops for better profit. If there is marriage in the village, these SHG members contribute in the form of 1000 rs each along with grocery items.

They also organize regular meetings to impart knowledge of government schemes, health facilities and finances. Thus, borrowings and subsequently migration in Para block has reduced. There are few NGO's too, who have been successful in creating such SHG's, but they are just in fractions.

## Conclusion

The paper has explored the impact of migration on overall maternal health of women. Apart from this women and their children remain anemic and often undernourished as they lack proper food and healthcare. So how do we address the issue? First, the large scale migration must be contained. As it is directly related to

borrowings and private loans for marriage, health emergency or agricultural needs, the alternate facility of loans through formal institutions could be strengthened. The other alternative is Para model where Self help groups have proved to be successful and transform the financial scenario of the village. Also slowly and gradually the awareness needs to be spread for reducing alcohol consumption and excess expenditures on marriages.

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