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## COVID-19 and Tribal Communities: How State Neglect Increased Marginalisation during the Pandemic



In the absence of state support and social security, the COVID-19 pandemic and lockdowns created short- and long-term hardships for already marginalised tribal communities in India.

While it is often perceived that diseases affect people indiscriminately, the COVID-19 pandemic has laid bare the disproportionate burden of disease on marginalised sections of society. In this reading list, we look through the EPW archives to analyse the impact of COVID-19 and lockdowns on one such section – tribal communities.

India's Scheduled Tribe (ST) population, which comprises 8.6% of the total population (as per 2011 census data), faced multiple vulnerabilities even before the pandemic. Minaketan Behera and Preksha Dassani (2021) observed:

**Most of these tribes are characterised by isolation, economic backwardness, poor infrastructure, and quality of healthcare. Poverty among Scheduled Tribe (ST) was 45.3% (rural) and 24.1% (urban) as compared to the national average of 25.7% in rural and 13.7% in urban areas in 2011-12 (MoTA 2018-19).**

During the COVID-19 pandemic, these vulnerabilities were exacerbated and new challenges emerged for tribal populations.

### **Lockdowns and “Social Distancing” Affected Livelihoods**

The tribal population in India does not represent a homogeneous grouping. This means that the effects of the pandemic and lockdowns on the livelihoods of tribal people in the country also varied from region to region and occupation to occupation.

According to the Ministry of Tribal Affairs estimates cited by Behera and Dassani, about 1.5-2 million tribal people from tribal areas work across different parts of the country. With lockdown measures leading to suspension of manufacturing and service sectors activities, many workers were laid off or did not receive salaries. In the absence of social security, this led to widespread financial distress among migrant informal sector workers, including tribal migrants.

Likewise, the tribal populations in different parts of the country and engaged in different occupations were all affected by the lockdown measures in different ways.

### **Sale of Forest Produce Was Hit by Lockdown Restrictions**

Timber, non-timber forest products and associated industries are major sources of income and employment in the country, and are especially significant for forest-dwelling tribal populations. For instance, 30-40 million people are

estimated to be involved in the collection and processing of kendu leaves and beedi making.

The market for minor forest products (MFP) was hit by the imposition of lockdown measures. Behera and Dassani noted:

**Kendu leaves and sal seeds provide tribals with a good amount of income even in the lean agricultural period and support them to invest in agriculture activities. Since the lockdown period coincided with the collection period (April-June) of MFPs, the tribals were unable to collect and sell their produce because of physical distancing norms, lack of buyers, and movement restrictions. The closing of local haats to avoid crowding deterred their sales and in the current situation traders are unwilling to buy MFP.**

There was a disproportionate impact of such disruptions on tribal women. Sonali Baliram Wakharde (2021) explained:

**Adivasi women depend on minor forest products, which include timber, forest medicine, herbs, honey, gooseberry, tree gum, and fruits that give them livelihood. During the summer season, this is a major source of income for the tribal women. But, due to the lockdown, the weekly markets got closed and the Adivasi women were left with no earnings.**

In specific, she highlighted how women from Adivasi and nomadic communities in Maharashtra's Nanded district were hit by the pandemic-induced cancellation of an annual fair.

**One such case of a village from Kandhar taluka of Nanded district, an annual fair is organised in the month of April. It is a week-long fair that allows the Adivasi and nomadic women from different communities such as Kaikadi, Ghisadi, and Tambatkari to sell different kinds of traditional products such as handmade toys, medicine, ornaments, utensils and handicrafts. Some tribal women are traditional tattoo artists and some are involved in nose- and ear-piercing. Some nomadic communities like Dombari, Garudi, Makadwale, Aswalwale and others entertain the villagers with the skills of acrobats, musicians, puppeteers, and singers, or entertain with the help of performing animals. The lockdown seriously affected their earnings at the fair this year.**

**Service Providers from Tribal Communities Were Stigmatised**

In various parts of the country, women from tribal communities involved in service-based occupations were also stigmatised during the pandemic.

For instance, continuing with her observations from Nanded district, Wakharde wrote:

The Adivasi women including the nomadic tribes from this area work as service providers to sections of society leading a more sedentary life. They work as agricultural labourers or domestic help. The women from pastoral communities in the Kinwat area get some income by selling fresh milk to the local people. However, during the lockdown there was a sudden decline in the consumption of milk as people felt that consumption of open or unpacked milk could be unsafe. Therefore, some of them preferred packed milk and this change affected the basic earnings for the milk sellers. Consumption of meat and eggs also declined which affected the earnings of women from animal-keeping and pastoral groups. The stigma that the lower strata community may carry coronavirus, affected their work environment.

Their stigmatisation was also worsened because they were perceived by locals as “outsiders.”

**Tribal and nomadic women who used to travel to different villages and sell their products or provide different services to villagers were stigmatised and labelled as coronavirus carriers. Many nearby villagers did not allow them to enter the villages in the lockdown period as they are strangers and coming from outside.**

### **Urban Tribal Women Vendors in Manipur Faced Income Losses**

Manipur’s renowned “women markets” were also hit by the pandemic, adversely affecting the lives and livelihoods of the urban tribal women vendors who operate from them (many of whom are intra-state migrants). With the imposition of the lockdown, three major market complexes faced closure.

Hoipi Haokip, Arfina Haokip and Tingneichong Gangte (2020) elaborated on the various ways in which the vendors attempted to cope with the lockdown restrictions:

The tribal women vendors from being stationary market vendors resorted to street vending again during the lockdown, hence facing the ordeal of constant flight from authorities. Lhingdei pointed out: "This is akin to a game of hide and seek, the police chasing us and we trying to evade them as best as we can."

**The various strategies women vendors adopted included: vending in front of their rented house (29%), street alleys (21%), through mobile contact (27%) and delivering vegetables and fruits (10%). As Bhowmik (2005) has stated, "street vending survives not merely because it is an important source of employment but because of the services it provides to the urban population."**

Even with these coping strategies and the reopening of markets later, the incomes of the women vendors fell.

**[W]hen the government announced the reopening of the market, a majority of women vendors were compelled to take loans in order to restart their businesses. The tribal market women vendors mostly rely on vegetable produce in the rural hill district areas, which is often supplied by rural women and farmers. Since the lockdown, supply chains have taken a hit and vendors are faced with shortages of steady supply of produce due to restrictions imposed on public transport leading to hike in prices of produce. There is a lack of customers due to the "stay home" advice, government restrictions, and short duration of lockdown relaxation, all leading to loss in profit which adversely affects their rent payment. The perishing of goods often compelled them to sell at cheap prices rather than have their goods spoilt.**

Based on the data collected by Haokip et al, the immediate concern among over 90% of the women vendors surveyed was loss of income.

### **Nomadic Tribal Communities Were Left without Government Support**

The historically oppressed nomadic and denotified tribes (NT-DNT) faced further neglect during the pandemic.

Deepa Pawar, who worked with NT-DNT families across 15 districts of Maharashtra, found that in these communities, there was greater fear of financial

crisis than the virus itself. Drawing from the experiences of her organisation Anubhuti, she wrote:

During our on-phone counselling, we received a lot of calls about job insecurity. Most of them lost their main work season. The Vaghya Murali (performers in religious functions), Lohar (ironsmiths), etc, cannot work in rains so they work in the summer months, which were completely lost during the lockdown. Additionally, people shared with us that they had no documents, phones or any medium to reach benefits or services that the government was announcing for the poor. In fact, their language is so different from even the regular Marathi that is spoken in communities in Maharashtra, that they did not have the confidence to call up on volunteer helplines. Added to this, there was fear of and actual police violence. Community leaders shared with us during interviews that they would be abused by villagers if they entered villages, and would be beaten by the police if found on the roads.

She quoted one community leader of the Gadiya Lohar tribe as:

**Are we not citizens of this country? Who is responsible for our shelter in a lockdown? We have no homes of our own, we set up camp wherever our nomadic life takes us, but now we are not even allowed to move around. Where will we stay then?**

### **Marginalised Tribal Communities Faced Further Marginalisation**

Livelihood and income losses were not the only way in which the pandemic led to further marginalisation of already marginalised tribal communities. While the sudden announcement of lockdown measures left them without their usual sources of income, the resulting financial insecurity had knock-on effects on the safety, health and education of these communities.

What is worse, tribal people in various regions also faced direct and indirect violence at the hands of dominant sections during the pandemic.

### **Tribal Groups Faced Violence and Dispossession during the Pandemic**

The slogan of “stay home, stay safe,” which has also been critiqued from the perspective of domestic violence faced by women, children and sexual minorities, was also rendered meaningless in the context of various tribal groups who were not permitted to return to their homes.

Wakharde highlighted one such example:

this point can be well elaborated with the case of a couple from Mahadev Koli community, who returned to their village Kolheborgaon in Biloli taluka from Pune city due to the lockdown. Since they were not allowed inside, they had to set up a hut outside the boundaries of the village on a hilly terrain where the notion of “stay home, stay safe” is not applicable. Though they could protect themselves against the virus, they were in danger from wild animals, snakes, scorpions and many other poisonous insects in the darkness. Yet they were not afraid of the difficulties and dangers of living in a hilly terrain but were more worried about a new beginning without any resources.

Such challenges in returning to their homes and land are not unique to the pandemic. Speaking of the historical injustice and continued oppression meted towards the NT-DNT communities in Maharashtra, Pawar wrote:

**For example, in May 2020, during the lockdown, 3 men of a Pardhi family were violently murdered by dominant caste members over a land dispute in Beed, Maharashtra (Shantha 2020a). This was after years of harassment, threats and violence faced by the family for protesting the encroachment on their land by this dominant caste family, and taking the legal route to get back their land.**

She further explained:

**Owning land is anyway a rarity among NT-DNTs and land grabbing is commonly faced by them (Atish et al 2017). To those struggling against all obstacles to stop being landless, an extremely violent message was sent to all Pardhis and NT-DNT communities about this constitutional desire and right.**

This is only one of innumerable caste atrocities faced by members of NT-DNT communities in India and the response of the authorities in many cases leaves much to be desired.

Instead, there are various instances where the state itself can be held responsible for dispossession of tribal lands. Behera and Dassani highlighted how the Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006, which was enacted for the marginal and tribal groups to claim their sovereign rights over the forestland they historically relied on, has not been implemented effectively. A large number of land claims of these tribes and forest dwellers are mostly rejected, pending or limited rights are recognised by the states. Often, claimants are not even informed of the rejection order and any



further chances for appeal. This trend has continued under cover of the pandemic.

**During the lockdown, instances of forestland diversion defied this act, where the environment ministry had given clearance to 11 projects across the country and issued new guidelines for relaxing forest and environmental clearance norms for mining by new leases (MoTA 2020). Some of these projects that required forest diversion were allowed without consulting the gram sabhas.**

- **Inadequate Healthcare Infrastructure in Tribal Regions Was Spread Even More Thin**

The poor health indicators among tribal populations in India go hand in hand with the lack of adequate healthcare infrastructure in tribal areas.

Behera and Dassani highlighted:

**In India, 44% of tribal children under the age of five years are stunted, 45% underweight and 27% wasted.**

**... Tribal areas have an overall shortfall of 21% of sub-centres, 26% primary health centres (PHCs), and 23% community health centres (CHCs). Similarly, vacancies in tribal area PHCs are as high as 28% for doctors and 22% for nurses at PHCs and CHCs.**

These shortages are exacerbated by high rates of non-functionality of the health centres, absenteeism of personnel and unavailability of basic drugs and equipment.

**Data revealed that 57% of the STs expressed concern regarding a shortage of essential drugs at health centres, and 42% felt that long-distance travel to centres restricts their access to medical advice or treatment (Ministry of Health and Family Welfare 2018).**

The extension of public health services in tribal areas has worsened during the pandemic. Behera and Dassani explained:

**Currently, even the existing personnel are reassigned duties in COVID-19 hotspot regions causing a delay in regular medical treatment. Low immunity and the absence of healthcare facilities has severely limited their capacity to deal with the COVID-19 outbreak posing a serious threat to this population.**

Referring to the situation in Nanded district where the public distribution system and basic healthcare facilities have not been functioning effectively, Wakharde raised the question of how the tribal population in the district can get COVID-19 tests done or avail of treatment.

She also stressed on how the problems of accessibility, affordability and availability of healthcare facilities for tribal women go unnoticed. Citing one example, she wrote:

**This could be reflected in the case of a woman from the nomadic community, who was pregnant during the time of COVID-19 and decided to abort the pregnancy without informing her husband and family members. As most of the hospitals were converted into COVID-19 care centres and there already were restrictions on abortion due to sex determination tests, she was struggling for getting the abortion process done. Further, she had to sell the only gold ring that she had for the high treatment cost in a private hospital. She was worried about how she would explain the situation to her family members. She was more concerned about her gold ring than her health because nobody would be asking her about her health, and be concerned about her pregnancy and abortion, but one day they would ask her about the ring and she would have to lie. Despite this, her problems would not end. She had to go back to her household duties without getting any rest or healthcare after the abortion.**

- **Access to Education Worsened for Tribal Children**

Another social indicator that has been adversely impacted by the pandemic and lockdowns is education. In this context too, tribal communities have been among the worst affected.

For instance, the closure of ashram schools in Nanded district has brought to a halt the education for tribal children in the region. Wakharde explained:

**The tribal children used to go to the ashram schools (residential schools) which were established in tribal areas. These children were getting free education, tuition, textbooks and other stationery, proper meals and shelter and scholarships. Due to the lockdown all these schools are shut. Schools in urban areas are at least trying to provide online education, but the schools in villages are lacking all the facilities.**

Education for NT-DNT children in Maharashtra has also been badly hit. Pawar wrote:

**This is the first generation who are finishing school – they have worked very hard over the years to stay even in Class 9-10. The economic calamity because of the lockdown has meant that they are dropping out even before completing school – especially girls. This is leading to rising social insecurity, rising economic challenges and child marriages.**

Pawar further contended that educational lapses at this stage could have long-term effects on the intellectual revolution of NT-DNT youth since “education is not just a medium to get into jobs but even more importantly it is necessary for intellectual revolution according to B R Ambedkar.”

- **Marginalised Tribal Communities Continued to Face Mental Injustice**

The NT-DNTs in India were historically falsely tagged as “criminal,” and are still arbitrarily picked up by the police or made to appear before them periodically. Pawar posited that “this stigma injures the community’s collective as well as individual mental dignity time and again.”

According to her, the COVID-19 pandemic has been a period of double emergency for the NT-DNT communities – worsening their mental justice, which has anyway been historically violated.

In this pandemic, it has been possible for mainstream society to stay at home because of being digitally connected, being able to work from home, etc. However, these things are far removed from the NT-DNT communities, as observed acutely during relief work when it was found that people did not even own a simple phone, much less a smartphone with internet. A virus that has caused a global pandemic was brought to India from the “developed” world by “developed” people and it came and affected them worst, who are at the bottom of the pyramid, who had never heard about it. This sudden emergency created immense mental distress for the NT-DNTs, creating a situation of double emergency. This is because till today, these communities are living in an emergency created by the scarcity of primary resources. They have now been faced by this additional calamity of the coronavirus pandemic. This community does not have a culture of storage and hoarding, because they are nomadic. They need to live light because they need to pick up everything they own and move to the next spot. Therefore, it was observed during relief operations that they did not have any ration stored at home. In this constant migration, and with no television, radio or other media, they did not even get any news about the pandemic.

Furthermore, it is clear that the injustice faced by marginalised tribal communities is rooted in the mainstream globalised structures that have systemically excluded these communities and appropriated their resources. Wakharde wrote:

Once upon a time all these resources such as hills, mountains, land, water, and forests belonged to the Adivasis and they used to survive in coexistence with nature. Their self sufficiency was dependent on these resources. Now all these are under control of the state and private owners. The Adivasis have lost their self-sufficiency and become dependent on capital and the global market for their earnings. “How to survive?” remains a valid question. They are advised to be “atmanirbhar” (self-reliant). Moreover, when the Adivasi women were self-sufficient and self-reliant they were forced to move out of their traditional life and move towards globalisation where they were made to be dependent on the industrialised and unorganised sector. Now, at this stage, they are again asked to be atmanirbhar.