

A STUDY ON THE HEALTH PROBLEMS AND ITS EFFECT ON THE LIFE OF KHARWAR WOMEN OF SONBHADRA DISTRICT OF UTTAR PRADESH

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Abstract: *Kharwar is a community found in the Indian states of Uttar Pradesh, Bihar, Jharkhand, West Bengal, Orissa, Gujarat, Rajasthan, Maharashtra, Delhi, Sonbhadra, and Chhattisgarh. The Kharwar have various putative origins. Some may be traced to Palamu district, now in the state of Jharkhand, while others may have lived in the Sone Valley. Those of Uttar Pradesh claim to have come from Rohtas and to be descended from the mythological Suryavansha dynasty calling themselves "Kharagvanshi". In Kharwar community, the family is small, but the kinship structure are quite strong. The primary traditional economic activity of the Kharwar has been agriculture but their reliance on a single annual crop and on suitable weather means that it is barely enough to sustain themselves for a part of the year. Thus, they also engage in work based on forest activities, livestock, fishing, hunting and trapping. Health is a common theme in most culture. In fact all communities have their concepts of health, as part of their culture. Among definitions still used probably the oldest is that health is the absence of disease. In some cultures, health and harmony are considered equivalent harmony are considered being defined as being at peace with the self the community, God and cosmos. The ancient Indians and Greeks shared this concept and attributed disease to disturbances in bodily equilibrium of what they called humours. Kharwar tribe is known for their culture Tattooing tradition and Karma Dance. Kharwar tribe face many problems such as Sanitation problem, Health problems, Electricity problems and Transport problem.*

Key Words: *Kharwar tribe, Women health issues community kinship structure.*

1. INTRODUCTION:

Health

Health is a common theme in most culture. In fact all communities have their concepts of health, as part of their culture. Among definitions still used probably the oldest is that health is the absence of disease. In some cultures, health and harmony are considered equivalent harmony are considered being defined as being at peace with the self the community, God and cosmos. The ancient Indians and Greeks shared this concept and attributed disease to disturbances in bodily equilibrium of what they called humours.

About Kharwar Tribe

Kharwar is a community found in the Indian states of Uttar Pradesh, Bihar, Jharkhand, West Bengal, Orissa, Gujarat, Rajasthan, Maharashtra, Delhi, Sonbhadra, and Chhattisgarh. The Kharwar have various putative origins. Some may be traced to Palamu district, now in the state of Jharkhand, while others may have lived in the Sone Valley. Those of Uttar Pradesh claim to have come from Rohtas and to be descended from the mythological Suryavansha dynasty calling themselves "Kharagvanshi". The primary traditional economic activity of the Kharwar has been agriculture but their reliance on a single annual crop and on suitable weather means that it is barely enough to sustain themselves for a part of the year. Thus, they also engage in work based on forest activities, livestock, fishing, hunting and trapping.

The Government of Uttar Pradesh had classified the Kharwar as a Scheduled Caste but the community members disliked this, preferring to think of themselves as a tribe. By 2007, they were one of several groups that the Uttar Pradesh government had redesignated as Scheduled Tribes. As of 2017, this designation applied only in certain districts of the state. The Kharwar Scheduled Caste population in Uttar Pradesh at the 2011 Census of India was 14,796. histories, their ability to find a partner is significantly reduced. This difference leads to diverging health outcomes for men and women.

2. WOMEN HEALTH PROBLEM OF KHARWAR TRIBE:

Anaemia is a decrease in the total amount of red blood cells (RBCs) or haemoglobin in the blood, or a lowered ability of the blood to carry oxygen. When anaemia comes on slowly, the symptoms are often vague and may include feeling

tired, weakness, shortness of breath or a poor ability to exercise. Anaemia that comes on quickly often has greater symptoms, which may include confusion, feeling like one is going to pass out, loss of consciousness, or increased thirst. Anaemia must be significant before a person becomes noticeably pale. Additional symptoms may occur depending on the underlying cause.

Fluorosis

Fluoride is an important mineral for all. Our mouths contain bacteria that combine with sugars in the foods we eat and the beverages we drink. The acid that is produced harms tooth enamel and damages teeth. Fluoride protects the teeth and can even help reverse early signs of decay. But the increased availability of fluoride today has resulted in more of something called dental fluorosis.

Silicosis

Silicosis (previously **miner's phthisis**, **grinder's asthma**, **potter's rot** and other occupation-related names) is a form of occupation all ungdisese caused by inhalation of crystalline silica dust, and is marked by inflammation and scarring in the form of nodular lesions in the upper lobes of the lungs. It is a type of pneumoconiosis.

Silicosis (particularly the acute form) is characterized by shortness of breath, cough, fever, and cyanosis (bluish skin). It may often be misdiagnosed as pulmonary edema (fluid in the lungs), pneumonia, or tuberculosis.

Objectives

The main objective of the study is as follows:-

- To ascertain the economic profile of kharwar tribe.
- To find out health problems and its effect on the socio –cultural life of kharwar tribe.
- To suggest the measure to eradicate their health problems.

3. RESEARCH METHODOLOGY:

In U.P. there are many districts out of those Sonebhadra district is purposively selected for the study . Because the maximum no. of kharwar are residing there . There are 8 blocks in the Sonebhadra district.Out of these 8 blocks Duddhi block was selected purposively. Mainly kharwar are in the Duddhi block. There were several villages in Duddhi block were kharwar are are residing . Out of these villages two villages were selected purposively i.e , Nagwa and Amwar .Due to the maximum no. of population of kharwar.

In this study 100 respondent of kharwar have been selected purposively.

4. TOOLS AND TEQNIQUES OF DATA COLLECTION:

For the collection of data various techniques are used describe below.

- Development of interview schedule to collect the data from respondents, an interview schedule was prepared as given in the appendix covering the various defined objectives of the present investigations.
- Observation method is such a method in which only primary data is to be collected Each the observes and collected .Each observes and collect the data which he/she feels is relevant to his /her study.

In this present study the observation is done by “participant observation and non participant observation.”

Participant observation according to the method we have participated in the daily life and some of the events of the respondents and observed their behaviour relevant to the study topic.

Non-participant observation according to this method researcher observed everything from a distance but researcher have not used this method .

- Individual interview In this we met with single respondents at one time and interview them .Then we collected all the information from the respondents. It is believed that such a respondents posses the required information and that served our purpose. The advantage of this method is that the respondents is not under group influence and all views expressed by respondents was her own spontaneous.
- Case study is the method of exploring and analyzing the life of a social unit may be a person, a family, as institution or a community. In this method various aspects of the respondents / unit are deeply and thoroughly studied, taking in to account its past, present are future.
- Secondary data collected from the block offices and previous researches in the same area also used to analyse the primary data status.
- Visual- aid, Camera was used to collect the views of the respondents and photographs related to the present study.
- P. R. A. using this method we can get the quick information about the whole village.

5. RESULTS AND DISCUSSION:

Table-1 Occupation of respondents

N=100

Sr. No.	Occupation of respondents	Frequency	Percentage (%)
1.	Agriculturist	66	66
2.	Labour work	30	30
3.	Other	4	4
	Total	100	100

The above table shows that 66 per cent respondents were Agriculturist 30 per cent were labour work and other 4 per cent respondents were engaged in other work. So Agriculture is the main occupation. Occupational structure and employment pattern of final women in Sonbhadra district Uttar Pradesh. Tribal women have the twin responsibilities of household management and supplementing family income through labour for wages.

Table-2 Housing Pattern of respondents

N=100

Sr. No.	Housing Pattern	Frequency	Percentage (%)
1.	Semi- cemented house(thatched)	92	92
2.	Cemented house	8	8
	Total	100	100

The results of the Housing Pattern of Khairwar tribe of Sonbhadra District found during the study presented in table and graph 4.5 shows that 92 per cent respondents were living in Semi-cemented house and 8 per cent respondents were living in Cemented house.

Table-3 Types of Family of respondents

N=100

Sr. No.	Types of Family	Frequency	Percentage (%)
1.	Nuclear family	86	86
2.	joined family	14	14
	Total	100	100

The results of the Types of Family of Khairwar tribe of Sonbhadra District found during the study presented in table and graph 4.6 shows that 86 per cent respondents were living in Nuclear family and 14 per cent respondents were living in joined family.

Table-4 Age during Marriage of respondents

N = 100

Sr. No.	Age of Female	Frequency	Percentage (%)
1.	Below 18	17	17
2.	18	83	83
3.	30	0	0
4.	Other	0	0
	Total	100	100

The results of Age of the respondents during marriage of Khairwar tribe of Sonbhadra District found during the study presented in table and graph 4.7 shows that 17 per cent respondents were married at the age of Below 18 years and 83 per cent were married at the age of 18 years.

Table-5 Food habits of respondents

N=100

Sr. No.	Food habits	Frequency	Percentage (%)
1.	Vegetarian	10	10
2.	Non-vegetarian	90	90
	Total	100	100

The results of the Food habits of Khairwar tribe of Sonbhadra District found during the study presented in table and graph 4.8 shows that 10 per cent respondents were Vegetarian and 90 per cent respondents were Non-vegetarian. Kharwar people were always non- vegetarian. Dal, rice, chapati were daily wages food.

Table-6 Addiction of the respondents

N=100

Sr. No.	Type of Addiction	Frequency	Percentage (%)
1.	Liquor	33	33

2.	Chewing tobacco	47	12
3.	Other	10	5
	Total	100	100

The results of the Addiction of respondents of Khairwar tribe of Sonbhadra District found during the study presented in table and graph 4.9 shows that 83 per cent respondents were addicted of Liquor, 12 per cent respondents were addicted of Chewing tobacco and rest 5 per cent were addicted of other addictive things.

Table-7 Quality of water used by respondents N=100

Sr. No.	Quality of water	Frequency	Percentage (%)
1.	Hand pump	100	100
2.	Tube well	0	0
3.	Tap water	0	0
	Total	100	100

The results of the Quality of water used by respondents of Khairwar tribe of Sonbhadra District found during the study presented in table and graph 4.10 shows that 100 per cent respondents were using Hand pump water for drinking and for other purposes. Water resource was very poor condition in kharwar tribe.

Table-8 Types of Diseases from which respondents are suffering

N=100

Sr. No.	Types of Diseases	Frequency	Percentage (%)
1.	Anaemia	23	23
2.	Fluorosis	57	54
3.	Tuberculosis	10	10
4.	Skin problem	10	10
	Total	100	100

The results of the Types of Diseases from which respondents of Khairwar tribe of Amawar and Nagwa villages of Sonbhadra District are suffering found during the study presented in table and graph 4.11 shows that 23 per cent respondents were suffering from Anaemia, 57 per cent respondents were suffering from Fluorosis, 10 per cent respondents were suffering from Tuberculosis and rest 10 per cent respondents were suffering from Skin problem. Health problem of age women of Sonbhadra district in Uttar Pradesh the wave of Governments provision for the aged had not reached to tribal and slum area of the country they were running under the brutal clutches of jola chap practioners.

Table -9 Treatment Facility for respondents N=100

Sr. No.	Treatment Facility	Frequency	Percentage (%)
1.	Modern medicine/ Hospital	28	28
2.	Folk medicines	72	72
	Total	100	100

The results of the Treatment facility for respondents of Khairwar tribe of Sonbhadra district found during the study presented in the table and graph 4.13 shows that 28 per cent respondents prefer modern medicine/ hospitals while 72 per cent respondents depend on folk medicines. Discussed the folk medicinal claims for the treatment of general diseases from Amawar of Sonbhadra district (U.P).

6. CONCLUSION:

It is concluded from the study that Kharwar women had health problems due to poverty, unemployment and illiteracy.

The main occupation of Khairwar tribe was Agriculture. But they did not have proper water facility and other equipments for agriculture. So they grow crops which were required by them in respondent from daily life like brinjal, tomato, beans, wheat, arhar and rice. The maximum no. of respondents had low income. Their secondary occupation was daily wage labour for which they used to get 100/- to 170/- by which they used to fulfil their other basic necessities. Education and other basic necessities would be affected which was not good.

Due to illiteracy and ignorance the Kharwar women's were not able to accept the concept of health and sanitation. They were not taking much care pertaining to their own health. They believed that diseases were caused by hostile spirits and ghosts. They had their own traditional means of diagnosis and cure. They were also not taking much

care of themselves because they believed that if they will spend money on their disease then their children education and other basic needs will be effected. So they preferred ethno medicine and other traditional means.

The prevalence of infertility among Khairwars were higher than that among non-Kharwars. Social, cultural and economic factors continue to inhibit tribal women from gaining adequate access to the health delivery system. Mostly women were suffering Diarrhea, bone problems, Anemia, Skin problem, Tuberculosis, Water bone disease. Due to the diseases women did not participate in their festivals. Social gathering, social functions and were isolated from the social events.

The government must provide electricity, health facility and Toilet facilities in the village. And eradicate the problems of kharwar women also provide safe drinking water facilities to Kharwars community.

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