

## Research Article

# Public Health and Environmental Problems: Study on the Bhur Bhur Pochamma Tribe in Latur District of Maharashtra, India

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**Abstract:** An ex-slave Pochamma are amongst the most marginalized community in the Latur district of Maharashtra. This paper focuses on their health status and practice disease and illness. This research aims to study the significant health problem the Pochamma community faces. The research design used is Qualitative Exploration so that phenomena from everyone's personal experience can be explored with the help of an in-depth interview; the study examines the primary issue from expertise shared by the tribal population to bring out health issues and health care services. The paper's outcome deals with the issues and concerns related to water and skin-related diseases among the Pochamma community. This paper also attempted to explain how these diseases are interrelated to water and migration. The lack of resources made them habitual with the current lifestyle. Therefore, it is essential to understand what kind of practices they use to overcome diseases. The study paints a precise but gray picture of this community, excluded from securing benefits of advances like globalization and liberalization due to the unfortunate fact that their existence in the world still needs to be realized.

**Keywords:** Culture, Disease, Health Issues, Health Status, Marginalized Community.

## 1. Introduction

Tribal population is found in almost all parts of India. The word 'tribe' means a part of the standard organization, mainly between primitive people but existing in some present societies, consisting of a group of people claiming a common heritage, usually contributing a common way of life, and originally living together under a chief of headman [1]. The authors emphasize that the tribal community originated from one of the oldest ethnological sections of the population, which possesses qualities and characteristics that make them unique, cultural, social, and political entities. They are called aboriginal people, indigenous inhabitants, or primitive people [2].

Oxford Dictionaries [3], give a definition "A tribe is a group of people in a primitive stage of development acknowledging the authority of a chief and usually regarding themselves as having a common ancestor." Nomadic Tribes are those tribes that move from one place to another in search of their livelihood needs. These tribes moved to several areas and spread art, music, culture, medicines, adventurous games, and street entertainment. 'Migration' or 'rotational living' can be misunderstood when referring to nomads. But these terms are different from nomadism. Nomadism is one of the oldest ways of life. Though 'migration' and 'rotational living' involve mobility, they are different from nomadism, a type of social development. Migration is consistently connected to 'push' and 'pull' factors where either people are 'pushed' out of

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their native places to look for jobs in a different place; or they are 'pulled' to primarily urban areas, metropolitan cities, and other places that have opportunities for better living. Nomadic communities are continuously moving for their occupational demands. They do not leave their areas temporarily because of poverty, crop failure, or some natural calamity. They are also not shifting cultivators. Nomadic communities are not food producers. They are not involved in any agricultural-related occupation; thus, they do not even belong to seasonal migrants.

### 1.1. Tribes in India

Undoubtedly, Indian society is equal at the political level, but it is still a mirage to be similar at the societal and economic status, especially for Nomadic tribes and Denotified tribes (NT-DNT) in Maharashtra. India is the hometown of almost more than half of the world's tribal population. Approximately more than 533 tribes were spread throughout different parts of India [4]. These tribes were known as indigenous tribes of India till, they got new nomenclature as NT-DNT. NT-DNTs are one of the most marginalized communities in India. Roots can be found in Indian culture, where several communities travel from villages to villages beyond the state's boundaries. In the hierarchy of the Indian social framework, they have not considered untouchables but occupied lower-most positions in the social hierarchy [5].

According to the Renke Commission Report published in June 2008, 11 crores De-notified, Nomadic and Semi-Nomadic people live in India. There are 313 Nomadic Tribes and 198 De-notified Tribes [6]. According to the study Motiraj Rathod [7], on the NT - DNTs in Maharashtra, the large section of these tribes is known as "Vimukta Jaatis," i.e., De-notified Tribes. Indian constitute tried to include victimized and disadvantaged people into different social categories, such as the Scheduled Castes (SCs), Scheduled Tribes (STs), and Other Backward Classes (OBCs). All these categories were rendered certain civil liberties to overcome their socio-economic disabilities. During this classification process, those communities that were earlier into DE notified, Nomadic and Semi-Nomadic Tribes were also included in the SC, ST, and OBC categories [8]. Though the constitution does not have any specific criteria for selecting DE notified, Nomadic and Semi-Nomadic Tribes, they followed specific characteristics which made these categories identical such as exhibition of primitive traits, distinct cultural identity, geographical isolation, social and economic backwardness, stigma, and criminal identity and most basic nomadic way of life [9].

Unlike any other well-settled society, this population cannot benefit from education through regular school systems. They have been left away from the mainstream of life, and their life is petrified in poverty, superstition, and

ignorance [10]–[12]. The absence of education made them remain backward economically and socially. They remain unaware of their fundamental rights. Schedule tribe has a distinct culture that differs them by [13], [14].

Some of these communities are far from receiving the welfares of freedom and social justice even though they are classified as ST, SC, or OBC. These communities form tiny groups and wander across the states, villages, cities, urban, rural areas and dwell in temporary shelters or tents called 'Pal,' mostly made up of old clothes on vacant land. When the community feels resources are insufficient, they move to another place. As these people do not have permanent shelter, thus they do not have a permanent address; hence no land allocation for property purposes. These communities neither possess any domicile nor ancestral land or property rights by the nomadic way of life. They cannot avail ration cards with no proof of residence or property ownership certificates and have not been included in the BPL list. Thus, they are deprived of well-being programs and the fundamental right of citizenship [15].

### 1.2. Nomadic and DE notified Tribes in Maharashtra

Undoubtedly, Indian society is equal at the political level, but it is still a mirage of societal and economic status, especially for Nomadic tribes and DE notified tribes (NT-DNT) in Maharashtra. De-notified tribes are diverse groups, of which some are well known, and others are rare and not as well known. Among them is a tribal group called the "Bhur Bhur Pochamma." They do not get the required attention from the government and other service providers, including the health system. As a result, their health condition is vulnerable and prone to contracting communicable, non-communicable, and deadly diseases. However, the subsequent chapters of the thesis will emphasize the socio-economic status of the Pochamma community, their health beliefs, and practices and whom they approach to curing their existing diseases. This will also highlight their food habits, social and financial constraints in accessing healthcare institutions, forced people to beg and boycotted from the community due to the caste dynamics, and how these factors impact their day-to-day living space [16]. These tribal groups are residents of the Latur district of Maharashtra and are scattered as small pockets of population. The Bhur Bhur Pochamma always migrate to other places. They do not have good houses and live in 'Pal' (tent) outside the village, close to railway stations. These people are highly marginalized, vulnerable, and exposed to diseases. They are the most neglected community, particularly when addressing their health issues [17].

### 1.3. Demographic, socio-economic, and cultural profile of Pochamma community

Pochamma is a nomadic community in Maharashtra. It is a very vulnerable group among the nomadic tribes. They have one culture and one language. They migrate from one place to one another. They are ranked at a lower societal level like the untouchable castes. There are two types of portray/community. They worship the same God but with different names. One is (Bhatke) nomad represent, and another is Mahalaxmi Potraj. Bhatke is the nomadic tribal group, and Kadak Lakshmi belongs to scheduled caste and other groups other than the nomadic tribe.

Both sects worship God primarily for the excellent health of the community and their people. That is why their God's name is 'Marimata.' Marimata is believed to remove sickness of any kind. Praying to her that it will be cured is one of their myths. Marimata is the only solution for the Pochamma. If they fall sick, they go to the temple for treatment. They slaughter chickens for their well-being. They pray to God to bless their child's health and promise cats, pigs, cocks, and even alcohol in return. That is their practice for "treatment".

The Pochamma community is vulnerable to health due to several factors. These include illiteracy, superstitious beliefs that stop them from seeking treatment, their nomadic lifestyle, and the social system that discriminates against them. They are forced to beg for their livelihood, cannot afford hygienic food, and live-in proper houses. They also do not have any necessary documents or the finances for using government hospitals.

Within Pochamma worship, there are two castes in the nomadic tribes. When the researcher interacted with the selected participants, they revealed that one is the Bhur Bhur Pochamma and the other is the Kadak Laxmi (Marai vale). They are also known as Kokan chi aai, aai means mother. Pochamma is God. Varna's two origins like the Parvati Kul (Parvati family) and the Shankar Kul. Pochamma is from the Parvati Kul. Many Parvati Rupas (avatars) like Bhavani Mata, Durgamma, Yellamma, Betamma, Ambabai, Kali. Pochamma is from the Parvati Kul. There are many goddesses from the Parvati Kul. The scheduled castes worship only Mahalaxmi. Durga Devi is also part of Parvati, but the 'aaradhi' community worship. Saraswati Devi is also a part of Parvati, Ahankara's roop. And her worship is done by the Brahmins, and the last one is Pochamma or Mariamma, who is also part of the Parvati Devi pantheon, and the Bhur Bhur Pochamma community does her worship.

## 2. Research Methods

Considering the nature of research objectives, an Exploratory Qualitative Research Design study has been

adopted so that the phenomena based on every individual's personal experience could be explored. It has also been assumed to explore the experiences and perceptions of every individual in terms of their health status and practices and personal perceptions about the traditional and modern health practices [18].

An in-Depth Interview Guide was the predominant tool, which helped me gather the participants' preliminary information [19]. Hence, I can understand their socio-demographic profile, livelihood status, health problems the household members face, health treatment methods, details about their utilized health programmers, and difficulties they face in accessing those services with the help of the tool In-Depth Interview Guide. This FGD was also very helpful in understanding whether the discrimination with the BBP community was taking place or not because of the written or unwritten policies of the health service providers.

Before starting the data analysis, 17 interviews (all the interviews) were transcribed. Hindi interviews were first transliterated and then were translated into English. "Transcribing is the procedure for producing a written version of the interview. It is a full Script" of the interview [20]. "Transcribing interview tapes is time-consuming and potentially costly work" [21]. With the help of that Transcription, I understood the participants by sitting in their shoes and was also able to maintain their originality during the data analysis.

Even if India is recognized as a fast-growing economy, it is also well known for its poor performance in terms of health outcomes. The health status of the population in India is uneven across the country as it varies concerning caste, class, gender, culture region, and inequity is the primary cause for these indifferences. Mainly, the tribal population is facing problems of inequity in terms of development and health. As most of the tribal groups living in the remote forest areas remain isolated, untouched by civilization, they are largely unaffected by the developmental processes in the rest of the state. Therefore, these groups remain backward, particularly in health, education, and socio-economic aspects [22].

## 3. Result and Discussions

Pochamma community is one of the Tribal communities, and their health issues are not different from the mentioned small groups in India. They do not have a permanent settlement, and for livelihood, they must frequently migrate from one place to another. While migrating from one place to another, they must struggle with safe drinking water, food, and environmental concerns, and they face caste discrimination and, due to financial constraints, cannot afford and access health

institutions. As a result, they get regularly trapped with communicable and non-communicable diseases.

According to Balgir studies, a high prevalence of diseases in this tribal community includes diarrhea, malaria, anemia, respiratory infection, and new age communicable disease like HIV [23]. This chapter intends to highlight what kind of health conditions are prevalent in the community. During the interview, many participants shared their health-related experiences. One of the participants think who is a 65-year-old man,

*"Leg pain and abdominal pain are the predominant diseases. Our daily routine is to go out and beg. Such activity takes place with an empty stomach".*

Begging requires energy, and one must be a physical fit. For appeal, the person must constantly move from one place to another. The members of the Pochamma community are impacted with an empty stomach. They do not see the sunny or cold weather because they must fulfill their physical needs. While doing so, their feet pain. They eat rotten food, which has a reverse impact on their health. As a result, they constantly feel ill.

The observation in the field is that they always eat rotten food, which is not suitable for health. And since there is no nutrition, they suffer abdominal pain. This is their daily affair, but they suffer from severe health-related issues in the letter stage. Since they are weak, their physical body does not support lifting heavyweight. They believe, "Even though people offer us the job, they will not give us office work, rather they will assign us heavy work.". It is important to note why their belief system became they will not give us the office work? In the name of social stigma, caste discrimination, and other evil practices against them must have made them think about it. Lack of documents, unaffordability, lack of nutrition food, inability to access health institutions and lack of Government support made their lives adverse, impacting their day-to-day affairs. In this chapter, I am intended to cover the elements of what the Pochamma community suffered most from and how nutrition affects their well-being as most of them are suffering from TB. According to the Mayo Clinic

*"Although your body may harbor the bacteria that cause tuberculosis, your immune system usually can prevent you from becoming sick. For this reason, doctors make a distinction between TB".*

Mayo Clinic has explained that if your immune system is poor, you will get sick and get more chances of getting TB. During the interview, many participants have told

*"One person had died two months ago. He had TB. We struggled a lot to save his life, but God already decided what to do."*

When the Pochamma community goes begging, they do not get nutritious food. They often get rotten food. Lack of healthy food and everyday eating terrible food make their weak bodies unable to fight the bacteria. As a result, they acquire diseases, including TB. I have tried to explain that lack of nutrition and rotten food impact the body, which further weakens the immune system, and later, they acquire diseases. This also explains how hunger affects their well-being, and people suffer from TB. Many participants are suffering from a disease like TB. The doctor is also of the opinion,

*"TB is high among Pochamma community."*

When the interview was conducted with the private health service provider, thought,

*"These people do not take a bath every day. As a result, they suffer from skin disease, abdominal problems, and I often found TB as well."*

The health service provider has served thirty-five years in Nilanga Block of the Latur District. He does not charge high compared to other clinics, so many Pochamma community people visit him. I felt It was important to interact with him because he served thirty-five years, but he had ample experience with their diseases. He shared, "The skin disease, abdominal pain, and TB are the significant diseases among them they are most prone. When I shared the read literature with the doctor regarding migration caused diarrhea, malaria, water-borne diseases, on which he thought,

*"These diseases are widespread among them, and I believe they are either habitual to it, or they ignore them."*

He further said,

*"They have to move all the time for food, and there is a high risk of water-borne illness, and it always happened with them, and every time they say they will not spend money for the treatment and that's why they ignore those diseases."*

One of the participants Bhavani Amma who was thirty years old, said,

*"I have too much cough, and it is the regular one."*

She was sick during the interview. She has been suffering from a cough last three-four months now. I observed that she was not the only person suffering from cough, but many of them were suffering from it, and among them, some of them were diagnosed with TB. Apart from TB, water-borne diseases were also prevalent among them, and now I will be focusing upon those diseases in this chapter.

### 3.1. Water-Borne Illnesses

Deficiency of essential components in diet leading to malnutrition, protein-calorie malnutrition, and micronutrient deficiencies (vitamin A, iron, and iodine) are common. Goiters of various grades are also endemic in some tribal areas [24]. Water-borne and communicable diseases, gastrointestinal disorders, particularly dysentery and parasitic infections, are prevalent, leading to significant morbidity and malnutrition. Malaria and tuberculosis remain a problem in many tribal areas, while the spectrum of viral and venereal diseases has not been studied in-depth. High prevalence of genetic disorders mostly involving red blood cells: Genetically transmitted conditions like sickle cell anemia, glucose six phosphate dehydrogenase deficiency, and different forms of thalassemia are also common.

All these defects lead to the early destruction of red blood cells and add to overall anemia. Excess consumption of alcohol: The brewing of alcohol from Mohua flowers and fruits has been practiced traditionally. However, the switch to commercially available liquor is likely a significant threat. Superstitions practice is prevalent when related to health problems [25].

### 3.2. Waterborne Disease and Symptoms of Waterborne Disease

Freshwater mostly gets contaminated and infectious while begging, washing, drinking, and preparing food. According to the World Health Organization (WHO), there are various water-borne diseases. According to WHO statistics, over 4.1 million are infected daily with water-borne diseases, while 1.4 million deaths occur annually in the world due to these diseases [26]. The primary source of infection is water supply, sanitation, and hygiene. There are many types of water-borne disease like Bacillary dysentery shigellosis, Cholera, Hepatitis, Typhoid, Malaria, Dengue all of which are water-borne illnesses, and their symptoms are abdominal pain, watery diarrhea, mild fever, abdominal cramps, vomiting, enteric fever, body pain, sweating, painful stools, and frequent stools with blood—and here, considering the bacillary disease symptoms [27]. Concerning the Pochamma community, many participants said they have abdominal pain and mild fever. One of the

participants, Bhavani Amma, is also shared her opinion as Jammya said,

*"Leg pain abdominal pain always happens because our work is to beg, and begging takes place on an empty stomach. For food, we have to migrate from one place to another". (male 65 years old)*

Frequently, the Pochamma community moves from one place to another. While migrating to different areas, they often struggle with drinking water. They drink water wherever they find it. Most of them are unaware of water diseases, and even though they are aware of diseases, they do not have any alternatives. As a result, they often do not even get safe drinking water and trap in the conditions. Bhavani, who was one of the participants, said,

*"abdominal pain is the common disease that we are most prone to. In addition, we eat rotten food, there is also food contamination".*

This also explains why they have a low life expectancy. Many other participants have presented the symptoms of water-borne diseases. Dr. thinks,

*"Pochamma community people do not take a bath daily that's why they are prone to skin disease, abdominal problem and many times they are suffering from TB."*

Another participant said, who is 30 years female as a community member

*"Mariaai cha fera aastay ki to konala chuklay"*

*"It is god will, and who has gone against the god what he has decided."*

*"Abdominal pain, Kidney stone are the most common diseases" (health service provider)*

These diseases are common in the Pochamma community. They are prone to it because they must frequently migrate from one place to another for food. Due to economic constrained, they do not get safe drinking water. They must rely upon available water in front of them. As a result, they acquire diseases. These symptoms are also linked to typhoid, malaria, dengue, cholera, and water-borne illnesses. One of the participants, Jamaya has said,

*"Mariaai cha fera aastay ki to konala chuklay" another participant said, "I don't have the disease; I only suffer from*

*cuff and cold! And it is not a disease, and everyone suffers every year."*

"Maraai cha fera' refers to the Goddess Maraai, who is worshipped for well-being and good health. They celebrate her festival one month during the rainy season. And because during the rainy season, everybody falls ill, they believe it is the curse of the Goddess for which they have her festival where chicken, goats, and pigs are sacrificed. They do not know that ditches and ponds fill with water and produce mosquitoes, and since they live outside, without proper houses, outside the villages, they have high chances of getting malaria. And the symptoms to prove that they suffer the fever of malaria. During the field, one of the observations has been from June to August, which were the rainy seasons in Maharashtra; many were suffering from fever, cough, and cold. Water contamination in these seasons is very high, and they drink water wherever they get water which is the contaminated one. They also do not have clean clothes to protect themselves from mosquitoes, which is another reason to contract malaria and dengue. One of the participants' doctor thinks,

*"kidney stone or appendix were also problems with the community,"*

Bhavani Amma believes that people go to the hospitals only in emergency cases. This means they had no money for hospital fees, so they ignored the illness. During the interview, Betamma said that her son suffered from typhoid during the summer season of Latur, which had then had a water crisis. There was no water in the town, and people had to buy water for daily use. During this period, the Pochamma community struggled greatly as they did not have a water source. They would drink whatever they got, and during this time, when her son went hunting, he suffered from typhoid. They went to the hospital, and the doctor diagnosed him with typhoid. The doctor advised them to be careful about water and drink safe water. That means they are aware of the water-borne diseases, but they had no source of safe drinking water to drink and. Water-borne diseases are highly prevalent in the Pochamma community.

### 3.3. Skin Disease

Many environmental conditions affect the human body and the organ system covering the entire human body and are made of skin, related muscles, and glands. The primary function of this system is as a barrier against the external environment. Latur is an area prone to droughts, and in the year 2015/16, Latur had to struggle a lot as there was no water for drinking. For the Pochamma community, water

sources are lakes, ponds, or pipeline leakage points. Since all the sources dried up in the summer, people could not take a bath or clean their bodies. As a result, they also suffer from a high prevalence of skin diseases. During my field, I observed that Pochamma community people had dandruff and skin diseases in my interaction with the participants. One of the participants, Laxman [28], was suffering from a skin disease. When I engaged with him for a lengthy discussion, he explained, "I cut my hand with the blade." For beg, we must migrate to different places, and while begging, we must perform activities in front of people. The exercises could be on self-body as well. He said,

*"While I was performing some activities in front of people, I cut my hand with the blade."*

His hand was bleeding, he replied,

*"I cut it myself for god it's our practice my god want sacrifice sum (Bali) life and their blood that's why I sacrifice myself."*

It is to be noted that they are a force to engage in such activities for livelihood and fulfill the stomach's desires. They have been doing it under the name of God and goddesses and the social norms. In the name of the caste system, they migrate from one place to another. In addition, they are forced to live outside the village. They do not even have a permanent settlement. This has resulted in no safe drinking water and nutritious food, and they are forced to beg only. While moving to different places, they acquire skin diseases. They do not have water to take baths every day or clean clothes to wear.

As a result, they are frequently contracted with skin diseases. In the public place, he cut his hand and worshipped his God to keep us safe and save all of us. That is why I am going to surrender of you". It is like a play, and after this program, people give them some food or money. And they move from there without taking any antiseptic or any precaution. That is how it was observed, and he got an infection. And he thought it was expected, as he had to do it otherwise nobody would give them food or money. They do not clean the killed animal's blood with the water stuck on their bodies when hunting. As a result, they get the infection. They do not even wash their hands after hunting. Dandruff is also a common concern among them. People said, *"dokyat dukh hotat sarkha"* (We get dandruff regularly). The Pochamma community settles behind railway stations and highway roads, and the houses do not have walls or roofs. They must constantly struggle with dust and pollution—lack of water facilities to take a bath or maintain hygiene, resulting in dandruff.



### 3.4. Discussion

Migrating from one place to another, they contracted many diseases. These diseases are sometimes treated as common diseases or major ones. They are mainly employed with water-borne illnesses that come to the data, such as Diarrhea, dysentery, cholera, Jaundice, TB, and abdominal pain. These diseases are primarily found in them because of the change in the water and occur due to migration. Thus, migration has a close connection with water and the begging.

*"During the hunting when we killed the animal, their blood sticks on our body often. And due to no water facility, we do not even clean the body". (Male 34 years old)*

Many times, causes infections. They do not have the water for daily use, resulting in unhygienic conditions. Another was frequently contracting the disease is dandruff. They do not have the water to clean their hair, and as a result, dandruff is common in their body. Fungal infection is the common disease among them one can observe. Fungal are found in them because of the unhygienic and dirty clothes. These happened mainly due to migration and the lack of safe water. They are forced to migrate, and they contract skin diseases. Therefore, significant conditions are chosen from the participants who revealed the data in this theme. They contracted skin diseases, dandruff, and fungal infection in the migration process. One of the participants said, who was cutting a cat and said;

*"During the hunting when we killed the animal, their blood sticks on our body often. And due to no water facility, we do not even clean the body". (Male 34 years old).*

For beg, they must move from one place to another. They often drink unsafe water, which causes diarrhea, jaundice, and other skin diseases. Lack of safe drinking water (Latur is Semi aired structure) combined with limited water sources in the region aggravates the situation. They must wear unclean clothes that force them to live dirt. That is why their people contract skin diseases. It will be clear from the observation that I had with the community in the field, and they had revealed by the participants.

## 4. Conclusion

This paper that I have undertaken could not treat as a final version. I have located this paper while taking some indicators and looking at it from my perspective. Therefore, it is open for further discussion, and suggestions and recommendations are welcome to improve it further.

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