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Indigenous Tribes Of Rajasthan: Reverse Migration- Impact On Their Life During Covid-19

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Abstract:

In total population of Rajasthan Scheduled Tribes (STs), contribute 13.48% (India census 2011). According to constitution of India article 342(1) defines that "The President may designate as Scheduled tribes, either in whole or in part, any tribes, tribal communities, or groups within tribes or tribal communities, with respect to any State or Union Territory, as the case may be, by public notification following consultation with the Governor of that State or Union Territory." (D. D. Basu). Major tribes of Rajasthan are Bhils, Meena, Garasiya, Sahariya, Kanjar, Sansi, Damor, Kathodi, Patelia etc. There are nomadic and semi nomadic tribes also like banjaras, gadia-lohar, rebari etc. Districts that are fully tribal: Pratapgarh, Dungarpur, and Banswara. Areas that are partially tribal: Pali, Rajsamand, Chittorgarh, Sirohi, Udaipur. Problems they face in day-to-day life are: exploitation and poverty, Technological and economic regression, sociocultural limitations, issues with integration with the non-tribal populace, Tribal people's lack of literacy is a key barrier to their growth, Tribal people frequently struggle with poor diet and health because of poverty and a lack of access to hygienic and medical services, debt resulting from insufficient revenue sources, preserving their identities while coexisting in a community with caste, sect, and religious groupings tribes that are considered to be untouchables. In this paper author will discuss how much help tribes of Rajasthan got from the government (administration and police) and NGO's (clothing, food, medicine and regarding safety measures) during covid-19 and lockdown period? How they cope with it and how is there life after covid-19? This paper is based on secondary sources. The data has been collected from newspapers, magazines, electronic media and various surveys from government and non-government sources.

Key-words --- Covid-19, Rajasthan, tribes, Indigenous, Reverse migration, DE notified, problems

Introduction

The World Health Organization (WHO), recognizing the severity of the situation, temporarily referred to the novel virus as the "2019 novel coronavirus" before officially naming the infectious disease as coronavirus disease 2019 (COVID-19) on February 12, 2020 (Kain and Howet 2019). Clinical data demonstrated human-to-human transmission within Hong Kong, highlighting the global reach of the virus. Since its initial emergence in China, the virus has undergone evolution, rapidly spreading to various countries. On March 11, 2020, the WHO made a critical assessment characterizing COVID-19 as a pandemic, placing it in the ranks of historical pandemics such as the 1918 Spanish Flu (H1N1), 1957 Asian Flu (H2N2), Hong Kong Flu (H3N2), and the 2009 pandemic Flu (H1N1) (Kain and Howet 2019).

The second wave of the coronavirus pandemic, marked by the emergence of more lethal variants and a heightened impact on younger individuals, prompted the implementation of lockdowns in numerous countries, including India, commencing on March 24, 2020. Although this decision found widespread support among the affluent and middle-class populations, concerns arose due to the government's failure to adequately consider the repercussions on migrant laborers, underprivileged communities, and marginalized groups, including tribes. The lockdown, designed to curb the spread of the highly contagious virus, brought to a standstill mobility, commercial activities, and social interactions. This had a profound impact on major cities, leading to a crisis of mobility, particularly affecting migrant laborers stranded far from their hometowns. The government's lack of foresight became glaringly apparent as it failed to account for the massive number of internal migrants, exacerbating the challenges faced by vulnerable populations. The abrupt imposition of the nationwide lockdown, with only a 4-hour notice, left many marginalized groups with scant or no resources to navigate the ensuing hardships. The cessation of commercial activities severed the primary sources of income for these communities, pushing them further into economic distress. The stark contrast in the pandemic's impact on different segments of society underscored the need for a more inclusive and comprehensive approach in crisis management.

The failure to anticipate and address the challenges faced by the massive number of internal migrants highlighted the importance of improved planning and management strategies in handling the pandemic. As the nation grappled with the complex interplay of health and socio-economic crises, the lessons learned from this period underscored the imperative for proactive and compassionate measures to safeguard the well-being of all citizens, especially those on the fringes of society.

“In Rajasthan the first case was diagnosed on 2nd march 2020 was of an Italian citizen who came to Jaipur as a tourist with his group. The Rajasthan Health Department's representatives and representatives of the Union Health Ministry met on March 3 to discuss the epidemic. The Rajasthan Chief minister gave the order to sanitize the hotels that housed the Italian visitors. An 85-year-old man from Jaipur who had previously visited Dubai tested positive on March 11.

Three members of a household in Jhunjhunu tested positive for COVID-19 on March 18, bringing the state's total number of cases to seven. On March 8, the trio—a couple and their two-year-old daughter—returned from Italy.

Following confirmation, a 1-kilometer radius around their home was closed to all movement. On March 19, the authorities enforced Section 144 over the whole state." (Wikipedia) Due to curfew and lockdown people were forced to remain in their houses and migrants were returning to their homes. One of the most affected section in this pandemic was tribes. Many tribes like Bhils, Meena, Garasiya, Sahariya, Kanjar, Sansi, Damor, Kathodi, Patelia etc. live in various parts of Rajasthan. There are nomadic and semi nomadic tribes also like banjaras, gadia-lohar, rebari etc. "In Rajasthan there are 15 communities come under denotified tribes; These are Baori/Badri, Kanjar, Sansi, Bagri/Bawaria, Mogia, Nut, Naiak Multains, Bhat, Lodha, Lodhi, Banjara, Bhil, Bijoria, and Nayak. Since the greater part of the tribes is nomadic and semi-nomadic, they don't have any residential proof. Due to this, they are not in official records and don't receive benefits from any government development and welfare schemes." (news click) these tribes face various Problems like exploitation and poverty, Technological and economic regression, sociocultural limitations, issues with integration with the non-tribal populace, Tribal people's lack of literacy is a key barrier to their growth, Tribal people frequently struggle with poor diet and health because of poverty and a lack of access to hygienic and medical services, debt resulting from insufficient revenue sources, preserving their identities while coexisting in a community with caste, sect, and religious groupings tribes that are considered to be untouchables. In covid- 19 these problems became more bigger for them, especially food security, health care, lack of education, reverse migration and loss of income. Here I will discuss only these five problems.

Problems faced by tribes of Rajasthan

Health care---- "Due to the lockdown, reverse migration among the tribal has raised the concern of spreading COVID-19 infection in tribal areas. The absence of healthcare facilities can severely limit the capacities to deal with COVID 19 outbreaks in tribal areas, as per weak immunity system and traditional source of living possess a severe threat to the tribal population, increasing the risk of infection. Testing and monitoring of the disease is inadequate and is mainly limited to urban habitats. Even relevant information about infectious diseases and preventive measures is also not available in indigenous languages, making these tribal people more ineffectual to the condition." (Kujur) The Indian tribal population, comprising 8.6% of the total population, faces significant healthcare disparities and challenges, particularly in rural areas. With only 2.6% of Scheduled Tribe households having health insurance, the lack of coverage, low awareness, poor nutritional status, high disease rates, and deficient health infrastructure makes the tribal population particularly vulnerable to the pandemic. Rajasthan, a state with a significant tribal population, faces a 50% shortfall in sub-centers in tribal regions. The scarcity of healthcare workers, including doctors, nurses, and female health workers or auxiliary nursing midwives, exacerbates the crisis. Geographical remoteness further complicates the situation, as tribal areas are often far from state general hospitals and district hospitals. Economic constraints also pose a significant barrier to tribal populations seeking healthcare services during the pandemic. Addressing these issues requires a comprehensive and targeted approach to ensure tribal communities receive the necessary healthcare resources and support, especially in the context of a global health crisis like the ongoing pandemic.

Lack of Education- The closure of schools during the pandemic has significantly impacted the education of tribal children, particularly at the primary level, with a Gross Attendance Ratio (GAR) significantly affected. Over 50% of Scheduled Tribe households lack access to mobile phones and laptops for remote learning, according to data from the Ministry of Tribal Affairs in 2017. The sudden shift to online classes disproportionately marginalized tribal households, pushing them to the fringes for an entire year. Despite these challenges, there has been a notable absence of major announcements or schemes from both state and central governments to address the educational challenges faced by tribal children. In South Rajasthan, a 2014 study revealed that children aged 6 months to 36 months were already undernourished, with limited access to essential nutrients.

The discontinuation of supplementary feeding programs, such as those provided by *Anganwadi centers and midday meals* in schools, has exacerbated the vulnerability of this underfed population. The withdrawal of essential programs, such as midday meal programs and hot-cooked meals, is expected to have a profound impact on the nutrition of these vulnerable populations, further widening existing disparities in access to education and nutritional support.

No livelihood during lockdown- Working with nomadic populations, cultural activist and anthropologist Madan Meena says, "There is an urgent need to give special attention towards these tribes as lockdown has hit them hard." The greatest number of nomadic tribes in the nation is found in Rajasthan. The state government has to help right now because it doesn't have any revenue from tourism or cultural events. In Rajasthan, there is a De-notified Nomadic Tribe (DNT) Board, however it has been inactive for a while. The previous chairman of this board, Gopal Kesawat, states that the DNT board cannot function without a chairman or funding. The majority of nomadic tribes participate in cultural events and is regular bettors. People from the Nat group who once performed in street shows and circuses are no longer happening.

The socio-economic situation of Scheduled Tribe (ST) households in India is dire, with 35.65% of them lacking land and relying on manual labor for income. Only 4.36% of ST households have government-sponsored salaried jobs, highlighting the prevalence of informal and precarious employment. Additionally, 86.53% of ST households report a monthly income below 5000 rupees, highlighting financial constraints. Communication tools are limited, with 57.39% of ST households lacking a phone. Only 1.48% of ST households have salaried jobs in the private sector, and 0.58% in the public sector.

The pandemic has significantly impacted job losses in Indian tribal households, with over 75% of male tribal youth engaged in wage or casual labor, and over 50% of ST female youth as marginal workers. This has led to a surge in domestic violence against tribal female youth, underscoring the harsh consequences of economic instability on vulnerable populations. The pandemic underscores the need for targeted interventions and comprehensive policies to address the multi-faceted challenges faced by tribal communities, as addressing socio-economic vulnerabilities is crucial for fostering resilience and ensuring equitable recovery. The pandemic has significantly impacted the employment status of tribal youth in India, with over 75% of male tribal youth engaged

in wage labor or casual labor, and over 50% of ST female youth working as marginal workers. This has led to a surge in domestic violence against tribal female youth, highlighting the harsh consequences of economic instability on vulnerable populations. Tribal youth face multiple layers of deprivation, including the absence of formal employment opportunities, lack of a supportive land system, and increasing dependence on uncertain wage labor. The digital divide has also exacerbated their economic hardships, with an alarming rise in domestic violence among tribal female youth. The lack of technical support, particularly due to the lack of phones, hinders their education, and the digital divide has become a significant barrier as education transitions to online platforms. The situation concerning healthcare facilities and nutritional status is particularly devastating for tribal youth, with existing disparities magnified during the pandemic, further deepening their socio-economic challenges. The cumulative impact of economic instability, lack of formal employment, absence of agricultural support, increasing domestic violence, limited access to education, and dire healthcare conditions on tribal youth in India is dire. Addressing these challenges requires comprehensive and targeted interventions, prioritizing creating equitable opportunities and ensuring the well-being of this vulnerable demographic.

Lack of basic amenities- The pandemic has significantly impacted the employment situation of tribal youth in India, with over 75% of male tribal youth engaged in wage labor or casual labor, and more than 50% of ST female youth working as marginal workers. This has led to a surge in domestic violence against tribal female youth, underscoring the harsh consequences of economic instability on vulnerable populations. Tribal youth face multiple layers of deprivation, including the absence of formal employment opportunities, lack of a supportive land system, and increasing dependence on uncertain wage labor. The digital divide also limits their access to educational resources and opportunities, particularly in the context of online platforms. The pandemic has magnified existing disparities in healthcare access, further deepening their socio-economic challenges. Basic amenities, such as bathing facilities, latrines, and drinking water, are often absent or inadequately available in close proximity to tribal households, exacerbating the difficulty of adhering to social distancing norms. This lack of infrastructure not only jeopardizes their health but also underscores the urgent need for targeted interventions and improvements in basic facilities to enhance the resilience of these communities during health crises. Addressing the challenges posed by the absence of basic amenities is crucial for ensuring the well-being and safety of tribal populations, not only during the current pandemic but also in building a foundation for better public health and infrastructure in the long term.

Reverse Migration- The Indian tribal population, primarily residing in hilly and forest regions, relies heavily on Minor Forest Produce (MFP) and Non-Timber Forest Produce (NTFP) for their livelihoods. However, the pandemic has disrupted these communities, particularly those engaged in migrant work. Reports show that many tribal migrant workers, mainly from Rajasthan, returned to their homes during the pandemic but faced challenges such as lack of food provisions and unhygienic conditions in quarantine centers. This not only posed health risks but also highlighted the inadequacies in support provided to these workers. Additionally, these workers faced social stigma within their communities, as they were associated with potential carriers of the disease. The

challenges faced by tribal migrant workers extend beyond Rajasthan, as they also work in construction projects, mining, or agricultural labor. The sudden announcement of lockdown triggered a wave of reverse migration, further affecting these workers. The vulnerability of tribal communities during the pandemic is underscored by factors such as reliance on forest produce, disruption of migrant work, challenges in quarantine facilities, and social stigma. Addressing these unique challenges is crucial for managing the health crisis effectively and sensitively to their socio-economic and cultural contexts.

Loss of income, The COVID-19 pandemic has significantly impacted tribal communities in India, highlighting their vulnerabilities. The restriction on the collection and sale of Minor Forest Produce (MFPs) significantly affects their economic sustenance, as these resources are crucial sources of income. The remoteness of tribal areas further exacerbates their vulnerability, as they lack access to healthcare facilities, information, and resources. The lack of availability of doctors and healthcare workers further exacerbates their vulnerability during a health crisis. Insufficient awareness about COVID-19 and its preventive measures further exacerbates the challenges faced by tribal communities. The reliance on herbal and forest-based medicine may limit their ability to effectively address severe cases of COVID-19. Implementing projects for forest acquisition without proper consultation with village councils infringes upon tribal communities' rights, leading to displacement and further exacerbated socio-economic challenges. The absence of ethnic data on COVID-19 infections from different social categories, including tribal populations, complicates efforts to tailor interventions and allocate resources effectively. These challenges underscore the need for nuanced and targeted responses, enabling policymakers to formulate informed strategies to mitigate the pandemic's impact on these vulnerable populations.

The *Atma Nirbhar* scheme, aimed at providing compensation for food and economic assistance to migrant workers and economically destitute families in India, has been criticized for not addressing the unique challenges faced by the tribal population during the pandemic. The 20 lakh crore rupees package, allocated from the Compensatory Afforestation Fund Management and Planning Authority (CAMPA), has been criticized for not addressing the unique challenges faced by tribal communities. The CAMPA fund was reportedly used to introduce industrial projects in tribal areas, leading to the eviction of tribal populations from their ancestral lands. The lack of significant announcements or measures by the central government to improve healthcare facilities and provide alternative sources of sustenance further exacerbates the challenges faced by tribal communities. This critique highlights the need for targeted and comprehensive policies that address the specific socio-economic and health-related concerns of tribal populations.

SUGGESTIONS

- Universalizing Public Distribution System (PDS): Efforts to address the challenges faced by Indigenous peoples during the COVID-19 pandemic should begin with the universalization of the Public Distribution System (PDS).
- Moreover, expanding the range of essential items provided through the PDS to include pulses, oil, salt, and condiments will significantly enhance nutritional support for Indigenous communities.
- Resuming MGNREGA and Ensuring Timely Payments: A swift resumption of the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) is essential to provide employment opportunities in rural areas, a key aspect of economic support for Indigenous communities.
- Culturally Tailored Awareness Initiatives: Public service announcements on hygiene, physical distancing, quarantine, and prevention should be delivered in various indigenous languages.
- The inclusion of Indigenous languages promotes widespread awareness and adherence to health protocols.
- Prioritizing Clean Water and Sanitation: Recognizing the importance of hygiene in preventing the spread of the virus, priority should be given to providing and managing clean water, sanitation, and hygiene facilities in remote Indigenous areas.
- Youth Engagement for Effective Communication: Indigenous youth, possessing a deep understanding of traditional livelihoods, should play a central role in awareness campaigns within their communities.
- Local Employment Opportunities and Addressing Travel Reluctance: Understanding the reluctance of Indigenous peoples to travel due to COVID-19 fears, creating local employment opportunities is essential.
- Incorporating Traditional Knowledge: The incorporation of traditional knowledge into public health initiatives is crucial, particularly when introducing western medicine or systems in Indigenous areas.
- Aligning these efforts with legal frameworks such as the Forest Rights Act and the Biodiversity Act ensures the protection of Indigenous peoples' rights over their traditional knowledge systems.
- These recommendations not only aim to mitigate the immediate impact of the pandemic but also to foster long-term resilience within Indigenous populations.

Use of indigenous knowledge during lockdown

- Preserving Indigenous Languages for COVID-19 Awareness: In response to the initial lockdown in Rajasthan's Udaipur, artists took a unique initiative to utilize the tribal Wangdi language, spoken in the southern part of the state, as a tool for spreading awareness about the dos and don'ts of navigating the coronavirus pandemic.
- Indigenous Practices for Sustenance During Lockdown: Tribal communities in southern Rajasthan, confronted with the challenge of sustaining themselves during the nationwide lockdown, turned to their age-old indigenous practices of food and agricultural management.

- These communities embraced a variety of micronutrient-rich plant foods as part of their daily dietary intake, showcasing the resilience and adaptability embedded in their traditional knowledge. "When it comes to food and dietary habits, the communities most commonly consume foodgrains like *kodra (Paspalum scrobiculatum), bati* (foxtail millet), *kang,* (barnyard millet), *cheena* (proso millet), *hama, hamli* and *gujro* (little millet), along with local vegetables. The minor millets are rich in fibre and iron and improves their immunity.
- The immense amount of knowledge these communities have regarding food gathering and cultivation sets an example, especially for those on the path of industrial farming." (Dave & Parmar)
- During the COVID-19 pandemic, tribal communities in southern Rajasthan faced significant challenges in sourcing essential food items due to lockdown measures. Limited access to nearby markets and the absence of public transport made it difficult for villagers to obtain fresh vegetables and fruits. Fear of virus transmission also led to a decline in purchasing from vendors visiting villages. As a result, residents relied on their kitchen gardens and locally grown trees for vegetables and fruits. Supply chain disruptions affected the availability of nonperishable items, leading to a surge in prices of 30% to 50%. To cope with these challenges, many families resorted to traditional bartering practices, with wheat becoming a valuable commodity for trade. Those unable to trade wheat had to rely on cereals and minimal spices, typically chilies or garlic.
- "Villagers use the flowers of the mahua to make a solution with antiseptic qualities and take two spoonful each day in a bid to keep the novel coronavirus away, they also spray the solution along the entry and exit points of the village and outside their homes.
- treatments for viral fevers, coughs and colds is to boil the leaves of a local herbaceous plant called bhui neem, commonly known as "king of bitters", to form a concentrate that is drunk twice a day.
- A spoon of powdered bark of ashwagandha, also called Indian ginseng, stirred into a cup of warm milk acts as an analgesic, reduces inflammation and builds immunity, he said.
- And when giloy shrub branches are ground and boiled with water, the solution helps clear congestion and chest infections, Kisan added.
- "We take care of the forests and forests look after us - what is there to worry about (with) COVID?" he asked." (Basu 2020)
- "Around 80 per cent of the world's population is estimated to use traditional medicine. To date, 170 of the 194 WHO Member States have reported the use of traditional medicine, and their governments have asked for WHO's support in creating a body of reliable evidence and data on traditional medicine practices and products "The WHO's strategy document for traditional medicine defines Traditional Medicine (TM) as "the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness"

- The reasons why communities resort to using these medicines are not one but many, including cultural beliefs, isolation, inaccessibility to modern healthcare, forest dependence, proven relevance of the medicines etc. These are usually available in their locality and, at least, one or more people know the medicinal value of the herbs and plants in the region99. The reasons for the popularity of traditional methods could be availability, acceptability, and affordability

Conclusion

To summarize the paper, it will be apt to say that to date, tribals are facing inequality in terms of educational attainment, employment opportunities, healthcare infrastructure and facilities, stigmatization, lack of proper awareness, and ecological constraints. Both tribal men and women are suffering from vulnerability during the pandemic. While the men are suffering from loss of job and economic sustenance, the women are suffering from the burden of the family's economic conditions, nutrition, hunger problems, and domestic violence. Unlike initiatives taken by other countries like Australia, Costa Rica, New Zealand, the initiatives taken by the Indian government are very less. The schemes that have been proposed by the government do not help mitigate the crisis faced by the country's tribal youth. On the contrary, some of the proposals have affected their community ownership of forest produce, which could have sustained them both economically and nutritionally. Given the constraints and level of inequality already existing in the country, it is difficult to consider that tribal youth will be able to cope with the pandemic. Without the help of SHGs and cooperative efforts at the village level, it is very difficult to conceive that the tribals can handle the precariousness during the pandemic.

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