

Health Care Practices Among Out-Migrated Lambani's : An Ethnographic Study

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Abstract : Lambani is a one of the biggest traditional tribal group in India. They are spread throughout India with different names like Lambani, Lambadi, Lambda, Labans, Bhanjara, Goura Lobhanas, etc. The name 'Lambani' comes from the occupation that they practice. They were into trading and transporting Lavan (salt) and therefore the derogatory forms are attached to them as Lambani/Lamani, etc. They were recognized as a nomadic tribe earlier hence, migration is the necessary means of livelihood. A large concentration of Lambani population is found in Vijayapura, one of the districts in Karnataka State, where more than half of the people seasonally migrate to Maharashtra, Goa and other parts of Karnataka. The present study is ethnographical which aims at understanding the health care practices among migrated Lambani's. The study was carried out at Ukkali Lambani Tanda (LT) in Basavana Bagewdi Taluka of Vijayapur district. The universe consists of 220 households/families. Observation and face-to-face informal interviews were implemented as a tool throughout the study. While interacting with the people several observations were done. These observations are now a man with no prejudices. The study noticed that these observations are quite important to the point the upliftment of the community. Some of the observations/interaction will be presented in the paper.

Keywords : Health care, Migration, Lambanis, Ethnography.

Reference to this paper should
be made as follows:

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Ethnographic Study*

RJPSS 2018, Vol. 43, No.1,
pp. 169-175, Article No.22
Received on 19/02/2018
Approved on 27/02/2018

Online available at:
http://anubooks.com/?page_id=442

Introduction:

The Lambani was one of the nomadic and de-notified tribes in India, differently identified as Bhanjara, Sugalis, Lambadas, Vanjari, Lambanis, etc. They are primarily characterized by separate women dress code, folk songs and dance practices (Naik, 2013). They are also called wandering people in India. They like and practice conversational music, dance, songs, colorful life (Banoth, & Ramlal, 2012). Usually Lambanis live in ‘Tanda’ during nomadic migratory period. Hence they live in temporary Tanda residential areas, which is away from the main nearby villages. With regards to distribution of Lambanis population in Indian, according to Census 2011, Karnataka (4,087,000) is the second highest Lambani populated State followed by Telangana/Andhra Pradesh (8,832,000). Larger population is located in south Indian region and they were categorized in different social classes like the scheduled caste, scheduled tribe’s and other backward classes due to socio-economic backwardness (Madar, & Mohan, 2016).

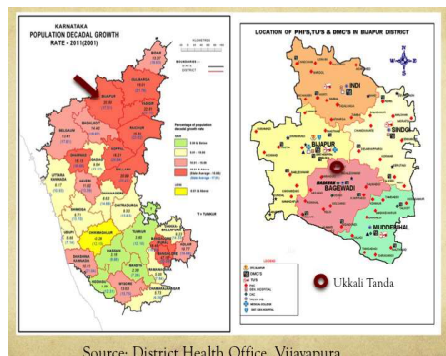
Table 1.1: Profile of the Ukkali Tanda

Demographic Details	Statistics
No. of households	252
No. of households migrate	180
Total population	1599
Male	706
Female	677
Children	216
Name of the Panchayat	Ukkali
Name of the Taluka	Basavan Bagewadi
No. of the Anganawadi	1
No. of the Schools	Primary School 1 (1-7 th)
Near by Health Centre	2

Source: Uakkali Panchayat Office

The Lambanis still follow nomadic culture where as large number of the community people migrate from one place to other. They are also unorganized and they move from village (Tanda) to cities seeking better jobs in cities. During this course on one hand they face health issues due to painful labor work and living conditions in the city slums, and on the other hand they lose health care benefits payable to residential problem (Banerjee, Kalyan., 2016). The health care practices and health problems of any weaker community are influenced by interaction of various socio-economic and cultural factors. In addition, lack of health care facilities in rural and hilly area, unavailability of doctors is seen, whereas it is still a challenge to get quality doctors in rural and tribal areas (Mishra, 2012). In some of the studies, it is observed that health problems such as inadequate safe drinking water and water borne diseases, malaria, malnutrition, genetically transmitted disorders like sickle cell anemia, and skin related problems alcoholism are common among the tribal population in the country and similarly among Lambanis.(Prithviraj, & Naik, 2013; Balgir, R. S., 2006).

Figure 1.1: State, District and Tanda location of the study



Source: Vijayapura District Health Office

Aim of the Study

The aim of the present study is to observe and understand the health care practices among migrated Lambanis.

Specific objectives of theStudy

- ◆ To study the demographic profile of the Tanda.

- ◆ To observe the major health problems among the migrated Lambanis in the Tanda.
- ◆ To observe and understand health care facilities among migrants in the Tanda.

Research Methodology

The present study adopted ethnographic research design, which is one of the qualitative approach and participant observation is the method used to understand an entire problem culture, original factors in a specific geographical location. The researcher adopted first hand participant observation along with informal interview of the respondents. The data collected were from both methods like Primary (direction observations and informal interviews through) and Secondary data (Primary Health Center, Panchayat office and Health worker through). The universe of the study consists of 250 households in the Tanda but out those houses 180 houses were the households of the migrants and are considered as a part of the study. Hence the sample includes 180 households including 2 tanda leaders.

Process of the study

The present study follows five steps in order to complete the study, they are: Step One: Review of the Literature, Step Two: Simple Random (Lottery Method) method was used for the selection of one Tanda out of 281 in the district, Step Three: Ethnographic method used & researcher stayed at Tanda (Ukkali LT) for ten days with prior permission taken from the Leader (Naik), Step Four: Observations (non-participant) and informal interviews with Tanda Leaders, Anganwadi teacher, health worker, school teachers and migrated workers household members in the Tanda and Step Five: Recording of observations is done through audio/video recordings and photography of the Tanda was done for documentation.

Major Observations

- ◆ The community people used to stay away from main villages, their residences are called “Tanda” where only the community people can stay.
- ◆ The Ukkali Tanda is inhabited with 180 households. They seasonally migrate to Maharashtra, Goa and other different places within Karnataka, during the month of September to June. Very less numbers of people stay back at houses.
- ◆ Due to low rain fall in the district, they are less dependent on agriculture

and allied occupations. Hence they consider agriculture as secondary occupation.

- ◆ Each Tanda have their own leaders called ‘Naik’ who plays an important role in making decisions for community, resolving conflicts and other issues.
- ◆ The people face difficulties to get local transport facilities due to mud/ Kutchra road connectivity.

A. The Household Conditions

- ◆ They use firewood for cooking purposes and houses do not have ventilation facilities. This may lead to lungs related health problem.
- ◆ Unhygienic houses with heavily loaded livestock inside and out side the houses and poor ventilation.
- ◆ Open defecation is common among Lambanis and they have least concern about construction of latrines/ toilets.

B. Drinking water and sanitation

Except for children in Anganwadi, pure drinking water is not available in the Tanda. Management of personal hygiene is very poor among migrant workers and poor sanitary conditions in living area.

C. Substance Abuse

Consumption of alcohol and tobacco addiction is commonly observed among the male migrants in the Tanda.

D. Traditional Practices

Wearing traditional dresses and jewelry leads to skin related issues among female migrant workers in the Tanda and causes working hazards.

F. Health care practices

They primarily depend on traditional ways i.e. use of medicinal plants for treatment of any diseases. Due to Anganwadi workers intervention, mother and child health care services are established. As two health centers are operating near the Tanda, institutional delivery rate is increasing in the Tanda and those who migrate seasonally to other places, dropout from the treatment of TB and HIV and also other immunization for their children. (Reported by health worker)

Scope of Social Work Intervention:

The intervention of non-government organization in the welfare of the community is very limited. Only Sabala and World vision in India are working in the Tanda. Sabala is providing handicraft training and World Vision India is working for the infrastructure development in the Tanda but they will start working for health and its related issues. Lambanis are not well aware about the Government health care programmes/facilities. The public health department needs to educate them regarding government health care services and facilities. There is a need to encourage local ASHA workers to facilitate public health care services to them. There is a need for health camps in the Tanda as well as to disseminate education and treatment ways for basic health issues.

Lambanis who migrate to different places are found to be treatment dropouts such as TB, HIV and other communicable diseases which they are suffering from. Hence, there is a need for continued follow-up and linkage of other health care institutions. To create awareness about first aid for emergency and other simple treatment, training is required for the people.

Conclusion:

With the help of local Primary Health Center (PHC), the Bijapur Lingayat District Educational Association's (BLDEA's) Rural Health Center (RHC) intervention, accessibility of health care services has been improved but the trend of healthcare health seeking behaviors, awareness of communicable diseases, modern healthcare facilities, importance of complete treatment, etc needs to be improved among Lambanis. The study has found that slowly they are losing traditional knowledge on healthcare system like using local plants for the treatment and most of them depend on English medicine for treating common illness. The healthcare institutions and Non-Government Organizations (NGO's) need to closely work with Lambanis to establish linkage between migrated place and Tanda for continuation of treatment, improve better healthcare practices and protect traditional knowledge.

References

Balgir, R. S. (2006, October). *Tribal health problems, disease burden and ameliorative challenges in tribal communities with special emphasis on tribes of Orissa*. In *Proceedings of National Symposium on "Tribal Health" 19th-20th October* (pp. 161-76).

Banerjee, Kalyan., (2016) *Tribal health problems – Aarogya*, accessed from <http://>

[/www.aarogya.com/insurance/research/tribal-health-problems.html?](http://www.aarogya.com/insurance/research/tribal-health-problems.html?)

Limitstart=0.

Banoth, L. & Ramlal, P. (2012). *Live stock property and Banjara community in Warangal. International Journal of Humanities and Social Sciences*, 1(1), 1–10.

Madar, Shiddappa & Mohan A. K. (2016) *Out-migration of Lambani community: An observation, International Journal of Multidisciplinary Educational Research*, 5,4(1), 175-184.

Mishra, M. (2012). *Health status and disease in tribal dominated villages of central India. Health and Population–Perspectives and Issues*, 35(4), 157-175.

Naik, V. (2013). *Health care practices among agrarian Lambani community. Elixir International Journal*, 55(4), 12866–12869.

Pawar, A. S., Naik, P. A. & Rathod, S. J. (2012). *A short overview of review literature of past research: Banjara community in India. Global Research Analysis*, 1(1), 101–103.

Prithviraj, L., & Naik, D. M. (2013). *Health problems and health care practices of Lambani women of Gulbarga district. Recent Research in Science and Social Science*, 4(12), 24–27.

Roy, Subarna, Hegde V. Harsha, Bhattacharya, Debdutta., Upadhya, Vinayak., & Kholkute, D. Sanjiva, (2015) *Tribes in Karnataka: status of health research, Indian Journal of Medical Research*. 141(5), 673–687.

Vaidya, N. K., & Wu, J. (2011). HIV epidemic in Far-Western Nepal: effect of seasonal labor migration to India. *BMC Public Health*, 11(1), 310-319.

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