

A Study on Health Problems Of Kols of Shankargarh District Prayagraj, U.P.

Arpita Mishra*

Dr. Alam Ara**

Prof. (Dr) Jahanara***

M.A (Anthropology)

** Assistant Professor

*** Professor & H.O.D

Department of Anthropology and Social Work, SHUATS (Prayagraj)

ABSTRACT

Though the Kols are anthropologically tribe but in Uttar Pradesh they recognized as Schedule Caste, who migrated there from central India around five centuries ago. Mostly landless and dependent on forest produce to make a living. Present research focused on the health problems of the Kols, residing in northern foothill region of the Vindhyan Mountain in south-west part of Prayagraj district. The research is based on the survey done in Shanakgarh block where most of the Kol population lives.

The Shankargarh block of Prayagraj district of Uttar Pradesh India, is well known for its high quality silica sand, and large scale surface mining. These mining workers belong to a community Kol. Although, their life was never easy, as forest was occupied by mines, Kols became unsheltered and resource less. They started working as silica sand mining labors to earn their livelihood. While working in mines, the dust particles enter frequently in their lungs which results as serious diseases like silicosis, asthma and tuberculosis. The water bodies of the area, which are the main source of water, are being highly polluted due to silica mud. Employment and land was never their concern. Working in the mining site were their main occupation, but after the order of the High Court the mining is now banned in that area now they became jobless. Kol tribe faces many problems such as Sanitation problems, Electricity problems, Health problems and Transport problems.

Key words-*Kol tribe, health issue, economic problems, Silica mines, Shankargarh.*

INTRODUCTION

Though the Kols are anthropologically tribal (**Majumdar, 1941**) they are recognized as a scheduled caste in state of Uttar Pradesh. It is evident that Kols are occupying the lowest rung. They are mostly homeless and have very limited access to land resources. The condition of health and education is very poor. Although the employment rate in Kols are higher than other residing communities of the region but most of them were working as underpaid silica sand quarrying laborers. (**Das Gupta, Biman Kumar 1978 Anthropological survey of India**) Childs too help their parents in earning every day's food. At most of the mining sites, where these men's were breaking stones the whole day, there was no facility of medicinal first aid. Over the

years the large numbers of labors have contracted lung disease like silicosis and tuberculosis/ some have lost limbs or sustained crippling injuries during the blasting of the rocks. The water bodies of the area, which were the main source of water for most of these people, were being highly polluted due to silica mud and ferrous contamination. These water bodies serve as favorable breeding places of Anopheles and Kolsresourcelessness makes them highly vulnerable to the malaria. In the absence of scientific information about the disease and its treatment and no facilities of hospital and medical stores the Kols are still using the ethno-medicines to cure the diseases, most of the time they believed that diseases are comes through the evil spirits and to resolve them they visit to baba's and tantrik. In these superstitious believes they are losing their lives. (Pullaiah, T; Krishnamurthy, K.V.; Bahadur, Bir (September 2017)

RESEARCH METHODOLOGY

The present study was conducted in 3 small villages i.e Ganne, Ganne Pahar, Osa villages of Kol tribe of Shankargarh Block of District Prayagraj U.P by using purposive sampling. The study was based on both Primary and Secondary method. Both quantitative as well as qualitative data have been used in this study. Descriptive research design has been used in the present study. The data was collected from respondents with a well prepared schedule covering the various independent and dependent variables of the study by keeping in view the various defined objectives of the present study. In this study participant and non-participant observation have been done. Secondary data was collected from block office and literatures. A mobile phone was used to capture the views of respondents and photographs related to present study.

RESULTS AND DISCUSSION

Table-01 Occupation of the respondents:

S.No	Occupation of the Respondents	Frequency	Percentage
1.	Agriculturist	0	0
2.	Labor work	77	85.5
3.	Other	13	14.4
	Total	90	99.9

The results of the occupation of the Kol tribe of Ganne, Osa and Ganne Pahar villages of Shankargarh found during the study presented in table1 shows that the respondents were landless so they are unable to do agriculture, 77 per cent respondents were engaged in Labor work and rest 13 per cent respondents were engaged in other work. The finding is similar to the finding of Conway 1991. The results shows that due to

mining and silica queries the land of that area is unfertile so the maximum Kols were dependent on Labor and labor is their main occupation.

Table-02 Food habit of the respondents:

S.No	Food habit	Frequency	Percentage
1.	Vegetarian	11	12.2
2.	Non-vegetarian	79	87.7
	Total	90	99.9

The results of the food habit of Kol tribe of Ganne Pahar, Osa and Ganne villages of the Shanakrgarh found during then study presented in table 02 shows that 11 per cent Of respondents were Vegetarian and 79 per cent respondents were Non-vegetarian. The maximum numbers of respondents were Non-vegetarian because they had limited source of food so they eat all kind of food for surviving.

Table-03Age of respondents during Marriage:

S.No	Age group	Age of male	Age female	Frequency	Percentage
1.	18-20	08	06	14	15.5
2.	21-30	25	21	46	51.1
3.	30-35	05	13	18	20
4.	Other	02	10	12	13.3
	Total	40	50	90	99.9

The results of the age of male and female respondents during marriage of Kol tribe of Ganne Pahar,Ganne. And Osa villages of Shankargarh found during the study presented in table 03 shows that 14 per cent male and female respondents were married at the age of 18-20 years, 46 per cent of male and female respondents were married at the age of 21-30 years, 18 per cent of male and female respondents were married at the age of 35-35 years and 12 per cent of male and female respondents were married at other ages. The maximum numbers of male respondents were married at the age of 21 years because their parents think that this is the right age of marriage and now at this age they are capable of taking new responsibilities.

Table-04 Religious belief of the respondents:

S.No	Resinous belief	Frequency	Percentage
1	Naturalism	47	52.2
2	Animism	43	47.7
	Total	90	99.9

The results of the Resinous belief of Kol tribe of Ganne, Ganne Pahar, Osa villages of the Shaankargarh found during the study presented in table and figure 04 shows that 47 per cent of respondents beliefs in Naturalism and 43 per cent of respondents were believed animism. The maximum respondents were believed in Naturalism because they believed Nature is their creature.

Table-05 Types of Diseases found in respondents:

S.No	Disease	Frequency	Percentage %
1.	Tuberculosis	33	36.6
2.	Malaria	07	7.7
3.	Silicosis	35	38.8
4.	Other	15	16.6
	Total	90	99.7

The results of the Diseases found in respondents of the Ganne, Ganne Pahar, and Osa villages of Shankargarh found during the study presented in the table 05 shows that 33 per cent of respondents were suffering from Tuberculosis, 07 per cent of respondents were suffering from Malaria, 35 per cent of respondents were facing the health problem of silicosis, and 15 per cent respondent were suffering from other kind of diseases. The findings are similar to the findings of Lal (2011). Most of the respondents are suffering from tuberculosis and silicosis because from so long they were engaged in the mining activities and cutting of the stones much of the day, so the dust particles enters in their lungs easily.

Table 06 Types of diseases found in children's

S.No	Types of diseases	Frequency	Percentage
1.	Kwashiorkor	24	26.6
2.	Night blindness	21	23.3
3.	Skin infection	23	25.5
4.	Bone disease	17	18.8
5.	Other	05	5.5
	Total	90	99.9

The results of the Diseases found in children's of Kol community of the Ganne, Ganne Pahar, and Osa villages of Shankargarh found during the study presented in the table 06 shows that 24 per cent children's were suffering from kwashiorkor, 21 per cent children's were suffering from night blindness, 23 per cent children's were facing skin related problems, 17 per cent children's were suffering from bone diseases and 05 per cent children's were facing other health related problems. Maximum numbers of children's were facing kwashiorkor due to malnutrition produced by a severely inadequate amount of protein in the diet.

Table 07 Medicare beliefs of the respondents:

S.No	Medicare beliefs	Frequency	Percentage
1.	Modern Medicine	25	27.7
2.	Ethno-medicine	30	33.3
3.	Exorcism	35	38.8
	Total	90	99.8

The results of the Medicare beliefs of the respondents in Ganne Pahar, Ganne, Osa villages of Shankargarh found during study, presented in the table 08 shows that, 25 per cent of respondents were believed in modern medicines to cure their diseases, 30% respondents were believed in ethno-medicine found in jungle or from trees to medicate themselves and 35 per cent of respondents were still believed in exorcism.

CONCLUSION

It has been concluded from the study that the Kols were working in the mines and in silica quarries. The Kols are landless and they do not have any skills through which they can get any kind of employments. Seven years ago Kols were engaged in crushing stones, silica quarries and mining activities. After restriction on these they became unemployed and they don't have any other skills like cattle rearing, basket making, so they started working as daily wages laborer. that results as most of the Kols are facing several serious diseases like tuberculosis, silicosis, asthma etc . The Kols in Shankargarh were facing several severe problems in their life. Because of poor literacy rate they didn't have proper knowledge about diseases and sanitation. As they are uneducated they have lots of myths and superstitious beliefs. Mostly they prefer baba and tantriks for the treatment of their diseases, which result as more death cases in their community.

REFERENCES

Jerry Somani 2002 “The information documented in present study had not been reported by any of the published literature cited in review....Arthritis a prevalent among Kol, Mawasi, Gond, Baiga tribes”.

John Peabody 2003“Kol, Bhariya, Pao were interviewed and the information regarding health and methods of treatment were discussed”.

N Mishra 2011 “A socio-economic and legal study of scheduled tribes”.

Suresh L.I 2011 “Investigation in which the health reflects differences in socio-economic well being”.

SarojBala2015“The study investigate the causes and problems of health in the Kol tribe”.

Vidhan Jain, 2015 “This study was carried a lot of information about Kol that was, the Kol’s are the most Hallia’s scheduled caste population”.

J. V Hankare2019 “The investigation was based on the field survey that collects the information, how to cure the diseases through plants and leaves”.

Omar Rashid,2019 “A general characteristics of Kol community, their religion, living, rights and residence.”

