

**Poverty, Food Insecurity and Health Predicaments: A  
Study of Selected Villages of Banda and Mahoba Districts  
of Bundelkhand Region of Uttar Pradesh**

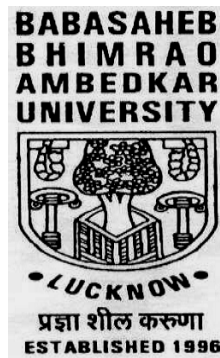
***Abstract***

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## **ABSTRACT**

# **Poverty, Food Insecurity and Health Predicaments: A Study of Selected Villages of Banda and Mahoba Districts of Bundelkhand Region of Uttar Pradesh**

## **Introduction**

Poverty is inability of a human being to secure the basic minimum needs required for the sustenance of day to day activities. It manifests lack of income, illiteracy, homelessness, productive malnutrition, inadequate housing, unsafe environment, social discrimination and many more aspects. Poverty easily coexists with food insecurity which crops up when people lack sustainable physical or economic access to garner safe, nutritious and socially acceptable food for a healthy and productive life. It arises when all people at all times have no physical, social and economic access to sufficient, safe and dietary food to meet their nutritional needs and food preferences for an active and healthy lifestyle. Further, food insecurity leads to ill health. Health is a very complex issue and gets further complicated in a country like India having great diversities, large and growing population and deeply entrenched poverty. It is an ability to perform personally valued family work and community roles and ability to deal with physical, biologic, psychological and social stress. Thus, Poverty, food insecurity and health related problems are inter-related to each other. Poverty minimizes the consumption level of food and creates a situation in which people consistently consume inadequate diets in calories. Due to inadequate food intake, individuals especially children, women and old aged persons face many health related problems like malnutrition, anemia, T.B. and at times death due to chronic starvation.

The present study covers Banda and Mahoba districts of Bundelkhand region. The study ascertains the inter-linkage between poverty, food insecurity and health in the region, which is engaged in agricultural activities for their subsistence of livelihood. The region for the last couple of decade is notoriously known due to farmers' committing suicides under the pressure from famine and drought. Since last decade, Bundelkhand region has gone through the recurrence of water scarcity, drought, crop failure, scanty

rain, poor irrigation facilities, and burden of agricultural and private loans. Coupled with this, the landholding pattern of region is highly caste based wherein the dominant castes have grabbed the bigger patches of agricultural land and thus excluded the marginalized caste people. It has substantially retarded all the course of development and growth of the locale and adversely affected the prosperity of residents. It is proving curse for the locals and has been continuously sweeping the happiness of Bundelkhand region.

The frequent environmental catastrophe in the form of famine and draught has lessened the ecological dependence of the residents. As a result, large sections of poor farmers have taken huge amount of loans on higher interest rates from local Mahajans. They are not able to repay the loan and thus the situation force the farmers to commit suicide under tremendous pressure. Apart from it, chronic poverty forces the villagers either to put their minor children into work and adopt occupations which are hazardous in nature or to migrate from region in search of livelihood. Alarmingly, the insistent poverty has reduced the poor to the level of hand to mouth existence. It has adversely affected the livelihood of majority of rural population and pushed the villagers of the region into the trap of vicious circle of poverty leading to food insecurity and health problems like malnutrition, anaemia, T.B., etc. The policies and programs implemented by the government and non-government organizations to eradicate poverty and to ensure food security in terms of availability, access and absorption are beneficial only to dominant castes of the region. Thus, the resources of wellbeing for marginalized farmers have been grabbed by the dominating castes in the social, political and economic context.

### **Objectives of the Study**

In this background, the present work was intended to explore the following objectives:

1. To analyze the social structure by delineating into socio-economic, political, cultural and religious matrix and evaluate its ramification on the society.
2. To delve into various factors related to poverty and its impact on the region and people.
3. To identify nature and dimensions of food insecurity and highlight the causes concerned with the issues of food insecurity.

4. To ascertain issues and challenges related to health and also to suggest remedied measures to overcome it while keeping the most vulnerable section of the society- women, infant and the aged persons at centre-stage.
5. To evaluate the impact of government and non-government programmes run in the region on the lives of the locals.
6. Recommend and suggest measures and strategies to eradicate poverty, secure food intake and ensure healthy life in the study area.

## **Hypothesis**

1. Due to caste hierarchy, land holding pattern and natural disasters in the regions, the social structure of the locals has completely shattered down.
2. The rising trends in poverty, unemployment, lack of education etc. are creating direct impact on impoverishment and ultimately the health and lives of the inhabitant in the region.
3. Due to poverty, residents are prone to food insecurity and have less food accessibility for healthy life.
4. Poverty and food insecurity have affected adversely on the health of the locals. Villagers especially children, women (pregnant & lactating) and elderly persons are facing many health problems/diseases like Tuberculosis, Malnutrition, Anemia etc. due to prolong drought, scarcity of water and lack of sufficient food.
5. The programmes implemented by government and non-government organizations related to poverty reduction, improving food security, etc. have failed to ensure healthy life to the people.

## **Research Methodology**

### ***Sampling Strategy***

The study covers the Uttar Pradesh part of Bundelkhand Region consisting of seven districts named as Banda, Hamirpur, Chitrakoot, Jalaun, Lalitpur, Mahoba and Jhansi. Out of these seven districts; Banda, Lalitpur, Mahoba and Hamirpur are severely affected by drought and scanty rains. The rate of poverty, suicide and starvation death is

higher in these districts. Therefore, **Banda** and **Mahoba** districts have been purposely selected to analyze the condition of poverty, food insecurity and health predicaments.

At the second stage, one block has been purposely selected from each district. They are Badokhar Khurd Block from Banda district and Kabrai Block from Mahoba district. These blocks are larger in area and consists huge population in comparison to other blocks of Banda and Mahoba Districts.

Further, two villages from each block (total 4 villages) have been selected by the use of purposive sampling method as per requirement of the research and for convenience of analysis. From Badokhar Khurd block, **Mahokhar** and **Jari** villages have been covered for study and from Kabrai block, **Bija Nagar** and **Pachpahra** villages have been selected. The selection of villages is based on its development and distance from block office. One village is situated nearest to the block office and the second one is far from block office.

Finally, for gathering primary data 100 households from each village (total 400 households) have been selected. These households are the equal representation of wards of the villages. Random sampling method and latest Voter-list is used to derive equal representation of the respondents. A statistical profile of sampled village is depicted in table.

#### List of Selected Villages for Study

Name of the District	Name of the Block	Total Number of Villages in the Block	Selected Villages	Name of the Villages	Number of Households	
					Total	Sampled
Banda	Badokhar Khurd	198	2	Mahokhar	1,855	100
				Jari	1,122	100
Mahoba	Kabrai	327	2	Bija Nagar	245	100
				Pachpahra	372	100
<b>Total</b>	-----	<b>525</b>	<b>4</b>	<b>Total</b>	<b>3,594</b>	<b>400</b>

*Source: Uttar Pradesh Statistical Diary 2014*

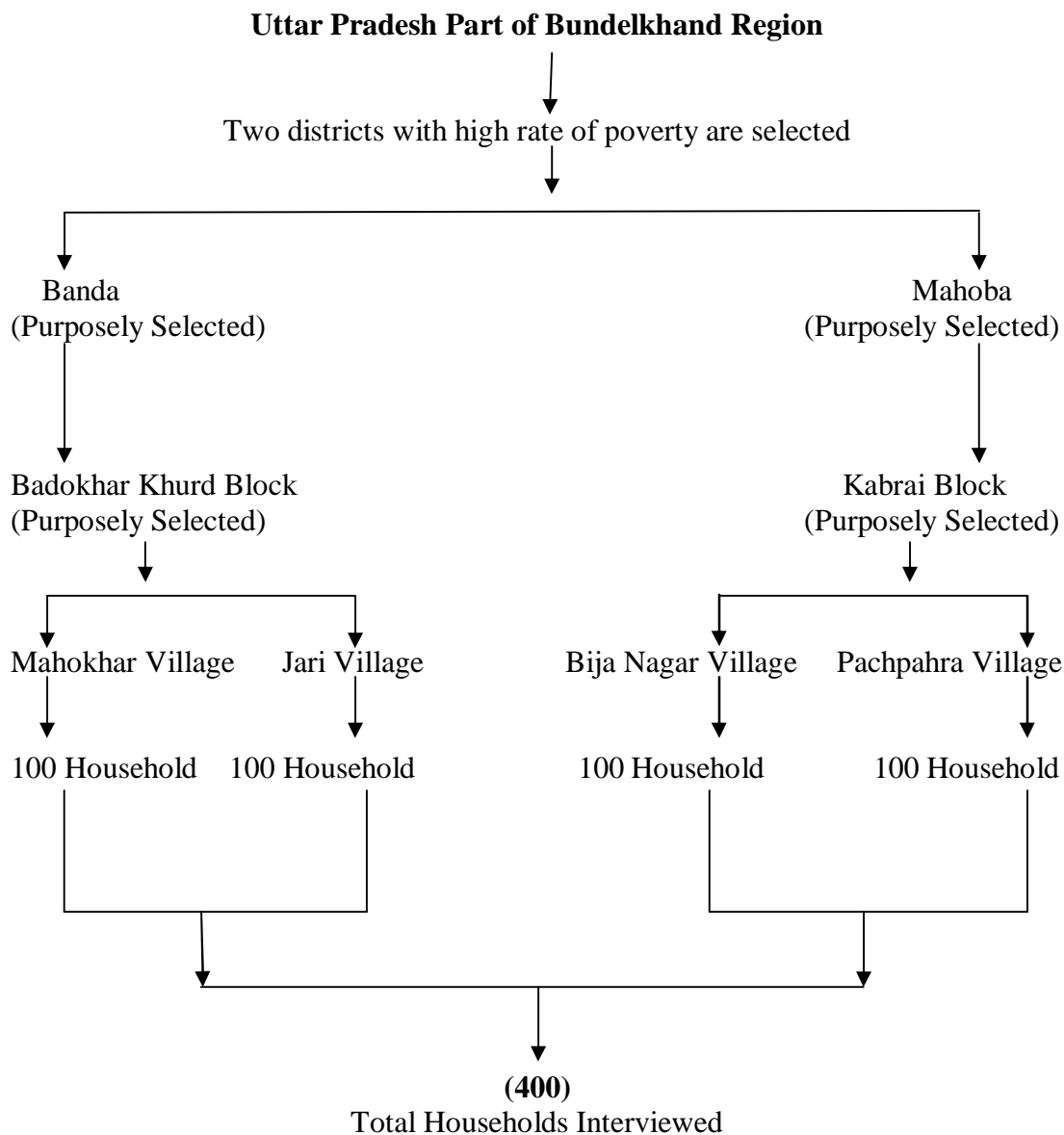
## ***Research Design and Data Collection Techniques***

For the convenience of the study, **descriptive research design** has been used by putting emphasis on both the quantitative and qualitative aspects. Descriptive research design bestows the opportunity to use both quantitative and qualitative method in order to evolve reliable data which helps to identify the various complex and inter-related characteristics of research problem and to derive precise conclusion which may explore the new areas of future research. Thus, the present study focuses on systematic description of poverty, food insecurity and health predicaments in Bundelkhand region of Uttar Pradesh.

To carry out a systematic and comprehensive study of selected area, data has been collected from both primary and secondary sources.

The primary data collected from fieldwork focuses on locals' socio-economic condition, political and cultural profile, awareness about implemented programmes among residents of the area, their satisfaction level etc. For the collection of primary data, **Interview Schedule** and **Observation Method** have been used to derive comprehensive picture of the locale in order to shape-up the study more useful, scientific and simple and meaningfully precise.

Secondary data consists of information gathered from available literature related to subject under study. For the collection of secondary data, reference books, articles, magazines, newspaper, periodicals, journals, policy documents, statistical abstracts of India, annual reports of government departments, published and unpublished research work and different web sources related to study such as H.R.D. ministry's website are used. Survey and mapping of the study area of Banda and Mahoba district have also been done by using remote sensing or state annual report. The comprehensive research design used in the research is depicted below:



### ***Analysis of Data***

A comprehensive approach has been used in the study to collect information. For this purpose, the experts of the field as well as the people who are beneficiaries of the programmes related to poverty alleviation and food and health assistance have been contacted. The study covers the following steps for the procurement of information and data: firstly, the primary information has been collected through interview schedules by asking questions from the selected respondents. In the second step, textbooks, journals, periodicals, magazines, newspapers, published and unpublished materials, Government

reports and web sources etc have been consulted. Lastly, collected data fed into computer for the purpose of consolidation and analysis by using computer software Statistical Package for Social Sciences (SPSS) to obtain the objectives as well as derive inferences.

The present work is divided into seven chapters which includes the last chapter on 'summary of findings and suggestions'. The main focus of this research work is to ascertain the inter-linkage between poverty, food insecurity and health in a region which is engaged in agricultural activities for their subsistence of livelihood. In order to interrogate the above issues, some broad objectives and hypothesis of the study were considered to ascertain the existing condition of the people and the region. Chapter-wise significant findings have been summarized below:

The first chapter entitled '**Introduction and Statement of the Problem**' begins with a brief introduction of the theme focusing on relation between poverty, food insecurity and health predicaments. The pertinent literature review has been done for the theoretical understanding of the issue. Apart from it, the inadequacies in earlier studies, objectives, hypothesis, research methodology and the details of the study region have been described under this chapter.

The major purpose of second chapter '**Social Structure and its Ramifications**' is to know the ground status of the people inhabiting Bundelkhand region. A detailed household survey is carried out to comprehend the socio-economic status of the residents, their cultural beliefs, political dominance and psychological conditions faced under pressure circumstances. The field work establishes that the society is highly caste ridden. Thakur, Lodhi and Yadav are the dominant castes who have hegemonised the socio-economic and political milieu of the region. The main sources of earning for most of the residents are agriculture and labour work. Majority of the population have less or no agricultural land and are mainly dependent upon other rich and influential residents of the region who own a large amount of productive land. Apart from this, most alarmingly the prevalence of bonded labour is still found practiced in the region. About 1.3 percent of total households are working as bonded labour for a very meager amount of payment. Even in cases, they are working without any payment which refrain them to pay back their debt. The above findings negate the government claim that bonded labour is no more prevalent and practiced in India. It's a policy level issue and requires

immediate attention of the governance. Further, findings show that most of the people (40 percent) are uneducated. There is only three percent of population who are found educated up to graduate level. The problem of high level of illiteracy among the respondents has directly affected the economic condition of their family. It has restricted them to work specifically as a daily wage labour with meager payments. Monthly income of large number of selected households is less than Rs. 5,000/- and about one fourth of them are having less than Rs. 2,000/- monthly income which seems very inadequate for survival in conditions of recession and dearness. Therefore, in dearth of sufficient money, it becomes difficult for them to arrange two times meal due to meager income.

The joint family structure is transforming into nuclear family due to migration of residents from the region in search of livelihood. Looking upon the political participation, it is observed that the dominant castes such as Thakur, Lodhi, Yadav, Kumhar etc. have more political influence. They are also socially and economically powerful group and consequently grab most of the economic sources of earning. Thus, a large chunk of marginalized people are deprived from basic amenities and live in poor socio-economic condition. Furthermore, the unavoidable changes in socio-economic aspects have adversely affected the pattern of family's rituals, culture, festivals, worship and beliefs. The significance and importance of family's rituals, cultures and festivals among locals is gradually declining. The socio-economic backwardness has also affected day to day life of inhabitants of the region. Majority of population (more than 70%) are facing the problems of food insufficiency, non-payment of debt, lack of resources to meet marriage and other such ceremonies in family. Due to this, majority of the residents are under tremendous psychological stress. Sometimes bowing down to social, economical and psychological pressure, they try to commit suicide.

The focus of third chapter '**Poverty: Issues and Concerns**' is to highlight various causes concerned with the issues of poverty. It examines the impact of poverty on the lives of inhabitants of the region due to which the problems of migration, indebtedness, food insecurity and ultimately health related tribulations are increasing. Various causes like agricultural dependency, unequal land holding pattern, regular drought, deforestation, unemployment, lack of irrigation facilities etc. are found due to which

poverty is prevailing in the region. Draught as a major cause of poverty has lessened the ecological dependence of locals. Most of the households have faced the problem of crop loss due to the recurrence of environmental catastrophes like drought and hailstorm. Land holding is highly caste based wherein the dominant castes have grabbed the bigger patches of agricultural land. It has excluded the marginal farmers to the level of hand to mouth existence leading many health problems. Irrigation facilities are very poor in the region. Majority of the households (32.2%) are dependent on canal for irrigation which remains dry for most of the time. Overall these causes have pushed the locals into the vicious circle of poverty.

Poverty has created adverse impact on rural employment opportunities, health status, food status, indebtedness, education, social participation and social relations with community members in the society. Due to chronic poverty, about one fourth of the households are unable to send their children to school. Further, poverty has forced majority of locals (28%) to migrate from region in search of employment to secure sustainable livelihood. It has also forced a large chunk of poor farmers (65%) to borrow huge amount of debt on higher interest rate from various sources like local money lenders, banks and relatives. Borrow of money is done for various purposes like agricultural activities, family rituals, health problems and daily needs. The above facts clearly indicate that the people of the area are living under severe poverty. Furthermore, the impact of poverty has also seen on the locals' participation in social functions as well as social relations with others in the society. About 1/4<sup>th</sup> of the poor households never participate in social functions. The reasons attributed are due to indebtedness and feeling of inferiority they prefer remain excluded from social activities. It has hampered the harmonious and cordial relationship in the society.

The fourth chapter '**The Question of Food Insecurity: Nature and Dimensions**' highlights the causes, issues and dimensions of food insecurity due to which the residents are not able to secure sufficient food which is necessary for healthy life. The findings are broadly summarized on three dimensions of food insecurity. The first dimension is availability of food which is a function of food production and is to meet dietary needs of growing population. Data shows that 42% of households report low crop production due to drought and water scarcity. The production of food is not

sufficient to feed all the members of a family and thus the residents of the region are compelled to depend on government run PDS for the availability of food. On micro level, Scheduled Caste households are more dependent on PDS food grains than the General Castes and Other Backward Caste households. More dependency of SCs on PDS is due to the less availability of land and subsequently low crop production.

The second dimension of food insecurity which is taken up for analysis is 'accessibility of food' which is a function of purchasing power. This dimension includes income of household, unequal food distribution in household and consumed quantity of meal in a day by all members of household. The findings of this dimension reveal that monthly income of majority of households (75%) by all sources is less than Rs. 5000/- which has adversely affected purchasing power and reduced the accessibility of food. Discrimination in food distribution is also found at household level due to patriarchal system. It augments food insecurity in families especially for women. In majority of households (67.2%), women take food in the last after serving other male members and children. Females of 1/4<sup>th</sup> of the households admit that they often remain either without food or take less food than required and in most of the cases consume leftover food. Per day meal frequency of the households in a month is recorded and found that about 30% of households are unable to get sufficient nutritional diet. They consume very less calorie than which is required in a day. They are unable to get two times meal per day on a regular basis. Thus, it has led them into a severe food insecurity trap.

The last dimension which creates food insecurity is 'absorption of food'. It is directly related to the ability of human body to absorb the food. It is affected by sanitation, clean drinking water and health care. The residents lack basic amenities in the region such as safe drinking water and sanitized toilets. They are not paying attention to sanitation issues and thus are more prone to health related problems which is influencing their body's ability to absorb the food intake. Therefore, the findings suggest that large chunk of the households (49.2%) are not getting required calorie per day. They are living under the state of chronic poverty with insufficient food or without food and thus are considered as food insecure.

The fifth chapter '**Health Predicament: Issues and Challenges**' is dealing with the issue of health status of the most vulnerable section of the society- women, infant and the aged persons. The prevalence of a number of health predicaments in the study area has been focused under this chapter, which are widely spread due to the prevalence of poverty and lack of food. The issues raised in this chapter substantiate that the frequency of such residents who are falling sick is much higher than other parts of India due to lack of proper nutrition and calorie intake (2400 Kcal per day). The magnitude of poverty in the study area is very high and far-reaching which has a direct bearing on socio-economic exclusion of marginalized villagers. Such socio-economic marginalized people have higher probability of living under adverse conditions and poverty. Thus, poverty is accelerating many health related problems like tuberculosis and asthma (16%), anaemia (11%), malnutrition and physical disability (7%), cholera, pneumonia, diarrhea (10%) etc. especially among pregnant women, lactating mother, infants and old aged persons. The health status of such groups gives an indication of linkages between food insecurity and ill-health. Furthermore, about 1/3<sup>rd</sup> households are unable to provide any kind of special nutritional intake to women during pregnancy. It is creating anaemia problem among women and various health related diseases among infants resulting in maternal and infant deaths. Further, the study reveals that more than 70% of households get treatment either from untrained doctors (Jhola-Chhap) or prefer home treatment. This happens due to poverty or lack of alternative sources of medical assistance. Another interesting fact which surfaced during research is that due to ill health, residents of study area lose their employment days which hamper their daily earnings. Most importantly, they don't have any alternative source of livelihood except getting engaged in daily labour activities. Overall the results clearly show a close inter-linkage between poverty, food insecurity and health related problems. The households which are food insecure are more prone to health related problems.

The chapter six titled '**Implications of Programmes and Schemes**' covers various government and non-government (NGO) programmes and schemes running in the area since recent past to eradicate poverty, provide food security and to ensure healthy life. The chapter analyzes the implications of government and non-government programmes and corresponding level of development in the selected study areas of Bundelkhand. The

collected data from field survey divulges that most of the households have access to Public Distribution System (PDS) which provides subsidized food grains to the poor people. The other most beneficial programme is MGNREGA through which locals are getting employment for the sustenance of their livelihood. The third highly beneficial scheme is found to be mid-day meal. But as a whole, these programmes have benefited only 1/3<sup>rd</sup> of the households of the area. The schemes for social assistance, healthcare, sanitation and housing have not been able to benefit the poor people to the extent required. The study suggests that benefits of the existing government implemented programmes of social welfare have not fully benefited to the people of the region. Residents confirmed that the issues of corruption, inefficiency in the existing system and interference of the local dominant persons are the main attributable reasons for such a dismay condition.

By and large, non-government organizations are not playing active role for the social development and economic welfare activities. However, a small number of household confirmed their presence in the area. They have recognized that NGOs are working for socio-economic welfare and assisting them in accessing various services such as healthcare, employment and training, education and self employment etc. However their role of facilitator to access such services in general has been very ordinary. Majority of the respondents affirm that the role of NGOs in promoting development of the area is unsatisfactory and they are not at all beneficial in their welfare and development by any means. This suggests that the non-government organizations have largely been unsuccessful in assisting the needy people and promoting the welfare and inclusive development of the area. Apart from this, it is recorded that the health camps are not much active. Majority affirm that the health camps are seldom organized and their performance is highly unsatisfactory. Health camps are not completely beneficial in providing better healthcare facilities to the people of the area. Hence, they have largely failed to provide any assistance to most of the population in study area. Thus, it can be said that in the absence of well planned development programs and efficient delivery systems, needy people do not get proper access to the social welfare schemes. As a result, the pace of progress in the region has remained stunted and the poor continue to suffer.

The last chapter ‘**Summary of Findings and Suggestions**’ provides summary of conclusion and major findings of research work. It also recommends the effective measures and strategies having potential to eradicate poverty, provide food security and ensure healthy life to the locals which may help the planner to formulate plans and laws for the development of marginalized, deprived, poverty stricken and vulnerable sections of society.

**Based on the analysis and interpretation of findings of the study, following suggestions and recommendations have been put forward.**

1. The study region is highly drought prone which adversely affects agriculture production. Hence, proper water management programme should be implemented. Rain water harvesting and demarcation of watershed management at micro level may be the most appropriate method for water management.
2. Government should encourage the local farmers to cultivate less water intensive crops like legume, oilseeds, etc. which can be helpful to them in improving their food security status up to some extent.
3. Employment generating programmes should be implemented by the government at regional level so that benefits of growth percolate down to the poor and the downtrodden.
4. There is an urgent need to demarcate the specific groups which are deprived of basic social and economic amenities. Further, group specific policies i.e. SHGs for SCs and non-SC groups should be devised and implemented.
5. There is an urgent need to strengthen the programmes like PDS and Mid-Day Meal in order to improve delivery systems in food based programmes.
6. The social assistance programmes like pension programme should be sturdily implemented by the government to provide economic support to vulnerable people of the region.
7. Government should devise special programs and policies, awareness campaigns, free health check up camps, etc. to ameliorate the health status of locals in the region.

8. Special attention should be given to the protection of health of the most vulnerable sections of the society- the aged, women and children by devising special health care campaigns for them.
9. The health problems like anaemia and malnutrition are commonly found among women and infants due to lack of food intake. Efforts should be made to provide free tablets of Vitamin and Iron through Anganwadi workers and through such other means to protect them from anaemia and malnutrition.
10. Public Health Care System in this region should be improved. More Primary Health Centres and Community Health Centres need to be established with posting sufficient number of doctors and medical staffs.

It is hoped that the above mentioned suggestions and recommendations will go a long way in improving the situation of locals of Banda and Mahoba districts of Bundelkhand region of Uttar Pradesh and reduce the trauma of poverty, food insecurity and health predicaments.