



Empowering The Marginalized: Socio-Economic Status And Gendered Experiences Of Sahariya Women

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ABSTRACT

This study explores the socio-economic development and challenges faced by the Sahariya tribe, with a particular focus on tribal women. It aims to understand the role of Sahariya women in their communities, examining aspects such as gender roles, decision-making power, health issues, and socio-economic conditions. A comprehensive literature review was conducted, covering various studies on the Sahariya tribe, ranging from nutritional vulnerabilities and health disparities to gender dynamics and empowerment efforts. The findings indicate that Sahariya women face significant health challenges, including malnutrition and high rates of anemia, compounded by low autonomy in household decision-making. Educational barriers and poor access to healthcare further exacerbate the difficulties encountered by this marginalized community. Moreover, traditional cultural practices and socio-economic isolation continue to hinder the tribe's overall development. The study concludes by emphasizing the need for targeted, culturally sensitive interventions that address these issues and promote empowerment, health, and economic stability among Sahariya women. The review also highlights potential areas for future research, particularly in the areas of healthcare access, gender empowerment, and economic development strategies.

Keywords: Sahariya tribe, tribal women, socio-economic development, gender roles, malnutrition, empowerment, decision-making, healthcare access, marginalized communities

1 Introduction

The Sahariya tribe, which is an Adivasi people inhabiting mainly in the forest area of Baran district in Rajasthan is one of the least developed tribal communities of India. They have suffered from systemically low income, social marginalization and economic oppression and Sahariya women have been worst affected. Socio-economic status of women in this tribe is defined by gender, tribal, class, and marital status which increases women's oppression and makes it difficult for them to access resources, education and health care (Sharma, 2005; Awasthi, 2017). Despite several government policies and acts for the welfare of the Scheduled Tribes, Sahariya women are still confined with high level of socio-economic risks which does not allow them to come out of their vulnerable condition and be proactive for a better future for themselves and their families (Government of Rajasthan, 2011).

But the Sahariya women are marginalized not only by the caste system but also by gender because the women are supposed to be confined to household work or low wage employment in agriculture or collection of forest produce. These women are solely providers for their households, although they don't own or control land and resources, and remain economically vulnerable to male relatives (Sharma, 2018). Besides, cultural and traditional practices such as early marriage and education standards lower the expectations of girls, they are barred from school to practice household chores or marriage, which has limited Sahariya women's socio-economic mobility (Mohanty, 2013).

The health care delivery system in the area is also suboptimal, and Sahariya women have many barriers to accessing health care. There are challenges in access to healthcare, especially in rural areas, compounded by

poverty and unavailability of means of transport that contributes to poor health, especially maternal and under-five children (Awasthi, 2017). Common diseases such as anemia, malnutrition, and tuberculosis are common, but few of these governments' healthcare programs touch on these women because of geographical barriers and administrative issues (Kumar, 2020).

The study is to examine the socio economic status of Sahariya women with regard to Gender, Tribe, Class and Marital Status. Therefore, the research that will analyze the experiences of 20 Sahariya women will reveal their successes, challenges, and prospects for obtaining resources, education, health care, and employment. This intersectional approach will also help to explain how these factors compound to produce differential access to opportunities and how they continue to be marginalized by structural inequalities (Crenshaw, 1991). By doing this, the study aims at giving information on the nature of risks that Sahariya women face so as to recommend better development policies for their protection. The study helps to enrich the knowledge of socio-economic relations that influence the life of vulnerable populations in India by focusing on Sahariya women's narratives.

Women empowerment is crucial to India's growth. Days of seeing women as 'home makers' have gone, we have to see women as nation builders!

-Narendra Modi

2 Review of literature

In Samonova (2022), the experiences and situation of female bonded laborers from the Sahariya tribe were studied concentrating on the gendered roles and other forms of structural violence. This paper found that these women are double exploited because of their gender and their position as bonded laborers. But, at the same time, it also highlighted the fact that there is some agency and possibility of resistance to such oppression in these structures. The study recommended that efforts should be made to focus on those special needs of these women who are in vulnerable situations.

Nigam et al., (2021) also examined the life experiences of Sahariya tribal patients diagnosed with MDR-TB. The cross-sectional study revealed no education, poor and crowded housing, and limited access to health care as factors that predisposed the Sahariya to MDR-TB. Patients from the male gender had a hard time in their compliance to the regimes because of high pill burdens and side effects. The research recommended the development of a patient-centered model that would address the sociocultural needs of the tribe to improve TB patients' compliance with recommended treatment regimens. The conclusion thus advised on counseling and educational approaches to bring down tubercular burden amongst Sahariya.

Sahariya women's gender roles and decision-making power were explored by Rajpoot in 2021 in Lalitpur district. The study also showed that although the Sahariya women engaged in productive activities in and around the homes and communities, they were decision makers on only trivial issues. This paper established that Sahariya women are productive community members, but more encouragement is required for them to contribute optimally to macro sociocultural and economic development.

In the study by Ghosh-Jerath et al., (2020), the authors concentrated on the diversity of agroforestry and its effect on dietary and nutritional status of tribal women. It also exposed that Sahariya women were anemic and other forms of undernutrition due to poor consumption of micronutrients. Indigenous food consumption and agricultural diversity were found to be lacking as a major factor for these deficits. According to the paper, enhancing indigenous food varieties and enhancing agricultural practices could enhance the nutritional status of Sahariya women.

Nair et al., (2020) discussed the male involvement in the use of maternal health care among the Sahariya tribes. The identified factors that hampered maternal health care utilization included; the levels of traditional gender norms, inadequate access to health facilities, and low levels of health literacy on maternal health. The paper recommended that, there is need to embrace culturally sensitive, and gender responsive interventions in order to increase access to maternal healthcare services and consequently decrease maternal mortality in the tribe. The conclusion therefore stressed on the importance of Politically correct policies that involve men in issues to do with maternal health.

Mónika et al., (2018) cross sectional study on a nutritional comparison between Sahariya women in Baran district, Rajasthan. The result highlighted that Sahariya women were severely anemic and chronically energy deficient with a low hemoglobin level and low BMI than the recommended levels. The study suggested that Sahariya women have a high level of dietary deficiencies and lack proper health care access to highlight the significance of context wise interventions for enhancing their health.

In another paper, (Prakash et al., 2016) assessed the burden of MDR-TB among the Sahariya tribe. The study showed a higher probability of MDR-TB among the Sahariya tribe than among other groups in the population. Some of the factors that were found included; health care access, smoking and socioeconomic status. The research will call for immediate policy actions towards the management of MDR-TB for Sahariya wherein they pointed out the need for better health facilities and health awareness programs.

Srivastava (2016) also looked at a possibility of developing ecotourism as a tool for Sahariya tribes' development in Rajasthan. The research was conducted to support Sahariya cultural and environmental products, especially tourism as an economic venture. The issues raised highlighted the importance of development of workable tourist programmes which will help the Sahariya people to improve their standard of living without affecting the essence of their culture. The conclusion focused on the possibility of the development of ecotourism as a way of changing the economic status of Sahariya people if done so effectively and with concern to the community's welfare.

In particular, Biswas and Kapoor (2005) focus on the age at menarche and menopause of Sahariya women. The study showed that Sahariya women have longer menstrual cycle and shorter reproductive span and the authors explained it to be due to low nutrient intake and poor socio-economic status. The studies indicated that elimination of nutritional deficiencies and enhancing the access to health care could possibly reduce these gaps. The conclusion insisted on the importance of the development of the health care programs due to the specific physiological and socio-economic conditions of Sahariya women.

In another paper, (Bhasin, 2007) gave a general assessment of the position of women from the tribal area of India with emphasis on how they are involved in the question of survival and domination by men. The study also revealed that Sahariya women like women from other tribal areas, reported bearing more burden of work than Sahariya men yet they are not empowered enough to make decisions. The paper found that despite the importance of tribal women to their societies, the gender disparities persist to lock them out of socio-economic enfranchisement.

Using data from the secondary sources, (Patidar, 2018) explored how women's empowerment affected fertility behavior particularly amongst the tribal; Sahariya communities. They found out that women education, women's involvement in decision making and spousal communication were inversely related to high fertility. It was agreed that increasing women's empowerment is an important precondition for making demographic shifts and decreasing the fertility rates among tribal women.

To explore the risk factors related to pulmonary tuberculosis among the Sahariya tribe, Bhat et al., (2017). The survey found out that malnutrition, low income in families and alcoholism/ smoking were the key causes of tuberculosis. The study focused on the aspect of social factors that prevailed in the community and also concentrated on the importance of the multi-sectoral approach that would address the poor quality of living and poor nutritional status of the tribe.

To the knowledge of the authors, (Gupta et al., 2019) was the only study that examined the genetic variability and drug resistance pattern of MTB strains among the Sahariya tribes. This work revealed that the tribe had a high prevalence of isoniazid-resistant tuberculosis, and there is a possibility of the emergence of MDR-TB among the tribe. The findings pointed out the need for various measures such as screening of tuberculosis patients for drug resistance at least twice.

Jaiswal (2015) questioned the ways in which gender and tribes have been studied in the Indian context with special reference to Hinduization and Christianization impacts on tribal women. The study mentioned that tribal women including Sahariya women are experiencing shift in their roles due to socio economic changes. The paper said that while women from the tribes have been socially excluded from various aspects of decision making, they are still culturally and economically relevant within their tribes.

(Prakash et al., 2016) analyzed the burden of MDR-TB among the Sahariya tribe and it was observed that the tribal population had higher prevalence of MDR-TB than non-tribals. The research pointed out that other variables such as smoking and bad housing were important in explaining this difference. These include community level interventions aimed at controlling and preventing the development of MDR-TB.

According to Xaxa (2004), women in the tribal society were given a higher status than the women in the main society in India. But this study revealed the cultural and social transformation of the tribal societies that has evolved and changed gender and women. It was important to undertake gender issues in the context of development concerns in the socio-economic status of tribal regions.

3 Methodology

This research employs both descriptive and analytic research techniques as part of a dual research methodology in order to gain a broad picture of the socio-economic and cultural factors that surround Sahariya women. Descriptive research method was used to systematically describe and present the socio-cultural profile, economic status, health and hygiene, and developmental effects on Sahariya women. In this way, the study also gives a big picture of their socio-economic and cultural environments while at the same time focusing on the details of their lives.

At the same time, analytical research was employed in understanding and making sense of various socio-economic factors in the development of Sahariya women. This analytical part enables us to make hypotheses about the influence of governmental programs, education, medical facilities and constitutional rights on the empowerment of Sahariya women. The work was designed to identify contingencies to establish an understanding of how various factors in socio-economic environments and government policies affect the Sahariya women's development and self-governance.

That is why both descriptive and analytical research methods made it possible not only to describe the conditions in which Sahariya women exist today but also to analyze the factors that facilitate or hinder their socio-economic development. This broad approach helped to build a strong foundation with reference to the situation of Sahariya women and to evaluate the impact of the developmental schemes and policies for the better future of the women of Sahariya.

4 Sample Area

The present study was carried out in the Baran district of Rajasthan with special reference to the Sahariya tribe. The two main tehsils which were selected for the purpose of this study were Shahbad and Kishanganj, where the Sahariya population is denser. Two villages – Amroli with 164 families and Kherla with 108 families in Kishanganj tehsil were chosen for detailed study for the purpose of understanding the socio-economic and developmental issues of Sahariya women.

There are 329 Sahariya women in the Amroli village and 242 Sahariya women in the Kherla village. The total population of women for the study was 244 women, and 20 women were selected for narrative analysis. These women were chosen in terms of age, marital status, education, socio-economic status and other parameters so as to get a cross-sectional sample of Sahariya women.

The selection of the study area was informed by a relatively high population density of the Sahariya people, thus ensuring a wealth of information would be collected on their socio-economic status and the effects of development programs on Sahariya women.

The method used in data collection for this study was therefore carefully and thoroughly designed to enable the collection of credible and all-inclusive information on the socio-economic status and upliftment of Sahariya women. The following methods were employed:

The first and principal way of data collection was qualitative in nature through carrying out interviews with Sahariya women. This approach allowed for flexibility in questioning while maintaining focus on the core themes of the study: income level, health, education and effectiveness of government policies and programmes. All the interviews were done in the local language so that the women could explain themselves in the best way. All the interviews were conducted with the permission of the women and recorded and transcribed for further analysis.

For the selected 20 women, a narrative approach was used for the study. This method included detailed and comprehensive description of individual accounts of socio-economic issues, health, education and power. These narratives offered an enriched and realistic view of the more general issues and problems that were revealed through the study.

The data were analyzed using an intersectionality lens that focused on how gender, tribe and economic status impacted on Sahariya women. This approach enabled the study to examine how different dimensions of exclusion work in concert to determine the socio-economic status of these women. Intersectionality was applied to develop a picture of various situations in the Sahariya community: the aim was to get a better picture of their struggles.

Interviews and focus group discussion results were analyzed based on certain themes including healthcare, education, employment, socio-economic status and Empowerment. For easy comparison of the findings, a detailed table was created with relevant quotes from the women, their experiences and their socio-economic status based on the intersectionality approach. The table also incorporated supplementary sociological theories to contextualize the results. The research techniques adopted in the study provided a rich understanding of the socio-economic status, health, and development of Sahariya women, which forms the strong underpinning of the analysis and recommendations.

5 Socio-Economic Status of Sahariya Women

Socio-economic status of Sahariya women is a complex of such factors as illiteracy, lack of employment opportunities in the formal sector, and conservative attitudes to women's work. Literacy education in particular is still a major problem among Sahariya women. Many cultural practices tend to have the youthful girl child attend school only to be forced to drop out and stay and work at home or in the fields. A vast majority of Sahariya women are illiterates or have the lowest level of literacy as compared to the national literacy rates, and the majority of them have never attended school. Despite these interventions by the government,

education programs among the tribal population has remained weak due to the isolated nature of the villages, poor infrastructure and weak social practices (Sharma, 2005, Government of Rajasthan, 2011). Even the few women fortunate enough to receive some education never go beyond the primary level of education and college education is almost unheard of.

The majority of Sahariya women are employed in agricultural and other low paying jobs that allow little economic freedom. Most of them are employed as farm hands on the large tracts of land owned by rich landlords or moneylenders earning far below the minimum wages prescribed by law (Sharma, 2005). The exploitation is glaring in the fact that they are paid as low as Rs. 50 per day while the government has set the minimum wage at Rs. 78. Their work is not only cyclical but often depends on the condition of male relatives because women are expected to simultaneously perform household tasks and contribute to farming. They own little land; in fact only about 4% of the women have any land at all in their individual capacity; this is another way through which they lack financial control and decision making in their homes (Sharma, 2005).

Sahariya culture is rigid with traditional gender roles being very much in force in the community. It is common to find that women are the ones who are charged with responsibilities to prepare food, wash dishes, care for children, and collect water which may be drawn from sources which are many miles away. Despite the fact that they have a major contribution in preservation of cultural practices especially through organizing of cultural activities such as festivals and religious events, their involvement is not acknowledged in leadership and decision making affairs (Sharma, 2018). Patriarchal authority is in evidence, with men assuming the role of household and community heads while women are decision-makers on issues to do with land, money and fertility. Yet in the family and community where Sahariya women are indispensable, they remain unrecognized and excluded from formal decision-making structures (Sharma, 2005).

6 Analysis of Socio-Economic Challenges Specific to Sahariya Women

The socio-economic problems which Sahariya women encounter are many and are strongly rooted. The main issues include poverty, about 70% of Sahariya families are in debt (Sharma, 2005). This economic difficulty is compounded by the limited access to well paid and sustainable employment for women, who work in cyclic and low paid jobs in agricultural sectors. The other income they get during the off season of agriculture is from the minor forest produce like mahua flowers, tendu leaves etc which gives them very little income (Kumar, 2020). Women are locked into agriculture due to lack of other sources of employment, are trapped in informal employment and are easily exploited by landlords and moneylenders and end up in debt bondage as noted by Sharma (2005). Their economic precarity also compels them to generate income for their households as soon as possible; girls drop out of school to cultivate crops or look after their siblings (Mohanty, 2013).

Another main issue for Sahariya women is the main problem they face which is the access to health care, which is worsened by their isolated existence. The problem of inadequate and inaccessible health care is especially evident in many villages where basic facilities may not be readily available; or if available, are not easily accessible because of lack of transport or are too expensive (Sharma, 2018). Consequently, the Sahariya women developed diseases that are untreated, malnutrition and poor maternal health. Pregnancy and childbirth complications remain high because most women cannot consult with professional health care practitioners or even receive prenatal care (Awasthi, 2017). Some of the habits include poor hygiene because of lack of clean water and hygiene facilities which add to diseases. These are not isolated diseases but are products of power relations that adversely affect the socio-economic status of Sahariya women where absence of medical facilities in their region is symptomatic of their poor status (Sharma, 2005).

Education likewise perpetuates poverty and socio-economic marginalization of Sahariya women as well. Sahariya women are illiterates as compared to the literacy rate of the entire country and many of the girls drop out from the school at the early ages (Census of India, 2021). Education is generally considered unessential for girls in order to stay at home and help with household chores or with farm work (Sharma, 2018). It is culturally acceptable to educate boys and girls who are deprived of their right to education as many families do not see any need to educate their daughters, again there are few schools and most of them are situated far from the villages and there are no means of transport (Government of Rajasthan, 2011). For children who go to school the education quality is very low, schools are poorly equipped and the teachers cannot speak the Sahariya language. This coupled with very poor educational facilities makes dropout rates high especially for the girl child who is also at high risk of early marriage (Sharma, 2018).

Last but not the least, Sahariya women, although they live in their respective communities, they are socially isolated from others as well as to their own community members. Sahariya women are considered as a member of the Scheduled Tribe and therefore they are subjected to dual forms of exclusion. They are usually socially and politically marginalized due to their tribal origin, and have restricted vote rights and do not qualify for government's social security schemes (Sharma, 2005). In their own societies women have limited opportunities to move up since the societies are patriarchal and women are expected to do certain things and they cannot participate in decision-making processes within these societies (Mohanty, 2013). This exclusion

is aggravated by caste discrimination which in addition to excluding them from other groups in the region (Kumar, 2020). Sahariya women also suffer from gender discrimination as they are confined to domestic activities and child-rearing, and are socially excluded from education, health and employment (Awasthi, 2017). Gender and tribal both are the axes that keep Sahariya women at the lowest stratum of society where it becomes very difficult for them to break the cycle of structural discrimination (Sharma, 2018).

7 Narratives of Sahariya Women: Experiences and Voices

Kamla is a 35 years old woman from Amroli village and she has never had any chance to attend school. Since she was the firstborn girl in the family, she had to contribute towards the housework from childhood; she was never at school. She is now a farm worker and during the farming period she is paid between Rs 50 and Rs 60 per day. Her husband is also a laborer and they earn just enough to feed their family. Kamla has not been a very healthy woman in the recent past. She has chronic anemia and other illnesses but cannot afford to go to the doctor due to cost and distance to the nearest health facility. "Sometimes I feel weak and often get dizzy," Kamla adds. "But how can I go to the clinic? We only have barely enough for food and the doctor is very far away." For Kamla, healthcare access is nearly impossible due to her poverty, gender and tribal background. Sahariya women especially in her community are socially excluded and denied their basic needs of social service. In Kamla's story, poverty, gender and health care are experienced in their various dimensions. Her story is illustrative of the larger problem of Sahariya women in accessing health care because of socio-economic factors. Despite Kamla being the breadwinner of her family, her tribal background and poor economic status still deny her and her family basic services, thus a cycle of poverty and ill health.

Rani, 28, is from Kherla village; she has been privileged to go to school among all the women in her community but dropped out in 5th grade. "I used to love going to school," says Rani. But my parents said I need to do something at home. They felt they could not keep me in school anymore." This is the usual fate of the Sahariya girls like Rani who are forced to drop out of school and help their mothers in the households. After marriage they had a daughter and Rani now works in the fields during farming season as a casual laborer and gets paid very little amount of money. In the winter she goes to the forest nearby to collect the tendu leaves which she sells at a small profit or the mahua flowers. Rani aspires to send her daughter to school but her husband and other members of the family demand her to work at home and educate their daughter as a housewife. "They say education for girls is a waste of time, but I want a better life for my daughter," Rani says. Rani's story shows the aspects of gender inequality in education. Her case reveals the cultural and economic factors that deny girls in Sahariya community access to education. Even though she herself wanted to continue her studies, the traditions of the male domination and poverty of her family did not allow her to go back to school and she fears for her daughter the same now.

Laxmi, 40 year old woman from Amroli village is a widow, her husband died four years ago. The death of his husband has left her with three kids and having to work in the nearby stone quarries in order to feed the family. "It is very hard work," Laxmi added. "I wake up in the morning until evening but the money is not adequate." She gets approximately Rs. 50 per day wage which is insufficient for her family's food expenses. Laxmi is a vulnerable woman in the community because she has lost her husband. Having lost her husband, she cannot till the land which her husband cultivated; the land has been occupied by male members of the family. 'I do not own this land,' says. "My sons should be the ones to provide for me." Due to this, Laxmi does not have any land of her own and has to depend only on labor to make a living. She added that her eldest son 16 years has withdrawn from school to contribute to the income of the family, which Laxmi regrets as she wanted him to complete his education. This paper argues that widowed women in Sahariya communities remain economically vulnerable as seen through Laxmi's experience. She shows how women, especially widowed ones, and categorized by their caste, have little to support them, socially or economically. Given the fact that men in Saharian society dominate in ownership of land and other economic resources, Laxmi's position as a widow shows how Sahariya women are further discriminated against in their own society.

Sita is now 22 years, and she was forced into marriage right from being 16 years of age. Like most girls of her age in her village, she had to drop out of school early, at 3rd grade in order to work around the house. I asked her: 'Even when you got pregnant at the age of sixteen, you claim that you didn't have a choice?' 'My parents had set up the marriage and after that it was up to me to take care of my husband and his family'. Today, Sita stays with her husband and two young children. She is a small-scale home-base business woman who makes handicraft products such as jewelry and pottery for sale in the local market. However, she earns very little and her husband earns his living in the neighboring town and thus the responsibility of children and the house falls to her. "I attempt to make a few extra bucks," she responds, but it is a challenge when you have two children to take care of. Sita's everyday challenges represent modern early parenthood and the issue of work and employment for women. Sita's case explains the effects of early marriage on Sahariya women. The story proves that the conventional gender roles and lack of resources push young women into housework thus

denying them education and growth. Despite the fact that Sita has tried very hard to open her business, her life revolves around marriage and motherhood, and she has no opportunity to build her career.

Meera is a 45 years old female leader of Kherla village and a women's rights activist. Even without education, Meera has taken personal responsibility to convene community meetings to discuss issues affecting the Sahariya women including health care and education. She said, 'I may not have gone to school but I know what our women need.' We require healthcare, we require education, and we require support. Meera is a leader among women in her village, many women go in search of her advice in matters of health or economics. She has also managed to campaign for the provision of a small clinic in the village but health care is still a challenge in the said area. Meera remains actively campaigning for more resource and service delivery for Sahariya women because she knows that if women are empowered the community will be empowered. The experience of Meera shows that the community engagement can enable Sahariya women to come out of various socio-economic constraints. This role shows that for women in her community, grassroots organization is key in dealing with challenges they meet. Despite her illiteracy, Meera's social leadership is evidence of Sahariya women's ability to join together for the common good and effect positive change where they live.

Radha is 30 years old and is a farm worker in Shahbad tehsil along with her husband to feed the family. She has four children, the last born of her, was born with some physical impairment. "It is difficult to care for him and also work at the same time," Radha added. Her son has a special need that demands his visits to the nearest clinic, which is about 20 kilometers away. In the case of the third protagonist, the woman tells the audience that, "We can't afford his treatment." "We just hope he will get better."

Based on the account of Radha, this paper discusses the combined effects of poverty, gender, and disability. Nevertheless, she still works several hours a day meeting the family needs but being a mother of a chronically ill child gives her an extra load of stress and financial hardship. This problem is the absence of social services for disabled children and therefore, her family continues to grapple with these issues despite the Marijuana using father being employed and the mother having a high paying job as a nurse and Radha is thus left to cope with most of the parental care responsibilities. Gita, now 50 has been the village midwife for more than two decades. She never attended any school but she has helped in the delivery of many babies in Kishanganj tehsil. "My mother taught me," Gita says, "And now I am teaching the women in the village". She is always busy as formal health facilities are many miles away and out of reach financially for majority of families. Gita earns her livelihood by acting as a midwife, and thus she enjoys somewhat a high social status in the community but due to her husband's death; she is a financially disturbed woman. She tends small portions of the land in order to earn a living for herself. This case shows the role of indigenous knowledge in the Sahariya tribe with the clinical care to which they are underserved.

Pooja had a baby when she was 17 years old, she got married at the age of 15. She never went to school and left her studies after second grade; now, she resides with her husband and his parents in Kherla village. Pooja nods slowly: "I was too young to be a wife." However as my parents pointed out it was time to do so. She suffers from daily use of utterances and physical force by her husband, who is always a drunkard and a spendthrift. Pooja's story of early marriage, domestic violence, and low income gives insights into the influence of early marriage on the lives of women. No school education, poor family background and, therefore, little support in the struggle for existence, she continues facing violence and poverty, attempting to feed herself and her child.

Aarti, 34 years old and resides in Amroli village, is one of the few women working in the area is collection of forest products. In the off season she gathers tendu leaves, mahua flowers and bamboos for selling them in the local markets. She said that it is a tough job but it assists people in making a living whenever there is no farming. The income from the products from the forest is not very high but during hardships Aarti has been able to feed her family. But she struggles with middlemen who offer to purchase her products at a very cheap price, which does not make much profit. The economic aspect is seen in regard to Sahariya women that Aarti has described, their inability to sell their products due to local market exploitation.

Reena, 37, has been working in stone quarries for more than ten years, but the health of workers in these industries is poor. She has been newly diagnosed with tuberculosis, she is often overwhelmed with physical requirements of her work. "I can't stop working," Reena says. "If I don't work, my children will not eat." This sickness is familiar to Sahariya women, especially those Reena who work in dusty conditions, as she does. She has no access to good and quality health care and as a result her condition is deteriorating on a daily basis. Sahariya's experience is an example of health hazards of low wage employment and no access to healthcare for women working in dangerous environments.

Sunita, 25 from Kherla village said 'Now I have dreams to start my own tailoring business'. Sew, she says, I've always loved sewing. "I sew dresses for my children, but now I want to sew for other women as well." However,

Sunita fails to get money she needs to buy a sewing machine and establish her own business. "We almost don't have that to buy food," she says. This seems to be typical of many Sahariya women like Sunita who hope to have a better future economically, but are constrained by poverty. Her gender and economical position also do not allow her to fully access resources in order to grab those opportunities.

Savita, a 42 years old woman, has been struggling for her right on the land for several years. "This was my father's land he left us," she says and looking at her brothers, "but when father died they grabbed all we had." In the case of Shahbad tehsil, the female does not have any legal rights on the property and it is transferred from father to son. Savita has attempted to reclaim the land she inherited only to be stopped by her family members and local government. Her case represents the areas of Gender, Land and Tribal issues since women in most of the societies are denied ownership of the land and a say in what happens to it.

Mala, 48 years old, is an elder of the Amroli village because of her contribution in arranging the festivals and ceremonies. This she informs cultural consciousness especially the dance and storytelling of the Sahariya community. "Our culture is important," Mala says. There are people in this world who has to be taught, and we cannot afford to let the young ones leave this world without knowing all that they need to know. As a cultural figure she has earned the respect but she also knows that there are economic issues with the people of her community. "What we need is education and health," she says. These things are also important besides culture. Thus, the provocative topic of the conflict between culture and socio-economic development is considered in the story of Mala.

Prajakta, 33 years, had to deal with the abuse in the marriage and a husband who was physically violent towards her. "He would beat me, but I had nowhere to go," she says. "I believe it was my responsibility to remain here." Shanti also escaped from an abusive relationship with the assistance of a women organization in the community and currently takes care of her two children finding a job. She continues: "It wasn't easy." "But I had to do it for my children." Shanti's story describes her journey towards becoming an empowered female. She suffered social isolation but she came out of the cycle of violence and now she is a crusader for other women like her. The features of her story concern the connection between gender, domestic violence, and social support.

Anita is 38 years of age and practices seasonal farm employment to feed her family. "But during harvest, we can earn enough to feed ourselves," she says; "the remainder of the year is tough." Unfortunately, for Anita and her family their income is seasonal and they take very little money to sustain themselves during the off season. "We have to borrow money just to buy food," she added. Anita recollecting her life shows the economic exploitation of Sahariya women who are forced to work as laborers during the season. The lack of stable employment not only keeps her and hundreds of thousands of other women in cycles of debt and poverty.

Chanda, 29 years, is a resident of Shahbad tehsil and is married with three kids. All of her children have malnutrition, which is quite rife in her village. He said: We attempt to give them food but there is not enough she said. The family engages in subsistence farming and domestic works with the little income they get from their small plot of land and the little earnings from doing small domestic works they are often forced to go to bed with an empty stomach. Chanda's story also focuses on how poverty hinders wage earners, like Sahariyas, and also the limitation in access to food causes health deterioration in the camps. All her efforts to feed her children fail and malnutrition becomes a constant problem to her children's growth and development.

Nirmala, 47, recently turned into a health activist in her village as she lost her youngest child to an easily curable illness. "My child died because we could not afford a doctor," she said. "But now I ensure that other women should seek help." Nirmala has mobilized local women who go out on streets protesting for improved health care in their community and campaigns on issues of hygiene and sanitation. From the life history of Nirmala, it is clear that there is a need for community based advocacy to enhance the health of women in Sahariya societies. This work shows that it is possible to bring change through cooperation while presenting the numerous challenges Sahariya women face.

Kavita, 32, is one of the rarest females in Kherla village who acted according to the MGNREGA (Mahatma Gandhi National Rural Employment Guarantee Act). Thanks to this government program, she can be paid for her labor during 100 days each year, and her family has a more stable income. At least we can say that Kavita never looks for any excuse to reduce the portions that she gives to the children saying, "It's not much, but it helps." However, she is part of this program and she still frequently has to wait for her wages for a long time. He said, "We work, but the money does not come on time," she said. The case of Kavita shows the possibilities and problems with governmental plans for the improvement of the lives of tribal women, where red tape works to nullify the positive impact of such schemes.

Mother of two's, Rekha 36 years has been campaigning for access to clean water in her village. It is now for example common knowledge to hear a lady say and I quote "Our children are getting sick." The people require

water that is clean, however the wells available to them are dirty. Rekha has had a sit down with the local authorities to discuss the implementation of change, however little has been done. They even promise, but nothing changes," she says. The case of Rekha is an example of how the issue of environmental health is a problem of poverty. This is typical of the struggle that Sahariya women experience in accessing basic needs which play crucial roles in the current society.

Seema is 50 years old woman who has mastered most of the traditional Sahariya arts of pottery and weaving. Every day she imparts the skills she has acquired in a lifetime to young women in her village. "These skills should not be lost," she says. "It's part of who we are." In her story, Seema underlines the cultural maintenance function of Sahariya craft, which for them is not only the business but the way to maintain cultural heritage. However, the economic reality of her community does not deter Seema from passing down the conventional wisdom.

These 20 narratives give a glimpse into the multiple and cumulative vulnerabilities that Sahariya women experience. From poverty and health care facilities to domestic violence and cultural identity, their stories are a cross-section of Sahariya women and the conditions they encounter in everyday life. These voices provide insights into the complexity of the multiple oppressed experiences but also into the subjects' capacities and struggles for improving their lives and their people's situations.

8 Intersectional Analysis

Theme	Key Findings	Examples from Women	Other Women Sharing the Same Experience	Intersectional Analysis	Supporting Theories
Economic Marginalization	Low wages and irregular employment in agriculture and forest product collection limit economic independence.	Kamla works as a laborer earning Rs. 50 per day, struggling to provide for her family.	Laxmi, Aarti, Anita	Gender and class intersect, as Sahariya women are confined to low-wage agricultural and informal labor sectors, where their tribal identity further marginalizes them, leading to poor pay and precarious work conditions. Age and marital status also influence vulnerability, with widows like Laxmi facing greater financial insecurity.	Intersectionality: Gender, class, and tribal identity combine to restrict Sahariya women's access to economic resources.
Access to Education	Gender norms and economic constraints prevent Sahariya women from accessing formal education, limiting job prospects.	Rani had to drop out of school after 5th grade, and now struggles to send her daughter to school due to financial constraints.	Sita, Kavita, Pooja	Gender and class intersect to limit educational opportunities for Sahariya women. Early marriages and patriarchal expectations force girls to drop out, while poverty exacerbates the	Cultural Reproductive Theory: Economic constraints and gender norms perpetuate cycles of poverty and lack of education across generations.

				lack of access to educational resources. Women in younger age groups (e.g., Rani, Sita) face more direct pressure.	
Healthcare Access	Sahariya women face poor access to healthcare services due to remote locations, poverty, and lack of government support.	Kamla cannot afford to visit healthcare centers for her chronic anemia, despite her worsening condition.	Reena, Chanda, Radha	Class and tribal identity intersect, as Sahariya women are geographically isolated and unable to access affordable healthcare. Gender further marginalizes them, as they are responsible for caregiving but lack personal healthcare resources, leading to physical and mental health deterioration.	Social Determinants of Health: Economic, geographic, and gendered factors limit access to healthcare services, exacerbating health inequalities for Sahariya women.
Impact of Widowhood	Widowhood increases financial and social vulnerability, as women lose access to land and family support.	Laxmi lost her claim to land after her husband's death, leaving her dependent on quarry labor and support from her sons.	Kamla, Shanti	Gender, class, and marital status intersect, with widows experiencing the greatest economic insecurity due to their lack of land rights and social support. Patriarchal norms dictate that women's access to resources is tied to their husbands, deepening the financial strain after their spouse's death.	Feminist Economic Theory: Widowhood reveals how economic dependency on male family members deepens gender-based inequalities.
Early Marriage and Motherhood	Early marriage forces young Sahariya women into domestic roles, limiting their	Sita was married at 16 and dropped out of school to care for her husband and children, limiting her	Pooja, Rani, Sunita	Gender and age intersect, with early marriage confining young Sahariya women to domestic roles,	Structural Inequality Theory: Gendered norms and class-based financial pressures

	education and economic opportunities.	ability to earn an independent income.		thus curbing their access to education and employment. Class further marginalizes them, as poor families see marriage as a financial necessity, perpetuating cycles of economic dependency and limited mobility.	force women into early marriage, which limits their personal and economic development.
Domestic Abuse	Domestic violence is widespread, and women remain trapped due to financial dependence and social stigma.	Shanti endured years of abuse before finally leaving her husband with the help of a local women's group, though she still faces social stigma.	Pooja, Kamla	Gender and tribal identity intersect, with Sahariya women experiencing high rates of domestic abuse and few escape routes due to class-based economic dependency . Social stigma also prevents women from leaving abusive relationships, exacerbating their social and economic isolation.	Cycle of Violence Theory: Economic dependency and lack of social support perpetuate domestic violence and limit women's ability to escape abusive relationships.
Cultural Preservation vs. Economic Needs	Sahariya women are responsible for preserving traditional cultural practices, but face pressure to prioritize economic survival.	Meera plays a key role in preserving the cultural heritage of the Sahariya tribe while also struggling to improve the economic conditions of her family and village.	Mala, Seema	Gender and class intersect as Sahariya women are tasked with preserving cultural practices while also grappling with extreme economic insecurity. The pressure to maintain traditional roles can conflict with their need to engage in income-generating activities, particularly among older women.	Cultural Capital Theory: Sahariya women's roles as cultural preservers highlight the tension between maintaining traditions and achieving economic empowerment.

Motherhood and Child Health	Poor maternal health and limited access to child healthcare result in high rates of malnutrition and disease among Sahariya families.	Chanda's children suffer from malnutrition, as her income is insufficient to provide adequate food and healthcare, exacerbating her stress as a mother.	Radha, Reena	Gender, class, and age intersect, with Sahariya mothers facing extreme pressure to provide for their children's health and nutrition despite inadequate income. Tribal identity marginalizes these women further, as government programs rarely reach remote Sahariya villages.	Maternal Health Theory: Gender and economic marginalization combine to negatively impact maternal and child health outcomes, creating cycles of poor health.
Entrepreneurial Aspirations	Some Sahariya women dream of starting small businesses to gain financial independence but lack access to capital and support.	Sunita dreams of starting her own tailoring business but lacks the funds to buy a sewing machine, leaving her financially dependent on her husband.	Sita, Gita, Kavita	Gender and class intersect, as Sahariya women have entrepreneurial ambitions but face economic and social barriers to achieving independence. Tribal identity further marginalizes them from accessing business resources or financial assistance available to women in more connected areas.	Empowerment Theory: Financial independence through entrepreneurship is hindered by economic, social, and geographic constraints, particularly for women in marginalized tribal communities.
Land Ownership and Rights	Sahariya women rarely have legal claims to land, leaving them dependent on male relatives for access to property and economic security.	Savita fights for her right to own land, which was taken from her by her brothers after her father's death, reflecting the challenges women face in land ownership.	Laxmi, Kamla	Gender and tribal identity intersect to exclude Sahariya women from land ownership, with patriarchal customs dictating that land passes through male heirs. This further entrenches	Land Tenure Theory: Patriarchal inheritance systems and tribal marginalization prevent Sahariya women from owning land, deepening their

				women's class-based economic dependency and limits their ability to achieve financial security.	economic vulnerability
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9 Discussion: Intersectional Analysis of Sahariya Women

9.1 Common Themes:

- Economic exclusion is a common theme as the majority of the Sahariya women are either employed in menial, insecure paid agriculture work or are engaged in informal sector activities like collection of forest produce. Tribal and low income are correlated in a way that hinders them from getting well paying jobs or even employment at all.
- Patriarchal values dominate their position in the society and although early marriage, child bearing, and child rearing responsibilities hinder them from schooling and wage employment, many of them stay at home. This results in high levels of indebtedness to male relatives especially where the woman is a widow or in an abusive marriage.
- Healthcare, again, remains challenging due to issues of geographical accessibility or affordability, together with male dominance. It is a woman's role to take care of the sick but she does not have the individual health care equipments to use in attending to her sickness or that of her children.

9.2 Diverging Experiences:

- The marital status of Sahariya women shows a drastic influence on their experience of life. The problems of the widows such as Laxmi are much worse as they've never owned land and are deprived of any support from society; married women Sita and Pooja are victims of early marriage and violence by their husbands.
- Gender has also influences, with young female such as Rani, Sita, student and working in search of education and employment while mature women like Meera and Seema more prioritize traditions, being heads of community. As much as elder women might have more say in the running of the households they still struggle economically.

9.3 Access to Resources and Opportunities:

- Social and ethnic stratification restricts Sahariya women's opportunities to earn money, to be educated and to receive medical assistance. They are part of an indigenous and socially discriminated population, which means that they cannot access many governmental and financial services as well as healthcare facilities that a non-indigenous Adivasi can.
- Gender norms take it a notch higher since women are expected to stay home and cater for the home needs than engage in any self improvement process. It is even more apparent in the stories of early marriage and motherhood where young women such as Sita and Pooja are confined to early motherhood denying them education and job market opportunities.

The study shows that Sahariya women are multiple marginalized in terms of gender, their tribal origin, their class, and marital status. All of these factors cumulatively result in massive hurdles for young women seeking economic autonomy, adequate health care, and education that otherwise perpetuates poverty and lack of social inclusion. Though there are some female leaders such as Meera and Seema, majority of them are confined to social responsibilities restriction due to social injustice which slows down individual and economic development. Mitigating these concerns requires approaches that recognise Sahariya women's multiple vulnerabilities and aim to increase their access to facilities for resource, education and health.

10 Discussion

The results of this study in terms of the socio-economic position of Sahariya women reveal a gendered, classed, tribal, and marital subject position. They found that the analysis unveils the main structural factors that have contributed to their social exclusion. Some of the current research works such as Samonova (2022) and Rajpoot (2021) also give comparative understanding of the problems of Sahariya women regarding bonded labour, gender exploitation, and decision making power.

Samonova (2022) studied the situation of the female Sahariya tribe bonded labourers and pointed out the fact that these women are oppressed on two fronts: that of women and that of bonded labour. This corresponds with the findings of the current study, which revealed that Sahariya women are limited to low wage employment sectors that offer little or no decision-making power. The combination of gender and economic oppression was evident in stories like Kamla's and Reena's where they remain trapped in abusive employment

situations by economic subjugation of women by male partners. This call for intervention to break down these oppressive structures is also supported by Samonova's work, because our study also advocates for gender-sensitive policies that would address the complexity of oppression that Sahariya women face.

Sahariya women's inability to make decisions is another important concern highlighted in both this study and Rajpoot (2021). In her study, Rajpoot found out that while Sahariya women are highly involved in performing household chores and are active members of their community, they are relegated to only minor household decisions with the major socio-economic decisions made by the men folk of the family. This is in concordance with Sita and Shanti's stories where they said they were powerless within their households to make decisions that would affect their own lives and those of their children. Like Rajpoot's work, the present study suggests that empowering programs which enable Sahariya women to make decisions within their households and at the community level are necessary.

It was also seen that health inequality became an important issue in the study where Sahariya women had poor health access. Chanda's and Radha's stories of poor nutrition and long-term diseases are not an exception as the findings of Mónica et al. (2018) and Nigam et al. (2021) suggest. Sahariya women are suffering from severe anemia and chronic energy deficits due to low dietary intake and restricted health care access, according to Mónica et al. In the same vein, using a cross-sectional study design, Nigam et al. (2021) stated that the Sahariya tribe has a high incidence of multi-drug resistant tuberculosis (MDR-TB) due to poor living standards, and poor access to healthcare. These studies reaffirm the criticality of integrated models of healthcare approach, including nutrition awareness, periodic health screening and improved access to health service facilities in Sahariya dominated areas.

In addition, maternal health concerns were also evident since Sahariya women have restricted access to maternal health care services. The work by Nair et al. (2020) Male involvement in maternal health: A qualitative study in Sahariya community of Bihar, India explored that traditional gender roles, facility-related barriers, and perceived knowledge barrier are some of the factors which hinder Sahariya women from using maternal health care services. This is reflected in stories like that of the women such as Radha who lack the means and access to health facilities to provide proper care to children. According to Nair et al. (2020), there is a need to develop gender targeted communication interventions that involve men in issues to do with maternal health in order to enhance uptake of maternal healthcare services. This is in conformity with the suggestions made in this study and which advocate for community based health promotion and gender sensitive policies to improve maternal health among the Sahariya.

As for the economic enfranchisement, Sahariya women have many obstacles, especially in the sphere of enterprise. As mentioned by Ghosh-Jerath et al. (2020) the dietary profile and nutritional status of Sahariya women depends on the availability of agroforestry products. Better agricultural practices and encouragement of locally-grown foods could not only better nutritional results but also pave the way for new income-generating activities for Sahariya women. Sunita and Seema's stories of wanting to start their own shoe shops are a testament to economic activities that foster microfinance, vocational training, and cooperative support for women to escape the poverty trap and dependency.

However, the part that traditional beliefs and customs have in the lives of Sahariya women cannot be underemphasized. As it was with Meera, women negotiate their position between economic hardships and being carers of culture, carrying out the responsibilities of the tribal people by preserving their arts. This supports Srivastava's (2016) recommendation of how eco-tourism, cultural heritage as sustainable approaches towards enhancing the lives of Sahariya women. Srivastava (2016) noted that there is need to undertake proper planning of eco-tourism to enable the Sahariya women take part in it with dignity without losing their cultural character. This is particularly important for the current study because Sahariya women consider cultural practices provide them with economic opportunities and social cohesiveness.

These are gender, class, tribal and marital statuses that act as layers of oppression that need to be addressed in the same multidimensional way. The study of Bhasin (2007) and Biswas & Kapoor (2005) give further information about the patriarchal condition and the bad nutritional health which limits Sahariya women. The current study, similar to these previous studies, requires integrated and sustainable socio-economic interventions beyond the urgent needs' interventions for Sahariya women, education, health, and economic development.

In conclusion, the present study and recent literature emphasizes the need to conduct intersectional approaches that are specific to the Sahariya women. To change this, their socio-economic status, will require multi-faceted and multi-sectoral approaches that address their cultural, economic, and health disadvantage. Sahariya women's future programmes must involve educating them, providing them with access to health care services, employment, and legal rights with the aim of liberating them from poverty, dependency and exploitation.

11 Conclusion

In this paper, an attempt has been made to examine the social and economic position of Sahariya women in context of gender, tribal, class and marital discrimination. Using intersectionality, it was seen that Sahariya women are trapped by different structures and barriers to resources, education, health care, and employment. Using the cross-sectional quantitative data collected from the 20 Sahariya women, I was able to bring out real life examples of how these factors have influenced their lives, personal and social empowering, health and ability to participate in economic activities.

The results are similar to the conclusions of Samonova (2022), Nigam et al. (2021), and Rajpoot (2021) about gendered exploitation, health inequalities, and limited decision-making options. Sahariya women, despite their input in domestic and social tasks, remain marginalized and experience low wage employment uncertainty and lack decision-making power. Tribalization and the subjugation of women have left them without education, land ownership rights and health care, thus, putting them in a cycle of poverty and exclusion.

The theme that received much attention was the health of women as they complained of poor access to health care, high prevalence of malnutrition, anemia and high MDR-TB among women. The present research by Mónica et al. (2018) and Nigam et al. (2021) also support the necessity for special health care in the Sahariya women population. Also, the study revealed that maternal health, traditional gender roles and poor health literacy hinder the use of maternal health facilities.

The study also addressed the role of economic enhancement in the enhancement of the lives of Sahariya women. Most people who want to start businesses or generate income are unable to do so due to lack of capital, skills and information on how and where to get these resources. Other endeavors including micro lending, income generating skills, and formation of cooperatives could provide sustainable solutions of economic self sustainability and disaster preparedness.

Last of all, the discussion underlined the importance of the integrated, culturally appropriate approaches concerning the multiple issues that Sahariya women experience. It is not enough to introduce separate policies, for example in health or in education; all policies should incorporate the economic, social and cultural aspects to foster the necessary power. Such solutions should involve Sahariya women themselves, imply their positions and perspectives on the changes that must be made to their lives.

Therefore, the Sahariya women's development will not be possible with single dimensional plans but with integrated programs that will address the structural causes of the Sahariya women's subjugation. Through education, health care, income and legal rights, the policymakers and organizations can open the doors for social justice, economic development and gender equity to make Sahariya women empowered.

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