Nutritional and Socio-Economic Status of Saharia Tribes In Madhya Pradesh

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Abstract

There is a consensus that the health status of the tribal population is very poor and worst among the primitive tribes because of their isolation, remoteness and being largely unaffected by the developmental processes going on in the country. The tribal population is at a higher risk of under nutrition because of their dependence on primitive agricultural practices and irregularity of food supply. The tribal population is also showing a poor socio economic status in our country. Saharia is primitive and one of the specified backward tribes found in Madhya Pradesh. In Madhya Pradesh Saharia are mainly found in the districts of Morena, Sheopur, Bhind, Gwalior, Datia, Shivpuri, Guna, Vidisha and Raisen. Sharia has been listed under the primitive tribal groups (PTGs) by the Government of India. Traditionally, the Saharias pursue their indigenous sociocultural rules, customs and norms which affects their maternal health care system. Saharias suffered due to land alienation and rehabilitation. Among the Saharias, maximum deaths occurred due to pneumonia, malaria, tuberculosis, gastric problems, diarrhea etc. Low standard of living, poor food habits, hard work, malnutrition, insanitation, lack of purified drinking water, low level of socio-cultural status, unfavorable environment etc. This study will be co-relate nutritional profile of Saharia tribe with their social and economic status and finding that how to nutritional profile of saharas affected from their socio-economic status.

Key Words: Saharia, primitive tribal group, socio cultural, depressed classes, Adivasi, Scheduled Tribe, Territorial integration. Constitution.

INTRODUCTION

Population in India has always presented an amazing mosaic of human affairs an unimaginable diversity. Traditional India is said to have three types of communities-
tribal caste and peasant. The British colonial administrators also viewed the Indian population in terms of two broad categories caste and tribes.

What is a tribe? What exactly are the criteria for considering a human group, a tribe? What are the indices of the tribal life? Interestingly but sadly the anthropologists, sociologists, social workers, administrators and such people who have been involved with the tribes and their problems either on theoretical plane or on practical grounds are still not on the same wave length regarding the concept and the definition of their subject. From 1917 through the 1931 census, for instance, the nomenclature referring to tribes underwent successive modifications, involving primarily changes in the descriptive adjectives such as “aboriginal” or “depressed classes”. By the 1941 Census, these qualifying adjectives were dropped, a practice continued after independence with the adoption of the notion of scheduled tribes or as they are commonly called, Adivasi. Such standardization did not, however, remove all ambiguity.

No doubt with the passage of time, the differences on the concept and definition of ‘tribe’ have certainly narrowed down to an appreciable extent, but a theoretical discussion seems imperative to understand this problem in its proper perspective. Tribes are defines as-

A tribe is a collection of families bearing a common name, speaking a common dialect, occupying or professing to occupy a common territory and is not usually endogamous, though originally it might have been so.

-Imperial Gazetteer of India

A tribe is a group of people in a primitive or barbarous stage of development acknowledging the authority of a chief and usually regarding themselves as descendants of a common ancestor.

-Oxford Dictionary

In its simplest form the tribe is a group of bands occupying a contagious territory or territories and having a feeling of unity deriving from numerous similarities in culture, frequent contacts, and a certain community of interest.

-Ralph Linton

A tribe is a group united by a common name in which the members take a pride by a common language, by a common territory, and by a feeling that all who do not share this name are outsiders, ‘enemies’ in fact.

-G.W.B. Huntingford

A tribe is a social group with territorial affiliation, endogamous, with no specialization of functions, ruled by tribal officers, hereditary or otherwise, united in language or dialect, recognizing social distance with other tribes or castes, without any social obloquy attaching to them, as it does in the caste structure, followed tribal traditions, beliefs and customs, illiberal of naturalization of ideas from alien sources, above all conscious of homogeneity of ethnic and territorial integration.

-D.N. Majumdar

According to the article 342 (2) of the Indian constitution, parliament may be law include in or exclude from the list of scheduled tribe specified in a notification issued under clause (1) any tribe or tribal community of part of or group within any tribe or tribal community, but save as aforesaid a notification issued under the said clause
shall not be varied by any subsequent notification XVII official language chapter I language of the union.
A major hurdle of defining a tribe is that related with the problem of distinguishing the tribe from peasantry. “It is no doubt possible to use the labels ‘tribal’ and ‘peasant’ for this type of social organization and to characterize one by contrasting it with the other. But in spite of all the effort invested by anthropologists in the study of primitive societies, there really is no satisfactory way of defining a tribal society.

THE SAHARIA
Saharia is primitive and one of the specified backward tribes found in Madhya Pradesh. In Madhya Pradesh Saharia are mainly found in the districts of Morena, Sheopur, Bhind, Gwalior, Datia, Shivpuri, Guna, Vidisha and Raisen. Shariah has been listed under the primitive tribal groups (PTGs) by the Government of India.

The present study works on Saharia and identify their nutritional value of their food which they eat at present and research about the ideas which improve the nutritional value of Saharia tribes. The study also find out the ideas which make better the social status of Saharias.

In Madhya Pradesh, Saharia primitive tribal groups are acquainted as the very widespread ‘Kolarian’ tribe (Thakur and Thakur, 1994). The early history of origination of Saharia is not exactly clear till now. Etymological point of view expresses that the word ‘Saharia’ is the combination of two independent words like ‘Sa’ (companion) and ‘Haria’ (tiger) which mean companion of tiger (Tiwari, 1984). Saharia are the members who belong to traditional society. All the settlement patterns of the tribe are found on the middle top of the hill. In every dispersed Saharia village, hamlet or ‘Phalaya’ is regarded as the first ecological unit. Most of the Saharia are depended on ecology which plays an important role in forming their economic structure (Mandal, 1998).

The history of the Saharia tribe is dotted and in many places, completely lost. The older generations of known Saharia tribespeople fail to give any account of their history, and written records of ancestry are virtually nonexistent. Although traditionally they trace back their beginnings to the days of the Ramayana and even beyond. They trace their origin from Shabri of the Ramayan. Another theory suggests that ‘Brahma, the creator was busy casting the Universe. He made out a place to seat all persons. In the centre of the place he placed one Sahariya who was a Simpleton. As others came, they also began to sit and gradually pushed the Sahariya to the further end of the square. By the time all had come, the Sahariya was pushed to an extreme corner or khoont... ’ The story goes on to say that an annoyed Brahma chided the Sahariya for his inability to cope with the pressure and decreed that he would henceforth live in forests and such other out of the way places. Others claim descent from Baiju Bheel, a worshiper of the Hindu god Shiva.

Their habitations are located outside the main villages, which is called Saharana. It is generally a cluster of houses. The housing reminds of prehistoric scenes. It is made of some stone boulders and roofing is also of stone slabs-locally called as Patore. In some villages mud structures are also constructed. Brick and concrete are very rare.
They live in small joint families. The elder sons live separately after marriage and younger son bear the responsibilities of the parents and unmarried brothers-sisters. Every adult member of the Saharia community is part of a council, headed by a patel. Patel's appointment is based on heredity criteria but can be removed if not fit or suitable. The council decides disputes by a consensus. It imposes fines and social boycotts on the offenders found guilty of committing rape, elopement and adultery. The inter-village dispute is referred to a Chokla Panchayat. Most of the Saharia are dominated by nuclear families.

The Saharias are expert woodsmen and forest produce gatherers. They are particularly skilled in making catechu from khair trees. The main business is gathering & selling of forest wood, Gum, Tendu leaf, Honey, Mahua and medicinal herbs. Their traditional occupations also include making baskets, mining and quarrying, and breaking stones. Basketry is also an important craft of the community. Other areas of activity include hunting and fishing. Some Sahariyas are settled cultivators. Wheat, Pearl millet, maize are the main cereal crops. Gram and arhar are the main pulses. Agriculture is largely rain-dependent with merely 2% of the total land area being irrigated. The main sources of irrigation are wells and rivulets, which are seasonal. Others are landless labourers who were earlier bonded labours.

Nutritional status of Sahariya tribe is very poor. There is long lasting mal-nutrition and prevalence of pulmonary tuberculosis among them. RNTCP-DOTS programme is working effectively to control the menace. The Centre for Genomics at Jiwaji University, Gwalior is carrying out active clinical and genetic research in order to identify the genetic and non-genetic reasons for their ailments. Bread is considered as their staple food. But sometimes, due to unavailability of wheat, they consume roots, tubers, leaves, etc. which are collected from the nearest forest. They are very much addicted to drink local wine. They Centre usually face the shortage of water. Even their useable water of well and sometimes tube-well is neither cleaned nor purified.

**NUTRITIONAL AND SOCIO ECONOMIC STATUS OF SAHARIA**

There is a consensus that the health status of the tribal population is very poor and worst among the primitive tribes because of their isolation, remoteness and being largely unaffected by the developmental processes going on in the country. The tribal population is at a higher risk of under nutrition because of their dependence on primitive agricultural practices and irregularity of food supply. Health is a prerequisite for human development and is an essential component for the well being of the mankind. The health problems of any community are influenced by interplay of various factors including social, economic, biological and political ones. Nutritional status of a population is an important tool to study health of any population. Nutritional status of the population largely depends on the consumption of food in relation to the need and requirement.

Traditionally, the Saharias pursue their indigenous sociocultural rules, customs and norms which affects their maternal health care system. Saharias suffered due to land alienation and rehabilitation. They traditionally practiced shifting cultivation, hunting, gathering, pastoralism, etc. and sometimes also adopted nomadic quit. They have quit
their traditional activities due to deforestation, consistent shortage of rainfall, limited resources etc. In the present time, most of the Saharia have become daily wage earner instead of their traditional way of occupation. It is a transition phase for them, wherein a handful of powerful people got mingled with the neighboring main stream groups, moved up in the political and occupational hierarchy and some even got jobs, however, the masses remained poor. These poor were left with no traditional occupation but are forced to work as landless laborers and daily wagers.

Bread is considered as their staple food. However, sometimes, due to unavailability of wheat, they consume roots, tubers, leaves, etc. which are collected from the nearby dwindling forest. Due to poor economic conditions, most of the Saharias cannot afford to take two square meals a day. Alcohol consumption and smoking constitute a part of their regular diet. The beverages are traditionally home brewed for their own consumption, as well as entertaining their guests. Even during pregnancy period, most (62.8%) of the women smoked and consumed alcohol.

Most of the Saharias are dominated by nuclear families. Saharias are strictly clan exogamous and tribe endogamous. They generally practice negotiation and monogamy form of marriage at very early age. Divorce among Saharias is very rare. Literacy rate of Saharia is 23.2 percent, whereas 28.2 percent and 17.7 percent are for males and females respectively.

Among the Saharias, maximum deaths occurred due to pneumonia, malaria, tuberculosis, gastric problems, diarrhea etc. Low standard of living, poor food habits, hard work, malnutrition, insanitation, lack of purified drinking water, low level of socio-cultural status, unfavorable environment etc. are attributed reasons of such diseases. Due to poverty, illiteracy, socio-cultural rules and regulations, inadequacy of government health center, etc., their traditional healers are initially given preference for the treatment of their diseases. In case of failure of traditional treatment, they generally come under the treatment of modern doctors.

Health of a community is better judged by the maternal care among that community. Among the Saharias special attention to diet is not provided during the pregnancy period of most women. They consumed locally available seasonal vegetables but rarely fruits. Poor maternal care may be attributed to low educational status, high extent of poverty, inadequate modern health care facilities, non-admixture with modern society and abode in a remote geographical areas. To rescue from extreme labor pain, a major group of expectant mothers observed fast occasionally (90.7 percent) to please spiritual power, etc. Saharias follow lot of sociocultural rules and regulations.

In the seven Saharia villages studied, the sources of purified drinking water were totally unavailable. They were dependent on the water from wells and tube wells for both their drinking and other purposes. These villages are connected with other villages through the undulating footpath. Most of the Saharias were landless and they mostly were engaged in primary sector as wage earners. ‘Anganwari’ was found to be running in one of the village, Kalotra, where iron tablets were given to pregnant females. Most of the houses visited were kuchha mud house except very few pucca semi concrete houses. There were open drainage in all villages. All the houses were
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electrified but the electricity was available for 6-8 hours only in a day and supply was central to village. Majority of the subjects worked as laborer in kiln, roadside construction, agricultural field etc. Maternal health care was very marginal among them. Despite incentives by the Government for hospital deliveries less than 20 percent females delivered their babies in the hospitals. Majority of the deliveries were assisted by either Dai (local female health worker) or the eldest female of the household. The income and literacy were found to be directly related and both were found to influence the nutritional status of Saharia in Madhya Pradesh.

CONCLUSION
The finding in the present opens a debatable points about the role of different indices of nutritional status assessment of the Saharia primitive tribe of Madhya Pradesh. This study will be co-relate nutritional profile of Saharia tribe with their social and economic status and finding that how to nutritional profile of sahariwas affected from their socio-economic status. This study also indicate that how to improve sahariwas poor nutritional status by the changing their socio-economic condition and also studied that this type of planning will be most successful for the improving poor nutritional profile and socio-economic status of sahariwas find in Madhya Pradesh.

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