INTRODUCTION
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"आहारसंबंध वस्तु रोगाशाहारसंबंध:।
हिताहितविशेषाच्य विशेष: सुखद:खयो:।।"

च.सू. २८४५
आपल्या देहवस्तु आहाराच्या परिणामांना प्रभावावेळे, तसेच रोगही आहाराचे संबंधत. हितकर आहारावे सुख व अहितकर आहारावे दुःख मिळत असते.

India has a rich tribal heritage built of several racial strains, varying in matters of dress, speech, aspects of social organisations and levels of economic and technological developments. Geographically the tribal population is scattered all over the the country with certain important pockets of concentrations.

With the dawn of independence, tribes in India have received special attention. New constitution of the democratic republic has made certain special safeguards of the tribals.

With the lack of medical facilities and inadequate availability of food and nutrition to the tribes, need is felt to provide adequate safeguards against these problems and take special care for their physical and economic development particularly of the children and mothers the most vulnerable groups of the society.

Mothers and Children are the precious human resources of our country, constituting 60 percent of our population. As per 1991 census, India’s child population comprises of about 14 percent in the World. Nearly 40 percent population in India are children with 16 percent below 6 years of age. They are critical human resource. Growth and well-being of these children ultimately would decide the course of India’s social and economic future obviously because this is the stage during which foundation of personality is led.
Women human resource has assumed greater significance in the upliftment of family, society and in turn the country. It is in this context becomes necessary to focus on their nutritional status, nutritional problems and other relevant aspects.

Nutritional stress in women is the outcome of low dietary intake on account of economic and social backwardness, lack of education, secondary place in family, and of their high energy output for work and child bearing. In the Indian families, female nutrition begins in childhood and continues through adolescence to adulthood. Studies in this area have shown that the profile of the underprivileged adolescent is one of poor physical growth, malnutrition caused by poor nutrient intake and the wide prevalence of nutritional disorders. An undernourished adolescent soon becomes an undernourished wife and thereafter an undernourished pregnant woman.

Studies show that young girls and adolescent girls between the age group of 7 to 19 years are rarely reached by the existing system of health infrastructure. Nutrition, health, growth and development is crucial for their future role as mothers. The major social vulnerability of girls during adolescence is the potential for beginning reproduction soon after maturity. In Banjara tribe early marriage is still a common phenomenon. Prevalence of anemia is extremely high throughout the developing world particularly among women in Asian countries.

Most of the women have multiple roles to play within their family and community. Their major biological role being reproduction by pregnancy and lactation, social roles often result in heavy work loads, which generally include major responsibility of child care, household management, food preparation, cleaning, health care of all the family members, studies and supervision of children. In addition to this family role, they frequently have kin and community roles and finally income producing as well as non income generating roles in agriculture, market place, income production or other work activities. Variety of responsibilities lie on their shoulders.
Women create a "social vulnerability" to problems of malnutrition particularly during the reproductive years. Time constraints may lead to irregular meals and exhaustion, mental worries may lead to reduced appetite and lower food intake ultimately results in lower intake of nutrients. This situation is caused for the risk of general malnutrition.

Higginson (1961) says that few things are more important to a community than the health of its women. If strong is the frame of mother, says a proverb, the son will give laws to the people and in nations where all men give laws, need mothers of strong frames. To build a good nation, strong framed mothers are required.

Lactating women not only need food for their own requirements but also to compensate for the loss of energy through providing breast milk for their babies. A healthy mother can not only provide more abundant milk for her baby, but can take much better care of her baby, because she is fit. The quality of milk is also affected in severe maternal malnutrition and the concentration of various nutrients.

Thus foregoing discussion has aptly brought out pivotal place, the children and women occupy in family, society and in the country. Naturally, therefore, studies covering important aspects such as their nutritional status would certainly call for its attention particularly in tribes prevalent in the country in general and in the state of Maharashtra in particular.

India is rich in cultural milieu. There are 559 types of tribes with 119 types of tribal dialects. Tribals differ considerably from each other in race, language and culture in their myth, customs and their world views.

1.1 : History of Tribe

As per 1991 census, there is about 73.27 lakh tribal population, which comes to 9.27 percent of the total population. The Government of India has declared specified tribal areas under the constitution in 1950. According to the said notification, the specified tribal areas in Maharashtra admeasures approximately 50,757 sq. km. as against total geographical area of 3,07,762 sq.km. of Maharashtra State. This works out to 16.5 percent for all the districts in Maharashtra. However, the
tribal population is mainly concentrated in fourteen districts in western hilly districts of Dhule, Jalgaon, Nasik and Thane (Sahyadri Region) and East forest districts of Chandrapur, Gadchiroli, Bhandara, Nagpur and Yavatmal (Gondwana Region). About four percent of the world’s population distributed among two thousand or more ethnic groups are currently designed as tribal people.

Anthropologically, a tribe is a social group, the members of which live in a common territory have a common and dialect uniform social organization and possess cultural homogeneity having a common ancestor, political organization and religious pattern. Although Tribals have had a focal point for the study of sociologists and anthropologists for quite some time, yet really speaking, it has attracted the attention of researchers from the area of home science recently and it is in this context furnishing information pertaining to different aspects of the tribe in general and Banjara tribe in particular not only would be out of place but also would be interesting and useful.

In India, the tribals have in general, been living in relatively isolated and inaccessible regions of forests, hills and mountains. During the pre-independence era because of various policies the tribals were deprived of the benefits of the forces of change that were sweeping the outside world. As the tribals live in extremely closed and isolated societies, they remain more or less cut off from the mainstream of national development. Illiteracy, ignorance, blind faiths, voodooism and love for traditional way of life still stand in the way of introducing socio-economic innovations among the tribals of the country.

The Banjara are wandering people who are also known as Vanjaris, Lavanis, and Lambhadies. According to Russel and Hiralal (1916) the Banjaras are first mentioned by Asian in the 4th Century B.C, who were leading wandering life, living in tents and letting out for hire their cattle.

Iyer (1928) was of the opinion that the word Banjara might have been derived from the Sanskrit “Vanija” meaning trade from which the word Bania and Banjira (trader) have been derived. The name may also
be derived from 'Vanachara' meaning wanderer in Jungle. In urdu, Banjar means fallow land (in Marathi Banjad), and those who lived on it could be called Banjara.

Sherring (1932) was of the opinion that in the Deccan the Banjaras are derived in to four branches. They are Mathuria Banjaras, Labhana Banjaras, Charan Banjaras, Chari Banjaras.

Banjaras came to the Deccan from Marwar in Rajasthan about 1630, and are now to be with in all parts of the country. They also traded in grain and salt which they transported from place to place, travelling great distances with their pack bullocks. After the advent of Railways they perfomed to lead a more settled life. Owing to unsettled political conditions and other causes, the Banjaras found that they were looked down upon with suspicion, and were for many years unable to give up their traditional nomadic ways. They were declared as criminal tribe in 1896, with their degradation in the economic, social and educational spheres. However, with the repeal of Criminal Tribes Act 1952, the banjaras have become honorable citizens of India on a footing of perfect equality with other communities. With the setting up of a separate social service department by the Government and with the help received from non official social service organizations, the Banjaras are marching along the high road of progress. They have taken the full advantages of the opportunities made available to them for educating themselves and their children and adopting improved methods of farming and animal husbandry.

1.2 Migration of the community:

Habitat under study is not the original habitat of this nomadic tribe. It is a group which hails originally from Rajasthan or Rajputana. Todd refers to their migration from Rajputana between 1784 to 1818 and when they were recognized as Banjaras. The king of Mewad issued a manifesto in 1855 in which he refers to the Banjaras as a nomadic and trading group.

The Banjaras from Pusad area of Yavatmal district believe that they migrated from Rajasthan 300 to 500 years ago, after the war
between Prithviraj Chauhan and the Mughal Emperor. Banjara Population in Vidarbha is mainly concentrated in the Yavatmal district particularly in Pusad, Pandharkawada, Digras areas, maximum being in Pusad Tahsil.

It is important to note that the Banjara in Vidarbha, and that too from the Yavatmal district, are the most settled community with a lot of socio-economic change in occupational structure and development. They have been assimilated in the mainstream of socio-political current of Vidarbha as well as traditional aspects of culture. They have provided leadership to the area and to the Maharashtra state, which was accepted by local/regional people. Hence, the Banjara from Vidarbha deserve special place in the process of acculturation/socialization of this nomadic tribe.

According to Deogaonkar et al (1992) the Banjara community which is classified as a nomadic tribe is one of the most colorful and progressive group which displays a level of acculturation rarely found in any other groups from the backward communities. The homeland of the Banjaras in Vidarbha area of Maharashtra is the Yavatmal district and the community has settled their farming out in the adjoining districts of Vidarbha and Marathwada regions of Maharashtra. This community has the proud privilege of providing two Chief Ministers to Maharashtra and at least two Cabinet Ministers in the Maharashtra Cabinet.

Their main habitat was the Deccan plateau. Presently this area include Vidarbha region, some parts of Maharashtra, Andhra Pradesh and Madhya Pradesh. Sizable concentration of the Banjara is found in the Yavatmal district and adjoining part of Amravati district, parts of Akola district in Vidarbha. They are found in lesser concentration in the Parbhani, Dhule and Jalgaon districts of Maharashtra and also in parts of Karnataka, Uttar Pradesh, Gujrat, and in their home that is Rajasthan.

1.3: Physical Culture, Dress, Housing and Food Habits:

Banjaras are tall, the average height of men being 5'5" to 6' and between 5' to 5'5" in women. They are fair complexioned and have a sturdy built. Men are handsome and have a straight nose. Women are beautiful and fair complexioned. Both men and women have an oval
broad face. Some of Banjara particularly the Labhanis display blackish skin complexion, but among the Gor-Banjara, the Mathuria and Chouhan etc., complexion is usually fair.

Banjaras are known as a brave, hard working and honest. Though robbery and dacoity was practised, it was not done by all the Bajaras and many of them carried out their trade with all sincerity and at all costs and facing all odds and risks. Their language is called Banjari or Labhani. It falls in the Austro-Asiatic group of languages and sounds nearer to Rajasthani languages. They love singing and dancing very much. The Banjara men and women have their traditional dress styles. The traditional dress of men consists of Dhoti, Barkasi & Silver Pagdi (Silver thread turban) and Shela. Due to modernisation, Doti and Shirt are the usual dress and the traditional dress is seen only in old people or on festivals, special occasions or ceremonies. Educated people wear Shirt, Pant and are not identified from other communities.

Banjara women is well known for her novel traditional dress. Banjara traditional dress is very popular, it consists of Duheri Lahenga, (a full size petticoat and shirt) Ghagra (Platted petticoat or short or large size), a Kacholi i.e. a blouse open on the back side and tied by colorful threads or cords, with knot on the back, having cowries and beads and a Odhani/ Dupatta or a piece of cloth, which is placed on the shoulders and head. Women wear bright colored clothes, with embroidery with small pieces of glass/ mirrors and small coins. Primary colors are the most popular among the Banjara women.

Silver ornaments are predominant and artistically prepared. Zumbar or Zunkha, Nath, Neckless called Hasli, Koprha (Elbow rings) Patiya (Silver Bangles) Ivory Bangles, Chall, Kada or Toradya (Silver rings or laces of for feet) are used by aged women. The hair style of the Banjara women is also a typical one. They never used a Kumkum Tilak on their forehead, but now a days modern and educated women wear saris, blouse as usual and put bindi on their forehead. Tattooing is common among both men and women. It has religious significance.
Banjaras call their settlement as ‘Tanda’, which is two to three miles away from the main village. In most of the settlements, the houses are arranged in rows, facing each other with a street in between the two rows. Each house is a separate structure by itself the houses are built side by side in two three parallel lines. Their house is called ‘Zupda’ in their own language. The ‘Zupda’ is oblong in shape. Their traditional houses are of mud-walls bamboo matting with thatched country roofing tiles or tin sheets. The floor and court yard is neatly plastered with dung and mud. Traditional Kaccha housing shows their nomadic habit. But due to present stationary habits and change in the occupational structure and education, progress in life they are living in Pukka houses.

Hunting was passtime as well as a mode of livelihood. Banjara people are liquor and meat lovers. All kinds of flesh they eat with a great interest. Only Mathuriya Banjara do not eat meat and drink liquor. They eat all types of cereals, pulses, legumes, oils, specially Tili oil (Melia indica) in their food. All local vegetables, fruits, roots and tubers and forest products are consumed by them. They used to drink home made mahua (Bassialatifolia Roxb) liquor. Bhang and Ganja also. Drinking and smoking was very common among men and women, but due to education and progress the drinking is in quite less proportion in educated youths. Drinking on festivals like Holi, Dassera, Teej and other auspicious occasions is common. They are accustomed to tea and consumption of milk is moderate. Usually they drink black tea.

According to Deogaonkar et al (1992) in the Vidarbha region and particularly in Yavatmal district, which has got a dense population of Banjaras. The chief of Tanda is called Naik and is presiding authority of the community. He gets the position and honour like that of a king. Below him is a Karbhari, then the Nhavi and the Bhat. Naik calls Panchayat, and presides over it, and the decisions are of the Panchayat which consists of the elderly persons from the household are called Panchas. The major sub-castes reported are Mathuria, Charan, Labhan and Dhale Banjara. Dhale means drumbeats of Banjara community. In some parts Banjara are called Gorma. There are also some Sonar Banjara (Goldsmith), Rangada or Jangad or Ghetea among Banjaras.
have lower status in the community Mochi (Cobbler) Mang (who take out skin from dead animals) and Bangdikar are other lower castes reported among the Banjaras.

Traditionally, Banjaras have joint families. Family is an unit and generally headed by the eldest male member, but due to urbanization, employment and education, family members migrate from their native place and thus form nuclear families. The women are dominated by male members in the family. The women are fully engaged in the household duties, child care, agricultural work, and look after their cattle.

1.4: Need and Importance of Study:

India is known for its unity in diversity, representation of tribe is significant and therefore can not be ignored for any reason and for any purpose.

Banjara community has its own and unique place in view of their most colorful, attractive and interesting nature. The role and contribution of the tribes in preservation of culture is well recognized. Banjara community has assumed key position in different spheres of life - political, cultural, social etc. Critical search of the studies undertaken in the past, however, revealed that quite a limited number of studies appeared to have been directed to put forth the factual situation regarding Nutritional status of Banjara community although studies covering various other aspects find place to make a mention of. Need, therefore, was realized to undertake study on Nutritional status of Banjara community thinking that findings emerged would have of immense utility to pass on the policy makers, administrators and social reformers for all-round development of the community under study.

1.5: Scope of Study:

Although tribes of different types in general and Banjara tribe in particular are located in different pockets in the various parts of the country. The scope of the study, however for the sake of convenience was restricted to dense pockets established in Yavatmal district of Vidharbha region of Maharashtra state.
Life style of the Banjara tribe encompasses variety of aspects worth studying. Scope of the present study was however, restricted to Nutritional status of the community. For the purpose of sampling present study was confined to mothers and children with the age range of 1-3 years and 4-6 years, this being a vulnerable section leaving males in the family aside.

Further scope so far as it relates to size of sample was restricted to 400 mothers and 400 children from the tribal community selected for the purpose of present study.

Findings emerged out of the present investigation would therefore naturally applicable to similar situations to that of the conditions prevailing in the study.

1.6: Limitations:

Present study has some general limitations such as time and resources placed at the disposal of author, major limitation of the study being in its applicability. Findings emerged out of the present investigation would be applicable to only similar conditions available for the present study. Other major limitations study suffers from however are enlisted below.

- As a matter of fact study could have covered mothers and children of all age groups however only vulnerable group for both the categories namely mothers and children with age range between 18 to 50 years and 1 to 6 years respectively selected. Selection of sample therefore may be considered as a limitation.

- Health status is an important and useful dimension and very closely associated counterpart of the Nutrition status however, health dimension could not be covered and therefore this may be considered as a limitation.

- Stratified proportionate random sampling would have been most ideal method for sample selection. Selecting proportionate size of sample from group classified on the basis of income-high income, middle income and low income, native background-rural, urban and
professional position service, non-service and further would have been provided a unique opportunity for comparison of computing Nutritional status of the respondents from these different categories. This however, could not be materialized and therefore can be considered as a limitation.

- Seasonal Food and Nutrient intake would have been considered, which have certainly enhanced the quality of the data, however, could not be done.

- Morbidity, in the present study has been confined to only recording prevalence of illness based on the oral information during the course of interrogation with the respondents as a matter of fact, morbidity rate could have been worked out through past history, periodic observations, hospitals and PHC data relating to frequency of admission. This however could not be done.

- Prevalence of Anemia, resulting from malnutrition, has been considered as a result of low level of Hemoglobin in blood. However, for the confirmation of reasons behind anemia such as measurement of packed cell volume and microscopic stool examination, worm infestation also could have been ascertained. This also could not be done.

- Working out of expenditure is confined to Food and Nutrition items only, which otherwise should have covered other items, such as clothes, medicine, ceremonies and functions, fuel, entertainment, education etc. This may therefore be considered as a limitation.

1.7: Objectives:

Present study as has already been stated earlier was planned and directed to understand state of affairs so far as it relates to Nutritional Status of Banjara Tribe and problems associated with the same. Specific objectives of the study, however were as under:

1. To flash on respondents profile especially their personal, social, economic, psychological and situational characteristics besides prevailing environmental background.
2. To identify, formulate and operate criteria for quantification of Nutritional Status of children (girl and boys) and mothers of different ages and stages of life respectively.

3. To quantify Nutritional Status of children and mother respondents in terms of component dimensions such as:
   Feeding Habits
   Food and Nutritant Intake
   Anthropometry
   Clinical Signs
   Bio-Chemical assessment
   Morbidity and

4. To throw light on some of the selected relevant aspects of the Nutritional Status of both children and mother respondents.

5. To understand the problems encountered by mother respondents about food and nutrition.

6. To invite suggestions from mother respondents for improving Nutritional Status of their own and children.

7. To establish relationship between selected characteristics, dimensions of Nutritional Status and Nutritional Status score of the respondents.