

## Socio-cultural Factors Affecting the Health among the Maria Tribe of Bastar, Chhattishgarh

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Received  
10 Nov. 2018

Reviewed  
17 Nov. 2018

Accepted  
20 Nov. 2018

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*The World Health Organization (WHO) portrays prosperity as “a state of completion physical, mental and social flourishing and not simply the nonattendance of disease and infection.” It is especially seen that prosperity isn't the first class space of restorative science in light of the fact that each culture, free of its ease and unusualness, has its very own feelings and takes a shot at concerning infirmities. No culture works with purposeless procedure in its treatment of diseases. Each culture builds up its own one of a kind course of action of drug in order to treat ailments in its own specific way. As needs be, treatment of sickness may contrast from social affair to get-together. Individuals are the most excellent and dynamic kinds of the biotic hover of the organic network and get their sustenance from the plants and animals .Human beings are the most advanced and active species of the biotic sphere of the ecosystem and get their food from the plants and animals. To find out the health problems and their food habits in Maria tribe of Bastar Chhattisgarh. The data for the present study were collected from Random sampling with 100 households family Bastar District. The collection of primary data collected through interview schedule, observation and focus group discussion. Tribal's have a lots of traditional knowledge or they have a very wide range about their food, they have so many problems related to their health in the tribe for which prevention of tribes need to be conscious of their health and cleanliness.*

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### **Introduction**

The social structure and customs of the tribal people. Various types of religion and social tribal cultures practiced by the tribal people standing the way of economic progress of the region. All India scenario of tribal health shows the preva-

lence of so many communicable and non communicable diseases threatening their existence, particularly in the remote regions. Traditionally, tribal depended fundamentally on chasing, food gathering and forest for natural resources for their livelihood. The development policies initi-

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ated by the government failed to great extent to benefit the tribal people. Ancestral people group are enmeshed with wide spread destitution, ignorance, absence of mindfulness, unlucky deficiencies of safe drinking water, poor sanitations, unhealthiness, poor maternal and kid social insurance administrations, weakness care conveyance administrations and availability to government healing facilities.(Varma,K. Manish, ShahaAlka 2014)

The observation about flourishing, ailment and thriving hunting down direct are not the relative crosswise over culture. It contrasts from culture to culture as a noteworthy piece of condition and culture ways. Human culture as a touch of their academic movement has complex insights with respect to clarifications behind sickness and methodology for fix. This is the base of observational therapeutic frameworks that offer intends to avoidance and fix. This learning of adjusting action and fix of strife is passed on from until the end of time. Solution is a touch of culture and like some other bit of culture

Leafy green, alliums, and cruciferous vegetables are key components of a healthy diet. A healthy diet is a diet that helps to maintain or improve overall health. A healthy diet provides the body with essential nutrition: fluid, macronutrients, micronutrients, and adequate calories. For people who are healthy, a healthy diet is not complicated and contains mostly fruits, vegetables, and whole grains, and includes little to no processed food and sweetened beverages. The requirements for a healthy diet can be met from a variety of plant-based and animal-based foods, although a non-animal source of vitamin B12 is needed for those following a vegan diet. Various nutrition guides are published by medical and governmental institutions to educate individuals on what they should be eating to be healthy. Nutrition facts labels are also mandatory in some countries to allow consumers to choose between foods based on the components relevant to

health.([https://en.wikipedia.org/wiki/Healthy\\_die](https://en.wikipedia.org/wiki/Healthy_die))

### Review of Litrature

Mahanti (1994) says that ‘these healing practices or health care systems were almost always assisted or supported by to touch of mysticism supernatural and magi co- religious rites’.

Forest,(1963) however endogamy is a factor, which influence the reproductive behavior of population. Child birth is biological phenomena, which is affected by reproductive age groups of couples, social structural, social customs and also economic status of the population.

WHO, (2002) says that trained midwife as the primary care provider for most deliveries who must be skilled at assessment of, and referral of, women who show signs of developing pregnancy or birth complications.Real commitment to safe motherhood by midwives and all other members of the heath care team; this emphasizes quality care, the necessity for researching new trends in practice, and critical analysis of traditional approaches.

Basu and Kshatriya(1989) was observed that maternal and child care was largely neglected. Expected against nutritious diet is consumed by women in Bastar district.

According to Kleinman (1984) the explanatory systems of indigenous healingpr of essions are often closer to the lay health culture. Within the professionalcomponent of healing systems, however, a disease(somatic, theoretical) orientationrather than an illness (somatic, experiential) orientation is produced. (Peopleexperience illness - doctors diagnose and treat disease.)

Harper,(1966).Described a shamanistic session in the Malnad region Mysore. A shaman in the south Indian setting is a man who has a familiar spirit that he can ask to posses him whenever he desires. When he goes in trance , the spirit speaks through him.

Mittal and Srivastava (2006) studied on diet, nutritional status and food related traditions of Orion tribes of New Mal (West Bengal) found that the knowledge of contraception, vaccinations, proper diet and supplements among rural females was severely deficient, indicating poor knowledge and awareness about health and nutrition.

**Objective**

To find out the health problems and their food habits in Maria tribe of Bastar Chhattisgarh.

**Methods**

The data for the present study were collected from Random sampling with 100 (male -241, female- 249) households family of jamawada panchayat, Amadongripara, Gudru para, and Banda para village, Bastar District. The collection of primary data through interview schedule, observation and focus group discussion.

S.No	Name of Village	Number of Family
1	Gudra para	43
2	Bandapara	33
3	Amadongi para	24
Total-		100

**Ethnography of Maria**

Maria are categorized as a primitive tribe of Maharashtra Geographically they are distributed in Gadchiroli district in the state. They inhabitant the dance forest. Some population of this tribe is a also concentrated in hilly regions. Maria is also spread along Madhya Pradesh Border in Baster District. To the south, along the Indrawati valley, the influence of the Marias gets less as you go west down the valley towards Kutru, and beyond Kutru is replaced by that of the Telgu-influenced Koitor of the rive rain tract, known generally in those parts as Dorla. (Source llc:/

users/user /Downloads / Encyclopedic profile of Indian Tribes- google books htm.)

**Result & Discussion**

**Food Habits of Maria Tribe**

Maria tribal people mostly consumerise ,paje and green vegetables. boiled vegetablesin their daily life.The people of Maria tribes mainly drink rice and rice leaves, and use steamed vegetables, mainly vegetables like seasonal vegetables such as Khatta Bhaji’s flowers, Lal Bhaji Kanda Bhaji and various types of vegetables which they can easily cultivate in their fields. Have their food. The maria people mostly consume rice, rice page and green vegetabls. they prepare to food boiling method.

**Table. 1**

Description of sex among Maria tribe

S.No.	Sex	No.	Percentage
1	Male	241	49.18
2	Female	249	50.81
Total-		490	99.99

Table no.1 shown the sex ratio of female in higher (50.81%) as compared to the (49.18%) frequency.

**Table 2**

Types of occupation

S.No.	Occupation	No.	Percentage
1	Agriculture	62	62.00
2	labor	29	29.00
3	Govt.job	3	3.00
4	Business	6	6.00
Total		100	100.0

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It is evident from the table 2 that Maria family have most of the respondents main occupation Agriculture (62.00 percent ) labor, (29.00 percent) Govt. job (3.00 percent) and rest have businesses (6.00percent) respectively. The educational level is low in the surveyed families is their income is also low, due to which there is more frequency of the farming workers, labor.

**Table. 2**  
Description of Marital status among Maria tribe

S.No.	Status of mariege	Female		Mal		Total	
		No.	Percentage	No.	Percentage	No.	Percentage
1	Married	78	31.33	87	36.1	165	33.67
2	Unmarried	144	57.83	141	58.51	285	58.16
3	Widow	27	10.84	0	0	27	5.51
4	Widower	0	0	13	5.39	13	2.65
<b>Total</b>		<b>249</b>	<b>100</b>	<b>241</b>	<b>100</b>	<b>490</b>	<b>99.99</b>

The table 3 shows information regarding marital status. It is evident that the different frequencies the related to marital status i.e. married (33.67percent), unmarried (58.16percent), widow (5.51percent) and widower (2.65percent) respectively.

**Table -4**  
Information about Primary Health CenteramongMaria family.

S.No.	Primary Health Center	Number	Percent
1	Yes	85	83.33
2	No	15	16.66
<b>Total-</b>		<b>100</b>	<b>99.99</b>

It is clear from the table 4 that the highest 83.33 percent family have a in formation about primary health center and 16.66 percent don't have a information about primary health center. Tribal's do not like to be treated even after being aware of the health center because they believe in Sirha and Guniya treatment.

**Table 5**  
Source of Water

S.No.	Source of drinking Water	No.	Percenta-ge
1	Hand pump	69	69.00
2	pond	21	21.00
3	Other	10	10.00
<b>Total-</b>		<b>100</b>	<b>100</b>

It is clear from Table 5 that it is shown 63.00 percent of families using hand-pump water and 21.00 percent families use pond water which is worrying.Due to lack of adequate hand pump facility in villages, the pond water is used to wash baths, cloths, and utensils in their daily lives, due to which they have skin problems.

**Table 6**  
Common Illness

S.No.	Types of Illness	Number	Percent
1	Fever	23	23.00
2	Cough & cold	35	35.00
3	Diarrheal disease	22	22.00
4	Skin problem	20	20.00
Total-		100	100

Table 6 found that the highest frequency of percent Cough and cold (35.00%), followed by Diarrheal, Fever (23.00%) and Skin problems(20.00%) respectively. There is lack of infrastructure in rural areas, due to which the children play in the dirt and the clothes do not wear well and the clean drinking water is also not available due to which they have to faces the illness.

**Table -7**  
Cause of Illness among the Maria families

S.No.	Cause of Illness	Number	Percent
1	Cleanness	31	31.00
2	Religious	43	43.00
3	Intoxication	10	10.00
4	Other	16	16.00
Total-		100	100

The relevant of the table 7 that the highest frequency (43.00%), of religious cause of illness, followed by the cleanness (31.00%), (16.00%)families are accepted a causes of illness a other factor respectively.

**Table -8**  
Food habits of Maria families

S.No.	Food habits	Number	Percent
1	Vegetarian	10	10.00
2	Non-Vegetarian	90	90.00
Total-		100	100

It is clear from the table 8 shown the highest frequency 90.00 percent families are non vegetarian and only 10.00 percent families are vegetarian. Maria's tribe is a resident of the forests and mountains, and because which they consume is non vegetarian food, but in the present day, some families are they did not consume in non-vegfood

**Table -9**  
Consume of fruits

S.No.	fruits	Number	Percent
1	Yes	5	5.00
2	No	70	70.00
	some times	25	25.00
Total-		100	100

It is noted from the table 9 shown that the highest frequency 70.00 percent families are did not consume any type of fruits and 25.00 percent families are some times consume a fruits.

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### Conclusion

The social tribe they usually preferred rice as their meal, after meal they prefer "Pej" instead of water "Pej" balance their water need of body and energizes them. In their meal eat green vegetables (*Bhaji- Charota, Bhatvabhaji, karmatta Bhajietc*) these are easily available at home and it is very easy to cook. In the tribal area there is a lack of clean drinking

water so they parch water from pond, hand pump and other local sources because of these they face so many health problems like skin disease and jointis etc. Health is delivered by health professionals in tribal areas but the majority of the tribals did not use the allopathic treatment method, they use superstition and religious ways of healing in their health problems because of their faith in traditional medical knowledge

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### References

- Arya Ankita, Kapoor, AnupKumar(2012): *Gender and Health Management in Afro- Indians*, Global Vision Publication House, Delhi.
- Basu,S.K. and Kshatriya, Gautam, K. (1989):*Fertility and Mortality in Tribal Population of Baster District*Madhya Pradesh,India.Biol.Soc.(Eng.), 6
- Grigson W.V.(1938) : *The Maria Gond of Bastar*, Oxford University press.
- Harper,E.B.(1966): Shamanism in south India . *In Sociology of Medical Institution*. R.Scott and E.H. Volkart (Eds).New York:John Wiley and Sons.
- Forestes, M.(1969): *Kinship and the social order*. Chicago.Aldine.
- Kleinmann,A. (1984) :Indigenous systems of healing: questions for professional, popular, and folk care.(In Salmon, WJ. ed. *Alternative medicines: popular and policy perspectives*. New York
- Mahanti, Neeti. (1994). *Tribal Issues a Non- conventional Approach*. New Delhi: Inter-India Publications.
- Mishra, Manish (2012): Health Status and Disease in Tribal Dominated village of Central India. *Health & Population*. (medind.nic.in)
- Srivastava, S., Mittal Pc. (2006): Diet, nutritional status and food related traditions of Oraon tribe of New Nal (West Bengal), *The International Journal of Rural and Remote Health Research*, Education Practice and Policy April
- Verma K. Manish, Shah Alka (2014): Health, Traditional and Awareness :A Perspective on the Tribal Health Care Practices, Social Research Foundation.
- WHO,(2002):Essential Antenatal, Prenataland Postpartum CareTraining modulesRegional Office for Europe.
- [https://www.researchgate.net/publication/7176762\\_Diet\\_nutritional\\_status\\_and\\_food\\_related\\_traditions\\_of\\_Oraon\\_tribes\\_of\\_New\\_Mal\\_West\\_Bengal\\_India](https://www.researchgate.net/publication/7176762_Diet_nutritional_status_and_food_related_traditions_of_Oraon_tribes_of_New_Mal_West_Bengal_India)
- [https://en.wikipedia.org/wiki/Healthy\\_diet](https://en.wikipedia.org/wiki/Healthy_diet)
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