

THE TRIBES OF THE REGION: AIM OF THE STUDY

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ABSTRACT

During recent years, quite a large number of geographers have directed their studies to a comprehensive presentation of the health situation of various regions and countries and the nosological principles in describing the endemic and pandemic foci of disease diffusion patterns have been applied. But inspite of these epidemiological studies and the inventions of several curative and therapeutic measures, the disease incidences have not shown a downward trend neither on a regional nor on a global scale. This speaks about the lack of preventive measures and the total paucity of dissemination of knowledge about health and hygiene in the common people which is so essential to mitigate the miseries of the people on account of ill-health.

Keywords: *Epidemiological, Therapeutic Measures, Global Scale, Irrigation Channels.*

Introduction

Today, man has greatly altered the natural environment by disseminating his cultural pursuits and therefore, a different set of conditions operates in various regions and different communities. For example, the creation of farm ponds, irrigation channels and other sources of artificial water supply may aid in the dispersal of mosquitoes, malaria and guinea-worm disease and, similarly, the rubbish dumps and the pollution of streams by sewage outfalls offer new habitats to germs and the disease carriers. Medico-geographical studies, therefore, depict the state of health of population communities in a certain area or region and focus their attention on the affects of physio-geographical, social, economic and occupational aspects of the people in the region.

These factors are of varied nature and often include the topographical, pedological, meteorological, hydrological, biochemical, floral and faunal aspects of natural environment and the economic, cultural, nutritional, biotic and zoonotic aspects of community living.

Nonetheless, the paucity of medical data in regard to mortality and morbidity of prevalent diseases and epidemics in every State and the Country as a whole is the biggest constraint in proper analysis and identification of endemic and pandemic areas in a region for specific diseases. The age of the patient, the actual place of patient's residence, the type of disease and the proper diagnosis are never published by the Directorate of Health & Family Welfare in the States and so the age-specific morbidity ratios can hardly be ascertained with certainty unless field studies are done by the researcher himself. The present study has therefore been done with all these constraints of data and its analytical treatment.

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The Tribes of the Region

The various clans of 'Bhil' tribes are the original inhabitants of the southern upland region of Rajasthan. The ancient scriptures indicate that these tribes have been dwelling in these mountainous and forest clad regions since 5th Century B.C. Thus they may be the original inhabitants of the Aravalli mountain region who after several inter-tribal and inter-clan battles and feuds were confined to live in the remote, densely forested areas of southern Rajasthan. The Rajputs who ruled most of the parts of the Rajasthan since the 9th Century A.D. were the warriors who deposed there ancient tribes and subjugated them under their rule¹⁹. Even today, the Bhils are the warriors as they keep bows and arrows for hunting. Their aboriginal tribal habits has been formed as a result of a long period of isolation and seclusion from the society over the ages.

The entire region has about 53 per cent of the tribal population whose greater concentration is found in Banswara (72.6%) and Dungarpur (64.5%) districts, Sirohi district (23.1%) has also a greater percentage of tribal population especially in some of its tehsils like Pindwara and Reodhar which are mountaineous. Higher percentages of tribal populations are also found in southern tehsils of Udaipur and Chittorgarh districts which are adjacent to Banswara and Dungarpur. Bhils live in the region, locally known as 'Mewar' of Rajasthan, and the adjacent areas of Madhya Pradesh (Jhabua and Nimad districts). They are also found in the neighbouring hilly districts of Gujarat (Panchmahal and Sabarkantha districts). The Bhils of various districts and states have a great similarity of religion, rites, rituals, customs and traditions. Their language is also common which is called as 'Bhili'.

Bhils live in isolated settlements, which are built on the slopes of ridges. They do agriculture by clearing off the bushes and grasses near their houses. In the past, they used to do shifting cultivation by burning the forests but this system is not prevalent now. They rear the domestic milch animals and donkeys and keep them in one of the closed rooms of their houses. The houses, which are mostly earthen-walled huts with bamboo and grass roofings, have three to four rooms, which are used as living room, kitchen, store and the barn for the domestic animals. Usually, the elderly male members of the family sit in the verandahs of the house. Elderly sons have to leave the parent's house soon after the marriage and start living in a separate house to be built on their own on a different ridge.

Marriages amongst the Bhils are through various rituals. The most peculiar one is the elopement of the boy with a girl of his Own choice. Such elopements which are well within the knowledge of elders Occur in the fairs that are periodically organized on certain festivals at various places in different parts of the year. The girl's parents try to find out the place of residence of the boy after her elopement and reach his house to take a handsome amount in cash or kind (usually domestic animals) for the girl's hand in marriage. The amount is settled by holding a 'panchayat' meeting in the village whose verdict is final and acceptable to both the parties. This amount is known as 'dapa' and the marriage is said to be confirmed after giving it. The arranged marriages by the parents of boy and the girl are also common and in all of them the boy's parents have to give some amount to girls' parents. Free sex before the marriages is not a taboo but conceptions before the marriages are a serious offence and in such cases the boy has to pay some money to the girl.

Bhils regard themselves, as Rajputs and have several sub- castes whose number vary from one district to another. Thus there are 16 subcastes of Bhils in Udaipur district, 26 in Dungarpur, 37 in Partapgarh (Chittorgarh dist.) and 57 in Sirohi and Jodhpur. Some of the common surnames of the Bhils are Damor, Dayma,

Garasia, Masar, Bhagat. Except the Bhagats, the rest of the Bhils are flesh-eaters and some of the clans living in the remote forests may eat even the raw meat. As the Bhils are mostly hunters they kill the birds and wild animals to get meat. Those Bhils who live in towns and big villages rear hens also. Bhils are of Hindu religion and celebrate all the Hindu festivals with great rejoicings. Bhils have their own priests in the temples and also for performing marriages and death-rites. These priests are called 'Nath Baba'. In larger villages, one may even find certain Bhils working as scavengers and cobblers which shows that even in this community the caste system based upon the occupation exists.

Bhils dance on festivals and ceremonies. Some of the common dance performances are the Gavri, Bhanwariya-Bhanwari, Gop-Meena, Bhiniyawal, Kalu-Keer and Amba, Kalia Bhoot and Kheturi, Banjara, Nahar and Kalka Mata, Shiva-Parvati etc.

Due to poor resources, most of the Bhils are poor. They have small pieces of agricultural land on the slopes of the hills. Fragmentations of land amongst the people of the same family are also common and that reduces the amount of agricultural produce further. Bhils are mostly addicted to

indigenous alcohol which is distilled in every family. The most common method of alcoholic fermentation is by the use of the bark of mahua tree. Due to the use of alcohol, most of the Bhils suffer from diseases like stomach ulcer, tuberculosis, bronchial and pulmonary disorders and various types of carcinomas. Poverty and inadequate nourishments also make them more prone to diseases. Literacy rates are appallingly low and especially among the females it is the lowest in Rajasthan. This has made them more susceptible to diseases.

Aims of the Study

Like in many other geomedical studies, the aim of the present study is to unveil those geogenic aspects of the study area and the people which are responsible for the growth and dissemination of certain diseases in specific areas. A more obvious, recent development in these areas has been the canal irrigation by the Mahi-Bajaj the Mahi-Bajaj Sagar Project which has although increased the agricultural production but has also increased the number of incidences of malaria, schistosomiasis and viral fever. In addition to this, the entire area is being industrialized by establishing large-scale and small-scale industries. Cement industry and industries related to the production of cotton and synthetic yarns have already been established in those areas which are endowed with road and rail-road transport and have electricity and other sources of power. Therefore, the ill-effects of industrialization on account of air, on account of air, water and land pollution have started manifesting themselves in the form of various diseases associated with bronchio-pulmonary affections, gastro-intestinal disorders, various types of carcinomas and diseases of circulatory system.

The aims of the present study therefore are:

- To study the geographical milieu of the region in regard to its relief, geomorphological drainage, configurations, climate, sub-soil water, population dynamics, natural vegetation, agricultural production which are the main geogens for the diseases.
- To analyse the temporal variations and spatial distribution of certain selected diseases like typhoid, dysentery, diarrhoea, viral hepatitis, malaria and guinea-worm which are caused by the various pathogens and vectors related to water and further to find out the geogenic relationships of these diseases with the socio-economic conditions of the tribal people who are the main inhabitants of this region.
- To portray the patterns of inequity in the disease incidences and to find out the areas where specific diseases are endemic or pandemic which act as the foci for the diffusion of the diseases.
- To assess the pathological effects of water-borne diseases on human ecology and also to ascertain the disease diffusion processes which greatly vary in temporal and spatial patterns.
- To ascertain the disease incidence relationships with the biotic and abiotic contaminations of water in the region. The subterranean water of the region is at lower depths and it is possible that the biotic contaminations and the chemical effluents of the industries may percolate down to lower layers of the soil and pollute the underground aquifers. It is also to be assessed whether the use of surface water, available in brooks, streams, tanks and ponds has any impact upon the disease prevalence rates.
- To undertake field survey of such endemic areas where the disease incidences are always high and to explore the geogenic causal agents if at all they exist.
- To assess the association of disease incidences on specific sex-ratios and occupations of the people of age-groups, the area and also to ascertain if such relationships are comparable to the people of other regions.

The results of such a study would be of immense help to the tribal people of the region who have so far been suffering from the maladies of the mismanagement of environmental resources under the Scourges of various diseases. By understanding the ecological aspects of man and nature in this region, preventive and curative aspects of the various diseases in their endemic foci can be made more operative and useful.

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