

Health and Hygiene Among the Tribals-A Case of Gonds

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ABSTRACT Health and ill- health are the two aspects of human life. There are several reasons of ill- health, one of them being unhygienic conditions. The hygiene is observed at personal and community level. To regain the health conditions, one takes medicines of different types. But this does not minimize the importance of cleanliness and hygiene which, if not observed perfectly, could be responsible for various types of diseases even epidemic. Though Government has taken several steps and made several programmes for the welfare of the tribals at macro as well as at micro-level, but these attempts can only become successful if the local participation at community and personal level is promoted. Also, the village Panchayat, which is the body of the local people, selected by them has an important role to play in this regard. Similar points are raised, discussed and few recommendations are made in the present study of a branch of the well-known tribe of Madhya Pradesh, the Gonds.

INTRODUCTION

Health and ill- health are two aspects of an individual as well as society. A society is healthy when its members are healthy, physically and mentally. A general definition of health includes that state when our body is functioning quite well and no external aid (medication) is needed to keep it going. However, the role of external environment is not denied. Tibetan medical practitioners who are influenced by the Buddhist Cause and Effect Principle, say, " Good health is possible only when a balanced relationship exists between our mind, body, spirit and the external environment; these all are extrinsically connected and affect each other (Quasar, 1993: 39). The tribal people living in far- flung areas are quite close to nature especially the forests surrounding them. These forests provide food, shelter, fulfill their socio-cultural necessities and provide fresh air to them. They have different measures of health and ill- health among them, which are more related to their cultural values and beliefs rather than the hygiene and cleanliness in actual terms (Sharma, 1994: 17).

The hygiene and cleanliness is observed at two levels- personal and community. Personal cleanliness varies from one individual to another and it is another and it is an every day's affair. One has to clean his place of residence, the utensils used by him, the clothes in addition to the daily bathing etc. Community hygiene is a joint-venture. All have to work jointly to clean up the entire locality or the communal area. Though, there are several steps taken to advance the community hygiene level like, to stop the water clogging, maintaining proper drainage-system, proper disposal of the wastes, to increase public awareness towards hygiene, timely vaccination and other preventive measures against an epidemic etc.

With the development, every field became more specialized and religion, medicine, law and government became different entities (Turner, 1992: 8). Several scientists believe that the science of medicine originated in the magic and religious rituals (Rivers, 1929: 29). Disease or ill health with its two equivalents, illness and sickness varies for each society. Disease or sickness is a socially recognized entity as being a universal abnormality in the health of an individual, while illness includes socio-cultural (Febrega, 1972: 27) and psychological aspects. Culturally, hygiene is related to the socio- cultural beliefs too.

Thus, much has been written in the text about the types of medicines and treatments taken by the people for the care. But the basic principle of the health is to avoid the substances or situations, which may lead to ill- health (Fitzgerald, 1997: 3). The most important and basic of these problems are the unhygienic conditions surrounding these people. Though each of these problems needs a lengthy discussion, but in the present study, I will concentrate on the hygienic conditions looked and over looked by the people under study, which leads to a great hazard in

their health situations. Here, the focus is on the Gond tribe of the Central Indian region.

METHODS AND MATERIAL

The above-mentioned aspects were studied among the Gonds, a numerically preponderant tribal group of Madhya Pradesh. These tribals of the Central Indian region especially belong to the Dravidian group of people and speak dialect of the Dravidian language called Gondi. They do not have any script of their own. For the present study two villages were selected, Paharikhera and Shamnagar, one was traditional village and another was rehabilitation settlement. The village size is small, consisting of 30 and 64 nuclear households, respectively. Their houses are not systematically arranged, but are dispersed in wider area. Their fields sometimes enter the areas between the houses in both the villages, and spread all around to form the village boundary. Their villages lack pucca or tiled roads. Because of the scattered house distribution having no pattern, the drains of the houses open here and there and sometimes so much water gets clogged that it is difficult to cross the path. In Shamnagar, which is comparatively an advanced/modal village, the Panchayat had tried to undertake some development activities. Both the villages were similar in demographic, socio-economic and cultural terms.

RESULTS AND DISCUSSION

The villages under study consisted of more than 60 percent tribal population. The modern houses built by either the government or the outsiders are built according to the modern architecture. The modern houses have large windows, proper ventilation and separate kitchen, toilets and bathroom facilities within the house, while in the houses of the tribals there is no toilet and bathroom. For these services they use the open-fields and the nearby water-sources. Their kitchens are generally situated outside the room of their houses. They use mud-chulhas in which wooden logs are used as the fuel. The burnt wood leaves heavy smoke, which as soot gets collected on the walls of the rooms outside as well as inside. This smoke consisting of few

poisonous gases may affect the health of the people in general. In Shamnagar, there are two government accommodations, but no Gond uses these. In Paharikhera there is no modern type of house or government building. Hence, in both the villages the tribals live in their traditional houses.

The tribals are not in the habit of bathing and washing their clothes regularly; therefore their clothes generally leave a peculiar odour of sweat and dirt. The lice in their heads are not unusual. Women could be seen during afternoon or at the leisure time, cleaning lice from each other's and their children's head. The main reason of this may be the lack of water facility. Though, water is provided through the community taps and hand pumps, but the village Panchayat charges some amount from every family before allowing them an access to the taps. This amount is not fixed for every village, in Shamnagar it was 55 Rs while in Parikhera it was 50 Rs per month per family. In case the people are unable to pay the required money, as happens in most of the cases, they are not allowed to take water from the tap. These people usually fetch water either from the near by water sources (ponds or rivers etc) or draw water from the hand pumps. Both the tasks are sufficiently laborious and only the bare necessary amount of water could be collected in this way. This also leads to the limited washing hence dirty clothes etc. The taps also go out of order and during the supply hours water runs profusely, creating a sort of pool, which further adds to the unhygienic conditions, and during monsoons the condition worsens as these cesspools become huge in size engulfing the wastes and garbage lying in the nearby areas. In both the villages only 35 percent Gonds take water from the taps/handpumps.

These people occasionally mud wash their houses, verandah and place of cooking; sometimes adding cow's dung with the mud. Ritually it may be considered pure, but in practice, it is not so. Combination of dung and mud, if dampens for long, may become the birthplace of several types of harmful bacteria and insects etc. They keep their poultry in the verandah and cattle on one side of the house. This, sometimes, adds to the problem of hygiene.

There is no fixed place in these villages for

the garbage disposal; as a result most of the disposable items keep lying here and there. During the damp weather, these items start decaying and the insects, mosquitoes, houseflies and different bacteria find a place to live in. It not only leaves an unpleasant odour in the atmosphere, but also sometimes becomes the source of various diseases viz., Cholera, Gastroenteritis, Skin and Body infections and other such diseases and illnesses. Medical survey done by the PHC in this area in 1997 shows incidence of malaria, nutrition related diseases and also venereal diseases, along with the eye, ear and nose infections and skin diseases of several types.

The Panchayat should look after the community - hygiene and public health programmes. It is their duty to check the events which may be hazardous to the public health, like cleaning the intra-village roads, to look after proper sewage and drainage system, to fill all the potholes where water may get accumulated before the onset of the monsoons, put kerosene or potassium permanganate in the already existing water pools etc., to spray DDT or other pesticides or insecticides to stop the growth of the mosquitoes etc. In practice, it is seen that the panchayats do not perform their tasks dutifully, the main reason being that they lack sufficient amount of the funds. The Sarpanch of Shamnagar particularly showed his dissatisfaction with the amount that percolates to them. According to him "some times raw material is lacking, at other the manpower and methods of utilization, hence the things go wasted". From health point of view on evaluation of the food consumed by them we find that for the maximum tribals the food taken is low in calories, nutritional level is also low and the food is not always cooked carefully. The past history tells that till 30-40 years ago, the people of this area used to prefer to eat raw animals, rodents and even reptiles. The raw meat is several times contaminated. Now, because of the Hindu influence they have either limited or totally shun the consumption of the non-vegetarian food. They eat two times in a day - once in the morning around 9 or 10 am and again around 5 or 6 p.m. in the evening. They have also started to cook their food under the influence of the outsiders but they think that by cooking the food loses its value as its vital components, which

are important for human beings, are burnt down during that cooking. They perceive change in eating habit has also affected their health, as few (30 %) think they are becoming physically weak due to this change. Nowadays sometimes few of them, who are working either in the Government offices or in the nearby towns have developed the habit of drinking tea. But it is not their regular habit in general. On the other hand chewing betel nut, tobacco, betel and smoking "biri" is very common among them, to an extent that the local buses and their place of habitation are always full of its smoke and smell of the tobacco permanently lingers in the atmosphere. While smoking they frequently exchange 'Biri' or 'hukka' with each other which may contribute to the spreading of various types of infections. Effects of tobacco are well known but they do not consider that smoking or betel-chewing etc are hazardous for their health in any way as they have inherited these habits from their elders and these are long practiced habits.

CONCLUSION

This entire discussion discloses the fact, that though these people are living in the purest environment, close to nature, away from the artificial life style and consuming the uncontaminated food and water yet their living conditions are not all that ideal. Hence, they are suffering from the diseases like malaria, asthma, conjunctivitis, ear nose and throat infections, various types of skin diseases and deficiency disease due to unbalanced diet, mal-nutrition, under-nutrition and several other diseases let alone venereal diseases. These diseases could have been avoided had these people been more aware about the cleanliness and the relation between the health and hygiene. It is necessary to improve the sanitation system by introducing proper sewage system and systematic/ methodical drainage system. Though 'Sulabh' group has started the work in this direction but only the time will tell how far they gain success.

The awareness towards maintaining hygiene and staying healthy could be invoked by the school- teachers, devoted social - workers, medical practitioners and other such people, who are familiar with the local people and whose

words carry weight among them. Also, there should be a periodic check on the panchayats, find out – whether they are performing their welfare programmes regularly or not? How are they spending the money on the community-welfare? And also, whether they are getting the sufficient amount of the funds and other resources as per their requirements, in time?

With a little care and cautious methodology and by increasing the awareness towards the hygiene the health conditions of these people could be improved in general.

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